

# SAIF fact sheet

SAIF is a not-for-profit, state-chartered workers' compensation company. We make workers' compensation insurance affordable and available to the employers of Oregon. And we strengthen the Oregon economy by helping to keep workers' compensation insurance costs low while keeping the workplace safe.

[Learn more](#)

Visit [saif.com](http://saif.com) to find out more about coverage, request a quote, or sign up for our quick and easy email tips.



SAIF is Oregon's not-for-profit workers' compensation insurance company. Since 1914, we've been taking care of injured workers, helping people get back to work, and keeping rates low by focusing on workplace safety. Together with our partners, we strive to make Oregon the safest and healthiest place to work.



A five-member board of directors appointed by the governor oversees the operation of SAIF and appoints the corporation's president and chief executive officer. Kerry Barnett has held that position since May 22, 2015.

Our corporate headquarters are in Salem, Oregon; our regional offices are in Bend, Eugene, Medford, North Bend, and Portland; and additional staff work in other locations throughout the state. Our headquarters and regional offices provide safety, marketing, premium audit, legal, investigation, and return-to-work services.



### SAIF's place in the market

Number of customers insured, including share of assigned risk pool (as of December 31, 2019) | **54,397**

Premium market share (2019) | **54.2 percent**

Total investments (2019) | **\$4.69 billion**

Loss and loss adjustment expense reserves (2019) | **\$2.54 billion**

Net earned premium (2019) | **\$507.3 million**

Investment income (2019) | **\$290.5 million**

Dividend declared (2019) | **\$160.0 million**



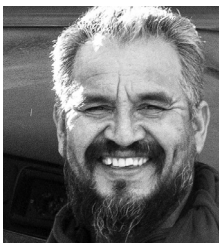
### Claims management

Total number of reported claims (year-end 2019) | **44,772**

Total number of claims accepted (year-end 2019) | **36,358**

Total number of claims denied (year-end 2019) | **6,350**

Requests for hearings, including share of assigned risk pool (2019) | **3,181**



(Continued)



### Investigations and third party

Total field and background investigations completed (2019) | **7,206**

Recoveries and reserve savings resulting from all investigations (2019) | **\$1,347,775**

Fraud and forensic investigations completed by SAIF's Special Investigation Unit (2019) | **79**

Fraud convictions, judgments, and recoveries (2019) | **19**

Third-party recoveries (2019) | **\$8,000,141** credited to employers



### SAIF

More than half of the workers' compensation premium in Oregon is written by SAIF.

SAIF is the 28th-largest issuer of workers' compensation policies by net written premium\* volume in the United States.

On average, SAIF makes claims decisions in just over half the time allowed by law, and we consistently provide the first time-loss check to injured workers more quickly than our competitors.

SAIF offers employers the best value for responsive, hassle-free workers' compensation coverage in Oregon. In 2019, 99.1 percent of employers chose to keep their insurance with SAIF. That's not only a reflection of customer satisfaction, but also a reflection of value.



SAIF employees (as of December 31, 2019) | **1,042**

SAIF monthly payroll (as of December 31, 2019) | **\$6.81 million**



\* Net written premium includes reinsurance assumed and ceded. Total number of carriers selling workers' compensation policies in 2018 was 286.

## Green Mountain Care Board

The Green Mountain Care board is overseen by an independent five-member Board whose members are appointed by the Governor for six-year terms. The Board was created by the Vermont Legislature in 2011 through Act 48, Vermont's landmark health reform legislation. Per statute (18 V.S.A. § 9372), the Board's purpose is "to promote the general good of the State by:

1. improving the health of the population
2. reducing the per-capita rate of growth in expenditures for health services in Vermont across all payers while ensuring that access to care and quality of care are not compromised
3. enhancing the patient and health care professional experience of care
4. recruiting and retaining high-quality health care professionals; and
5. achieving administrative simplification in health care financing and delivery. (Added 2011, No. 48, § 3, eff. May 26, 2011.)

The Board has 6 major regulatory duties:

- Review and establish community [hospital budgets](#).
- Review and approve, modify, or disapprove requests for [health insurance premium rates](#) in the large, small, and individual insurance markets plans; in addition, the Board reviews and approves the benefit package or packages for qualified health benefit plans.
- Review and approve, approve with conditions, or deny applications for [certificates of need](#).
- Oversee the [Vermont All-Payer Accountable Care Organization Model \(APM\)](#), including setting financial targets for Vermont Medicare ACOs and limit cost growth for certain health care services; ensuring reasonable alignment across Vermont ACO programs; working with other APM Agreement signatories to achieve targets for the number of aligned Vermonters; and working with other Agreement signatories to achieve targets on twenty quality measures tied to three population health goals.
- Regulate [Accountable Care Organizations \(ACOs\)](#), including certifying ACOs to allow them to receive payments from Medicaid and commercial insurers, and reviewing and approving ACO budgets.
- A variety of duties related to [data, analytics, and evaluation](#), including maintaining Vermont's all-payer claims database, the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES), and hospital discharge database, the Vermont Uniform Hospital Discharge Data Set (VUHDDS); performing an annual Health Care Expenditure Analysis and annual estimate of future health care spending; and evaluating systemwide performance and quality.

The GMCB also has responsibility for developing a [Health Resource Allocation Plan](#), approving the state's health care workforce plan and its [health information technology plan](#), and [oversight of Vermont Information Technology Leaders](#), the organization that operates Vermont's statewide clinical health information exchange. In addition, the Board is tasked to "oversee the development and implementation, and evaluate the effectiveness, of health care payment and delivery system reforms designed to control the rate of growth in health care costs; promote seamless care, administration, and service delivery; and maintain health care quality in Vermont." (18 V.S.A. § 9372(b)(1))

Throughout all of the Board's work, the Board consistently works closely with Vermont health care providers and health care consumers to enhance health system transparency and consumer involvement.

For more information: <https://gmcboard.vermont.gov/>

## **Alaska Mental Health Trust Authority**

The Alaska Mental Health Trust Authority is a state corporation that administers the Alaska Mental Health Trust, a perpetual trust, to improve the lives of beneficiaries. The Alaska Mental Health Trust Authority was established to administer beneficiary programs. The Trust operates much like a private foundation, using its resources to ensure that Alaska has a comprehensive integrated mental health program, funding projects and programs that promote long-term systematic change and improve the lives and circumstances of beneficiaries. A further condition of the settlement established an independent board of trustees appointed by the governor and confirmed by the Alaska Legislature to oversee Trust operations.

The Trust designates a majority of its annual budget for grants to beneficiaries, nonprofits, service providers, tribal entities, governmental agencies and other groups that prioritize goals and initiatives consistent with the Trust's mission. More than \$20 million in grants are provided across the state for community-based projects, statewide efforts, and mini grants each year.

### **Trust duties:**

- Enhance and protect the trust
- Provide leadership in advocacy, planning, implementing, and funding of a Comprehensive Integrated Mental Health Program
- Propose a budget for Alaska's Comprehensive Integrated Mental Health Program
- Coordinate with state agencies on programs and services that affect beneficiaries
- Report to the Legislature, the governor and the public about The Trust's activities

**History:** In the years preceding statehood, the territory of Alaska had few resources to provide for the mentally ill or those with developmental disabilities, many of whom were sent by the federal government to outside institutions after being charged and convicted for being "insane and at large." In 1956, Congress transferred the responsibility for providing mental health care to the territory and ultimately the state, establishing the Alaska Mental Health Trust and granting it one million acres of land to generate income for a comprehensive mental health program. However, in a class action lawsuit ruling in 1984, the Alaska Supreme Court determined the state breached its fiduciary responsibility to manage Trust land. In 1994, after many years of litigation, in a final landmark settlement the Alaska Mental Health Trust was reconstituted with \$200 million and one million acres of land. As part of the settlement, the Trust's cash assets are managed under a contract with the Alaska Permanent Fund Corporation, and the land and non-cash assets are managed under a contract with the Trust Land Office within the Department of Natural Resources.

### **Trust Focus Areas:**

- Disability Justice
- Mental Health & Addiction Intervention
- Behavioral Health Crisis Response (Crisis Now)
- Beneficiary Employment and Engagement

### **Other Trust Priorities:**

- Housing and Home & Community Based Services
- Workforce Development
- Early Childhood Intervention & Prevention

More Information: <https://alaskamentalhealthtrust.org/alaska-mental-health-trust-authority/>