

Trust Intelligence

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\$1.5 Million Premium Return

Tis the season to spread good tidings and cheer, but you likely didn't expect it to come from your workers' compensation provider! Well, as you know, the Trust is very different from typical insurance providers and in keeping with the holiday spirit, the Board of Directors decided to once again lead the way by declaring a \$1.5 million premium return to qualifying members for the 2014 year.

This latest distribution creates a total of \$5.4 million returned to Trust members in just the last five years alone and an astounding \$24.3 million returned to members over our 33 year history!

Diane Ritucci, President and CEO, remarked, "It gives all of us at the Trust a great sense of joy and pride to think of the additional services our members have been able to deliver to their clients as a result of these returns. Our relationship with

our members is a truly unique, working partnership to help control one of their largest business expenses, and the Trust's premium returns are a testimony to the effectiveness of that partnership. Our mission remains steadfast, to provide CT's healthcare employers with a stable, cost effective workers' compensation market combined with superior claims handling and loss control services."

The premium return program rewards active members based on a combination of each individual member's longevity with the Trust, loss ratio and proportionate share of premium. Each qualifying member will receive their check in the 30 day period preceding the renewal date of their policy in 2015. Each member that qualifies for a premium return will receive a declaration notification informing them of their premium return amount and when they can expect to receive their checks.

Trust Wraps Up 6 Month Pilot Project for Group Homes

For years now, the Trust has been insuring employees working in group homes that care for people with physical, mental and behavioral challenges. No doubt, it can be a very physically and emotionally demanding job based on the care required for these residents. The frequency and severity of injury losses by employees working within these environments clearly speak to this fact.

Due to worsening loss experience within these group home environments, the Trust initiated a 6 month pilot project to take a deeper dive into understanding the risks associated with group homes and to see if anything else could be offered

by the Trust to help these members improve safety and turn the tide in their loss experience.

Through careful internal review and selection, a 20-year member of the Trust was chosen to participate in the pilot project. The member recognized that they were a good candidate for the pilot based on their poor loss history, their difficulty in returning injured workers back to work during the recuperative process, and the understanding that if their loss trend did not turn around, workers' compensation premiums would surely continue to increase.

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NCCI Proposes Modest Rate Relief for 2015

CT Ranks 2nd in Highest Workers' Compensation Costs

In late September the National Council on Compensation Insurance (NCCI) submitted its proposed rate filings to the CT State Insurance Department for approval. The new rate filings will take effect on January 1, 2015. The overall impact of the filings to the entire market will be a slight decrease in the voluntary loss costs of -0.6% and a slight decrease in the assigned risk rates of -0.5%.



This is welcome news in comparison to recent years when increases have been considerably higher. For example, the filings for last January were increases of +3.2% for the voluntary market and +5.7% for the assigned risk.

However, it should be noted that while the impact on the overall market was a slight decrease, some industry groups will see increases and others will see decreases. The healthcare industry falls under the "Goods & Services" industry group and it will see a slight overall increase of +0.6%. Of course, changes to specific class codes may vary significantly from the overall change.

While the news is welcome, the state still has a long way to go. A recent article listed CT the second most expensive workers compensation state in the nation for employers. CT's premium rate index is \$2.99 per \$100 of payroll, which is 159% of the national median. Alaska held the undesirable top spot with a rate index of \$3.01.

Unfortunately, the northeastern corner has proven to be an expensive workers' compensation area with several other states in the region making the top ten list on this survey. New York ranked 5th with a rate index of \$2.82, New Jersey was 7th with a rate index of \$2.74, followed by New Hampshire in 9th place with a rate index of \$2.40 and Maine in 10th place with a rate index of \$2.24.

Reference: Orlando Business Journal

Group Home Program

(continued from cover)

The goal of the pilot was to examine four key areas: return to work opportunities for injured workers; reviewing operations on all three shifts to mitigate risks causing injuries; review effectiveness of employee safety training; and lastly, ensure job descriptions were compliant with the Americans with Disabilities Act (ADA) and appropriately reflected the actual demands of the job.

Due to the uniqueness and scope of this project, Robb Wright, a licensed occupational therapist who owns and operates a company called *Wright2Work* was hired by the Trust to spearhead the project in consultation with key management from the Trust.

Initial results so far have been very positive, although it is still too early to determine the long term impact of the recommended changes in operations that came out of the project with the member. For instance, through 11 months of the policy year, the member has experienced a 50% reduction in lost time cases as compared to their previous two year average. All employees sustaining a lost time injury were placed back to work within a short time period, minimizing costs associated with lost time wages. Some environmental and training shortcomings were identified and addressed. And lastly, the group home administrator is convinced that the project gave his organization the "shot in the arm" it needed to improve safety awareness and enhance the overall safety culture among the employee population.



The Trust would like to wish all of our members, their friends and families, a very Safe, Happy and Healthy Holiday Season!

In lieu of Holiday cards this year, the Trust has made a monetary donation to:
Liberty Community Services

Liberty offers a variety of programs to meet the needs of individuals facing homelessness, chronic illness, addiction and mental illness. They have been a member of the Trust since 2008.

Remembering Richard R. Paton Long Time Board Member

On October 7, the Trust lost longstanding board member, Richard (Dick) Paton. Dick was the beloved husband of Caroline (Wiatrak) Paton, and lived in Ellington, CT.

In addition to his wife Carol, he leaves his three adoring children, and six beautiful grandchildren, Sabrina, Taylor, Johnathan, Samuel, Analisse, and Tenneson.

Dick served on the Board of Directors from 1997 until his passing. He spent his career in Risk Management and retired from Phoenix Insurance. He served his country for 27 years and retired as a Commander in the U.S. Coast Guard.

An evening of tribute was recently held and Dick was recognized as a Founding Father of the Trust, posthumously. He will be greatly missed.



WC Trust Staff News

Sue Eaton Retires After 13 Years



After thirteen years of service, Sue Eaton from our Payment Processing area has retired on November 21, 2014.

Sue joined the Trust back in 2001 and has been instrumental in ensuring payments are processed in a timely manner to injured workers and medical providers.

Please join the entire staff of the Trust in wishing Sue all the best in her retirement. Pictured are Sue and Diane Ritucci at her retirement celebration.

Kathy Yeager Celebrates 20 Years

Congratulations to Kathy Yeager for celebrating 20 years with the Trust. Kathy is one of three claims managers who oversees a team of six claims adjusters.

She is an invaluable member of our team and her longstanding efforts to support our members is greatly appreciated.



Pictured, Diane Ritucci, presents Kathy with a plaque of recognition.

The Trust Hires Return to Work Consultant Robb Wright



The Trust is pleased to announce the appointment of Robb Wright in the capacity of Return to Work Specialist effective January 5, 2015. This newly created full-time position will focus on working directly with injured workers, members and medical providers to keep employees at work in a productive role while they recover from their work related injury or illness.

Mr. Wright, an occupational therapist by training, is no stranger to workers' compensation. For the past 20 years, he has owned and operated **Wright2Work LLC**,

a company which has worked with all stakeholders in the Connecticut workers' compensation community offering functional capacity evaluations, worksite evaluations, ADA compliant job descriptions, along with a host of industry specific safety and health related training programs to the business community.

The Trust is very excited about this new position and believes that Mr. Wright's vast experience will greatly benefit our members and self insured clients with reducing claims costs associated with lost work time while adding another resource in helping employers provide the safest work environment possible.



Don't Get Weighed Down by the Holidays

The holidays are upon us which for many of us means more eating and drinking, which can lead to weight gain.

Even if you don't need to lose weight, you can benefit from weight control habits that will have a lasting impact on your health.

Weight is determined by many factors including those you inherited, such as height, body shape and metabolism. Focus on factors you can control such as diet and exercise. Make changes that can last a lifetime. Quick-weight-loss diets don't work long term for most people, especially diets that severely restrict calories. Start by simply eating smaller portions of the foods you usually eat. Taking in more calories than you burn causes you to gain weight. Exercise combined with a sensible diet is the healthiest way to lose extra pounds.

Weight loss programs to avoid include:

1. Programs that require you to buy and eat expensive prepackaged food. These meals don't prepare you for planning and cooking healthful, weight-friendly meals on your own. This makes long-term weight loss difficult to maintain.
2. Plans that suggest eating only certain foods or specific combinations of foods. You may lose a lot of weight quickly, but an unreasonable eating plan is hard to follow long term.
3. Programs that require you take herbal supplements or large doses of vitamins. Talk with your healthcare provider before taking these products.
4. Plans that focus on diet alone, without an exercise component. Physical activity can help you achieve lifelong weight control and good health.

Common dieting mistakes abound. Drastically cutting carbohydrates may lead to initial weight loss, but evidence is incomplete about how these diets affect long-term weight loss

or overall health. Eating mostly protein-rich foods usually means more saturated fat and cholesterol in your diet, both of which work against your heart health. Successful sustained weight loss comes from wholesome carbohydrates, favoring fruits, vegetables and other plant foods. Fat content should be limited to less than one third of the person's total daily calories.

Tips for successful weight loss:

1. Take it slow and steady. Set realistic goals and take small steps. Healthy weight loss is about 1 to 2 pounds per week.
2. Eat fewer calories. Downsize portions and recognize when your body feels full.
3. Find time for fitness. The National Weight Control Registry reports that people who successfully lose weight and keep it off exercise 60 to 90 minutes a day, with walking being the number one activity.
4. Reward yourself. Celebrate the calories burned or pounds lost by enjoying a non-food reward. You'll motivate yourself to make healthy changes a permanent part of your life.



"Before you hang up, Mrs. Johnson, are you aware that you can lose up to 50 pounds a year by listening to telemarketers instead of eating your dinner?"

Member Education - Your Way

The Trust continues to focus on member education continues to be a focus for the Trust, providing numerous educational resources for our members.

Annually the Trust provides over thirty **educational sessions** at our Wallingford facility. Programs are offered for direct care staff, supervisors, human resource and safety personnel. Several new courses are being offered in 2015 including courses with a focus on Safety Committees, Bloodborne Pathogen Training, OSHA standards for Healthcare, Employer Liability, and more.

Peer Networking programs are held several times throughout the year focusing on specific types of organizations. Sessions provide an educational component based on member feedback and then an opportunity for participants to

exchange ideas, best practices, ask questions etc.

We have also added new courses to **Trust University**, our free online training tool for members. Included in these new programs are courses in Safety, OSHA Requirements, Supervisory, and Interpersonal Skills.

Don't forget to take advantage of our extensive **Video Lending Library**, which is available to members free of charge. Many of the DVDs and videos are available to preview online to ensure that they are relevant to your organization. There are over ninety DVDs and videos available to our members.

To access these resources, please visit our website, www.wctrust.com, email losscontrol@wctrust.com or call 203-678-0123.

OSHA CORNER

Updates to OSHA's Recordkeeping Rule

Beginning January 1, 2015, key revisions to OSHA's recordkeeping rule will take effect. This includes an updated list of industries which are exempt from the recordkeeping requirement, and also establishments that are newly required to keep records. The Trust has members that fall into both categories. The previous list of industries was based on the old Standard Industrial Classification (SIC) system, it is now based on the North American Industry Classification system (NAICS). The new rule retains the exemption for any employer with ten or fewer employees from the requirement to routinely keep records. However, if an employer receives notification from the Bureau of Labor Statistics (BLS), they must maintain the OSHA 300 log regardless if they are listed as exempt.

The rule expands the list of severe work-related injuries that all employers **must report** to OSHA.

- All work-related fatalities within **8** hours
- All work-related inpatient hospitalizations of **one or more** employees
- All work-related amputations
- All work-related losses of an eye

Employers must report work-related fatalities within 8 hours of finding out about them. Employers only have to report fatalities that occurred within 30 days of a work-related incident.

For any inpatient hospitalization, amputation, or eye loss, **employers must report the incident within 24 hours of learning about it.** Employers only have to report these if they are work-related.

Employers will soon have three options to report:

- By telephone to the nearest OSHA Area Office during normal business hours. Bridgeport area office (203) 579-5516 or the Hartford area office (860) 240-3152
- By telephone to the 24-hour OSHA hotline at (800) 321-OSHA (6742)
- OSHA is developing a new means of reporting events electronically, which will be available soon at www.osha.gov.

Trust loss control staff will be facilitating the annual OSHA Recordkeeping program at the Trust on January 8th, 2015. Both a morning and an afternoon session will be held to ensure that all members who would like to attend have an opportunity. Our staff will walk you through the new requirements and teach how to maintain the log using interactive case scenarios.

If you have questions or concerns about this new rule you may contact Carol Fronczek, Vice President, Loss Control Services, your senior loss control consultant or visit OSHA's website, www.osha.gov.



What Do You Think?

The case involves a health care provider who worked for both a rehabilitation service company and a home care provider. One morning, the employee walked out the door of her apartment and descended two flights of stairs to another unit in her building to tend to a patient of the home care provider. After finishing those duties, she left the building to tend to her first patient of the day for the Rehabilitation Service Company. After disembarking from a bus, the employee was hit by a car while crossing the street, suffering serious injuries.

The rehabilitation service company was in the practice of reimbursing the employee for the bus fare expended while traveling between client's homes but would not cover the cost of traveling to the dwelling of her first daily client or for the cost of returning home at the end of her last assignment. The employee rarely went to her employer's office and received her assignments and paychecks at home. She filed her reports from home and most of her communications to the office were via telephone.

Under normal circumstances an injury sustained coming and going to work is not compensable. A principal reason for this is the employment period does not commence until one reaches the employer's premises. In this case the Supreme Court stated that travelling is an integral part of providing home health care to clients and therefore the employee was in the course of her employment when she in route to her first client of the day.



The Legal Corner

Attorney John Letizia, Managing Partner
Letizia, Ambrose & Falls, P.C., New Haven

EEOC Guidance Puts Employers at Risk Of Increase in Pregnancy Discrimination Claims

The Equal Employment Opportunity Commission (EEOC) has issued enforcement guidance on pregnancy discrimination and related issues that puts employers at risk of increased pregnancy discrimination claims by expanding the scope of accommodations that employers must provide to pregnant employees. The guidance does not have the force and effect of law, but provides insight into how the EEOC interprets and applies the Pregnancy Discrimination Act (PDA) and the Americans with Disabilities Act (ADA), as amended by the ADA Amendments Act (ADAAA), to employees' claims of pregnancy discrimination.

In the guidance, the EEOC restated well-settled laws barring employers from taking adverse action against an employee on the basis of pregnancy (current, past, or intention or ability to become pregnant), childbirth, or a related medical condition, and more importantly, provided its new interpretation of the PDA and the ADAAA concluding that: (1) pregnant employees are entitled to reasonable accommodations under the PDA and the ADAAA; and, (2) pregnant employees must be treated the same as employees with work-related injuries with respect to light duty policies.

Reasonable Accommodation

Despite the EEOC's acknowledgment that pregnancy alone is not a disability under the ADAAA, the EEOC states that because under the PDA, "an employer is obligated to treat a pregnant employee temporarily unable to perform the functions of her job the same as it treats other employees similarly unable to perform their jobs, whether by providing modified tasks, alternative assignments, leave, or fringe benefits," employers must provide reasonable accommodations to women with normal, uncomplicated pregnancies if the employers provide reasonable accommodations to employees with disability (which they must under the ADA).

Connecticut law has always required employers to provide reasonable leave to an employee who is disabled as a result of pregnancy and to make a reasonable effort to transfer a pregnant employee to a suitable, available position if continuing in her regular job may cause injury to the employee or fetus.

Additionally, please note that the EEOC guidance highlighted that under the PDA, employers are prohibited from requiring a pregnant employee, who is capable of performing her job duties with or without reasonable accommodations, to take a leave of absence.

Light Duty

The current interpretation of the PDA requires employers to provide or refuse to provide light duty work using gender-neutral criteria—often referred to as a "pregnancy-blind" light duty policy. Courts have upheld policies providing light duty only for employees injured at work and/or those with qualifying disabilities under the ADA as "pregnancy-blind" and therefore, not in violation of the PDA.

However, in the guidance, despite case law to the contrary, the EEOC expressly "rejects the position that the PDA does not require an employer to provide light duty work for a pregnant worker if the employer has a policy or practice of limiting light duty to workers injured on the job and/or to employees with disabilities under the ADA" and concludes that employers must provide light duty work to pregnant employees if it provides light duty work to non-pregnant workers "similar in their ability or inability to work."

United States Supreme Court to Address Pregnancy Discrimination this Term

The EEOC's timing in issuing this guidance is noteworthy, as the U.S. Supreme Court has agreed to hear Young v. United Parcel Service, Inc. this term. In Young, the plaintiff, a pregnant UPS driver, was restricted to lifting 20 lbs. during her pregnancy. She requested that her physical restriction be accommodated or that she be given a light duty position, but UPS refused. UPS provides accommodations to: (1) employees with work-related injuries, (2) employees with disabilities under the ADA, and (3) employees who lose their DOT certification. The District Court held, and the Fourth Circuit Court of Appeals agreed, that UPS did not discriminate against the plaintiff on the basis of her pregnancy because its accommodations policy is "pregnancy-blind," and therefore, denial of the plaintiff's request for accommodations did not violate the PDA.

Key Take-Away Point

Until the United States Supreme Court issues its decision in Young, employers who do not offer accommodations and modifications to pregnant employees risk violating the PDA and the ADAAA, as well as Connecticut law.

If you would like a copy of our future analysis of the Supreme Court's decision in Young, which will be decided early next year or you have questions please call (203) 787-7000 or email Attorney John M. Letizia at letizia@laflegal.com.

Ebola

At time of writing, more than 13,000 individuals have contracted Ebola Virus Disease (EVD), of whom approximately 5,000 have died. Already, case counts are nearly an order of magnitude higher than the total number of affected individuals in more than 20 outbreaks between 1976, when the virus was discovered in Central Africa, and 2013. One model has predicted as many as 1.4 million affected individuals by mid-January if public health and medical control measures are not adequately implemented.

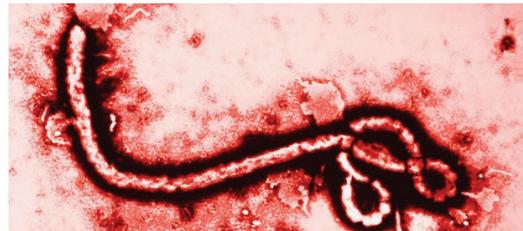
Modest numbers of cases outside of the outbreak zone have occurred in Nigeria, Mali, Senegal, Spain, and the United States, and have been due largely to importation, though there have been well publicized episodes of hospital transmission. Many have asked why such transmissions have occurred, and the U.S. Centers for Disease Control and Prevention (CDC) responded with an updated version of guidelines for Personal Protective Equipment (PPE) in hospitals. Those guidelines add protection with an N95 or powered air purifying respirator, more complete skin coverage, and more clearly outlined procedures for donning and doffing equipment.

EVD appears to be transmitted by close and direct contact with the blood and body fluids of an individual with the disease. In contrast to many infectious diseases, there does not appear to be a period *before* an individual manifests symptoms when he or she is infectious to others. The period of maximal infectiousness, very clearly, is when a person is in the end stages of the disease, a time when the most likely individuals to contact such an individual (in a U.S.

setting) are healthcare workers rendering ICU-level care in an isolation suite. Risk of transmission to the U.S. general public, at this juncture, is low.

Hospitals preparing to accept cases of EVD must address a broad range of preparatory steps. Effective screening procedures need to be in place in clinics and other access points to a medical center to assure that individuals within 21 days of travel to the three affected countries who manifest symptoms are triaged and isolated appropriately. For healthcare workers who will provide care in an inpatient setting to an EVD patient, intensive and repeated training is necessary to assure that errors do not occur in the doffing of PPE that could cause contamination. Procedures to assure adequate isolation, appropriate handling of laboratory specimens, safe transport, full contact tracing, and symptom monitoring programs for individuals rendering daily care to an EVD patient are imperative.

Ebola challenges the world in new ways. With a mortality as high as 90% in resource-poor settings, it will test our willingness to provide the funding and medical resources needed in West Africa to control its proliferation. Our failure to do that may result in an outbreak of acute disease unprecedented in modern times.



Hospital Bill Fee Schedule Still In Negotiations



In response to Senate Bill 61, passed in 2014 by the Connecticut Legislature, a committee was formed to create a workers' compensation fee schedule for services rendered at a hospital or ambulatory surgery center (ASC).

Diane M. Ritucci, President & CEO of the Trust currently sits on this committee, representing the payor community. There have been a couple of meetings to determine the final fee schedule, but as of this printing, no resolution.

The Trust Undergoes Insurance Audit

The Trust recently underwent a routine Insurance Examination by the State of Connecticut Insurance Department. Insurance companies are required to undergo examinations at least every five years and as often as every three. The last one was completed in 2009.

State auditors spent roughly four months at the Trust poring through our documentation to understand our business. A final report was issued by the State indicating no issues were found and giving the Trust a "clean bill of health" so to speak.



Upcoming 2015 Educational Programs for Members

The following programs are designed to assist our members in gaining knowledge of issues that surround and support the reduction of work related injuries and associated claims. To register, or obtain detailed information, go to www.wctrust.com. Most courses offer Continuing Education Units (CEUs). Your attendance is encouraged.

OSHA Injury & Illness Recordkeeping Standard

Thursday, January 8	9:00 AM - 11:30 AM or 1:00 PM - 3:30 PM	Members: FREE	Value: \$100
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Partnering With The Trust

Wednesday, January 28	9:00 AM - 11:30 AM	Members: FREE	Value: PRICELESS
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National Safety Council 4-Hour Defensive Driving Course

Thursday, February 12	8:30 AM - 1:00 PM	Members: \$40	Non-Members: \$60
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Managing An Effective Safety Committee

Wednesday, February 25	9:00 AM - 12:00 PM	Members: FREE	Value: \$100
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Bloodborne Pathogens: Train the Trainer

Wednesday, March 4	9:00 AM - 12:00 PM	Members: FREE	Value: \$100
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Transitioning Into A Supervisory Role

Wednesday, March 11	9:00 AM - 12:00 PM	Members: \$40	Value: \$100
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OSHA Standards For Healthcare

Thursday, March 18	9:00 AM - 12:00 PM or 1:00 PM - 4:00 PM	Members: FREE	Value: \$100
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Employers Liability: Unemployment, Compensation, Overtime & More

Wednesday, April 8	9:00 AM - 12:00 PM	Members: FREE	Value: \$100
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