



FORWARD

A SEDGWICK PUBLICATION

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Cyber security lessons — Risks and resilience

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According to the latest World Economic Forum Global Risks Report 2018, cyber attacks are perceived as the global risk of highest concern to business leaders in advanced economies and are viewed by the wider risk community as the risk most likely to intensify. While companies often have rigorously developed response plans for extreme weather events, the same level of advance planning consideration is not always given for cyber attacks. The Forum’s research suggests that only one third of companies have prepared a pre-incident response plan for a major cyber attack. Sedgwick has found time and time again that policyholders in the midst of a cyber event do not have a plan in place to assist with management of the cyber issues they face.

As businesses become ever more dependent on technology in order to function, companies' exposure to cyber risks is also heightened. Similarly to how we prepare for natural disasters and other catastrophes, we must also focus on crisis response planning for cyber threats. Businesses must not only continue to anticipate cyber attackers' objectives and implement prevention measures; they also must shift focus toward cyber resilience and respond to protect their firms and their customers from the impact of malicious cyber attacks.

AN EMERGING GLOBAL MARKET...AND THREAT

The cost of cyber exposures to the global economy is more than \$400 billion a year and continues to grow.¹ Cyber insurance products have been around since the late 1990s. Still considered to be in the early stages of the market, we face emerging needs and evolving products. It is estimated that premiums for the global cyber insurance market will grow to \$14 billion by 2022.²

The projected growth of cyber insurance policies is further corroborated in the recent 2017 Aon Global Risk Management Survey, where it is reported that 67% of businesses in North

America, Europe and Australia have not purchased or are planning to purchase cyber insurance.

We have seen evidence of this need firsthand in Australia, where the Sedgwick cyber team has seen a marked increase in cyber-related claims over the past few years – from the more common email phishing, social engineering fraud attempts and malware infections, to more serious denial of service attacks, ransomware and other attacks. The majority of claims are malware-related, which aligns with the results published by AV-TEST GmbH, an independent research institute for information technology (IT) security, which registers over 350,000 new malicious programs every day.

The focus of corporate and individual cyber security has recently been brought to bear on the hijacking of data using ransomware. Although this form of extortion, albeit at a much less sophisticated level, has been around since the late 1980s, it really gained widespread attention after the recent "WannaCry" attacks (known as "WanaCrypt0r 2.0") hit the headlines. This worldwide cyber attack took advantage of vulnerability in computers running the

Microsoft Windows operating system where the necessary security updates had not been applied. WannaCry ransomware attacks affected the operations of major companies and government agencies worldwide. For example, NHS computers in the UK were affected across the whole organization's internal network; the impact of the attack lasted for six days and resulted in a cost of £92 million to the cash-strapped health service.

Even more recently, Sedgwick has seen claims where a new type of ransomware attack has been identified. Traditional models have incorporated delivery of malware using mass mailing spam campaigns or exploit kits. In the latest incidents, criminal groups use targeted malware in attacks designed specifically to disrupt high turnover small to medium enterprise (SME) businesses by locking up crucial digital assets. Initially, a network is compromised and the hackers spend time researching, mapping and collecting credentials from the SME. Once the target network infrastructure is fully understood, the criminals execute their ransomware to cause maximum impact. Ever-increasing ransom payments, recently in excess of £100,000,

have been demanded to unlock the affected data.

In 2016, Microsoft reported that ransomware cost approximately \$325 million in damages and it is predicted to rise to \$11.5 billion in 2019 with a ransomware attack taking place every 14 seconds, according to Cybersecurity Ventures.

To address this scenario, an increasing number of insurance companies are launching cyber risk policies to the market that include coverage such as third party liability, technical assistance and research expenses, repair and restoration costs, loss of profit, legal defense, crisis communication and incident management, etc. Some also offer additional services such as adaptation to data protection regulations, prevention measures and help lines. At Sedgwick, our incident management team incorporates in-house technical experts who can assist in the initial stages of a ransomware hack, identifying the mitigating factors to help prevent large turnover losses or loss of customers.

In addition to considering cyber risk insurance policies and response measures for their own operations, it is important for businesses to discuss cyber practices with upstream

and downstream partners. Reviewing contracts and building in specific language can help ensure the right protections and plans are in place throughout a connected supply chain.

CYBER LOSS MANAGEMENT

With the increasing frequency of cyber attacks, it is crucial for cyber loss management to be expeditious, restoring the company's normal activity as soon as possible through robust coordination among all the parties involved: loss adjusters, IT forensic experts, lawyers and communication agencies. To achieve this, it is essential to have identified all those involved before the attack and loss occurs.

As the saying goes, it's better to be safe than sorry, and in this case, prevention is our main ally against a cyber attack. The best way to protect your data is to create "off-network" backup copies, stored remote from the network, where they cannot be accessed during an attack. The remote data can then be used to overwrite any encrypted (locked) data following an attack. That can make the difference between a few days of lost network functionality or a major disruption event.

Other measures can also be implemented, such as providing staff training to avoid classic phishing traps, keeping operating systems updated and using good enterprise-level antivirus software.

We know that 100% cyber security is a myth which exists only in the minds of those who are not computer savvy. Even if all of the correct prevention measures are taken (creating daily verified off-network backups, making employees aware of the techniques used and having a robust data protection policy), vulnerabilities always exist. Knowing where weaknesses lie and taking positive action to prevent an attack can potentially be the difference between a quick recovery and business failure.

PREPARING FOR ACTION

Businesses that are prepared from a technical standpoint are minimizing their exposure, but what about the impact of even the smallest of cyber breaches? What is your plan of action if faced with a notifiable data breach? While the cyber world offers plenty of territory still to explore, there are sound risk management pathways to tread. Businesses can prepare themselves by having a thoughtful, immediate

SECURITY

CYBER

SECURITY

CYBER

RISKS

P E R C E N T
€ €

*of businesses in
North America, Europe and
Australia have not purchased
or are planning to purchase
cyber insurance*

response plan that puts key measures in place to mitigate damages if faced with cyber exposure.

1) First notice of loss

management – The identities of each affected person or organization must be determined, and appropriate notification provided. Notification must be timely, accurate and provide details sufficient to alert those involved of the breach and the steps to be taken. Failure to do so opens up the potential for third-party actions, penalties or even class action litigation.

2) Reputational management

– Your reputation as a trusted fiduciary of client confidentiality is a cornerstone of your success; quickly managing the reputational impact of a cyber breach can make or break your business. Reputation and brand impact management may include outbound and inbound communication, possible setup of call center resources, and public relations support for appropriately engaging the media.

3) Forensic IT expertise

and accounting – Upon notice of a breach, forensic action must be immediately undertaken to determine the source of the breach, stop the loss of additional data and fix the original source. Forensic accountants and IT specialists can undertake a cause and impact analysis, with investigations detailing what was lost, how it was lost, replacement costs, whether the company is still at risk, the necessary steps to improve security, and potential damages due to the loss.

4) Claims support

– Regardless of the number of records exposed, the direct and indirect costs are real and instantaneous and may include expenses for data recovery and restoration, business interruption costs, cyber extortion costs, crisis management costs and more. The right claims resources can help with exposure and coverage interpretation, final claim adjustments, and ongoing activity such as credit- or identity-monitoring solutions.

5) Legal support

– Skilled legal experts can help you understand the intricacies of the liability picture in the evolving cyber world. It is important to align with appropriate legal counsel, who must be retained for defending litigated claims, as well as addressing potential regulatory investigations and fines.

With evolving products, a swiftly changing market and a constantly growing knowledge base, cyber is guaranteed to remain a hot topic throughout 2019. We will continue to see questions of coverage vs. indemnity, explore policy language and limits, and prepare ourselves for known and unknown risks.

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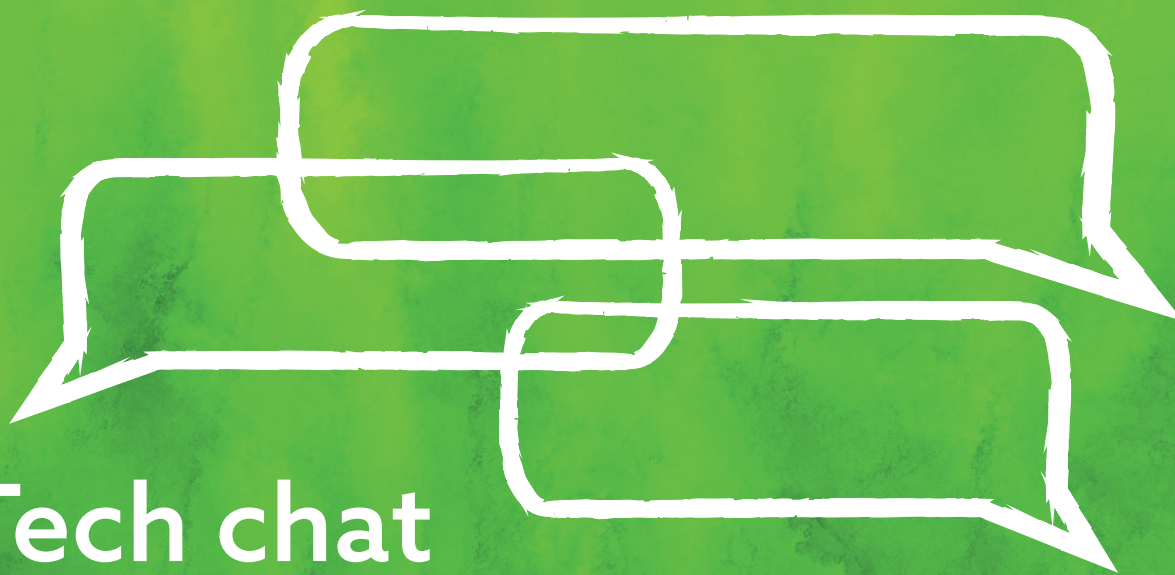
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SECURITY

CYBER

\$15 billion

predicted cost of damages from
ransomware in 2019



Tech chat

*Q&A with Leah Cooper, Managing Director,
Global Consumer Technology, Sedgwick*

edge:

How can traditional insurance carriers and administrators develop an approach to adopting new insuretech innovations?

Leah:

As anyone who has attended an insuretech conference in the past few years can attest, there are hundreds of new tools on the market that seek to apply innovative technology to traditional claim underwriting, reporting and handling processes. The key to making insuretech successful in an organization is to partner new technology with an extensive depth of claims experience. Taking a theoretical invention and transforming

it into a tactical application of technology, one which truly transforms a business process, is an area where more established players have struggled.

With over 100 million claims in its history, Sedgwick is uniquely positioned to move beyond the digital hype. An important key to success includes equipping our highly-skilled information technology team with the resources they need to build bridges between existing technology and new platforms. Prudently applying insuretech to reinvigorate our long-accepted methodologies allows us to expand our digital expertise and bring new product ideas to life.

edge:

What's important to know about robotic process automation (RPA) in claims management?

Leah:

RPA software seeks to replace repetitive keystrokes and mouse functions with the click of a single button. By taking away repetitive and often-used motions, RPA tools can introduce new efficiency and accuracy into a user's daily routine. However, one of the largest challenges to implementing RPA tools successfully is identifying those motions. Business process discovery by observing and analyzing process allows teams to detect room for insertion of RPA into operations.

SELF-SERVICE CAPABILITIES

**ARE THE FOUNDATION
OF A SUCCESSFUL
CUSTOMER EXPERIENCE**

**IN THE CLAIMS
INDUSTRY TODAY.**

*Leah Cooper, Managing Director,
Global Consumer Technology, Sedgwick*



Finding ways to optimize legacy systems is a challenge that many companies face. Because Sedgwick has developed a proprietary technology suite, we have the ability to build in those efficiencies. By combining state-of-the-art RPA tools with Sedgwick's ever-evolving systems, we continue to ensure that the claims management process flows smoothly and proficiently for all work streams.

edge:

How important is self-service these days for employers, employees and other consumers?

Leah:

Self-service capabilities are the foundation of a successful customer experience in the claims industry today. Consumers expect transparency from those providing coverage and administering claims. On the leave management side, employees assume that technology will be provided so that they can manage their own needs for time away from work. Additionally, an employer's ability to ensure compliance and mitigate the cost of risk has become dependent on a real-time technological solution to analyze workforce dynamics and the claims experience at any moment.

Throughout the claims handling process, Sedgwick is committed to placing self-service tools into the hands of our customers and consumers. Users can enroll in direct deposit for speedy payments, opt in to receive push notifications about the status of their claims, upload required documents and take additional steps to keep the process moving forward. From the client's perspective, advanced analytic reporting creates insight into performance and cost drivers of claims, honing in on where action needs to be taken to mitigate risk.

All of these innovations provide data that leads to understanding and they work together to shorten claim durations while increasing customer satisfaction.

edge:

How is Sedgwick digitalizing the intake and triage processes for new claims?

Leah:

Launching in 2019, Sedgwick's new global intake platform is designed to enable web-based claim reporting for clients, partners and consumers across all lines of business. Additionally, this tool will include multiple channels for intake of new claims, including mobile-responsive sites and a

new Restful API FNOL option. Enabling a multi-lingual and web-deployed solution will provide a consistent and user-friendly experience with Sedgwick's services around the globe.

A key part of global intake will allow Sedgwick to disseminate data through multiple channels. The tool disperses relevant information about FNOLs to clients, vendors and claims systems in real time. Artificial Intelligence will be incorporated into the new claim triage process so that integrated technology, such as optical image digitalization, will pave the way for automated decision-making capabilities. As a first-to-market technology, Sedgwick's global intake will revolutionize not only the way simple incidents and claims are processed, but also generate exciting opportunities to expand and build new channels for customer service and brand protection for our clients.

Sedgwick will launch global intake for the casualty lines of business in April 2019, with additional buildouts to our core claims systems throughout the remainder of the year. Proof of concept programs for AI-based decision making will begin in Q3.



Catastrophe risks — Are you prepared?

BY **TOM SIMONCIC**

President, Property Americas, Sedgwick

In 2018, natural and man-made catastrophes disrupted thousands of lives and caused extensive damage to homes and businesses worldwide. Global insured losses from these catastrophes are estimated to be USD \$79 billion. Some of last year's devastating events include Hurricanes Michael and Florence, wildfires in Europe and California, volcano eruptions in Hawaii, earthquakes in Japan, Indonesia and Papua New Guinea, and floods in Japan and India.


When property damages and losses occur as a result of extreme weather or another type of disaster, it is important to have claims partners that can respond quickly and offer flexibility to meet the needs of customers and policyholders throughout the entire process.

KEY CONSIDERATIONS

To ensure you are in the best position to respond, businesses need to have a disaster plan in place and partners with experience managing catastrophe (CAT) claims, whether that's locally, regionally or globally. Services and capabilities to ensure the best possible outcomes should include:

- Expertise to support your local, regional or global needs
- Dedicated teams that are ready to deploy quickly to respond to property claims, inspect losses and manage the post-disaster claims process
- Experience with all types of claims – in all types of locations
- The ability to accurately determine coverage, and provide appropriate, insightful reporting and analysis throughout the life of a claim
- Access to a full range of pre- and post-loss specialty solutions including building consulting, forensic advisory, mitigation bill review, contents and valuation solutions, as well as forensic engineering, failure analysis, origin and cause investigations, environmental consulting and repair services
- Mobile technology and resources that can provide necessary infrastructure
- Support for communities and local teams to enable them to do their jobs under difficult conditions

Following a disaster, food, water and shelter are the top priorities. From there, it's not enough to simply have people in place; those people need technology, support and secure places from which to stage recovery efforts. It is important to have the tools and resources to begin managing claims promptly, such as laptops, phones and additional phone lines, so CAT claims teams can manage the hundreds of calls coming in and efficiently set up claims.



**Global insured losses
from catastrophes in
2018 are estimated to be**

\$79 billion.

Wat nu?

Maintenant quoi?

Was jetzt?

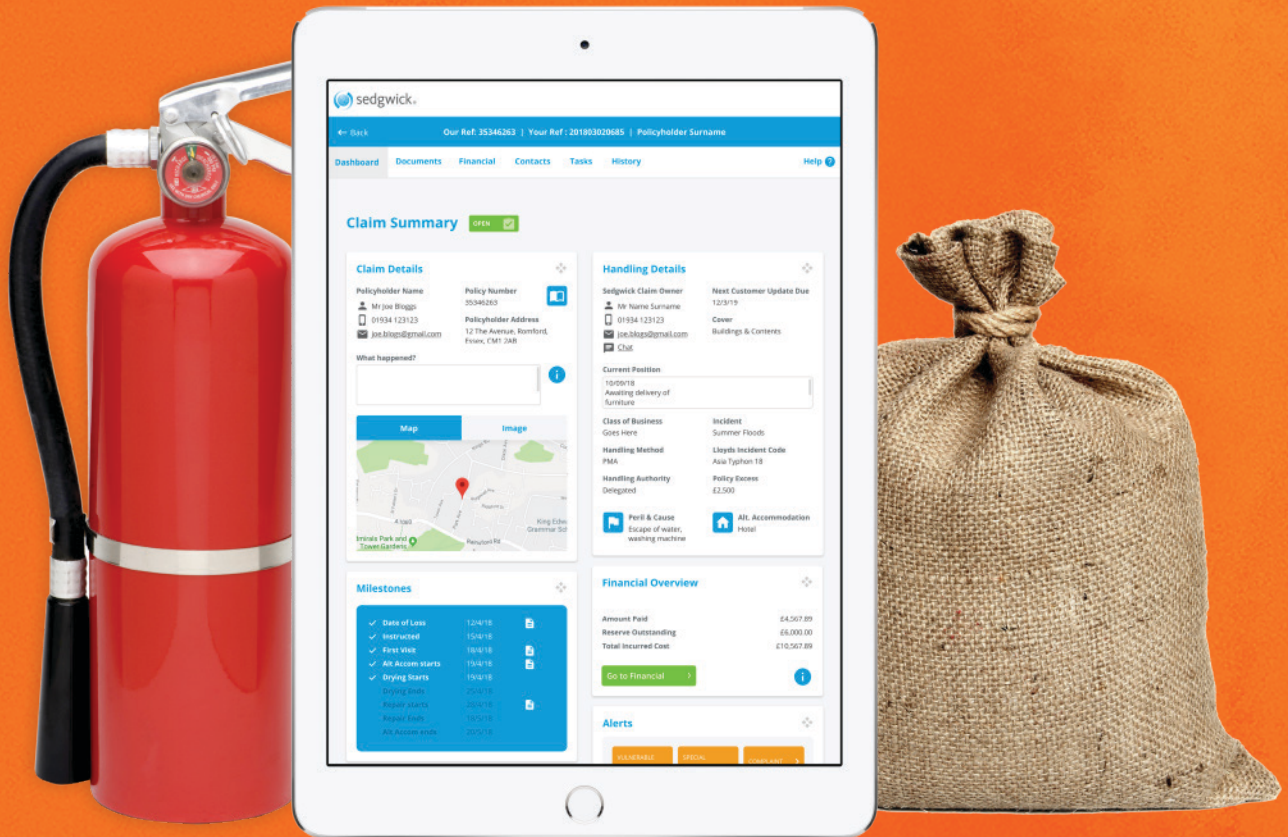
Now what?

Was jetzt?

Maintenant quoi?



To ensure you are in the best position to respond, businesses need to have a disaster plan in place



and partners with experience managing CAT claims, whether that's locally, regionally or globally.

Adherence to all local and national regulations is also a key part of the process. Effective partners will have the ability to quickly set up in-country operations for field loss adjusting, and staff and support expanded CAT claims teams, if needed.

Tools like satellite images and drones can be used as needed to get an immediate picture of the environment to assess the damages. These virtual video tours enable adjusters to experience the loss without leaving their desk, and the on-site inspectors and adjuster can upload videos, photos and inspection reports directly from the scene into the claim file. Having a geo-location system ensures resources are deployed exactly where and when they are needed. With the ability to video chat and share critical on-site information with the desk adjuster, claims teams can speed up the resolution and payment processes.

There are advanced technology options that can support the claims process after a catastrophic event by helping claims teams to:

- Evaluate and estimate damages to facilitate recovery efforts and quickly get help to those who need it most
- Conduct hazard assessments without risking human resources
- Improve cycle time
- Control travel expenses and associated risks
- Expedite claim settlement
- Increase customer/policyholder satisfaction

The right partnerships and tools can mean the difference between quickly amassing a backlog of site visits vs. being ready at a moment's notice to serve clients. Those with the ability to enlist additional resources, such as adjusters, inspectors and contractors, can ensure assignments are effectively managed when and where they are needed. Connected technology enables those in the field to smoothly partner with desk adjusters to capture the right details and quickly resolve claims.

Sedgwick can provide a full range of specialty solutions to assist clients and policyholders with property claims. Our highly-qualified adjusters, advanced technology and wide array of resources enable us to handle all types of losses including commercial property, general liability, builder's risk, business interruption, energy, homeowners, heavy equipment, inland marine, marine survey, cargo, boiler and machinery, and agriculture.

RESOURCE

Global insured losses from disasters at \$79 billion in 2018: Swiss Re sigma estimate. Insurance Journal. December 18, 2018. <https://www.insurancejournal.com/news/national/2018/12/18/512384.htm>

Sedgwick's CAT services in action

HURRICANES HARVEY, IRMA AND MARIA

These Category 4 and 5 hurricanes destroyed homes and businesses, and impacted our clients, colleagues and offices in various regions in the United States including Texas, Florida and the Caribbean. The total number of claims we handled from all three hurricanes combined exceeded 50,000, with more than 200,000 locations to be addressed. A group of more than 2,500 colleagues and claims teams from 25 countries in our global network worked together to assist with property claims, and helped our clients and their policyholders manage the process and restore a sense of normalcy for homeowners and business owners.





STORMS DESMOND, EVA AND FRANK

Major flooding from these three storms devastated parts of the U.K. and cost insurers £1.3bn. Sedgwick managed 10,000 claims for clients that experienced property damage. Deployment drone services helped us find key locations that were severely impacted or not accessible due to the flooding. Our CAT team, bolstered by experienced adjusters from Australia, Canada, New Zealand and South Africa, was able to shorten cycle times by several weeks, helping customers get back to business and return to their homes.

HURRICANE MICHAEL

We managed 50,000 claims for clients that experienced property damage during Hurricane Michael and our CAT team was able to drive cycle times down from weeks to days. We were able to achieve these results by proactively mapping locations that might be severely impacted and deploying resources in advance. Our people, processes and technology enabled us to achieve exceptional results.





Navigating the road to recovery

BY **DR. TERESA BARTLETT**
SVP, Senior Medical Officer, Sedgwick

The array of managed care services that come together to help injured employees recover must be connected, collaborative and focused on the same goals to ensure the best possible care.

When an employee is injured on the job, there are multiple steps for the employer, the employee and their medical providers. It can be an overwhelming process. There are many elements for employers to consider to reduce costs and help injured employees recover. Having integrated, multi-disciplinary claims and managed care teams working together from the first report of injury to the moment the claim is closed helps employers control claim costs and ensures better care management for injured employees.

According to a study at Sedgwick, connecting managed care services, such as clinical consultation, medical bill review, case management, pharmacy management and utilization review on the same technology platform controls costs, and can help identify trends and create strategies to improve outcomes.

DETERMINING THE RIGHT LEVEL OF CARE

Beginning with a 24/7 nurse line, the injured employee is triaged to determine if they need to be treated by a physician or whether self-care is more appropriate. If a physician is needed, the nurse will send the provider medical information such as where to send the employee for medication, imaging and therapy, which helps ensure the continuity of care going forward. Nurses answer questions, offer reassurance, evaluate the injury and use industry-proven guidelines to direct self-care, telemedicine or in-person care with a top-performing local provider.

COLLABORATING FOR THE BEST POSSIBLE OUTCOMES

With claims and managed care teams operating on the same system, they have total visibility and can take steps as needed to help move the claim forward such as suggesting peer-to-peer consultations, or requesting nurse case management, behavioral health or return-to-work services. System triggers can be set up for services such as utilization review, surgery nurse services and pharmacy review.

Having real-time connectivity built into the system allows examiners and nurses to quickly exchange information and collaborate effectively to help injured employees achieve the best possible outcomes.

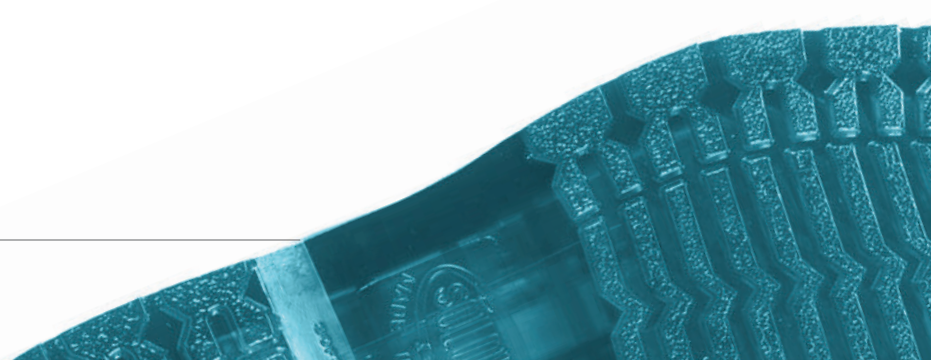
Decision optimization technology and preemptive utilization review techniques can also be integrated, helping to quickly identify when nurse case managers should intervene. By using Sedgwick's decision optimization rules, we have seen a 31% decrease in the average referral lag time and an 8% decrease in average incurred medical costs.

An integrated system also helps bill reviewers keep a close eye on medical expenses, and improves speed, accuracy, savings and regulatory compliance.

IMPROVING PERFORMANCE RESULTS

Supportive, collaborative services focused on the individual are proven to be effective for injured employees and their employers. An integrated claims and managed care program under one administrator is good for the employee's well-being and it can make a positive impact on claim outcomes. Sedgwick's clients moving from an unbundled program to an integrated program see improved performance results. Integrated clients outperformed unbundled clients by 11% to 13% over each year of a three-year analysis, and they see a 4% decrease in pending claim volume after choosing an integrated program, compared to a 7% increase for clients that unbundle.

To ensure the best possible outcomes, claims and managed care teams must remember that at the center of all the important services they provide is a person facing an injury or illness. Delivering a streamlined, connected solution ensures injured employees get the care they need to help them recover and return to work as quickly and safely and possible.





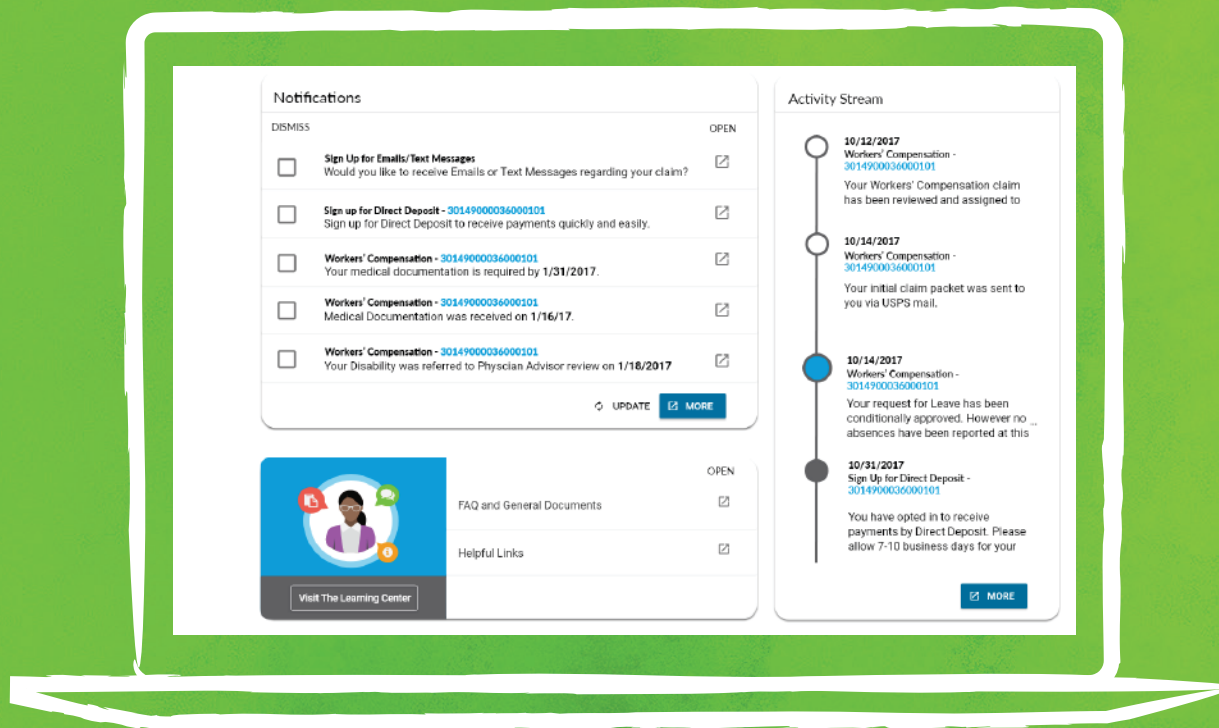
CONNECTING MANAGED CARE SERVICES ON THE
SAME TECHNOLOGY PLATFORM CONTROLS COSTS,
AND CAN HELP IDENTIFY TRENDS AND CREATE
STRATEGIES TO IMPROVE OUTCOMES.



Innovations in connected care

BY **ANDREA J. BUHL, MSN, RN, FNP-BC**

SVP, Clinically Integrated Medical Programs, Sedgwick

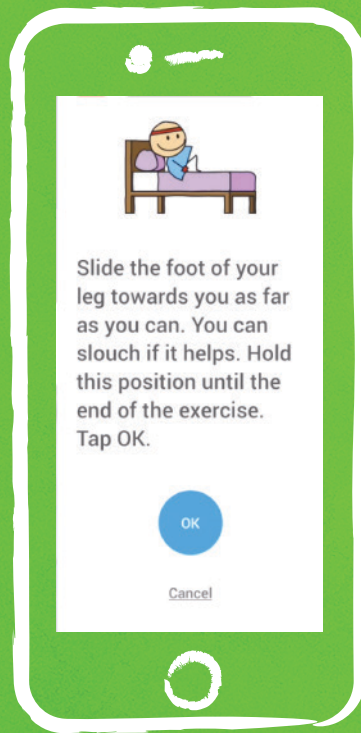
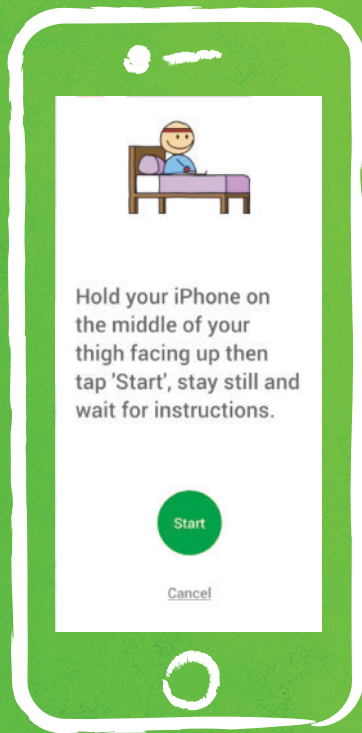


After an employee is injured at work, they may be feeling uncertain about their job, their health, their future and their ability to pay their bills. There are several self-service tools and specialized technology options that can provide valuable resources for employees. Coupled with communications from the claims and managed care teams, these tools can help improve the employee's recovery and their overall claims experience.

We offer several options to help employees manage their care more effectively and keep the process moving forward including:

- **mySedgwick** – Employees can log in to mySedgwick, our self-service tool, from their smartphone, tablet, laptop or web-enabled device and confirm return-to-work dates, securely interact with their claims professional, request a call from their assigned nurse case manager, report new claims or intermittent absences, sign up for direct

deposit, opt in for push communications, search for a medical provider specializing in occupational injuries in select states, securely upload claim or medical documents, and much more. The claims process can be complicated and mySedgwick has several resources to assist employees every step of the way. In the learning center, they will find frequently asked questions, helpful links and workers' compensation explainer videos to help guide them through the claims process; video options



include English, Spanish and English with subtitles.

- **Telemedicine** - Through Sedgwick's clinical consultation service, our nurses guide employees to telemedicine through careful triage of their treatment needs and technology access. It includes on-screen care provided by an occupational medicine physician who is specially trained in telemedicine.
- **TelePT** - With our telePT service, injured employees who are prescribed physical therapy receive on-screen

care and learn correct exercises and appropriate muscle use from licensed physical therapists who are specially trained in telePT.

- **Surgery nurse services** - This unique solution provides dedicated nurse resources and technology to help injured employees take steps to prepare for surgery and improve their recovery. For more information, see the article on surgery nurse services in this issue.
- **Rideshare** - Our rideshare service provides easy access to reliable transportation and

ensures injured employees keep their appointments. After a Sedgwick colleague makes a referral, the active trip can be monitored in real time and the injured employee receives automated ride status updates.

These tools make many of the steps in the claims process easier and more convenient. They also work together to help employees stay engaged in their recovery while they are away from work.

Surgery nurse services help patients steer themselves toward a faster recovery

BY **ANDREA J. BUHL, MSN, RN, FNP-BC**

SVP, Clinically Integrated Medical Programs, Sedgwick

Sedgwick's surgery nurse solution, one of the first in the industry, helps injured employees prepare their mind and body before surgery and provides them with educational tools and guidance to improve their recovery.

When an operation is authorized, a surgery nurse will contact the injured employee to assess their health literacy, set expectations and identify any red flags that could impact their recovery. The nurse will also send the employee's treating physician a letter to introduce the program and notify them about the daily exercises and well-being guidance.

Using their computer or mobile device, the patient can receive brief daily lessons carefully selected to improve pre-operative physical strength, nutrition and well-being, and address issues related to smoking cessation and home readiness. Movements such as steps and range of motion are measured using a specialized app developed by PeerWell. The patient's progress is monitored and encouraged by an experienced surgery nurse who holds a certification as a case manager. As a part of the rehabilitation process, the nurse documents strengthening exercises and improvements, and keeps the claims examiner informed about the employee's progress and compliance. The nurse also screens the employee for risks in areas such as opioid use, delayed recovery and the perception of serious pain. The daily exercises and well-being guidance continue after surgery to support recovery efforts.

Key results

When an injured employee is engaged in the process, before and after surgery, it helps control costs while improving the outcome. After comparing surgical claims with and without our surgery nurse program, claims where these services were used achieved the following results for our clients:

45%

LESS AVERAGE
MEDICAL COSTS

29%

LESS INDEMITY COSTS

28%

LESS TEMPORARY TOTAL
DISABILITY DAYS

63%

LESS PHYSICAL THERAPY
AND PHARMACY COSTS

18%

MORE INJURED
WORKERS RETURN TO
WORK AT FULL DUTY

57%

FASTER RETURN TO
WORK AT FULL DUTY

THE AVERAGE TIME TO RETURN TO WORK AT NORMAL
DUTY FOR CLAIMS WITH A SURGICAL NURSE IS 30 DAYS.

This is 32% less

THAN THE OFFICIAL DISABILITY GUIDELINES'
70TH PERCENTILE.

RESOURCES

Sedgwick's unique surgery nurse solution helps patients take steps to improve their recovery. Press release. June 19, 2018.
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Real life examples: Surgery nurse services are providing long-lasting benefits for patients. Sedgwick Connection blog. August 4, 2018.
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State PFML programs bring benefits and challenges for employers

BY **BRYON BASS**

SVP, Workforce Absence, Sedgwick

With all of the different state and federal leave of absence laws, it is getting increasingly more complex for employers operating in multiple states — and even in single states — to effectively manage the various employee benefits. This year, a significant number of paid family leave programs and regulations have been introduced in many states. In fact, more than 70 bills were introduced in January 2019 that have components impacting paid leave benefits, such as changes or additions to the people who are included or the reasons that the leave time can be used.

More than 70
PFML bills
were introduced in
January 2019



The biggest challenge is incorporating all of the new paid leave laws at the state and municipal level with existing leave of absence rights and employer policies. While most state programs are aligned with the qualification standards in the federal Family and Medical Leave Act (FMLA), some include different relationships, like siblings and domestic partners, different types of paid leave and more than the 12 weeks allowed in the FMLA entitlement. When this benefit is added to other time off benefits like sick time, vacation or parental leave, it can

be a complicated process for employers to stay in compliance with state and federal laws, as well as their own internal policies.

Some state programs do allow for exceptions for employers that have existing paid programs, but they may require them to be more generous than what the state offers. In those situations, the employer must present a private or voluntary plan to the state and it must be approved.

There are different rules associated with the financial aspects of these programs and each state is different.

KEY CONSIDERATIONS

It can be difficult for employers to keep up with what is happening at the state level, and how these programs intersect with their existing leave benefits and FMLA rules. Employers should partner with disability and absence experts or lawyers specializing in employment benefits who can interpret the impact based on the employer's existing programs.

UPDATES ON NEW STATE PROGRAMS

Below are some of the newest programs enacted in Massachusetts, New York and Washington, along with changes to New Jersey's program.

MASSACHUSETTS

On January 23, 2019, the Massachusetts Department of Family and Medical Leave published the first draft regulations for the Paid Family and Medical Leave (PFML) program, which was an important part of the legislation signed by Governor Charlie Baker on June 28, 2018. Employers that are already providing paid leave benefits may be eligible to receive an exemption and approved plan applications will be available on April 29, 2019. The Department will publish final regulations by July 1, 2019. For more key dates, see the timeline on the Commonwealth of Massachusetts website.

The law sets the initial premium rate at 0.63% on the first \$128,400 of wages beginning on July 1, 2019; contribution rates are adjusted annually by the Department. Employers may deduct from the employees'

wages 100% of the premiums due for family leave and up to 40% of the premiums due for the medical leave portion. The employer is responsible for 60% of the medical leave premium. An employer may also elect to pay all of the premiums. Payments are required on a quarterly basis. A chart showing the contribution structure is available on the Department's website.

BELOW ARE THE REQUIRED NOTICES

- **Employer** – Beginning July 1, 2019, employers must provide notice to employees of the MA PFML law via a posting and a written notice. This notice must be issued no more than 30 days from the beginning of their employment.
- **Employee** – An employee filing a leave claim must provide the employer with at least 30 days' notice of the anticipated start date, length, type, and date of return. If 30 days' notice is not feasible, for reasons outside the employee's control, the employee must provide notice as soon as practicable.
- **Department** – The Department must notify the employer not more than five business days after an employee has

filed a claim. The notice will provide the employee's name, type of leave requested, expected duration, continuous or intermittent, and other information necessary to verify the claim.

NEW JERSEY

On February 19, 2019, New Jersey Governor Phil Murphy signed a bill boosting the New Jersey Family Leave Insurance (NJ FLI) and New Jersey Temporary Disability Insurance (NJ TDI) programs. These changes position the NJ FLI program to be one of the most generous in the country when completely effective on July 1, 2020. The bill also includes changes to modify the New Jersey Family Leave Act (NJ FLA) and the NJ SAFE Act to align with NJ FLI.

The following program changes took place immediately. Sedgwick's service offering has been updated to include these modifications:

- Expands eligibility for NJ FLA, NJ FLI and NJ SAFE to include siblings, grandparents, grandchildren, parents-in-law and the equivalent of a family member

The two main differences between state and federal leave laws include



and



The relationships for whom employees can take time off

The amount of time they can take

New Jersey FLI
benefits will double from



6 weeks to 12 weeks

- Allows employees to receive up to 20 days per year of NJ FLI benefits to care for eligible family members who are victims of domestic and sexual violence
- Enacts anti-retaliatory measures
- Employers will be restricted from requiring employees to use all their paid leave (up to two weeks) before the payment of NJ FLI benefits
- July 1, 2019 – Removes the one-week waiting period preceding NJ FLI benefits
- The threshold at and above which employers must grant unpaid family leave will be lowered from 50 to 30 employees; this is capped at 12 weeks in a 24-month period

RECOMMENDATIONS FOR EMPLOYERS

- Examine company policies and modify language as necessary
- Monitor the State of New Jersey Department of Labor website to obtain updated notices and posting requirements
- If you have a private plan, prepare for updates to plan language, which will need to be sent to and approved by New Jersey Private Plan Operations (NJ PPO); NJ PPO will send information on this process to private plans of record

The changes below will become effective on July 1, 2020. Sedgwick’s services will be updated in advance to incorporate these benefit changes:

- Weekly NJ FLI and NJ TDI benefits will increase from two-thirds of the average weekly wage to 85% of that wage; this is capped at 70% of the statewide average weekly wage (\$860 in 2019)
- NJ FLI benefits will double from six to 12 weeks during any one-year period and the maximum intermittent leave will increase from 42 to 56 days

NEW YORK

The New York paid family leave (NYPFL) law that went into effect on January 1, 2018 included contribution and benefits changes planned for subsequent years beginning in 2019. By 2021, eligible New York employees will receive up to 12 weeks of paid family leave annually under the program to:

- Care for the serious health condition of a family member, including a spouse or domestic partner, child (biological, adopted, foster or in loco parentis), parent, grandparent and grandchild
- Bond with a new child during the first 12 months after birth, adoption or foster care placement
- Care for a spouse, parent or child as a result of military exigency

The benefits are fully funded by employee contributions, which will be deducted from the employees’ pay. Full-time employees are eligible for coverage after 26 consecutive weeks of covered New York employment and part-time employees working less than five days per week are eligible after 175 days of covered

employment. The weekly benefit is based on a percentage of the employee's average weekly wage. The current weekly benefit is 55% of the weekly wage for 10 weeks; it will increase to 60% of the weekly wage for 10 weeks on January 1, 2020.

Many employers have overlapping benefit programs and leave rights. To prevent benefit stacking, the following recommendations should be considered:

- Concurrency of leave and benefits
- NYPFL and leave under FMLA will run concurrently where the leave reason is covered under both and the employee is otherwise eligible for the leaves
- If the employee does not request NYPFL for a qualifying event or refuses to request NYPFL, any time approved for FMLA will be deducted from the NYPFL benefit entitlement and the employee will not receive monetary compensation for this period

The following restrictions are designed to prevent duplicate payments. Benefits are not payable in the circumstances below:

- Employees may not use disability and NYPFL benefits at the same time
- When the need for NYPFL is foreseeable, employees must provide the employer with a notice 30 days in advance
- The employee must use FMLA and NYPFL concurrently, if eligible
- No employee may receive more than 12 weeks of NYPFL benefits or 26 weeks of a combination of disability and NYPFL benefits within any 52-week period
- When the employee is currently receiving paid time off or sick pay from the employer
- When the employee works at least part of the day during the same working hours that they are claiming NYPFL benefits
- When the employee is on an administrative leave from their employer or is not employed

WASHINGTON

The state of Washington has enacted a PFML plan, which will provide benefits to employees beginning January 1, 2020.

The program, administered by the Employment Security Department, will be funded through premiums paid by both employees and employers. The plan will provide employees with the paid leave benefits listed below.

- Up to 12 weeks for:
 - The birth or placement of a new child
 - If the employee has a serious illness or injury
 - To care for a family member
 - Certain military events
- Additional provisions for serious health conditions relating to pregnancy

Although benefits will not be provided until 2020, premium collections began on January 1, 2019. Employers with 50 or more employees could elect to withhold up to 63% of the total premium from their employee's paycheck and they are required to pay the remaining amount. Premiums are 0.4% of total gross wages.

To assist employers with the implementation of the leave benefit and premium collections, the state has several tools on its PFML website including an employer toolkit with step-by-step guides for implementing the new requirements, frequently asked questions and a series of webinars.

WE ARE HERE TO HELP

Sedgwick helps clients comply with statutory disability and leave laws and ongoing changes. Recently, new bills for various types of paid family and medical leave benefits have been proposed in multiple states. For additional information, see our monthly leave law summaries available on our website. If you have questions about state leave programs or proposed legislation, please contact your client services representative or consult with your corporate legal counsel.

RESOURCES

Massachusetts Paid Family and Medical Leave

<https://www.mass.gov/info-details/timeline-of-paid-family-and-medical-leave-contributions-and-benefits>

State of New Jersey
Department of Labor

<https://www.nj.gov/labor/>

New York Paid Family Leave Program

<https://paidfamilyleave.ny.gov/2019>

Washington Paid Family and Medical Leave Program

<https://paidleave.wa.gov/employers>

Out Front Ideas webinar replay: Impact of Expanding Leave of Absence Regulations

https://goto.webcasts.com/starthere.jsp?ei=1228332&tp_key=a7ca3e4864

Equal Employment
Opportunity Commission

<https://www.eeoc.gov/>

U.S. Department of Labor

<https://www.dol.gov/>

Job Accommodation Network

<https://askjan.org/>

Disability Management
Employer Coalition

<http://dmec.org/>

Society for Human
Resource Management

<https://www.shrm.org/>



Expert view

Q&A with Diego Ascani, Chief Executive Officer, Australia

The "Expert view" column presents a wide range of topics offering valuable insights and information for customers.

edge:

Tell us about your career in the claims industry.

Diego:

I began my career working for a law firm that specialized in personal injury losses and later became a loss adjuster. I have worked in the loss adjusting industry for nearly 30 years and I have experience with large property losses and liability, and crime-related losses. In addition, when the large bushfires damaged

Canberra, Australia in 2003 and the tsunami hit Indonesia in 2004, I was actively involved in providing loss adjusting services to assist with both of these catastrophic events. In 2009, I began working for a large claims administration firm overseeing the Australian operations with a focus on personal injury claims. Later, I joined a large property loss adjusting company and now serve as chief executive officer overseeing Sedgwick's operations in Australia.

edge:

How have you dealt with the challenging conditions in the Australian market this year?

Diego:

Whilst there are current challenges within the Australian market, I believe the next decade will see a large transformation. The collapse of HIH Insurance in the early 2000s was a significant event that highlighted the need for stronger regulatory for both the Australian Prudential

Regulation Authority and Australian Securities and Investments Commission. With the Royal Commission into Financial Services in 2018, there are once again significant recommendations that will have huge impacts on both banking and insurance sectors. Some recommendations will lead to greater oversight and corporate governance heavily focused on consumer needs. Moving forward, customer satisfaction is going to be at the forefront of the financial services businesses.

We are also experiencing one of the quietest weather-related periods in the past decade and we are not seeing surges in claim volumes driven by weather-related disasters. During this time, we have an opportunity to examine the sustainability and required diversification of the business to ensure that we remain relevant into the future by continuing to understand and meet our clients' ever-changing needs. We have a great platform for sustainable and profitable growth into the future, leveraging our global capabilities that are tailored for the local environment.

edge:
The insurance market is evolving quickly; what is Sedgwick doing in Australia to stay on top of the changes?

Diego:
Insurance is evolving quicker than ever, which can be largely attributed to the ongoing advancements in artificial intelligence, automation, management information systems and robotics. As the largest claims administrator on the planet, we are well-positioned to embrace the technological changes and continue to develop innovative solutions, leveraging both global expertise and local knowledge. As a company, we aspire to innovate how we serve our clients. Sedgwick's ability to meet client needs continues to strengthen the company and drive growth.

edge:
Can you explain how these changes will add more value for Sedgwick's clients in the future?

Diego:
Our ongoing investment in technology proves we are not only deploying the best colleagues in Australia, but that our clients will also be aided by the efficiencies the modern platforms bring. The introduction of new applications

and automation means that our colleagues can perform more efficiently and focus on adding value for our clients. We will see improvements in our efficiencies and performance for insurance carriers and clients, which Sedgwick has a history of servicing with great success. Additionally, we continue to expand our service offerings in Australia and we are now able to provide services in virtually every line of business, including motor, marine, workers' compensation and life insurance.

edge:
What is Sedgwick in Australia doing to stay at the forefront of industry developments?

Diego:
We are proud to be an agile and constantly evolving business. It's imperative that we keep abreast of the latest technologies to keep us at the forefront of the profession. The future is constantly in our minds. Consequently, we sponsored Insurtech Australia when they launched and we will ensure representation at all of their events. Insurtech Australia is a national, not-for-profit organization that collaborates with insurers, startups, regulators and investors to help support and grow the Australian insurtech community.

edge:

Have you had any significant engagements with Insurtech?

Diego:

We are currently piloting and utilising robotics and automation, particularly for registration and payments. Our new platform will allow new applications to be bolted on as we move forward. In addition, we are engaging with Insurtech for digital adjusting including a remote access capability and an ongoing pilot of a quoting and measuring tool. These are part of a suite of tools that complement our new claims management systems and offer greater portability

and improved analytics, allowing us to interrogate our data, identify trends and provide additional value to our clients. We continue to make enhancements in technology to allow data to move between our systems. We are working with the international technology team on several initiatives and look forward to announcing some exciting developments this year.

edge:

What are your key objectives for the business in 2019?

Diego:

I am pleased to say that we have locked down our strategic plans for 2019. As we continue to transform, we are looking to embed the new services and products that will be offered in the future by our loss adjusters, building consultants, restorers and TPA teams. We will have a greater focus on performance improvement in those areas. Our overall plan for Sedgwick over the next few years is to grow our existing client base and core services, and to offer new services that provide added value to our customers predominately in the corporate and government sectors.

DIEGO ASCANI

Diego has over 27 years of experience in the insurance industry and he has expertise in complex property and liability claims, including construction, business interruption, third party property damage, professional indemnity and personal injury work. Diego holds Bachelor of Commerce, Bachelor of Law and MBA degrees from Bond University. He is also an associate of the Insurance Institute of South Africa and a graduate of the Australian Institute of Company Directors.



Community spotlight

Every drop counts

BY **ERICKA DEBRUCE**

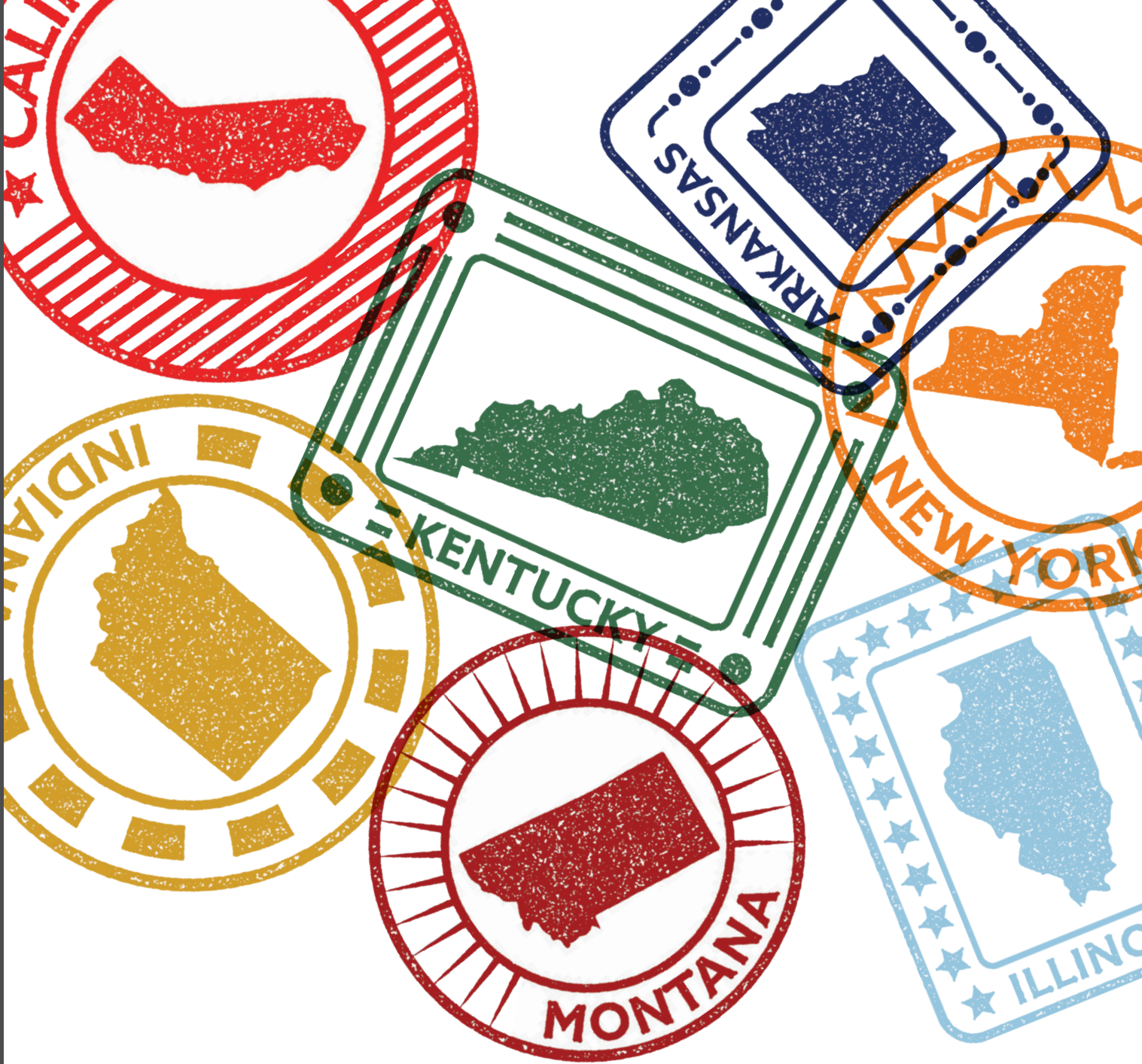
*VP, Colleague Experience and
Corporate Citizenship, Sedgwick*

At Sedgwick, taking care of people is at the heart of everything we do. Millions of people and organizations around the world count on us each year to take care of their needs. Clean water is a necessity for everyone and life without it can seem unimaginable, but for millions of people it's a daily reality. A sustainable water supply is important, and every drop counts.



Every year, leading up to the new year, Sedgwick conducts an awareness campaign to support and promote a cause that is meaningful to our customers, community and colleagues globally. We chose to dedicate our 2018 season of giving campaign to WaterAid, to support environmental sustainability and their mission of bringing clean water to those in need.

In honor of all of our valued business partnerships, and as a token of our collective global gratitude, Sedgwick was pleased to donate \$50,000 to WaterAid. Sedgwick's colleagues across the organization learned about WaterAid's mission and steps to take to use water efficiently in their daily lives. We invite you to join us in sharing important information about water conservation. We hope that by sharing their mission, we can bring increased awareness of this global challenge. Learn more at www.wateraid.org.



Edging up

Short takes on emerging industry issues – state legislative changes, formulary updates and workers' compensation changes

California Consumer Privacy Act update

BY **BRENDA COREY**

SVP, Compliance & Regulatory, Sedgwick

California Governor Jerry Brown signed the new California Consumer Privacy Act (CCPA) into law on June 28, 2018 and it will become effective in January 2020. The new law is found in Title 1.81.5, Section 1798.100.

Amendment activity started in August 2018 with SB 1121 and incorporates 47 changes, but only a few are substantive. The California Attorney General sent additional recommended changes to the California Legislature on August 22, 2018 and the Governor approved the bill on August 23, 2018. Additional filings have been made with the Federal Trade Commission complaining that state laws of this nature are creating a patchwork privacy policy approach in the U.S. The California Attorney General was granted regulatory rulemaking authority under the CCPA and additional regulatory work started in 2019 with the Attorney General's office hosting public forums and accepting comments through March 8, 2019. Summaries of the meetings are found at <https://oag.ca.gov/privacy/ccpa>.

Sedgwick's services fall within the scope of the CCPA. The new law focuses on the following:

- Transparency and notice obligations in websites and other privacy notices and authorizations are required. Notices will require language informing the consumer of their rights around the use of their information and their right not to be discriminated against for asking to facilitate those rights. Sedgwick maintains privacy notices and authorizations and will update them where needed.
- Responses to requests must be made in writing within 45 days and free of charge with some exceptions. Sedgwick's privacy office will assist with responses to requests.
- Rights to erasure, objection to sale and non-discrimination are granted with exceptions. Use of information for claims activity will be exempted under several exceptions such as: to complete transactions, to provide goods or services the consumer requested, to perform contracts, to detect security incidents, to comply with legal obligations, and for fraud or prosecution.

- New civil penalties of up to \$2,500 are included if there is no cure for unintentional actions or up to \$7,500 for intentional actions.
- Private right of action of \$100 to \$750 is included or the actual damages are recoverable if the amount exceeds the statutory damages found.

SB 1121, passed and approved by the Governor on September 23, 2018, includes amendments and addresses substantive changes to:

- Limit the definition of “personal information”
- Clarify the Health Insurance Portability and Accountability Act exemption
- Clarify the Gramm-Leach-Bliley Act and insurance-related exemptions
- Limit the right of action
- Delay California Attorney General enforcement actions until July 2020

Currently, there are several potential additional bills pending in the California legislature relating to the CPA speaking to issues such as facial recognition, establishing a commission on tech equity, financial incentive programs, making a contact email address available to consumers, enhancement of enforcement measures and clarifications on definitions, exemptions and non-substantive changes.

Sedgwick is monitoring this important area of law to ensure our policies and procedures continue to meet the requirements. For questions, please contact your client services director at Sedgwick.



RESOURCES

CCPA (Title 1.81.5, Section 1798.100)

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB375

SB 1121

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180SB1121

California Legislative Information website

<https://leginfo.legislature.ca.gov/>

CCPA Current Rulemaking Activity

<https://oag.ca.gov/privacy/ccpa>

State formulary updates

BY **ROXANNE BROWN**

Director, Regulatory Compliance, Sedgwick

ARKANSAS

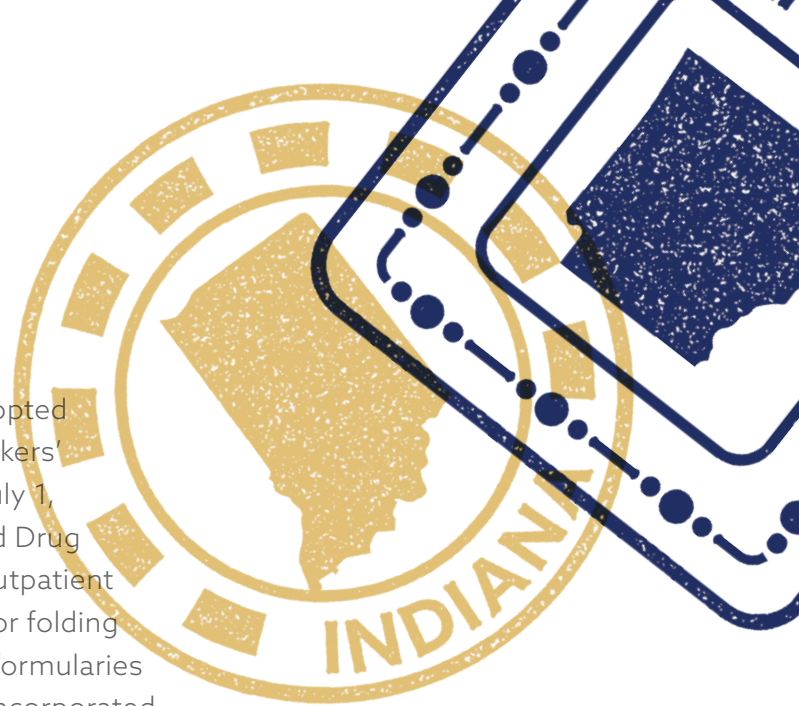
The Arkansas Workers' Compensation Commission adopted a drug formulary that regulates all prescriptions for workers' compensation claims with a date of injury on or after July 1, 2018, and applies to all drugs approved by the Food and Drug Administration that are prescribed and dispensed for outpatient use. At this time, the rule does not include provisions for folding in existing or "legacy" claims as other state-mandated formularies have previously done. The state's formulary has been incorporated into the pharmacy benefit management vendor platforms (Optum and myMatrixx) so that examiners and nurses will receive authorization requests only related to the new formulary for impacted claims as of the effective date. At Sedgwick, one of the many critical steps for our pharmacy utilization review team includes checking any prescriptions requiring prior authorization.

INDIANA

On January 1, 2019, Indiana adopted Appendix A in the Official Disability Guidelines. With this change, Indiana joins other states looking to control prescriptions for certain drugs often prescribed for injured workers. Sedgwick is watching for additional guidance from the commissioner and we have already begun preparations to notify healthcare providers and injured employees about the formulary and what it means to them. Our team of experienced pharmacists and nurses will work to ensure weaning protocols are in place where indicated, and injured workers receive the best treatment options focused on their safety and well-being.

KENTUCKY

On October 22, 2018, Commissioner Robert Swisher announced the adoption of the Official Disability Guidelines (ODG) formulary and medical treatment guidelines based on the requirements in Kentucky House Bill 2, which included adopting a pharmaceutical formulary and treatment guidelines for work-related injuries and occupational diseases. The Department of Workers' Claims is in the process of drafting administrative regulations to implement





the ODG formulary and treatment guidelines and will establish an effective date. Sedgwick is following the rulemaking process carefully and has begun to anticipate the impact on “legacy” claims (prescriptions prior to the implementation of the formulary). We will be ready to educate prescribers and injured workers about this new process and help them make the transition as seamless as possible.

MONTANA

Since 2007, Montana has recognized the usefulness of medical treatment guidelines in its regulatory scheme. The Department of Labor amended rules related to medical utilization and treatment guidelines and adopted rules for a workers’ compensation drug formulary. The Official Disability Guidelines (ODG) were adopted for all “legacy” claims defined as injuries occurring prior to April 1, 2019. Sedgwick anticipates the adoption of the ODG and our experienced pharmacy team will embrace the role of educator and reviewer to ensure the safety of injured employees.

NEW YORK

New York continues to work toward the adoption of a drug formulary by publishing a revised version of proposed regulations. As written, the formulary will apply to all prescriptions regardless of the date of the accident with an effective date to be determined. The rules will include a prior authorization process for specified drugs and allow for dispute resolution by the board’s medical director. Sedgwick is following the proposed formulary, and we will be watching for the final adoption and implementation date in order to facilitate communications with healthcare providers and injured workers.

Changes impacting workers' compensation claims

BY **DESIREE TOLBERT-RENDER**

AVP, National Technical Claims Compliance, Workers' Compensation, Sedgwick

NEW MEDICAL FEE SCHEDULE IN NEW YORK

The New York State Workers' Compensation Board (NYWCB) adopted an updated workers' compensation medical fee schedule for medical, podiatry, chiropractic and psychological treatment provided on or after April 1, 2019. This is the first update since 1996.

Below are some of the key changes in the new medical fee schedule:

- According to the NYWCB Regulatory Impact Statement, an overall fee increase of 5% is expected
- Areas of the state experiencing medical provider shortages may see greater increases due to the regional conversion factors
- It applies to out-of-state medical providers treating injured workers living in New York by including a provision to use the regional conversion factor for the zip code where the claimant resides
- It will not apply to no-fault providers until 18 months later or on October 1, 2020

EDI WILL SOON BE MANDATORY IN ILLINOIS

Beginning June 14, 2019, the Illinois Workers' Compensation Commission (IWCC) will require the electronic submission of accident reports via the International Association of Industrial Accident Boards and Commissions (IAIABC). Release 3.1 XML format. The IWCC will no longer collect the paper accident reports (Forms IC45-First Report of Injury and IC85-Supplemental Report of Injury).

Sedgwick is prepared to implement these upcoming changes for New York and Illinois workers' compensation claims. If you have questions, please contact your Sedgwick client services director.



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