



Public Self Insurers

Claim Liability - Annual Report

For Period: 07/01/2022 - 06/30/2023

September 8, 2023
PTSC-MTA RISK MANAGEMENT
One Gateway Plaza 99-10-2
Los Angeles, CA 90012

FORM AR-2 (1-2016)

Report Location Number: Identification of Location

Certificate Holder

5813-01-099 A

PTSC-MTA RISK MANAGEMENT at LOS ANGELES

PTSC-MTA Risk Management Authority

| CASES AND BENEFITS (to the nearest dollar) | | | | From Date- | 07/01/2022 | To Date- | 06/30/2023 |
|--|-------|--------------------|--------------|--------------|--------------|------------------|--------------|
| | | Incurred Liability | | Paid To Date | | Future Liability | |
| Date | # | Indemnity | Medical | Indemnity | Medical | Indemnity | Medical |
| 1) Cases open as of 06/30/2023 reported prior to 2018/19 | 163 | \$25,375,693 | \$29,455,421 | \$18,069,807 | \$20,968,857 | \$7,305,886 | \$8,486,564 |
| 2) Open and closed Liabilities | | | | | | | |
| A) All Cases reported in 2018/19 | 1,314 | \$30,744,499 | \$16,660,039 | \$27,459,617 | \$11,744,221 | \$3,284,882 | \$4,915,818 |
| 2018/19 Cases open | 71 | \$8,312,775 | \$8,239,822 | \$5,027,893 | \$3,324,004 | \$3,284,882 | \$4,915,818 |
| B) All Cases reported in 2019/20 | 1,248 | \$35,236,555 | \$14,717,555 | \$30,018,155 | \$11,052,578 | \$5,218,400 | \$3,664,977 |
| 2019/20 Cases open | 127 | \$14,516,332 | \$8,080,611 | \$9,297,932 | \$4,415,634 | \$5,218,400 | \$3,664,977 |
| C) All Cases reported in 2020/21 | 1,104 | \$41,433,019 | \$16,385,439 | \$30,468,383 | \$10,980,564 | \$10,964,636 | \$5,404,875 |
| 2020/21 Cases open | 245 | \$25,002,060 | \$11,416,663 | \$14,037,424 | \$6,011,788 | \$10,964,636 | \$5,404,875 |
| D) All Cases reported in 2021/22 | 1,586 | \$55,965,616 | \$22,839,730 | \$30,250,501 | \$10,393,787 | \$25,715,115 | \$12,445,943 |
| 2021/22 Cases open | 535 | \$46,607,033 | \$19,854,781 | \$20,891,918 | \$7,408,838 | \$25,715,115 | \$12,445,943 |
| E) All Cases reported in 2022/23 | 1,565 | \$43,071,651 | \$20,945,728 | \$12,284,464 | \$3,188,808 | \$30,787,187 | \$17,756,920 |
| 2022/23 Cases open | 772 | \$41,289,734 | \$20,030,235 | \$10,502,547 | \$2,273,315 | \$30,787,187 | \$17,756,920 |

| | \$ Indemnity | \$ Medical |
|----------|---------------|--------------|
| SUBTOTAL | \$83,276,106 | \$52,675,097 |
| TOTAL | \$135,951,203 | |
| | \$ Indemnity | \$ Medical |
| | \$51,064,127 | \$20,608,214 |

3) Estimate Future Liability (Indemnity Plus Medical)

4) Total Benefits Paid During 2022/23 (Including all case expenditures). The indemnity amount includes the amount of LC § 4800/4850 benefits paid for the year (total of Lines 11 and 12)

5) Number of MEDICAL-ONLY Cases Reported in 2022/23

6) Number of INDEMNITY Cases Reported in 2022/23

7) Total of 5 and 6 (Also entered in 2E above)

8) Total Number of open Indemnity Cases (All Years)

9) Number of Fatality Cases Reported In 2022/23

10) (a) Number of FY 2022/23 claims for which the employer or administrator was notified of representation by an attorney or legal representative in 2022/23

10) (b) Number of non-FY 2023 claims for which the employer or administrator was notified of representation by an attorney or legal representative in 2022/23

11) Amount from salary continuation payments made pursuant to LC § 4800/4850 that is in excess of the applicable temporary disability rate for the period paid.

12) Amount from salary continuation payments made pursuant to LC § 4800/4850 capped at the temporary disability rate for the period paid.

| |
|-------|
| 173 |
| 1,392 |
| 1,565 |
| 1,888 |
| 0 |
| 260 |
| 87 |
| 0 |
| 0 |

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ALL Open Indemnity Claims (by reporting and by year) reported and with claims: annual report open cases detail 6-30-2023.pdf

Dual Jurisdiction Claims

Please note that California Labor Code Section 3702.2(b) requires that "... the annual report of a self-insured employer who has self-insured both state and federal workers' compensation liability shall also be set forth (1) amount of all compensation liability incurred, paid-to-date, the estimated future liability under both this chapter and under the federal longshore and Harbor Worker's Compensation Act (33 U.S.C Sec. 901 et seq.), and (2) the identity and the amount of the security deposit securing the employer's liability under state and federal self-insured programs."

Accordingly, please indicate all California exposure on your Self Insurer's Annual Report, and, in addition identify each Claim with dual jurisdiction on Separate List of Open Idemnity Claims. For those claims, indicate the incurred, paid-to-date, and estimated future liabilities for federal exposure. Please also indicate the amount and the type of security deposit securing those claims.

Instructions To Claims Administrator For Specific Excess Insurance

The TPA should provide a sum of the unpaid excess carrier excess liability under "Calculation of Specific Excess Coverage Entry for the Annual Reports". In addition, provide a list of claims for which specific excess credit is being claimed. This may be provided as a spreadsheet. Indicate in the list of claims the following information:

The list shall include the name of the claimant, claim number, date of injury, description of injury, carrier name and policy number, policy coverage period, retention level of policy and paid to date in indemnity or medical benefits, and the estimated future liability of the claim minus the total unpaid employer retention, which equals the total unpaid carrier liability, whether the claim has been reported to a carrier, if the claim has been accepted by the carrier, if the carrier has denied any part of the liability of the claim.

Refer to OSIP website for sample format of the Excess Credit Calculation form.

Calculation Of Specific Excess Coverage Entry For Annual Reports:

Enter the sum of the total unpaid carrier excess liability claimed from the "Specific Excess Insurance Policy Coverage". If none enter "0".

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Certification

Administrating Agency's Certificate Number 099

Or Self Administered

I declare under penalty of perjury that I have prepared or caused this report to be prepared and I have examined this liabilities report to be prepared and I have examined this liabilities report of this self insurer's worker's compensation liabilities. To the best of my knowledge and belief this report is true, correct and complete with respect to the worker's compensation liabilities incurred and paid. I further declare under the penalty of perjury that the estimates of future liability of worker's compensation claims made in this report reflect the administrator's best judgement as to the future liability of claims, using prevailing industry standards, and the signatory intends Self Insurance Plans to rely upon the representation.

Agency Name PTSC-MTA RISK MANAGEMENT

Name Cathy Yates

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Address 2

City Los Angeles

State CA

Zip 90012

Name of Person Legally Responsible for this Electronic Signature:

Cathy Yates (Date/Time of Signature) -09/08/2023 07:08