

March  
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Issue 103

# Trust Intelligence

A Newsletter published by the Workers' Compensation Trust

## 2019 Member Survey Results

### Novel Coronavirus

See pages 4 and 5 for  
Important Information

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The Trust recently conducted a member survey to obtain constructive feedback in the areas of claims administration, loss control services and key programs provided to our members. The detailed survey allowed members to participate anonymously by rating the Trust in several different areas. Approximately 20% of members responded and the results were extremely favorable.

Perhaps the best place to start is with the members' overall satisfaction rating with the Trust. Here we scored an impressive 97% of respondents being very satisfied and 0% dissatisfied. Claims administration received high scores in simplicity of claim reporting (99% very satisfied), satisfaction with assigned claim representative (90% satisfied) and likely to recommend the Trust from a claims handling perspective (97%). Our lowest claim score was an 85% very satisfied (1% dissatisfied) rating for communication regarding the status of a claim. We will be working to improve communication in this area.

Loss control also received accolades with 95% very satisfied with the assigned loss control representative and 97% likely to recommend the Trust for its loss control services. Likewise, invoicing received a 97% very satisfied rating for being accurate, complete and timely.

As expected, the Trust also received high scores for its Premium Return Program (everyone likes to get money back) and its member education programs. The Trust Telecare program also scored very well with those members utilizing the program. This has been an extremely effective program for our members. An update on the overall results of this program is provided later in this newsletter.

We're proud of the high rankings achieved, but also are very aware that there is always room for improvement. We thank you for your feedback and will always continually strive to exceed your expectations.



# Trust TeleCare

Trust TeleCare continues to assist members and their employees in properly triaging injuries to determine the right level of care at the right time including self-care on a 24/7/365 day basis. Well over half of our members now utilize the service on a regular basis, with more being added weekly.

Key TeleCare statistics by the numbers:

Initial Calls Taken to Date	4,249
Referred to Treatment	2,063
Self Care (and Back to Work)	2,186
Top 3 Body Parts	Back, Knees, Shoulders
Top 3 Injuries by Type	Contusion, Sprain/Strain, Human Bites
Day of Week Most Reported	Wednesday
Lag Time	80% claims reported received within 24 hrs
% of Claims Reported Through TeleCare	56%
Members Using TeleCare	256 or 60%

If your organization would like more information on how TeleCare can help control workers' compensation costs and enhance your reporting process of claims, please contact your loss control representative.

## Trust Embraces Technology to Improve Workflow

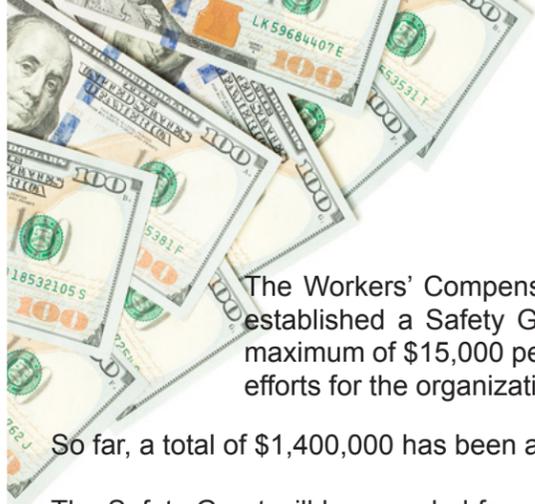
The Trust made a conscious decision several years ago to find a more effective way of handling the volume of claim related documents that streamed into the Trust on a daily basis. Up until that point, most of the work of identifying and scanning documents into correct claims was based on claim support staff engaging in a manual and time intensive look up process. After searching for the right vendor partner, and after several years of hard work among a unified technical team of both internal Trust employees and external technical support, the Trust adopted and implemented a total digital document management solution and is now experiencing the fruits of that initiative.

Through this new technology, and with the advances of optical character recognition (OCR), hundreds of documents coming into the Trust daily are now placed into scanners where they are recognized based on a series of defined data fields and pushed electronically into the appropriate paperless claim files without human touch. The results are nothing short of astounding!

In addition to getting key information into the claims files within hours of arrival so adjusters can review and help them manage their claims better, bills associated with provider visits are also being processed in an expeditious manner. Bill processing, which historically had been processed by manual data entry is now automated which has increased productivity in getting bill payment paid from what was weeks to now within days of receipt.

The Trust believes that we have just tapped the surface with the full capabilities of this robust and dynamic digitized OCR document management system. This is just the starting point for us as we continue to look for ways to improve workflow and positively impact claim outcomes, which ultimately has a direct correlation in helping our members manage the cost of insurance, by reducing the administrative expenses.

# 2020 Safety Grant Program Gets Underway



The Workers' Compensation Trust is pleased to announce for a fourth year in a row, that we have established a Safety Grant for our members for 2020. This year's grant pool is \$450,000, with a maximum of \$15,000 per member for projects to improve or implement employee safety or loss control efforts for the organization.

So far, a total of \$1,400,000 has been awarded to Trust members since 2017, fulfilling 120 grant requests.

The Safety Grant will be awarded for projects or initiatives that improve employee safety or reduce risk for workplace injuries. Grants can be used for enhancements to safety and security of your workforce or workplace. The program objective is to encourage and support member efforts in developing innovative safety initiatives by defraying the cost of participating, adding or enhancing a risk reduction strategy, program or process.

To apply for the Safety Grant, go to [www.wctrust.com](http://www.wctrust.com). Grant applications must be completed in full and postmarked or emailed no later than March 20, 2020. Safety Grant award winners will be announced on April 22, 2020. Projects completed by December 31, 2020.

If you have any questions, please contact Carol Fronczek at 203-678-0161 or email her at [fronczek@wctrust.com](mailto:fronczek@wctrust.com).

## Board of Directors News

### New Chair and Officer Appointed

In November, the Board of Directors announced the board officers for 2020. Russell Schwartz, Vice President of Avon Health Center and West Hartford Health Center will serve as the new Chair. He replaces David Tompkins, formerly of Klingberg Family Centers who completed his 3rd term as Chair. David will remain an active member of the board.

Christine Murray, CFO at New Horizons Village, has been appointed to the role of Vice Chair. Joseph Milke, Vice President at Klingberg Family Centers, will remain in the position of Treasurer.



Pictured above is Russell Schwartz as he presents a plaque of appreciation to Dave Tompkins for his years of dedication to the Trust in the role of Board Chair.

## Trust University

Powered by **RELIAS** | **LEARNING**

We are excited and pleased to announce that effective March 1, 2020, Trust University will be re-launched utilizing a new vendor platform "RELIAS".

The new Trust University is easy to use with more learning opportunities, having over 200 available courses all designed to help your employees increase knowledge, meet compliance obligations, improve performance and reduce risk.

Trust University is still accessible at [www.wctrust.com](http://www.wctrust.com).

*Welcome to the Newest Members of the Trust*

*Ambassador Wheelchair Services*

*CCARC*

*The Hartford Club*

*Waterford Country School*

*Wethersfield Housing Authority*

## The Legal Corner

Attorney John M. Letizia, Managing Partner  
Letizia, Ambrose & Falls, PC

# The Legal Rights of Employers When Employees are Exposed to Coronavirus

The Coronavirus is communicable through human-to-human transmission and causes acute respiratory disease, and has been declared a Public Health Emergency of International Concern by the World Health Organization. Given the danger of the spread of this virus, employers across the country have been encouraged by the Center for Disease Control and Prevention (CDC) and OSHA to take preventative measures to ensure a safe workplace. Potential safety measures, however, implicate several workplace laws that create potential legal difficulties for employers seeking to minimize the danger of the virus spreading.

Given that the outbreak may put employers' obligations to minimize the exposure of their employees at odds with a potentially infected employee's rights, employers should be aware of the relationship between workplace safety laws and employee rights in relation to a potential outbreak.

**Family and Medical Leave** - Given that the Coronavirus has a two, or possibly longer, week incubation period (meaning that symptoms will first appear two weeks after exposure to an infection) it is imperative that employers act quickly to take preventative measures as soon as a possible infection becomes apparent.

Infected, or arguably potentially infected, employees, or those with infected children and spouses, are entitled to FMLA leave under Federal law if they are otherwise FMLA-eligible. The employee, in order to qualify for leave, would have to satisfy the same notice and certification requirements as with any other medical leave, however it is strongly recommended the leave be granted whether or not it meets the requirements in light of the potential workplace risk to others. However, if it does not meet the FMLA requirements then it cannot be classified as an FMLA leave and therefore the employee would still have his FMLA available if otherwise eligible. As to an employer obtaining medical certification in order for the employee to qualify for FMLA, that can be done after the employee leaves the workplace and should not be a reason for delaying a leave where there is an exposure risk.

**What If an Employee Who Is Suspected of Being Infected Does Not Wish to Take a Leave? Alternatives to FMLA Leave** - If an employer has good factual reason to suspect that an employee may be infected, but that employee does not wish to take leave, there are several options available in order to keep a safe work environment.

First, if feasible, the employer should provide the employee with the option to work from home for at least two to four weeks. Second, the employer could simply require the employee to stay at home on a forced paid leave.

Finally, the employer may be able require the employee to provide a fitness for duty evaluation release from an appropriate physician if there is good reason to suspect the employee may have come in contact with a Coronavirus victim recently. The employer needs to pay for the exam and then could chose the physician. The employee should remain out of the workplace while waiting for a medical evaluation, per the CDC's recommended strategies. The evaluation should be consistent with Americans With Disabilities Act (ADA) requirements.

**Beware of Potential Discrimination Claims- Americans With Disabilities Act** - The ADA and Connecticut law prohibits workplace discrimination against employees with disabilities. The ADA defines a disability as "a physical or mental impairment that substantially limits one or more major life activities." The Coronavirus can substantially limit major life activities, although it is unlikely to fall under the ADA unless there are long-term, disabling effects for the individual.

The ADA, however, extends discrimination protection to an employee who is "regarded as being disabled" by their employer, meaning that discrimination complaints may be brought under the ADA by an employee who does "not have any impairment,

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but are treated by an employer as having an impairment." While the "regarded as" exception under the ADA generally does

## The Medical Corner

Mark Russi, M.D., MPH,  
Medical Director

# Novel Coronavirus



As I write this, the death toll due to novel coronavirus (COVID-19) infection has surpassed 1,000. While nearly all cases have occurred in mainland China, limited numbers of infected individuals have been detected in 27 other countries, and person-to-person spread of the virus is well documented. The virus

comes from the same family of viruses that caused SARS (Severe Acute Respiratory Syndrome) in 2003, and MERS (Middle Eastern Respiratory Syndrome). While those viruses were associated with higher mortality rates (10% and 30% respectively) than COVID-19, the rapidity with which the current infection has spread throughout China, and its potential to trigger a pandemic are frightening.

The U.S. has already enacted definitive public health measures designed to limit importation of cases. Foreign nationals who have visited mainland China within the previous 14 days are currently barred from entering the U.S., and U.S. citizens who have visited mainland China within the past 14 days are subject to medical monitoring and home isolation. Guidance for the identification, triage and care of possible COVID-19 patients has also been issued by the U.S. Centers for Disease Control and Prevention (CDC).

While infections in the U.S. are not widespread at present, the use of screening questions to identify any recent travel to mainland China among anyone with respiratory symptoms at clinic and hospital entry sites has been recommended.

Anyone who has a compelling exposure history and clinical presentation for the illness should be moved to a negative pressure isolation environment and cared for by healthcare personnel employing contact precautions, airborne precautions and eye protection. Although the virus appears to be transmitted by small droplets within close proximity of the infected person, uncertainty remains whether contact with contaminated surfaces or airborne spread across greater distances may occur. Because it is a new virus and much about it is unknown, current guidance seeks to err on the side of caution in recommending isolation and combined personal protective precautions.

At this time it is unknown how rapidly the virus may spread in sites outside of China. However, three factors make it particularly worrisome as a pandemic virus. First, it appears to kill approximately 2% of those who contract it, leaving a large segment of the population with disease mild enough to continue to circulate in society and potentially spread infection to others. Second, it appears to have some ability to spread prior to the onset of symptoms, making it more challenging to identify those who pose risk to others and properly isolate them. And third, it appears to transmit relatively easily from person to person, with current estimates suggesting that each infected individual transmits the disease to an average of three other individuals.

There is no way to know what will lie ahead, and much will depend upon a concerted world effort to identify, isolate and provide proper care to those who are infected; to maintain prudent and rational surveillance practices among those who are at risk; and to support ongoing efforts to identify therapies that may modify the course of the disease.

## Marilyn Perlmutter Retires after 27 Years

It is with both sadness and gratitude that we announce the retirement of Marilyn Permuter, Assistant Account Manager. Marilyn has been with the Trust since 1993 and has been the keeper of all member policies during that time.

Marilyn plans to stay in Connecticut for her retirement with her family and her pets, and in close proximity to those New York Yankees that she loves so much! We will miss Marilyn and wish her the best of luck as she begins her new journey in life.

Marilyn is pictured at right with Nathan Shippee, Vice President of Sales and Marketing.





# Strategies for a Healthy Spring Tips from the CDC

Help boost your health and energy to have a healthy spring.

### Move More-Sit Less

Regular physical activity helps to improve your overall health, fitness and quality of life. It helps to reduce chronic conditions, many types of cancer, depression, anxiety and dementia. Physical Activity is cardio or aerobics and muscle strengthening. The goal should be at least 150 minutes each week.



### Eat a Healthy Diet

The availability of healthy, affordable foods contributes to a person's diet and risk of related chronic diseases. Poor nutrition contributes to many costly diseases, including obesity, heart disease, and some cancers.

- ▶ ChooseMyPlate (<https://www.choosemyplate.gov/>)
- ▶ Dietary Guidelines and Strategies (<https://www.cdc.gov/nutrition/strategies-guidelines/index.html>)
- ▶ Healthy Food Environments (<https://www.cdc.gov/obesity/strategies/healthy-food-env.html>)

### Get Enough Sleep

1 in 3 adults don't get enough sleep. Adults need 7+ hours of sleep per night. To help you get the sleep you need, go to bed and get up the same time each day including weekends. Keep the bedroom quiet, dark and a comfortable temperature.

### Be Sun Safe

The sun's ultraviolet (UV) rays can damage your skin in as little as 15 minutes. You can reduce your risk of skin damage and skin cancer by seeking shade under an umbrella, tree, or other shelter before you need relief from the sun. Your best bet to protect your skin is to use sunscreen or wear protective clothing when you're outside—even when you're in the shade.

For more information from the Centers for Disease Control and Prevention go to [cdc.gov](http://cdc.gov)

## Coronavirus: Continued from The Legal Corner

not apply to impairments that are transitory (an actual or expected duration of 6 months or less) and minor, the severity of the Coronavirus is likely to be interpreted by the United States Equal Employment Opportunity Commission (EEOC) and Connecticut's Commission on Human Rights and Opportunities (CHRO) as qualifying for the exception.

The ADA regulations and expectations should therefore be considered during a number of decisions employers may make to limit the spread of the Coronavirus. One of these is the decision to quarantine employees, however, mandatory quarantining may be viewed as discrimination under the ADA if it does not meet ADA exemption and the facts for doing the same do not meet CDC or Department of Homeland Security (DHS) Standards. Therefore, employers should consider voluntary quarantining policies, such as telecommuting. Further, the ADA must also be considered when requiring medical screenings for fever and other Coronavirus symptoms. The EEOC guidelines may disfavor fever screening as it is likely to reveal other disabilities. In order to legally require fever screening, employers should be prepared to show that the screening is "job related and consistent with business necessity," justified by a direct threat or recommended by the CDC or DHS. Proof of a direct threat may be shown by an employee or a close relative having recently traveled to China, particularly in or near the Wuhan Province.

Finally, discharging an employee who the employer believes, without hard evidence, was exposed to the Coronavirus could create the potential for a costly litigation process even if the employee did have the virus but you take action before they contracted it.

If any of you would like any more information regarding this article, please do not hesitate to call or email Attorney John M. Letizia, Managing Partner, Letizia, Ambrose & Falls at [letizia@laflegal.com](mailto:letizia@laflegal.com) or (203) 787-7000.

# Trust Retains 100% of January 1 Renewals

For the second consecutive year it gives us great pleasure to report the Trust retained 100% of all quoted January 1st renewals, its business renewal date of the year. Well over 100 members' policies renew on January 1st totaling in excess of \$17 million of premium volume. This is a rare and difficult feat to accomplish in the insurance industry. To accomplish it two years in a row is virtually unheard of.

Our overall annual retention of quoted renewals usually hovers in the 96% to 97% range, far above the levels of other insurance companies, but perfection is rare and we're excited to have achieved it yet again.

Price is important, but we have learned that it takes far more than price to achieve retention levels like these. Exceptional claims management, comprehensive loss control services and a vast array of highly respected education and training programs also play a major role in retaining members. Not to mention the high value is the Trust's premium return program which has returned over \$40 million in premiums back to its members.

The Trust is now in its 39th year of serving the workers' compensation needs of Connecticut's healthcare and human service providers. We continually strive to offer the absolute best workers' compensation product on the market at the lowest possible pricing with unparalleled services.

We are not interested in churning business, we're interested in building effective, long lasting business relationships with our members. Based on our latest renewal cycle and another large \$7 million premium return to members, our approach is definitely working. Thank you for your continued membership and support!

## Longstanding Members Recognized by the Trust

Diane Ritucci, President & Chief Executive Officer recognized some of our members who have been with the Trust for over twenty years. Most recently she visited with FCP Live-In located in Stratford and PrimeCare, Inc. in Waterbury.

In 2019 alone, we celebrated 5 members who have been with us since 1999. In 2020 we will be celebrating 23 members who joined us in 2000. It is our pleasure to partner with you all these years!



**FCP Live-In LLC**  
David Anthony  
Member/Owner



**PrimeCare, Inc.**  
James Kelly  
President

## Staff Collects Holiday Donations for Trust Member

In December, the Trust collected items such as blankets, gloves, scarves and toiletries to donate to the **Homes for the Brave (HFTB)** a 13 year member and part of the Applied Behavioral Rehabilitation Institute, located in Bridgeport, CT. HFTB provides 37 beds to homeless veterans and 4 to non-veteran males in need of transitional living. The program is committed to those who demonstrate motivation to live and work in the community.



Kathi Bepko and Flo Marra drop off some of the donations to HFTB.

