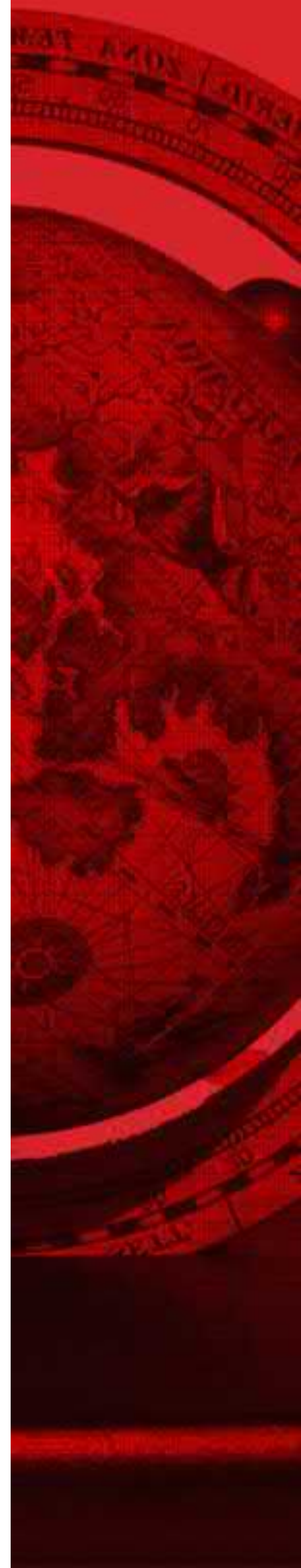
SE·GA Workplace Consulting P.C. ADVISOR

June, 2017



Rate Reform and Ontario Hospitals: It's about Money & Time!

If the WSIB stays on track, Ontario will have a universal experience rating program beginning in 2019. The impetus of this change was to reduce the number of rate groups from 155 to 34. Ontario's 219 Hospitals will remain a separate and unique rate group in the new system (Rate Group P – Hospitals).

Unlike the NEER program where every Hospital paid the same premium rate and individual results were determined by performance (rebates and surcharges) every Hospital will have an individualized premium rate set by their prior six years' experience (For 2019 the WSIB will use the 2012 – 2017 direct accident costs to determine your Hospital's individual rate).

Many Ontario employers view NEER as the cost of doing business.

With Rate Reform, WSIB premiums will be directly tied to labour cost per hour.

Based upon the WSIB's projections to 2019 there will be as many as 83 price points within this rate group (per $100 of payroll) with the following parameters:

- Lowest Premium Rate: $ 0.31
- Base Premium Rate: $ 1.04
- Highest Premium Rate: $ 3.21

The base rate does not really matter. What matters is your pricing relative to the base rate (below or above that rate.)

Ask SE-GA to demonstrate what Rate Reform will mean to your Hospital.

It is our estimation that 22 price points will be below the base rate with another 60 price points above the base rate.

There are many differences from the NEER program that will be beneficial to every Ontario employer:

- In Rate Reform only actual claim costs will be used
    - The end of Projected Future & Overhead Costs
- Real budget numbers for WSIB Expenses
    - No offset based upon Rebate/Surcharge
- Even greater incentive for good performance
    - Direct ROI calculation for investment in prevention

However there is also far greater risk with the new program as well:

- All costs (loss of earnings, pension and health care) will be treated equally
- 6 year Experience Rating Window
  - NEER was 4 years
- Linkage between Claim years
  - NEER – fresh start every year
  - Rate Reform– all 6 years claim costs used to determine premium rate
- Limited movement in price points on a year to year basis
  - Organizations can only move up or down 3 price points per year – limited upside/limited downside
  - However a good year will only impact 1 year
  - A bad year can affect as many as 11 years (directly for 6 years, trailing costs for 5 additional years)
- Hospitals will need to know their rate not only for the current year but future years as well
  - Your Hospital will need to know your 2020 premium rate in 2018 for budgeting purposes

In summary, the new program brings far more risk and uncertainty than most observers expected.

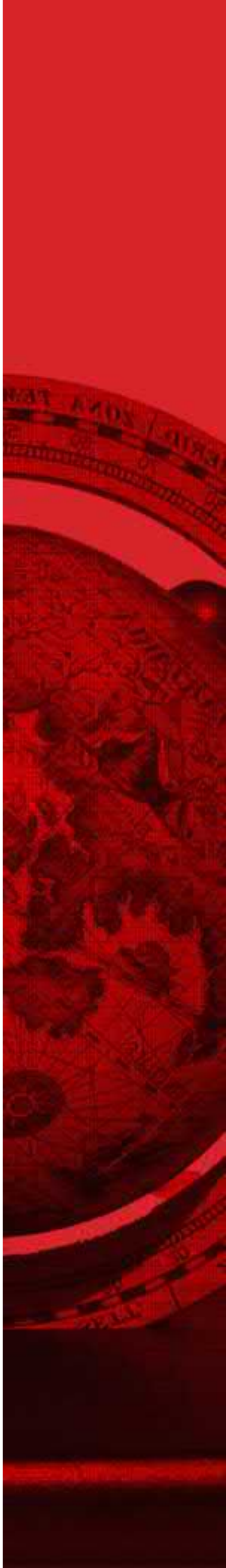
How will costs be charged to our Hospital?

In the new program costs will be assigned to their accident year and the years will be weighted in this manner:

Assuming the program starts in 2019

2012	2013	2014	2015	2016	2017
	2013	2014	2015	2016	2017
		2014	2015	2016	2017
			2015	2016	2017
				2016	2017
					2017

The formula is weighted to the most recent years (15-17) having 2/3 weight with the prior years (12-14) having 1/3 weight.



There will always be a gap year (2018) and in 2020 the experience rating window will be the 2013 – 2018 accident cost years.

As said previously, in the NEER program costs were exclusively charged to the year of the accident. As a result many companies managed new claims according to the calendar: If they knew they were going to be at their NEER maximum costs early in the year, a company may be inclined to be less diligent about providing modified work for the remainder of that year.

In the new program that philosophy will prove disastrous! The claim cost limits will be very different in the new program as only the actual (Loss of Earnings supplement and Health Care) costs will be used to determine premium rate calculations. Companies will have to manage all claims in order to minimize their cost in order to avoid spikes in their premium contribution rate.

The cumulative impact of a costly claim:

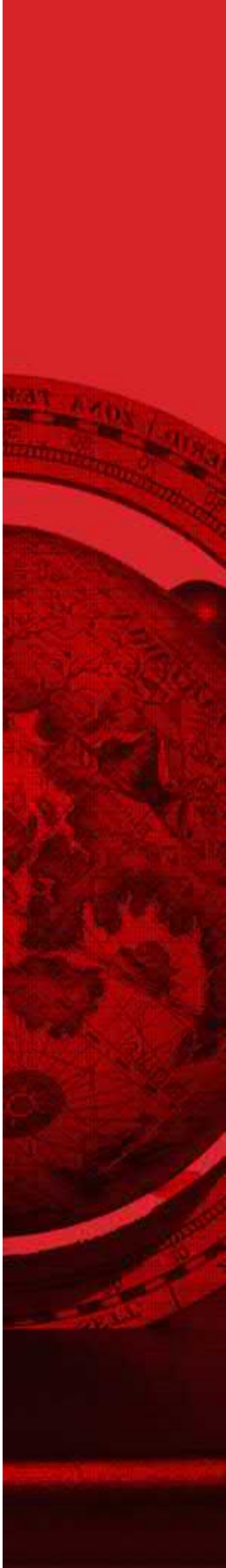
One of the selling points of the new program to Ontario employers is reduced volatility of their WSIB expenses. Any company that has paid a large and unexpected surcharge will trumpet this change.

While this is true, there is far more downside to this change than most employers expected. Companies that have an especially low cost claim year can see their premium rate drop by 3 price points per year. In order to drop another 3 points in the following year they will have to repeat that excellent performance.

Unfortunately a very costly claim (permanent disability or the need for retraining) will increase a company's premium contribution rate by (up to) 3 price points per year. However it is rare that a claim of this nature will have claim costs limited to the year of the accident.

THIS IS A VERY REALISTIC CLAIM SITUATION IN A HOSPITAL DUE TO THE FACT THAT INJURIES THAT CAN OCCUR TO YOUR AGING WORKFORCE AS WORKERS WILL OFTEN USE INAPPROPRIATE TECHNIQUES FOR THE BENEFIT OF EXPEDIENCY!

A claim as described in this scenario could drive up the premium contribution rate by 3 price points for as many as the full 6 years of the experience rating program. Unfortunately a company can only improve by minus 3 price points a year. Therefore this type of claim could drive up a company's premium rate for 11 years.



Year 6

Year 5 Year 7

Year 4 Year 8

Year 3 Year 9

Year 2 Year 10

Year 1 Year 11

Using the graphic above consider the following:

- Assume Hospital A enters the new program at the lowest premium rate and has a claim that will require full Work transitions services that will cause the maximum premium increase of 3 price points per year
- Costs won't fall of the cliff – costs go uphill, then downhill
- This company's premium rate will increase for 6 years and while costs will start to decline in year 7, it will take until the end of year 11 for this company to return to their original 2019 premium rate
- If each price point equals $10,000 in additional premiums, one costly claim could increase total premiums for that period by $1,000,080.00!

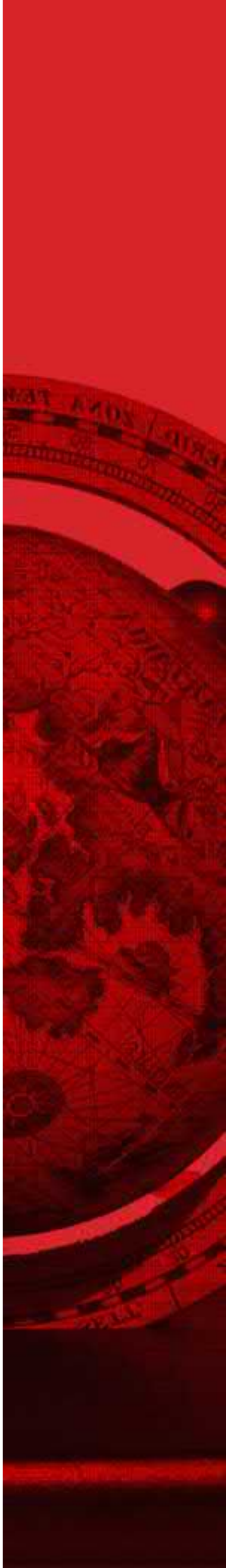
It's all about where you start! Time equals Money!

Organizations that enter this program below the base premium rate will have significant savings not only because they will see a direct premium reduction but also because they will gain years.

As an example we will compare two fictitious similar sized Hospitals. Hospital #1 has consistently earned NEER rebates and enters the new program at 6 price points below the base rate, and they have no new claim costs that allow them to maintain that premium rate on an ongoing basis.

Compare that to Hospital #2 that enters the program at the base rate and strives to reduce their premium costs by 3 price points per year. It would take that Hospital 2 years to be 6 price points below that base rate.

If both of these Hospitals pay $1,000,000 in NEER premiums (and the drop in 3 price points reduces premiums by 10%) the first Hospital would have lower WSIB premiums of $300,000 over the first two years of the new program compared to the second Hospital.



	Hospital 1	Hospital 2
’18 NEER premiums	$1,000,000	$1,000,000
’19 premiums	$ 800,000	$1,000,000
’20 premiums	$ 800,000	$ 900,000
’21 premiums	$ 800,000	$ 800,000
Total premiums	$2,400,000	$2,700,000

What can my Hospital do to prepare for the new program?

It is our recommendation that every Ontario employer do two things:

- Review your Best Practices for Prevention and Return to Work Initiatives
  - Study your prior claims
  - Look for gaps in reporting or administering claims that led to costly delays
  - Be prepared to accommodate every restriction
- Seek Cost Relief on every costly claim from 2012 – 2017
  - The removal of cost from your prior claims may be your best avenue to lowering entry point into the model
  - Cost Relief will not only save your company money, it will move it years forward as well
  - This may also include opportunities to Transfer Costs from a prior claim to a client. While this would have been unheard of in the NEER program it may be a crucial tool in the new model as the cost of “keeping” a claim, while keeping that client happy, could prevent you from gaining/keeping other clients

We strongly recommend every Ontario review their claim cost history for 2012 – 2017 and seek COST RELIEF wherever possible.

Not only will improve your NEER performance it will put your company into the best position possible for Rate Reform.

If SE-GA could reduce your claim cost enough to reduce your premium point by 6 basis points, the benefit is twofold, not only will this reduce your premium contribution it will move your company forward 2 years!

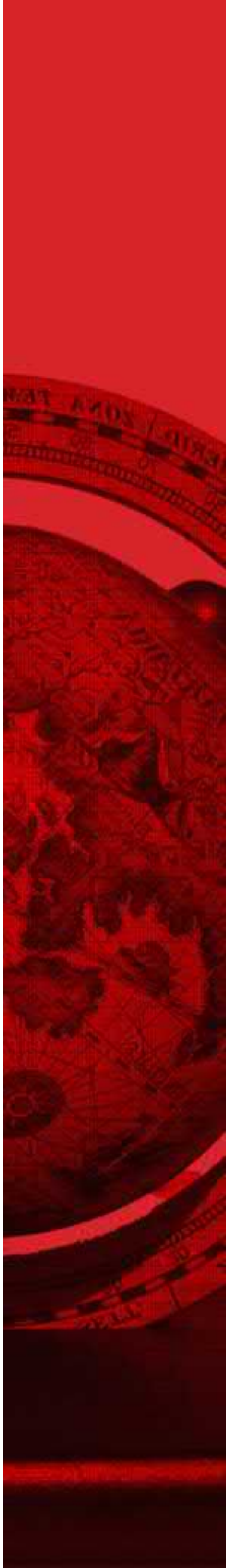
To illustrate the importance of this change, SE-GA has held various in-house NEER seminars for many organizations, including Hospitals, in recent years and is always glad to come and speak with your key stake holders!

In the past, these sessions were almost exclusively attended by the Human Resources and the Health & Safety teams. Now that "Rate Reform" has become official, the number of attendees and different stakeholders at these sessions has grown dramatically. The type of personnel in attendance include:

- Chief Financial Officer
- Director of Operations
- Director of Nursing/Patient Care
- Individual Department Heads
- Manager of Payroll

SE-GA held public NEER sessions across Ontario from March- May 2017 and we can also present to your key personnel at your Hospital as well.

For a video that explains the first page of NEER please contact our office at info@segaconsulting.com



SE·GA
Workplace Consulting P.C.
www.segaconsulting.com

3-1750 The Queensway
Suite # 1287
Toronto, ON M9C 5H5

T: 416-463-SEGA (7342)
F: 647-349-8927
info@segaconsulting.com