1 Workers' Compensation Full Board Meeting Minutes 2 3 Date: Tuesday, November 19, 2024 4 Location: 328 State St., Schenectady, NY Room 324 5 Webcast Live Time: 10:00 a.m. 6 7 MEMBERS OF THE BOARD Clarissa M. Rodriguez, Chair 8 Freida Foster, Vice Chair (Appeared remotely per Public Officers Law § 103-a[2][c]) 9 Mark Higgins Loren Lobban, Esq. (Excused) Samuel Williams 10 Linda Hull 11 Steven A. Crain, Esq. Mark R. Stasko Pamela Caggianelli 12 Arelis Tavares 13 Martin M. Dilan Renee Delgado, Esq. 14 Gloribelle Perez, Esq. 15 EXECUTIVE DIRECTOR 16 Steven M. Scotti, Esq. 17 SECRETARY TO THE BOARD 18 Laura Inglis 19 GENERAL COUNSEL 20 Heather MacMaster, Esq. 21 ASSOCIATE ATTORNEY 22 Heather Justice, Esq. 23 ALSO PRESENT: Joe Cavalcante, Advocate for Injured Workers 24

1	CLARISSA RODRIGUEZ: Good morning, everyone.
2	ALL: Good morning.
3	CLARISSA RODRIGUEZ: Welcome. Thank you.
4	Thank you for joining us all. I'm do you mind
5	closing the door I'm Clarissa Rodriguez, Chair of
6	the New York State Workers' Compensation Board.
7	Today's Full Board meeting is being webcast live for
8	our members of the public, so welcome. It is also
9	being facilitated by American Sign Language
10	Interpreters. Thank you so much for joining us, our
11	Interpreters.
12	And I now have the honor of calling the 1,037th
13	meeting of the Full Board to order. Madam Secretary,
14	will you please call attendance?
15	LAURA INGLIS: Vice Chair Foster.
16	FREIDA FOSTER: Here.
17	LAURA INGLIS: Board Member Higgins.
18	MARK HIGGINS: Here.
19	LAURA INGLIS: Board Member Williams.
20	SAMUEL WILLIAMS: Here.
21	LAURA INGLIS: Board Member Hull.
22	LINDA HULL: Here.
23	LAURA INGLIS: Board Member Crain.
24	STEVEN CRAIN: Here.

1	LAURA INGLIS: Board Member Stasko.
2	MARK STASKO: Here.
3	LAURA INGLIS: Board Member Tavares.
4	ARELIS TAVARES: Here.
5	LAURA INGLIS: Board Member Caggianelli.
6	PAMELA CAGGIANELLI: Here.
7	LAURA INGLIS: Board Member Dilan.
8	MARTIN DILAN: Here.
9	LAURA INGLIS: Board Member Delgado.
10	RENEE DELGADO: Here.
11	LAURA INGLIS: Board Member Perez.
12	GLORIBELLE PEREZ: Here.
13	LAURA INGLIS: Madam Chair, Board Member
14	Lobban has requested to be excused.
15	CLARISSA RODRIGUEZ: Yes. And Vice Chair
16	Foster is joining us remotely.
17	LAURA INGLIS: Remotely.
18	CLARISSA RODRIGUEZ: Yes, thank you. Board
19	Members, may I please have a motion to approve the
20	absence of Board Member Loren Lobban?
21	MARK HIGGINS: So moved.
22	CLARISSA RODRIGUEZ: Thank you. Is there a
23	second?
24	MARTIN DILAN: Second.

1	LINDA HULL: Second.
2	CLARISSA RODRIGUEZ: Thank you. Is there
3	any opposition to the motion? Okay, hearing none,
4	Board Members all in favor, please say aye.
5	ALL: Aye.
6	CLARISSA RODRIGUEZ: Okay, all opposed?
7	Seeing and hearing none, I am, I also approve, and
8	that motion is passed. Thank you. Agenda Item 1,
9	approval of the October 22, 2024 meeting minutes.
10	Board Members, you've all received a copy of the
11	October meeting minutes for your review. Are there
12	any questions or need for discussion? Okay, hearing
13	none, may I please have a motion to approve the Board
14	meeting minutes for October 2024?
15	PAMELA CAGGIANELLI: Madam Chair, this is
16	Board Member Caggianelli, and I move that we approve
17	the October 22, 2024 Board meeting minutes.
18	CLARISSA RODRIGUEZ: Thank you, Board
19	Member Caggianelli. Is there a second?
20	MARK STASKO: Yes, second.
21	CLARISSA RODRIGUEZ: Okay, thank you, Board
22	Member Stasko. Is there any opposition to the motion?
23	Okay, Board Members all in favor, please say aye.
24	ALL: Aye.

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CLARISSA RODRIGUEZ: All opposed? I am also a yes, that motion is passed. Thank you. Agenda Item 2, Office of General Counsel's Departmental Report. General Counsel, Heather MacMaster, will now present the Office of the General Counsel's Departmental Report for the month of October.

HEATHER MACMASTER: Thank you, Madam Chair,
Madam Vice Chair, Members of the Board. In October of
2024 in the Office of General Counsel, the
Adjudication Division held 15,271 hearings, 9,883
cases were resolved at the hearing, and 287 Reserve
Decisions were issued. There were also 1,550 Waiver
Agreements finalized.

In the Administrative Review Division, 1,067 applications were received, 998 were processed, and there are currently 7,957 applications pending. In Legal Affairs, there were 108 Full Board Review applications received, 78 were processed, and there are currently 194 pending. Thank you.

CLARISSA RODRIGUEZ: Thank you, Heather.

Board Members, are there any questions or need for discussion? Okay, hearing none, may I please have a motion to accept the Office of General Counsel's Departmental Report?

1 LINDA HULL: Yes, Madam Chair, this is Board 2 Member Hull, and I move that we accept the Board 3 minutes -- the Adjudication -- Office of General 4 Counsel, Heather MacMaster's report. CLARISSA RODRIGUEZ: Thank you, Board 6 Member Hull. Is there a second? 7 STEVEN CRAIN: Second. CLARISSA RODRIGUEZ: Thank you, Board 8 9 Member Crain. Is there any opposition to the motion? 10 Okay, hearing none, Board Members all in favor, please 11 say aye. 12 ALL: Aye. 13 CLARISSA RODRIGUEZ: Thank you. All 14 opposed? Hearing none, I am also a yes, that motion 15 is passed. License Applications. Associate Attorney, 16 Heather Justice, will now present Licensing 17 Applications for the prior month. 18 HEATHER JUSTICE: Good morning, Madam Chair, 19 Madam Vice Chair, Board Members, and Colleagues. You 20 have before you the recommendations from the Assigned 21 Board Panel regarding the Licensing Applications 22 listed in Part 3 of today's agenda. Pursuant to 23 Workers' Compensation Law Section 50 (3-d), AmTrust 2.4 North America, Inc., QO Susan Howe, for a three-year

1	renewal. And Number 2, Markel Service, Inc., new QO
2	Todd M. Jones, Esq., three-year renewal. I present
3	these recommendations to the Board for your
4	consideration.
5	CLARISSA RODRIGUEZ: Okay, thank you,
6	Heather. Board Members, are there any questions or
7	need for discussion? Okay, hearing, none, may I
8	please have a motion to accept the recommendations as
9	presented?
10	SAMUEL WILLIAMS: Board Member Williams, I
11	make a motion to accept the recommendations.
12	CLARISSA RODRIGUEZ: Thank you, Board
13	Member Williams. Is there a second?
14	ARELIS TAVARES: Second.
15	CLARISSA RODRIGUEZ: Thank you, Board
16	Member Tavares. Is there any opposition to the
17	motion? Okay, hearing none, Board Members all in
18	favor, please say aye.
19	ALL: Aye.
20	CLARISSA RODRIGUEZ: Thank you. All
21	opposed? I am also a yes, that motion is passed.
22	Thank you, Board Members. Legal Appeals, Heather
23	MacMaster will now present the recommendations
24	concerning decisions by the Appellate Division.

1	HEATHER MACMASTER: Thank you, Madam Chair.
2	With respect to items 4A through 4P, it is the
3	recommendation of the Office of General Counsel that
4	the decisions of the Appellate Division, Third
5	Department, be adopted as the decisions of the Board.
6	CLARISSA RODRIGUEZ: Thank you, Heather.
7	Board Members, are there any questions or need for
8	discussion? Okay, may I have a motion to accept the
9	recommendations of the Office of General Counsel?
10	GLORIBELLE PEREZ: So moved.
11	CLARISSA RODRIGUEZ: Thank you, Board
12	Member
13	GLORIBELLE PEREZ: Perez.
14	CLARISSA RODRIGUEZ: Perez, sorry. I
15	knew that. Is there a second?
15 16	knew that. Is there a second? LINDA HULL: Board Member Hull, second.
16	LINDA HULL: Board Member Hull, second.
16 17	LINDA HULL: Board Member Hull, second. CLARISSA RODRIGUEZ: Okay, thank you, Board
16 17 18	LINDA HULL: Board Member Hull, second. CLARISSA RODRIGUEZ: Okay, thank you, Board Member Hull. Is there any opposition to the motion?
16 17 18 19	LINDA HULL: Board Member Hull, second. CLARISSA RODRIGUEZ: Okay, thank you, Board Member Hull. Is there any opposition to the motion? Okay, hearing none, Board Members all in favor, please
16 17 18 19 20	LINDA HULL: Board Member Hull, second. CLARISSA RODRIGUEZ: Okay, thank you, Board Member Hull. Is there any opposition to the motion? Okay, hearing none, Board Members all in favor, please say aye.
16 17 18 19 20 21	LINDA HULL: Board Member Hull, second. CLARISSA RODRIGUEZ: Okay, thank you, Board Member Hull. Is there any opposition to the motion? Okay, hearing none, Board Members all in favor, please say aye. ALL: Aye.

1	cases on for Full Board Review this month. So we'll
2	move on to our Discretionary Full Board Review cases.
3	I now turn this portion of the agenda over to Vice
4	Chair Freida Foster.
5	FREIDA FOSTER: Thank you, Madam Chair. For
6	the cases, for the cases listed in Item 6 on your
7	agenda, it's been recommended that Full Board Review
8	be granted. Those cases are 6A, Matter of New York
9	City Transit Authority; 6B, Matter of Department of
10	Citywide Administration; and 6C, Matter of Price
11	Chopper. I move to refer the case, these cases, back
12	to their respective Panels for further consideration.
13	CLARISSA RODRIGUEZ: Thank you, Vice Chair
14	Freida Foster. Is there a second?
15	PAMELA CAGGIANELLI: Yes, Madam Chair, this
16	is Board Member Caggianelli, and I second that motion.
17	CLARISSA RODRIGUEZ: Thank you. Does
18	anyone need to be recused from any of these cases?
19	UNIDENTIFIED MALE SPEAKER: No.
20	CLARISSA RODRIGUEZ: Okay. Is there any
21	opposition to the motion? Okay, hearing none, Board
22	Members all in favor, please say aye.
23	ALL: Aye.
24	CLARISSA RODRIGUEZ: Thank you. All

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opposed? Okay, hearing none, I am also a yes, that motion is passed. Thank you, Board Members. Agenda Item 7, is there any other business? Okay, hearing none, then we'll move on to our guest speaker today.

I would now like to introduce to you all, and welcome, today's presenter, the Board's Advocate for Injured Workers, Joe Cavalcante. Please join me in welcoming Joe, who will give us some insight about the details surrounding the workers' compensation system, including the rights, responsibilities, and resources available to both injured workers and business owners across New York State.

Joe will be giving a presentation that's similar to what folks may have heard if they attended our annual conference this year in October. With a little bit more detail about the claims process. Thank you, Joe, for being here. Take it away.

JOE CAVALCANTE: Okay. Good morning. And good morning to Vice Chair Foster and Board Members.

ALL: Morning.

JOE CAVALCANTE: And to Colleagues and to any of the public who are watching us this morning.

We had a conference last month where both Chair

Rodriguez and Executive Director Steve Scotti shared a

great amount of system data during their remarks.

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We had a detailed section on claim data all set, but we ultimately decided to save it, because of the length of it, and it would have been additional time, and the relative complexity of that data for that audience. However, it's great data, and it's the kind of information everyone on the Board can easily absorb.

So the Chair has given me the honor of sharing it with everyone today. So this is what we would have shared that day. This is not Joe. These are the system statistics about (inaudible, crosstalk).

LAURA INGLIS: Is it on? Did you hit on?

JOE CAVALCANTE: It's not on.

LAURA INGLIS: I will do it for you. Just do next slide.

JOE CAVALCANTE: Oh, you did it?

LAURA INGLIS: I did it.

JOE CAVALCANTE: Thank you, Laura. MVP

Laura Inglis. So we're going to look at some general
information about injured workers including wage data,
including some wage data that we collected. For the
first time you are going to see some things now that
you've not seen before. We're going to present the

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data in a way that we don't, we haven't presented it before. We're going to begin with an overview of the system with a number of incidents that we've confronted in 2023. And then we're going to segment them into complete claims and incomplete claims.

And we're looking at claims that received their first indemnity benefits in the year 2023. This is going to give us a true snapshot of how the system is functioning today. That was the Chair's intent for that forum, was to show the system as it works today.

We're going to sort the claims into seven familiar claim types, because then we can report on the important events within those claim types. So you are going to see this report in a new way. For example, this month the Board announced that we have processed 2 million PARs, Prior Authorization Requests, through OnBoard, 2 million.

We're now going to show you where they are.
We're now going to show you which claim types are
getting PARs, and on average how many, and so forth.
So we have this prospective here on detail now.

And that's just one of these data points we're going to show. And then we're going to close by recapping controversies because they are significant

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in terms of energies expended. And then finally the moment when you all entered the picture, this is new, appealed claims. We'll show you where the appeals are.

So let's begin with the landscape for injured workers and their experience in the system that's designed to give them healthcare and to pay cash benefits after an incident at work. Out of the nearly 20 million people in New York, 9.8 million were working at the end of 2023. For claims with a 2023 injury year, there were 2.81 injuries per 100 workers in our state. You can see on this slide that not surprisingly there is a bit of a dip from 2019 to 2020, pandemic, but then the trend line comes back up to the historic. So last 2023, about 2.81%, if you want to convert it to percentages.

This is new. We're reporting the median wage of our injured workers against the statewide median wage. Everyone will recall from statistics the median is the point where half a population is above, half a population is below. It's the mid point. It's very different from an average.

So the median wage of injured workers with claims established in '23 was about \$55,500 a year, or \$1067

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a week. The \$1067 a week, just for some general context, that's just below what the maximum benefit was at that time, just for general context. However, you can compare what workers in our system are earning on a median basis to what the statewide median wage was at the same time. Statewide was 5% higher at about \$58,600. So it's a general context.

Here we see what's called Nature of Injury.

These five are the top five injuries, and they are 78% of all the injuries in established claims in 2023. So there's strains, and contusions, and sprains, and tears, and fractures, and lacerations.

Now let's look at the big picture with respect to claims. For 2023, our baseline year here, we assembled about 260,000 -- 267,000 claims. So that's how many incidents there were in the system. The overwhelming majority of these instances were reported by payors, but 12% were reported by workers on the Employee Claim Form or the C-3.

That worker filing rate has been constant for the last several years. A claim is considered complete when the Board receives a medical report on the one hand, and a notice of incident on the other. And the notice can come from the employer on what's called a

FROI, or the worker on the C-3. 61% of all the claims assembled in 2023 are complete. That totals about 163,000.

Now this data was pulled less than two months ago, and just to note, over time claims do move from incomplete status to complete status as more documents arrive. The incomplete claims are in our files, those hundred, three hundred, four thousand, they are in our files, but they don't see the type of activity I'm now going to report because they are incomplete.

We try to get those claims completed, but we do need the participation of employers and payors and especially providers in completing those claims. So this is just a reminder that if anyone is obligated to report, please do it. Anything that any of us can do to help complete these claims is going to create a better functioning system. And of course, by law, workers cannot be retaliated against or discriminated against for reporting an incident.

Now with respect to the complete claims, from 2023, 70% of the time all the injured worker needed was medical care. We call these claims medical onlys, because the only benefit paid was that medical care. They're payable, but the worker hasn't lost enough

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time to create an indemnity payment at that moment.

These claims, the medical onlys now, they tend to have far less activity per claim than those that pay indemnity benefits.

So we're now going to focus on a different subset of claims. We shall now review the claims that received indemnity for the first time in 2023. Now this is the new way of looking at data. On the left you can see there are seven types of claims that received lost wage or indemnity payments. Sorting the claims in this manner allows us to drill down into the benefits being provided. And to also see the different types of activity occurring in the system.

These seven claim types with their indemnity payments, they received the most activity. So we're going to see where the system is expending its energy and its efforts, and then we'll also fulfill what the Chair wished, we will be getting a sense of the different aspects of the worker's experience, accessing medical care and lost wages. And of course this will also show the activity of the payors, and the attorneys, and the providers, and everyone else as well.

So we pinpointed claims that were in these

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statuses for the first time in 2023. We captured all their historic activity, up to September 22nd of this year, that's when we did this poll, in order to more accurately show what happens to these claims during their life cycle.

We're not just interested in just like one year of data, we're interested in what happens to claims during their life cycle. And we'll walk through the one claim type at a time. And we're going to begin with the temporary total disability claims. And then we'll move into other ones. But this is our biggest subset now. These are the people that are 100% disabled on a temporary basis. This pool of claims, they got their first indemnity last year.

Now let's start with how long they spent in temporary total status. You can see on the left, that large one, 85% of these claims were in temp total status for six months or less. And you can see on the other end, almost 3% got two years or more of benefits.

Now this is the table you will see a few times. This is our largest subset. Of these nearly 27,000 claims, the first thing we're seeing is 16.9% of them enjoyed 21-a status. Colloquially known as pay

without prejudice. So for just a moment I would like to just reiterate the rules on 21-a, which are that the payors may not simply pay the minimum comp rate. We announced this about 14 months ago, that payments must conform to the medical reports in the Board file. And information in the payor's possession concerning wages. And this is the general practice, but it's worth it sometimes just to reiterate. So thanks to everyone who is compliant with this.

Now moving across this Table, four out of these, four out of five of these claims did not have a hearing. But once they started going to hearings, they went to an average of about three and a half hearings each. So 80% zero hearings, 20% an average of three and a half hearings.

About 7% of the claims were controverted, which is less than last year's overall rate. About 42% of these temp total workers had legal representation. We're going to see that workers tend to retain representation as their claims progress.

This is a table you will see on most of the rest of the claim types. We're now showing you the activity in a claim. These are total disability, so these workers are getting medical care. Just over

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half of them had a Prior Authorization Request or PAR.

I'm going to call them PARs.

These cases that involve PARs had an average of almost six PARs each. And please note, we're counting the PAR instances. So if this was Level 1, Level 2, Level 3, that's one instance. Because all we care about is the treatment, not the paper in this context.

Nearly a third of these claims had an average of about two IMEs each. So the other two-thirds had zero. One-third had an average of two.

Now the C-8.1B. This is when payors are filing billing disputes. So this happened in just over a third of these temp total claims. It happened an average of about 12 times per claim. So this captures the controverted claims, the established claims, everything. Healthcare providers also file payment disputes in about one in seven claims. And when they were filing they had an average of about seven each.

Now we're going to move to the temp partials.

Workers who heal from temp total to temp partial, they are in this category. Okay. There is no double counting. We're giving you the most recent category.

Half of the workers in temp partial claims received indemnity for six months or less. And then

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on the other end, about 16%, one in six, had 18 months or more of indemnity, as temp partial. The temp partials had the second lowest controversy rate, 11%. That was the average controversy rate in 2023. Statewide.

About half of these claims had a hearing, had at least one hearing. And they had an average of about four per claim. So if you started having hearings, temp partial, you had an average of four or so. And the representation by counsel is up now to two-thirds.

We're also now going to see more activity in the area of medical care and opinions. Nearly three-quarters of these workers had PARs an average of almost ten times each. Two-thirds of workers in this group had IMEs, an average of almost three each. The payors disputed medical bills in around half of these claims, about 20 times on average, so the other half had zero.

Treating providers filed medical billing disputes for their part in a quarter of these claims. And for that quarter they were at a rate of about eight requests per review each. We'll also see, or we will see, that payors dispute more medical bills then the treating providers do. And finally, this is temp

partial, so the data also shows that payors raised the labor market attachment argument in at least 2300 of these claims.

Now we're moving into permanency. I know I'm moving quickly, but we kind of have to. Let's talk about permanency here, the claims where workers suffer permanent injuries received the most attention in our system. Right now, we're going to consider permanent partial, permanent total. So permanent partial is here, permanent total you will see we're going to aggregate permanent total and total industrial disability.

But right now we're in the PPD universe, which is about 4800 claims for 2023. Nearly all of them had hearings. On average, an average of almost five different exams per claim. The payors disputed medical bills in four out of five, roughly, of these claims, an average of twenty and a half times per.

Treating providers filed their billing, filed billing disputes in 44% of these claims, an average of a dozen times per claim. The rates and the averages for IMEs and both of these medical bill dispute categories are higher here, than in the temporary claims. And of course the Board has a prominent role

in resolving these disputed medical bills for treatment.

Now this chart shows where these workers were classified in terms of loss of wage earning capacity. More than a third of workers have lost 30% or less of their wage earning capacity. Those are the two columns on the left.

The workers in orange on the right edge, everyone in orange there was classified above the 75% mark, so they are about 6.2% of the total workers who were classified.

Permanent total and total industrial disability. They provide a lifetime indemnity benefit to workers at the workers maximum rate. And total industrial disability was awarded seven times in 2023. So we're combining those seven with the 178 permanent totals, because it's the same benefit.

These claims almost always have about 11 hearings per claim over their life cycle. Only two of these workers were not represented. Almost every element in every table here is higher than in any other claim type, except the total number of claims, that 185, and also the controversy rate. The 24% here is not our highest rate.

More than three-quarters of these workers had an average of 16 PARs each. Just about every worker here went to an average of nine IMEs. In 84% of these claims, payors disputed the medical bill, some element of the medical bill, an average of about 31 times.

And in about half of the claims, the treating providers also disputed their payment an average of about 14 times.

Here now is a direct comparison of the average benefit cost in dollars on the two claims. So this is a benefit cost, we don't have the data to show you on the payor's administrative expenses here. This is the benefit cost, the permanent total benefits are the most in our system on a dollar basis.

So in a direct comparison, the medical expenses in permanent partials are almost exactly half the amount spent in permanent total. Both, both are lifetime benefits, of course. The indemnity is a lifetime benefit only in the permanent totals. And these workers ultimately receive three and a half times what workers receive in permanent partials. And then the total benefit dollars for each are on the screen.

We're coming into the homestretch. Schedule loss

of use claims, or SLUs. They are (inaudible) when a worker suffers a permanent loss of use in a limb.

Each item has, or each body part, I should say, has a different benefit amount. We are also including hearing loss and vision loss in this grouping.

On screen you can see the top five body sites.

And for those of us watching at home, each finger and toe has its own benefit amount, and therefore would be in its own category. SLUs, schedule loss of use, are our third largest volume of claims by type today.

Just under the two temporary categories.

Also only temp totals have a higher rate of claims that receive benefits without hearing. And only, again, temp totals have fewer hearings per claim. The SLUs have an average controversy rate. And more than nine out of ten of these claims have legal representation.

Compared to our other claim types, SLUs are on the lower end of these claim events. Their average number of PARs and IMEs are appreciably lower than other categories. An average benefit cost in dollars now, indemnity is about 10% more than the treatment cost for these permanent injuries, but this right here is definitely the closest ratio we have amongst the

claims we're looking at today.

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Waiver Agreements. These provide lump sum payment to injured workers in exchange for permanently closing the indemnity or the medical benefits, or both. It's entirely a result of what the worker and payor agree to do.

Claims may be permanently closed by Section 32

This detailed chart here continues our presentation method today, because it contains the type of claim that resulted from the injuries on the far left, and then some financial information. We combined temp total and temp partial into that first line, by the way.

The largest settlement amounts were paid in fatality claims. And then second most was permanent total disability claims. These settlements almost always involved attorney representation for the workers. The bottom line in yellow, that's the average of all of the Section 32s. The approved amount, the total is the medical plus indemnity, so that middle column is medical plus indemnity and the average was \$70,309.

Less than one in five Section 32 Waiver

Agreements left the medical open. Nearly all closed

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the indemnity as well. We'll see on average six and a half years will pass from the date of the injury to the finalization of the Section 32 Waiver Agreement paperwork. And then on average, these agreements are finalized by the Board 67 days from when we receive the final correct C-32 document.

And the community certainly seems to understand the work flow, and what's required here, because only 1% of Section 32 Waiver Agreements have been disallowed over the past ten years.

Finally, the fatality claim. So to editorialize for just one moment, if I may, I hope that the entire community agrees that in this instance we must all extend every human courtesy and consideration to bereaved families. Thank you.

Here's some data on the 151 fatality claims that were established last year. Nearly nine in ten had hearings, for an average of nearly five hearings each. Nearly nine in ten of the beneficiaries were represented. And nearly two-thirds of fatality claims were controverted.

Here are the industries with the most established fatality claims. These are the standard categories used by federal agencies here. So please note that

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the public administration category, the second one, that refers to federal, state, and local government agencies that manage and oversee and administer public programs and services. This listing here, the top ten represents more than eight out of ten fatality claims.

The Chair felt that the participants in our system and the Board expend enough resources on controverted claims, that it's helpful to just take the controversy rate off of each of our detailed slides and present it here as a group. That is possible, of course, for any of these data points, we could easily do that.

In 2023, the general controversy rate was 11% based on a current analysis. Technically it's 10.89 so round it to 11. The temp totals were under that rate, you can see on screen. The temp partials and the SLUs were at that rate, so that right away is 78% of all the claims we looked at today. PPDs were initially controverted a bit more frequently then the average. Section 32s experienced a controversy rate of one in five.

Nearly a quarter of the permanent totals were controverted during their life cycle. And nearly two in three of the fatality claims that were established

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in '23 were initially controverted.

Finally, our last slide here, what you may have been waiting for, appeals by claim type. So now we're in your realm. For each of these claim types we looked into the file for an RB-89. And that means that these were appealed at some point in their life cycle. So here are the results of that review.

Temp total and Section 32s have the lowest appeal rate, at 5% each. Temp partials and SLUs come next, a bit higher, but under 10%. The rates change for the PPDs, the permanent partials, about a third of those are appealed at some point during their life cycle.

61% of the permanent totals were appealed at some point during their life cycle. That's our highest rate. And then finally, those fatalities, 40% of those were appealed at some point during their life cycle.

That is probably a quick pace, but that is the claim detail that I had to report to everyone. Thank you all for your attention and support.

CLARISSA RODRIGUEZ: Thank you, so much,

Joe. Appreciate the presentation and the claim

detail.

ALL: Thank you.

1	CLARISSA RODRIGUEZ: And with that, Board
2	Members, maybe I please have a motion to adjourn
3	today's meeting?
4	BOARD MEMBER CRAIN: Motion to adjourn.
5	CLARISSA RODRIGUEZ: Thank you. May I have
6	a second?
7	BOARD MEMBER HULL: I second that.
8	CLARISSA RODRIGUEZ: Thank you. Board
9	Members any opposition to the motion? Okay,
10	hearing none, Board Members all in favor, please say
11	aye.
12	ALL: Aye.
13	CLARISSA RODRIGUEZ: All opposed? Hearing
13 14	CLARISSA RODRIGUEZ: All opposed? Hearing none, I am also a yes, that motion is passed. Meeting
14	none, I am also a yes, that motion is passed. Meeting
14 15	none, I am also a yes, that motion is passed. Meeting adjourned. Thank you, everyone. Have a good
14 15 16	none, I am also a yes, that motion is passed. Meeting adjourned. Thank you, everyone. Have a good
14 15 16 17	none, I am also a yes, that motion is passed. Meeting adjourned. Thank you, everyone. Have a good afternoon.
14 15 16 17	none, I am also a yes, that motion is passed. Meeting adjourned. Thank you, everyone. Have a good afternoon.
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