



# Welcome to the San Francisco Workers' Compensation Council Meeting

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**The meeting will begin at 9:00 AM Pacific.  
Please mute your lines!**

# Report to the San Francisco Workers' Compensation Council

Julian Robinson

Workers' Compensation Director

February 6, 2023



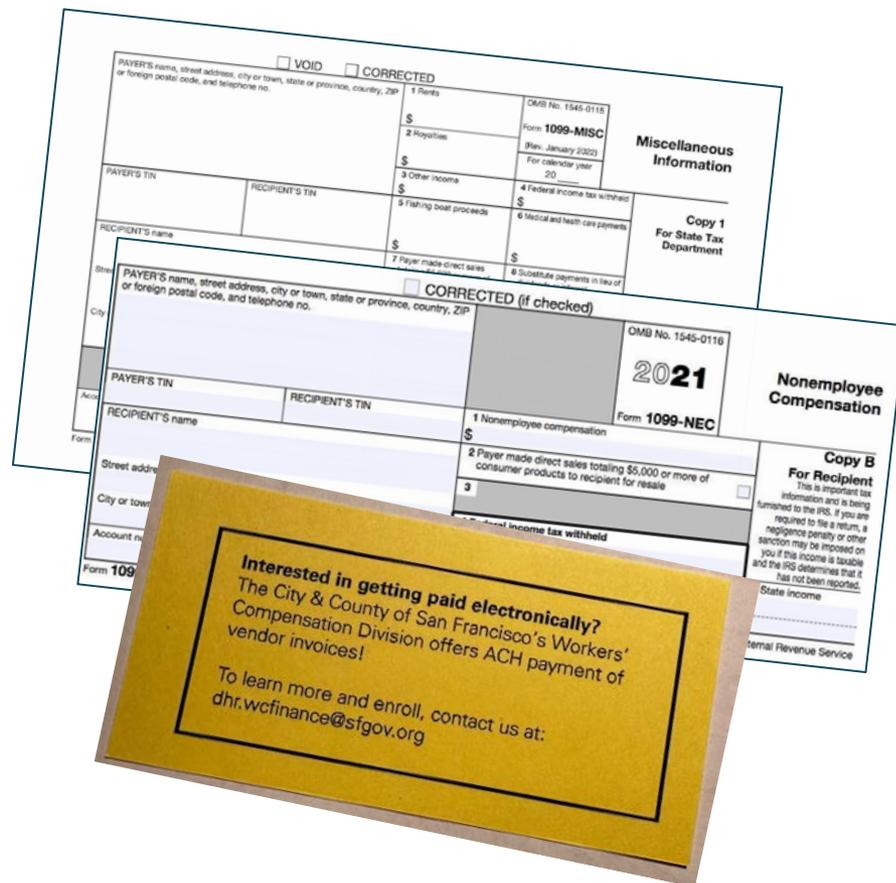


# Agenda

- Accomplishments, Initiatives & Challenges
- Return-to-Work Program Report
- COVID-19 Report
- Performance Quick Facts
- Financials
- Claim Analytics with CWCI Benchmarks

# Accomplishments, Initiatives & Challenges

- Completed 1099-MISC and 1099-NEC Information Reporting to WC vendors for taxable compensation, principally including medical provider payments, applicant attorney fees, and miscellaneous services on WC claims
  - Issued 909 - 1099-MISC, and 482 - 1099-NEC for CCSF Program
  - Issued 157 - 1099-MISC, and 107 - 1099-NEC for SFMTA Program
  - Completed targeted mail inserts to advertise electronic payment program offering to eligible vendors





# Accomplishments

- New Contract with Intercare Holdings for Third-Party Claims Administration and As Needed Services fully executed 12/30/22
- Initiated transition of Special Investigative Unit and Fraud Services to Intercare – anticipated Go-Live April 2023
  - Provided Probe 60 – day Notice of Termination of services on 1/27/23
  - 60-day period will support transition from Probe to Intercare, including staff training
- Continued WC training and real-time updates to staff



# Initiatives for FY22-23

- Continued Implementation of TTWA policy and Citywide Return to Work model within DHR WCD
- Partnering with Risk Management Division for updated Workload and Staffing Analysis; Final Report Under Development
- Critical contract renewals progressing, including:
  - ADR Program Services, including ADR Director and Ombudsperson contracts (Amendments to Extend, Add Value)
  - Claims Information System from Ventiv Technologies (Amendment to Extend, Add Value)
- Profile Audit Review (PAR) Audit Preparation and Mock Assessment
- Catastrophic Illness Program Draft Updates to Admin Code pending finalization
- Staff Recruitments, exams, and exam prep ongoing for multiple WCD positions



# Initiatives for FY2022-23

- Workplace Safety and Health:
  - WCD is working with departments to ensure OSHA recordkeeping requirements at the department level are met, and sharing best practices on matters that impact workplace safety within the CCSF safety community.
  - Meeting with departments and with SEIU Local 21 on safety concerns
  - 3<sup>rd</sup> Quarter Safety Newsletter in progress
  - Collecting departmental Injury Illness Prevention Programs (IIPP) to better support departments and help educate them on developing and implementing their IIPPs.
  - Planning for training course to departments on IIPP development and intro to Safety and Health for those departments without safety resources



# Challenges for FY22-23

- Hiring: Challenging labor market for limited workers' compensation talent at all levels is pressuring recruitment as the Division prepares for significant numbers of staff retirement in the next several years.
- To address concerns on hiring, WCD is focusing on
  - Continued exams for key positions
  - Pathway to promotion for staff
  - “Grow-our-Own” training initiatives to help support staff wishing to compete and promote to the next level within the division.

# Return-to-Work Program Report

## Deployed **Citywide Temporary Transitional Work Assignment (TTWA) Policy** 11/10/22

- Policy implementation will drive improved Return to Work Outcomes by requiring City Departments to develop and facilitate modified duty for employees whose medical conditions allow for temporary transitional work assignments
- Since deployment, 19 departments have provided contacts for dedicated representatives for TTWA
- Ongoing meetings and presentations with departments to address concerns, questions and challenges on temporary transitional work assignments.



# Current Return-to-Work Initiatives

- WCD supervisor and management team meeting bi-weekly internally to develop internal processing and tracking workflow for TTWA assignments.
- Pilot with Claims team to better streamline workflow and steps involved in receiving and tracking department availability of TTWA.
- Meetings ongoing with MPN providers and clinics to discuss Citywide RTW and provide information on the Citywide TTWA Policy
- Discussions continuing with providers who fail to provide modified work restrictions, adding to TD costs.
- Discussions commenced at ADR Joint Labor Management Committee meetings on Return to Work and Citywide policy



# Return-to-Work Challenges

- WC Disability benefits incentivize employees to stay 'off work' due to higher take-home pay
- Departments struggle with identifying tasks within their own department to place injured employees, limiting use of modified duty
- Departments resistant to modifying their existing approaches to modified duty
- Physicians routinely take injured employees off work without indicating restrictions
- Staff shortages for adjusting staff, MPN providers and within departments make it a challenge to diligently, consistently and timely address modified duty



# Return-to-Work – Next Steps

- Further development of pilot within WCD and Intercare to refine methodology for claims staff to timely address modified duty. This includes tracking within the Claims system for better reporting on the impacts and costs of failure to provide transitional work.
- Continued vetting to add MPN physicians and clinics to ease provider access concerns and to better support the TTWA program.
- Continued work with departments to address their concerns and challenges surrounding bringing injured employees back to work.
- Further review of feasibility of interdepartmental placing of employees on a case-by case basis where modified duty is not feasible within the ‘home’ department.

# COVID-19 Report



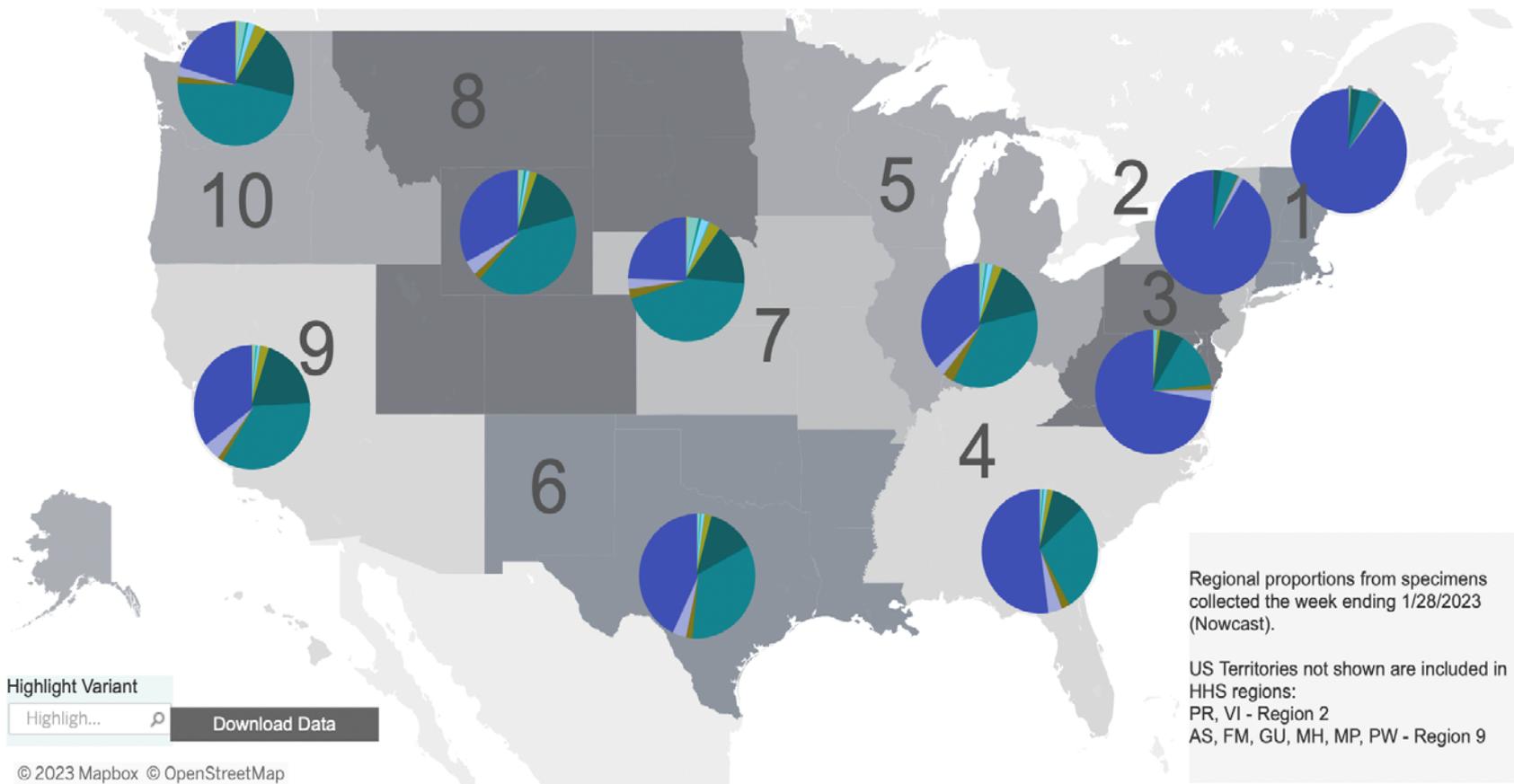
# Citywide COVID-19 Report

## **Trends since last meeting 12/5/2022:**

- Cases peaked late December.
- Rise was expected with indoor activities, travel, holidays.
- Isolation and quarantine 10 days, unless neg test after day 5.
- Current variants: very contagious, mild symptoms.
- Omicron still dominant, subvariants BQ1, BQ1.1, XBB.1.5

## National distribution of newest now dominant variant

Nowcast Estimates in for 1/22/2023 – 1/28/2023 by HHS Region



Highlight Variant

Download Data

© 2023 Mapbox © OpenStreetMap

Lineages called using pangolin v4.2, pangolin-data v1.18 and usher v0.6.1.

Updated January 27, 2023



# Citywide COVID-19 Report

## **Number trends since last meeting 12/5/2022:**

### San Franciscans: 1 in 4 residents

- Peaked at 211/day, now 63/day.
- Test positivity rate: peaked at 12.6% now down to 5.2%
- Total cases 192,800 an under estimation (only lab run test)

### CCSF Employees: 1 in 6 employees

- Peaked at 137/week, now at 36/week.
- CCSF Employees total COVID 6206 cases (includes repeat infection), data from employee submission in People & Pay
- Likely more accurate: includes both home antigen tests, and lab run tests,



# Citywide COVID-19 Report

## Outbreaks (3 or more cases at a worksite in 14 days):

- 10 more outbreaks since New Year.
- 40 more outbreaks since last WCC meeting
- Now: 10 active, 230 resolved.

## Workers Comp COV claims:

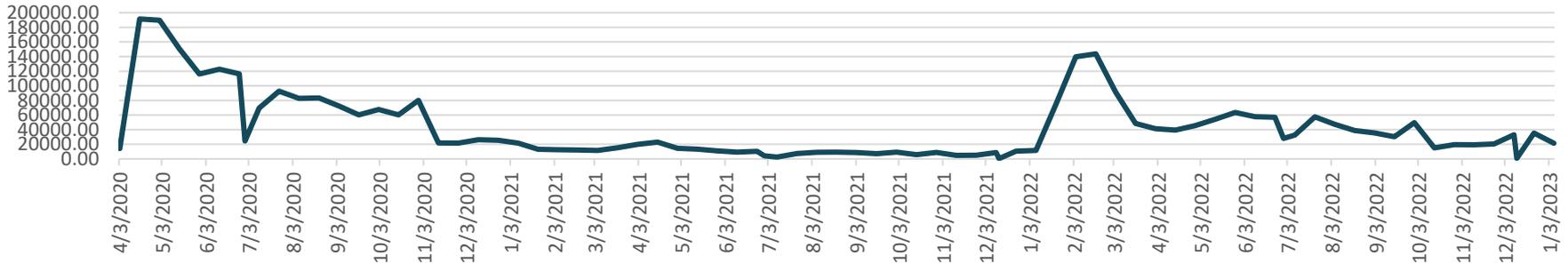
- 4,126 Claims Citywide
- 3,701 Accepted
- 425 Denied



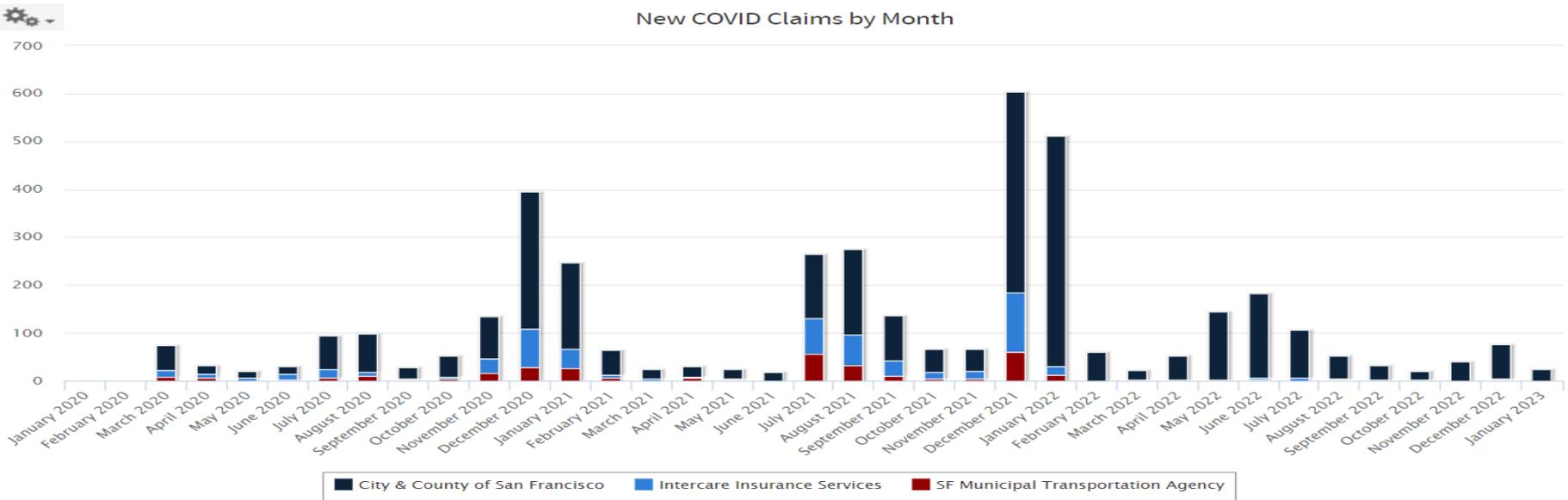
# Citywide COVID-19 Report

- COV leave use vs. WC COV claim filings

COV Hours Over Time



New COVID Claims by Month





# Citywide COVID-19 Report

## Upcoming COV changes

- COV leave 80 hours, ended 12.31.2022
- New leaves of PHEL in place, not available to all employees, in place while still in emergency.
- Governor's emergency order expiring 2.28.2023.
- Availability of leaves may have had an impact on WC/TD.
- May see more employee motivation to test at day 5 and leave quarantine if using own sick leave.
- Daily health screening, still required.
- Exclusion of ill employees vital for maintaining healthy workplaces.

# Performance Quick Facts



# FY23 Q2 Performance Quick Facts

## Fiscal Health

Ratio of Actuals to Budget

**FY23 Q2 96%**

Benchmark: 95%

## Claim Volume

Count of New Claims in Period

	Claims	Total	COVID	Non-COVID
FY23Q2	Indemnity	462	117	345
	Medical	170	0	169
BenMk	Indemnity	504	--	--
	Medical	202	--	--

## Claim Cost

Average Claim Cost in Period

	Cost	COVID	Non-COVID	Total
FY23Q2	Indemnity	\$4,637	\$17,642	\$13,776
	Medical	\$0	\$527	\$527
BenMk	Indemnity	\$2,447	\$15,528	\$12,191
	Medical	\$159	\$756	\$756

## Duration

Average Days Open of Claims Closed in Period

	Total	COVID	Non-COVID
FY23Q2	294	112	244
Benchmark	194	--	247

Notes: All benchmarks based on rolling four-year averages (FY19-22). Fiscal health metric includes overhead and claim expenditures and is based on revised budget, excluding any carryforward. Duration excludes disability retirement and future medical claims.

# Financials

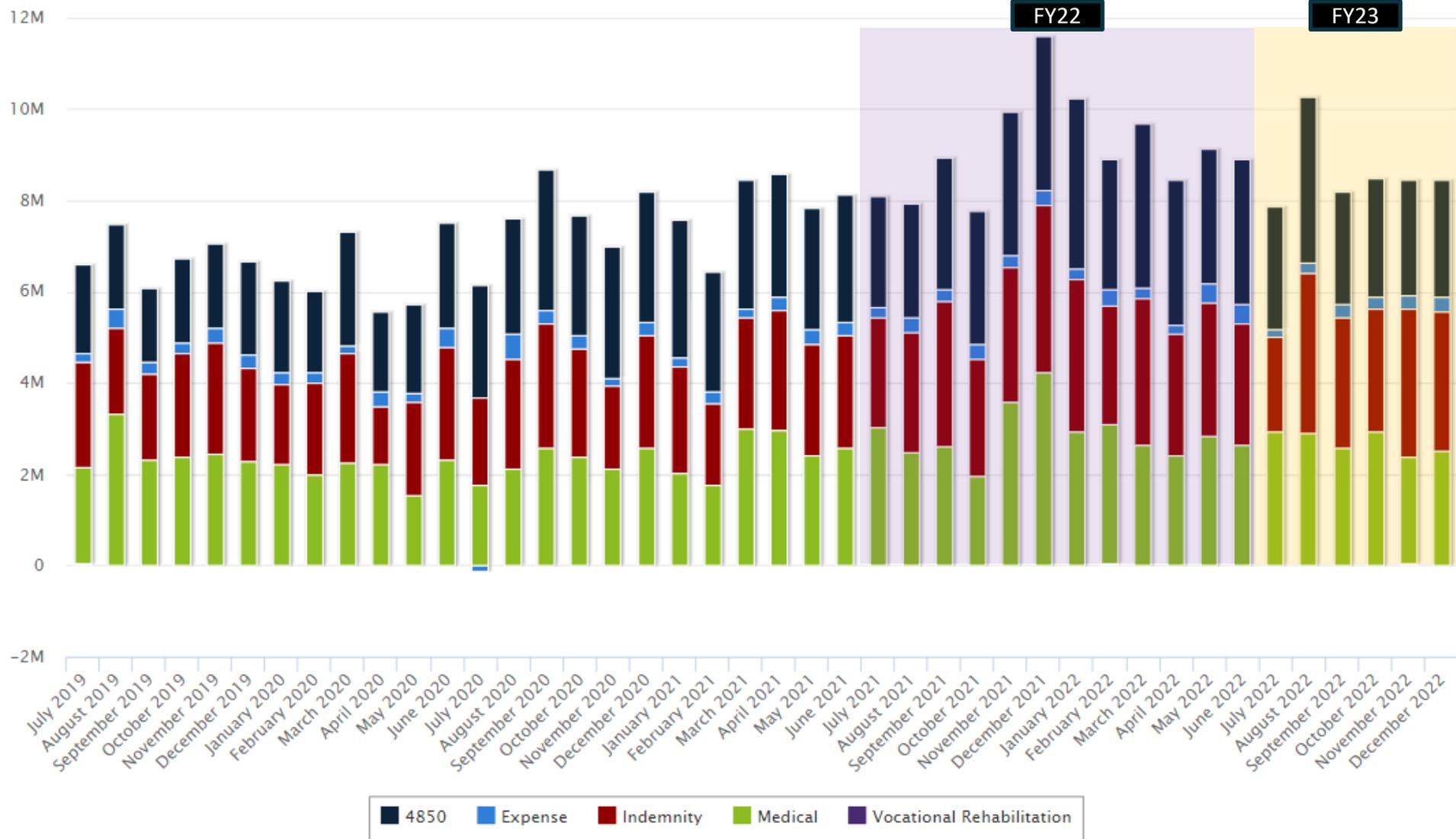


# 6-Month Report Summary

- DHR-WCD projects **FY23 actuals of \$96.73M** and a year-end **surplus of approximately \$8.0M** relative to the revised FY23 budget of \$104.74M
  - General Fund Supported Department budgets total \$83.38M in FY23 with \$74.86M of projected spending as of the 6-Month Report, resulting in an estimated surplus of \$8.52M concentrated in FIR (\$2.43M), DPH-Laguna Honda (\$1.75M) and SHF (\$1.19M).
  - Deficits emerging as of the 6-Month Report include PUC (\$761K), LIB (\$641K) and POL (\$362K). DHR-WCD will monitor the development of these deficits and work proactively with the impacted departments to identify supplemental funding through the remainder of FY23.
- FY23 expenditures are projected to increase \$2.04M over FY22 expenditure levels. This is attributed to the following principal factors:
  - Benefit expense has slowed in FY23 and is projected to be \$2.21M less than FY22. Despite ongoing cost increases for medical treatment and wage replacement benefits, the Division is successfully managing cost growth through focused interventions.
  - Personnel expense is projected to grow \$2.02M in FY23 (17.6% YOY increase) to fund new positions in the FY23 Budget, MOU-awarded COLAs, and increased employee benefit costs.
  - The California Department of Industrial Relations assessment of workers' compensation insurers increased by \$1.73M in FY23 due to higher Labor Code Section 4850 salary continuation benefits to public safety officers and wage replacement benefit expense.



# Benefit Expense by Month & Reserve





# Benefit Expense by Reserve

	FY21 Actuals	FY22 Actuals	FY23 Proj. Actuals	YOY Change (%)
<b>INDEMNITY</b>				
Temporary Disability	13,504,622	17,293,455	18,150,494	4.7%
Perm. Disability	14,663,983	17,720,503	17,173,055	-3.2%
INDEMNITY SUBTOTAL	28,168,605	35,013,959	35,323,548	0.9%
<b>4850 SALARY CONTINUATION</b>	32,206,988	35,921,457	33,062,841	-8.6%
<b>VOCATIONAL REHABILITATION</b>	159,210	175,685	240,350	26.9%
<b>MEDICAL</b>	28,460,327	34,780,846	32,710,917	-6.3%
<b>EXPENSE</b>	3,103,060	3,515,462	3,070,427	-14.5%
<b>RECOVERY</b>	-768,520	-688,841	-921,041	25.2%
<b>GRAND TOTAL</b>	91,329,670	108,718,568	103,487,042	-5.1%

Notes:

1. All figures exclude SFMTA
2. Projected actuals reflect forecast as of the 6-Month Report



# Medical Bill Review

- Medical Bill Review is one of several cost containment solutions and generates significant, ongoing cost savings to the City.
- In FY23 Q2, 19,032 medical bills were reviewed and adjusted from \$23.95M to \$6.95M for the CCSF and CSSF-IC Programs, resulting in \$16.99M gross savings. ‘
- All bills for medical services are reviewed by Allied Managed Care to ensure services were pre-authorized; treatment is documented in medical reports; and service fees accurately correspond to the CA Official Medical Fee Schedule.

From Date: 10/01/22

To Date: 12/31/22

Bill Type		Bills Reviewed	Lines Reviewed	Billed Charges	FS/UCR Savings	PPO Savings	Rec. Allowances	Bill Review Fees	PPO Fees	Total Fees
CCSF	Totals:	14295	39257	\$20,349,090.79	\$12,242,122.10	\$309,968.82	\$5,581,313.67	\$84,155.25	\$61,987.26	\$146,142.51
CCSF-TPA	Totals:	4737	13376	\$3,596,605.31	\$1,748,847.25	\$153,686.57	\$1,373,015.01	\$31,147.82	\$23,028.68	\$54,176.50
		19,032			\$13.98M	\$463.64K				\$200.29K

Notes:

1. Source: Allied Managed Care
2. Results are FY23 Q2 medical bill review totals for CCSF and CCSF-TPA Program; excludes SFMTA



# Department Expenditure Trends

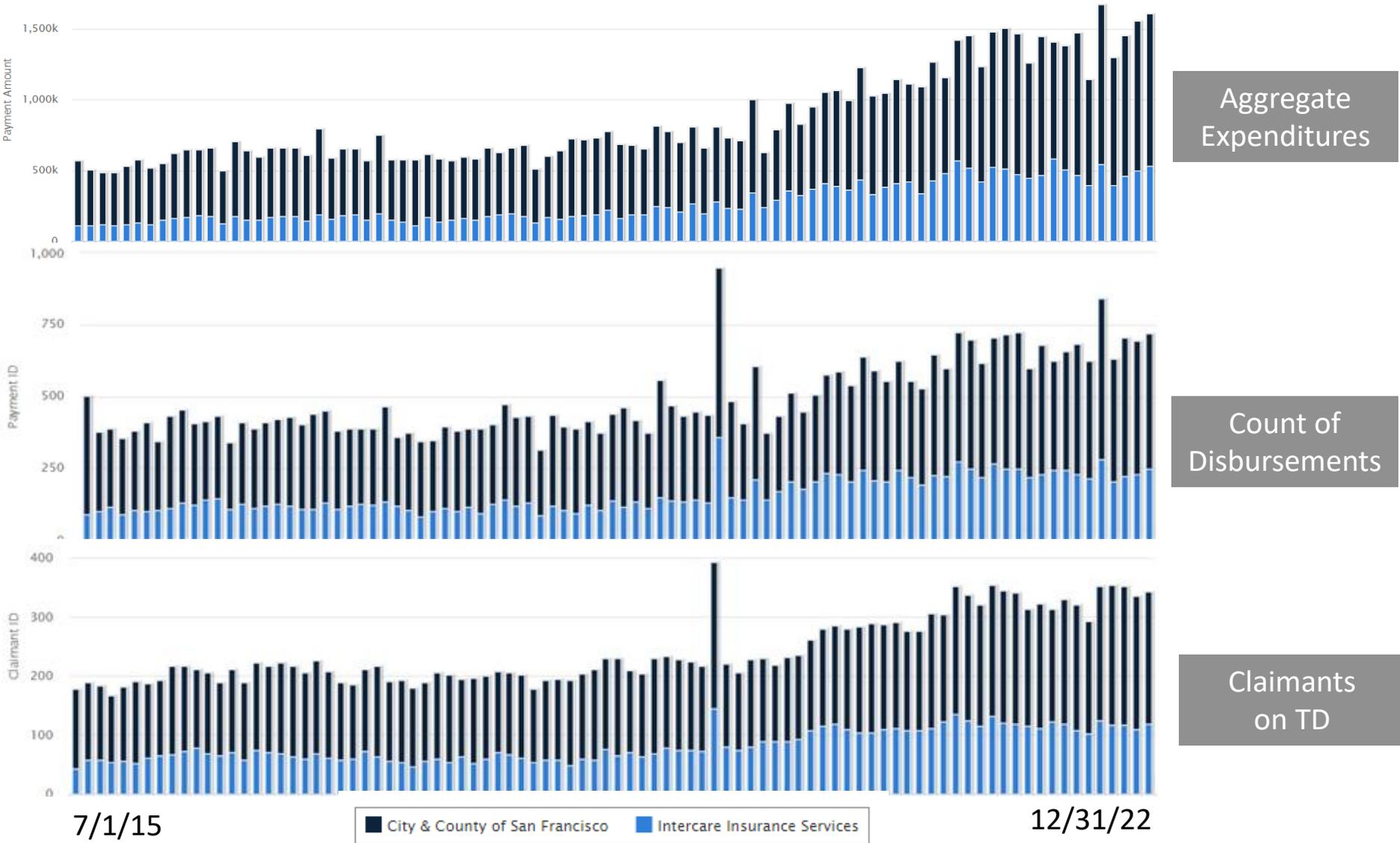
Department	FY21 Actuals	FY22 Actuals	FY23 Revised Budget	FY23 Proj. Actuals	FY23 Surplus/ (Deficit)	YOY Change
Police	19,790,516	20,307,019	20,973,830	21,335,438	(361,608)	1,028,419
Public Health	14,049,714	17,916,563	20,420,168	17,274,706	3,145,462	(641,857)
Fire	13,513,107	17,049,008	18,956,805	16,530,160	2,426,645	(518,848)
Sheriff	6,198,821	8,290,933	9,437,740	8,243,514	1,194,226	(47,419)
Public Works	3,882,782	5,532,181	5,473,000	4,847,703	625,297	(684,478)
Recreation & Parks	3,437,084	4,541,961	4,754,000	4,101,110	652,890	(440,851)
Human Services	2,030,203	2,831,064	3,106,000	2,619,477	486,523	(211,587)
Airport	2,940,450	4,140,650	4,515,035	4,694,837	(179,801)	554,187
PUC-Water	1,978,327	2,046,395	2,129,000	2,454,367	(325,367)	407,972
PUC-Wastewater	2,085,008	2,243,452	2,488,000	2,748,864	(260,864)	505,412
<b>Total Top Ten Departments</b>	<b>69,085,450</b>	<b>84,899,226</b>	<b>92,253,578</b>	<b>84,850,175</b>	<b>7,403,403</b>	<b>(49,051)</b>
<b>Total of All City Departments</b>	<b>77,031,878</b>	<b>93,621,127</b>	<b>104,190,159</b>	<b>95,652,947</b>	<b>8,281,859</b>	<b>2,031,820</b>

Notes:

1. Expenditures exclude LC4850 salary continuation benefits and SF Community College, and include program overhead
2. Departments sorted by FY23 Revised Budget
2. Projected actuals reflect forecast as of the 6-Month Report



# Temporary Disability

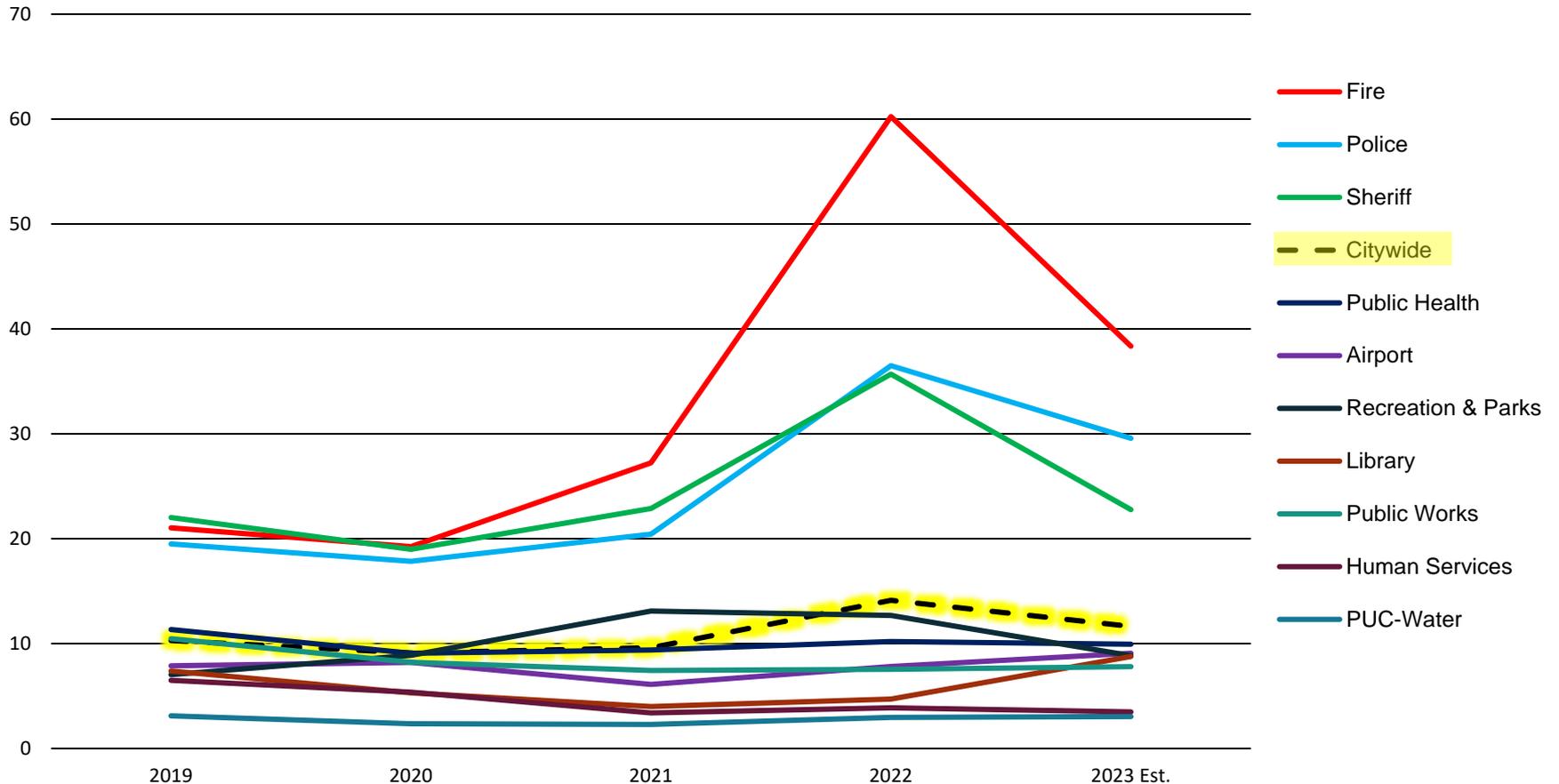


# Claim Analytics



# Claims Incurred Per 100 FTE

## Top 10 Departments



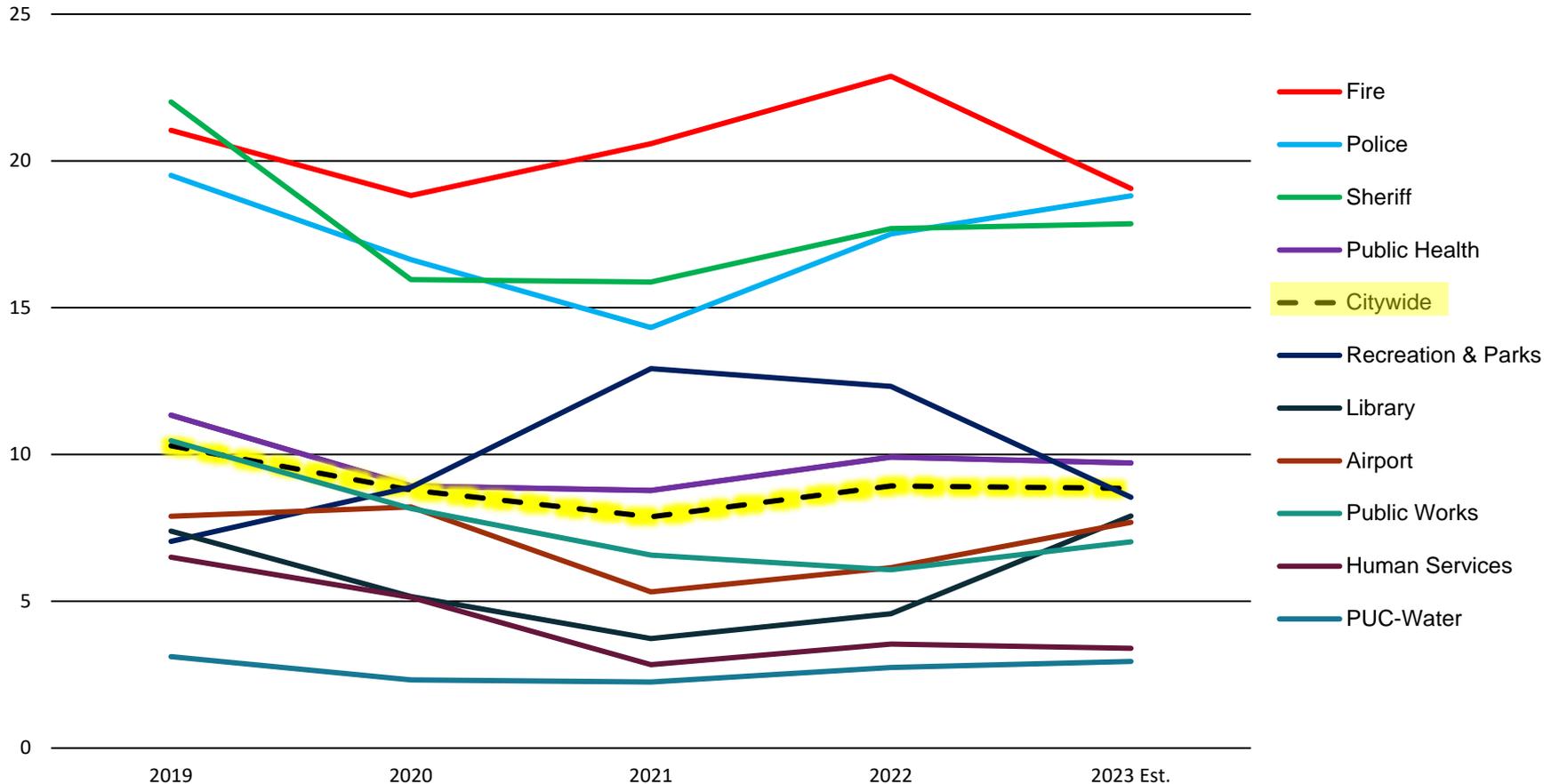
Notes:

- 1. Report only claims are excluded
- 2. 2023 Est. reflects a straight line of FY2023 YTD (data as of 1/27/2023) claim volume for the whole fiscal year



# Claims Incurred Per 100 FTE

## Top 10 Departments w/o COVID



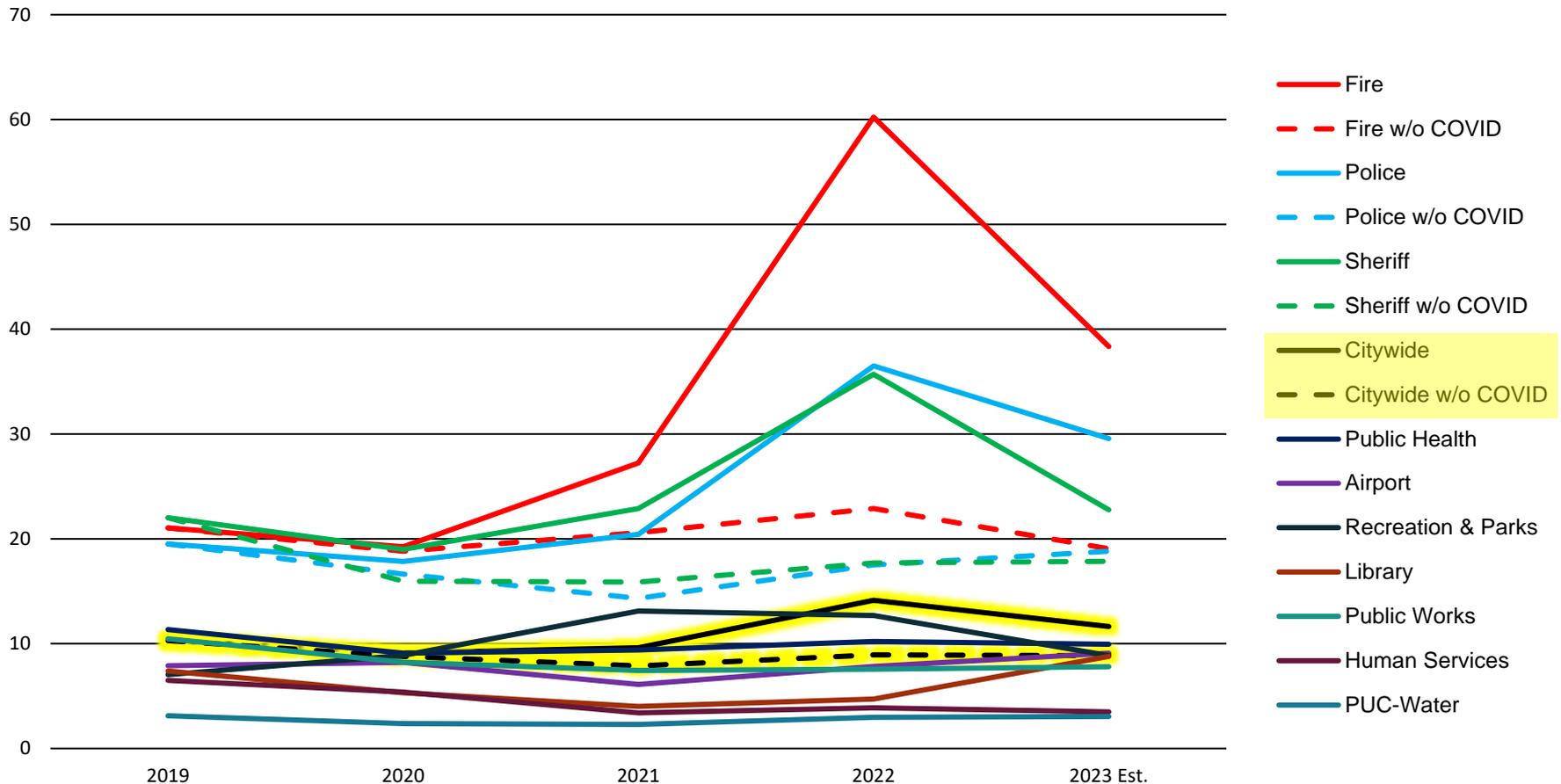
Notes:

- 1. Report only claims are excluded
- 2. 2023 Est. reflects a straight line of FY2023 YTD (data as of 1/27/2023) claim volume for the whole fiscal year



# Claims Incurred Per 100 FTE

## Top 10 Departments (Top 3: w/COVID vs w/o COVID)



Notes:

- 1. Report only claims are excluded
- 2. 2023 Est. reflects a straight line of FY2023 YTD (data as of 1/27/2023) claim volume for the whole fiscal year



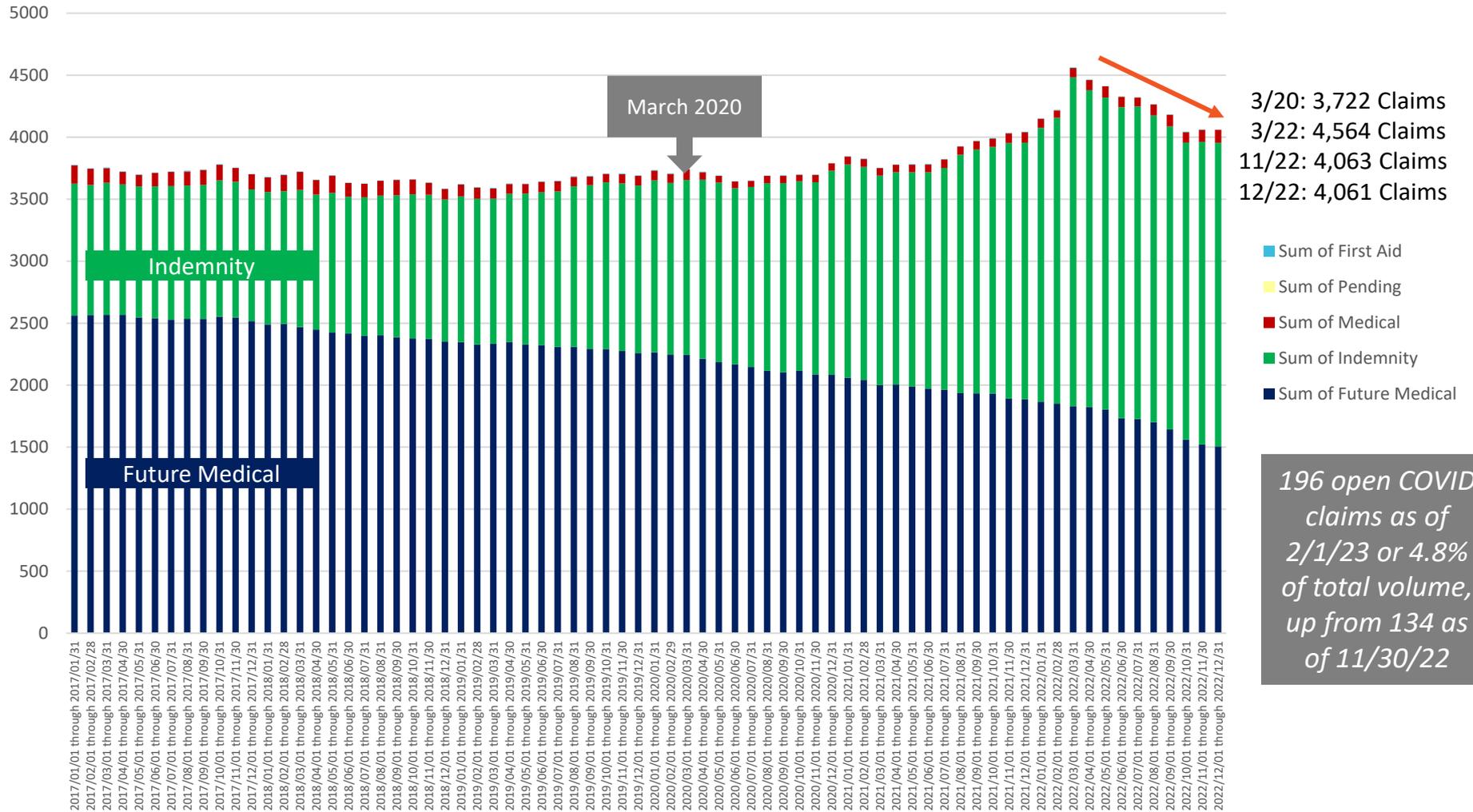
# Claim Filing Frequency

	FY19-22			FY23 Q2			FY23 Q2 Increase / Decrease		
Department	Average Indemnity Claims Per Quarter	Average Medical Claims Per Quarter	Average Indemnity + Medical Claims Per Quarter	Total Indemnity Claims	Total Medical Claims	Total Indemnity + Medical Claims	Indemnity	Medical	Indemnity + Medical
Public Health	69	106	175	46	104	150	-23 or -34%	-2 or -1%	-25 or -14%
Fire	108	13	121	132	8	140	24 or 22%	-5 or -39%	19 or 15%
Police	123	24	146	112	19	131	-11 or -9%	-5 or -20%	-15 or -10%
Sheriff	53	5	58	40	7	47	-13 or -25%	2 or 38%	-11 or -19%
Recreation & Parks	27	8	34	21	5	26	-6 or -21%	-3 or -36%	-8 or -24%
Airport	21	9	30	17	7	24	-4 or -19%	-2 or -22%	-6 or -20%
Public Works	16	12	28	18	2	20	2 or 14%	-10 or -83%	-8 or -28%
Human Services	23	4	27	17	2	19	-6 or -26%	-2 or -45%	-8 or -28%
Library	6	2	9	10	1	11	4 or 57%	-1 or -56%	2 or 28%
PUC-Water	8	6	14	7	3	10	-1 or -13%	-3 or -46%	-4 or -27%
<b>Citywide</b>	<b>504</b>	<b>202</b>	<b>706</b>	<b>462</b>	<b>170</b>	<b>632</b>	<b>-42 or -8%</b>	<b>-32 or -16%</b>	<b>-74 or -10%</b>



# Open Claim Inventory

Open inventory continues to gradually decline; driven by Future Medical case closure  
Indemnity open inventory remains elevated





# Litigation Statistics

Department	Open Indemnity Claims Added from FY19-FY23Q2	Represented Claims	Represented %	Litigated Claims	Litigated %
Police	491	188	38%	52	11%
Fire	388	104	27%	24	6%
Public Health	375	130	35%	98	26%
Sheriff	297	119	40%	82	28%
Airport	144	40	28%	31	22%
Recreation & Parks	130	45	35%	40	31%
Public Works	107	56	52%	56	52%
Human Services	100	47	47%	13	13%
PUC-Water	64	18	28%	17	27%
Water Pollution Control	54	10	19%	3	6%
<b>Citywide</b>	<b>2,444</b>	<b>857</b>	<b>35%</b>	<b>490</b>	<b>20%</b>

Note: Latest fiscal year includes data up to the current reporting quarter.



# Litigated vs Non-Litigated

## Average Total Payment / Closed Indemnity Claim

Department	Litigated?	2019	2020	2021	2022	2023 Q2
Fire	Y	\$53,612	\$31,623	\$51,568	\$72,405	\$114,821
	N	\$13,996	\$8,256	\$9,421	\$5,365	\$5,937
Public Health	Y	\$85,021	\$51,233	\$68,408	\$100,085	\$98,386
	N	\$3,356	\$4,874	\$5,322	\$9,720	\$8,992
Public Works	Y	\$47,875	\$28,318	\$85,782	\$78,811	\$6,777
	N	\$4,070	\$10,683	\$9,939	\$8,401	\$10,685
Police	Y	\$72,092	\$124,361	\$135,684	\$86,100	\$95,428
	N	\$7,841	\$18,458	\$10,502	\$5,836	\$5,661
Sheriff	Y	\$24,054	\$125,801	\$74,179	\$66,046	\$80,352
	N	\$13,811	\$8,738	\$14,427	\$13,352	\$11,258
Citywide	Y	\$55,156	\$63,697	\$75,255	\$79,842	\$78,436
	N	\$7,980	\$8,628	\$8,636	\$6,793	\$6,726

Note: Latest fiscal year includes data up to the current reporting quarter.



# ADR Litigation Statistics

Department	Fiscal Year	ADR Indemnity Claims Added and Still Open	Represented Claims	Represented %	Litigated Claims	Litigated %
<b>Fire</b>	FY23 Q2	108	11	10%	1	1%
	FY19-22	256	83	32%	13	5%
	All	364	94	26%	14	4%
<b>Police</b>	FY23 Q2	128	27	21%	5	4%
	FY19-22	301	140	47%	33	11%
	All	429	167	39%	38	9%

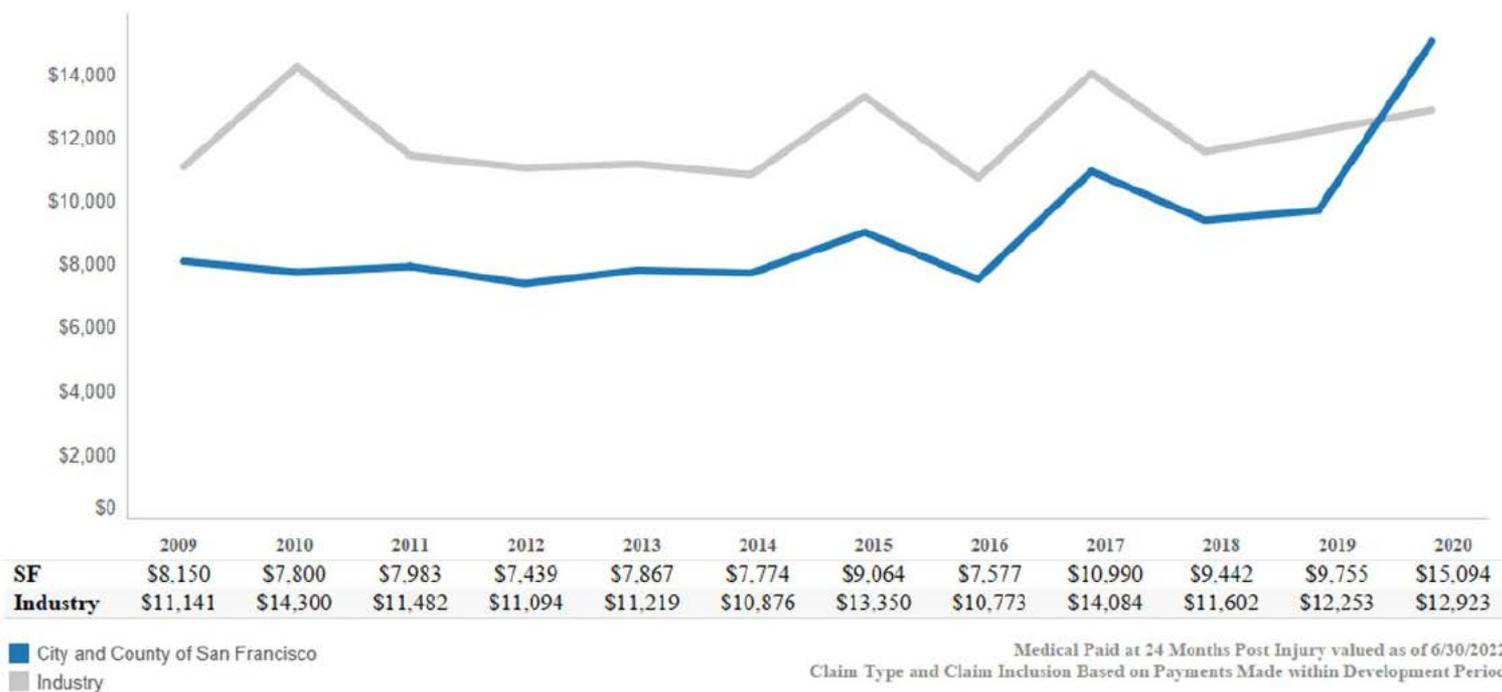
Notes:

1. The ADR program for the SF Firefighters Association and the SF Police Officers Association commenced on 7/1/2019.
2. Latest fiscal year includes data up to the current reporting quarter.

## City and County of San Francisco Benchmarks



### Average Medical Paid at 24 Months – Indemnity Claims



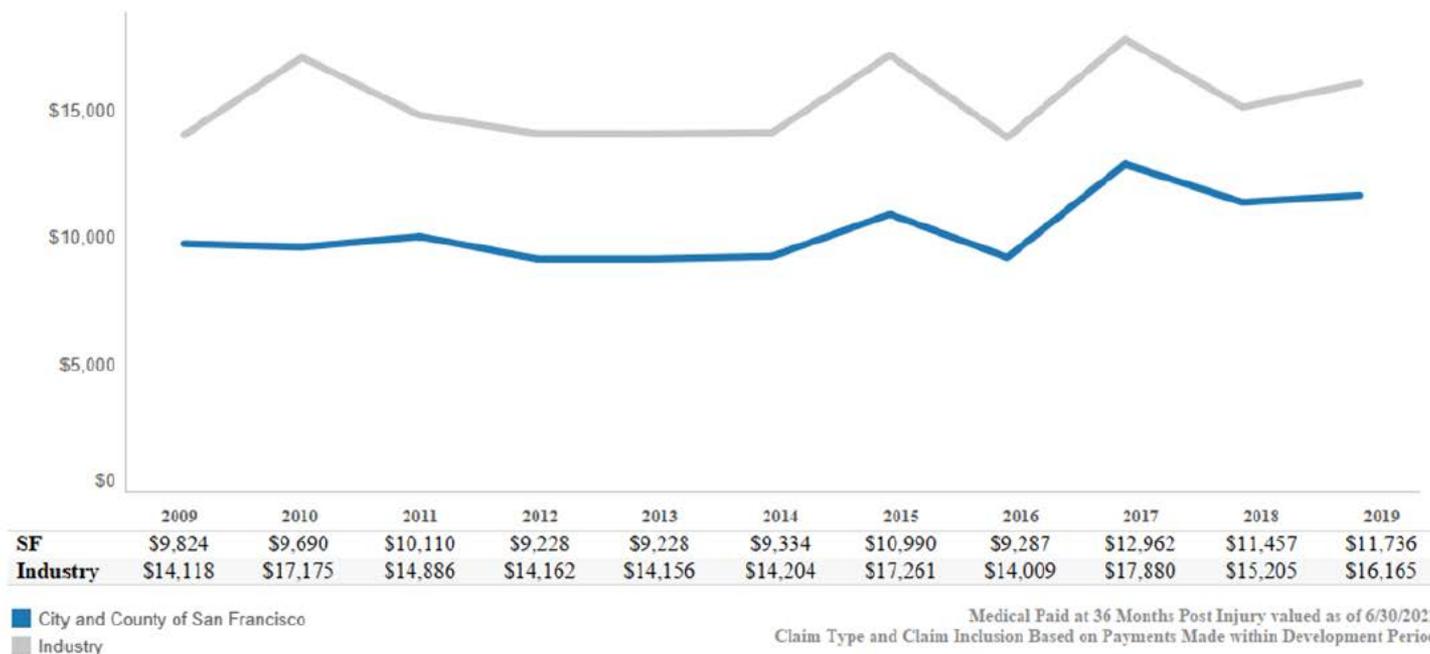


# CWCI Benchmarks

## City and County of San Francisco Benchmarks

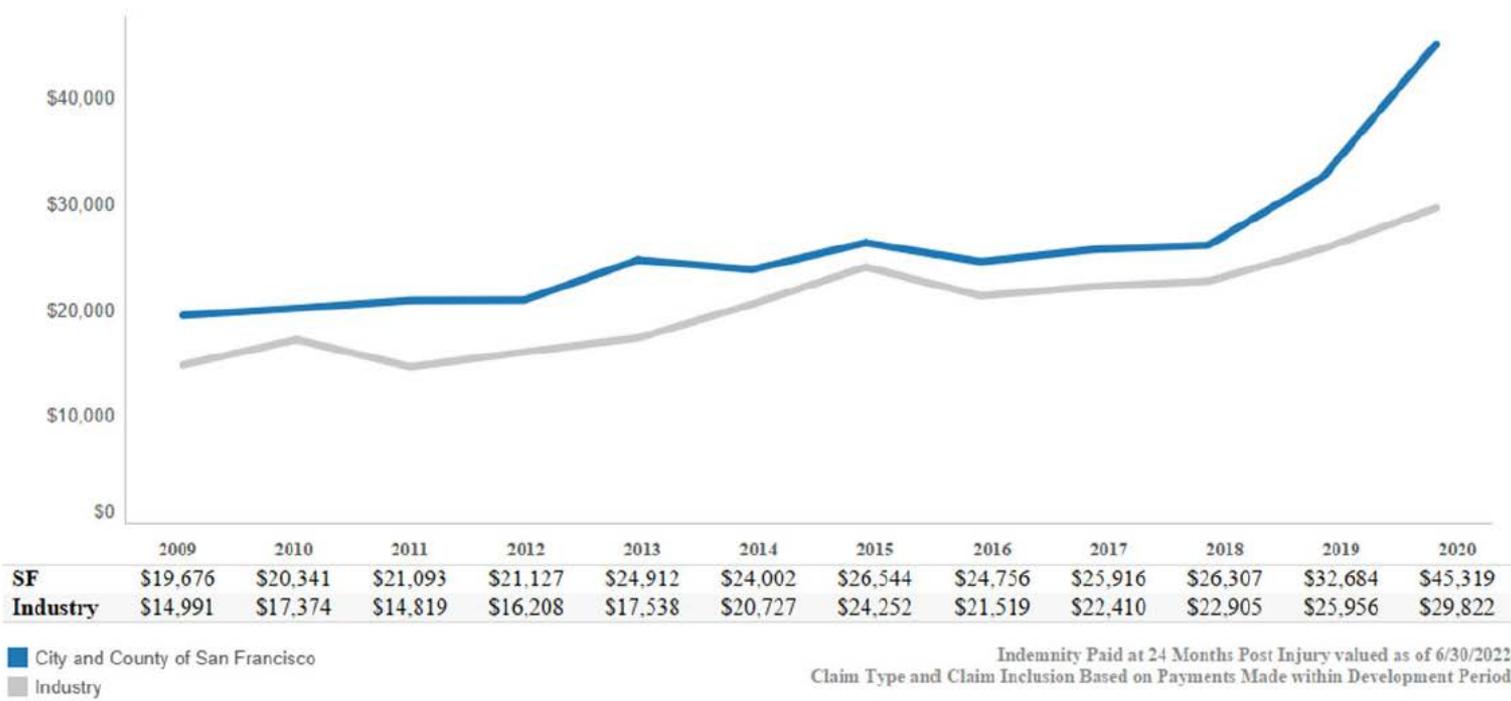


### Average Medical Paid at 36 Months – Indemnity Claims



## City and County of San Francisco Benchmarks

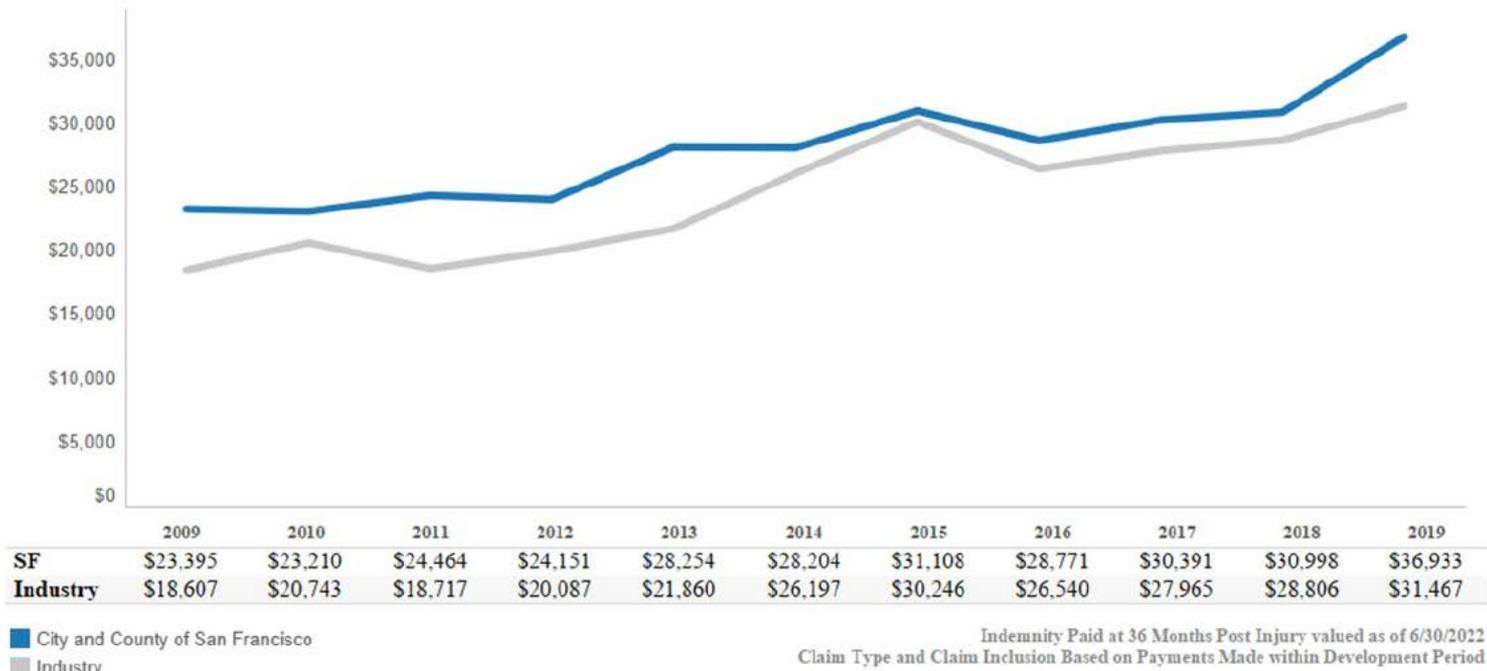
### Average Indemnity Paid at 24 Months – Indemnity Claims



## City and County of San Francisco Benchmarks

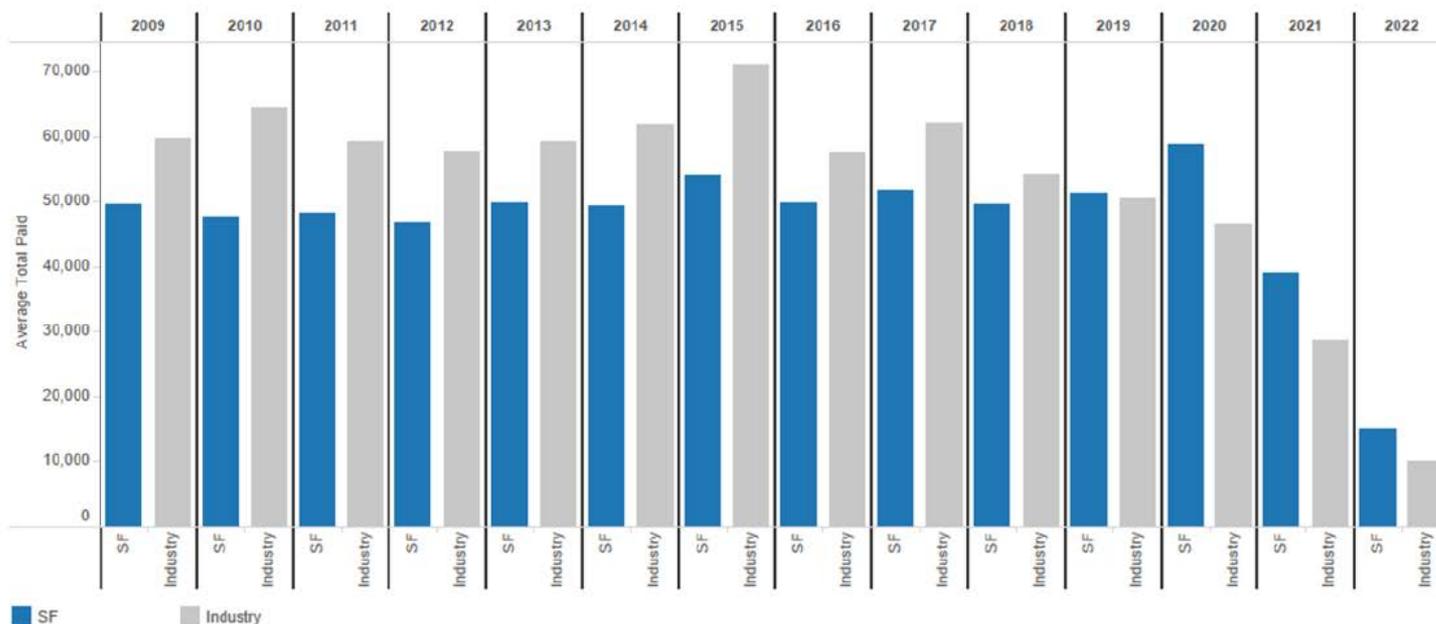


### Average Indemnity Paid at 36 Months – Indemnity Claims



## City and County of San Francisco Benchmarks

### Average Total Paid as of Dec 2021 – Indemnity Claims



Indemnity Claims Excluding COVID  
IRIS 2022Q2 (valued as of June 30, 2022)

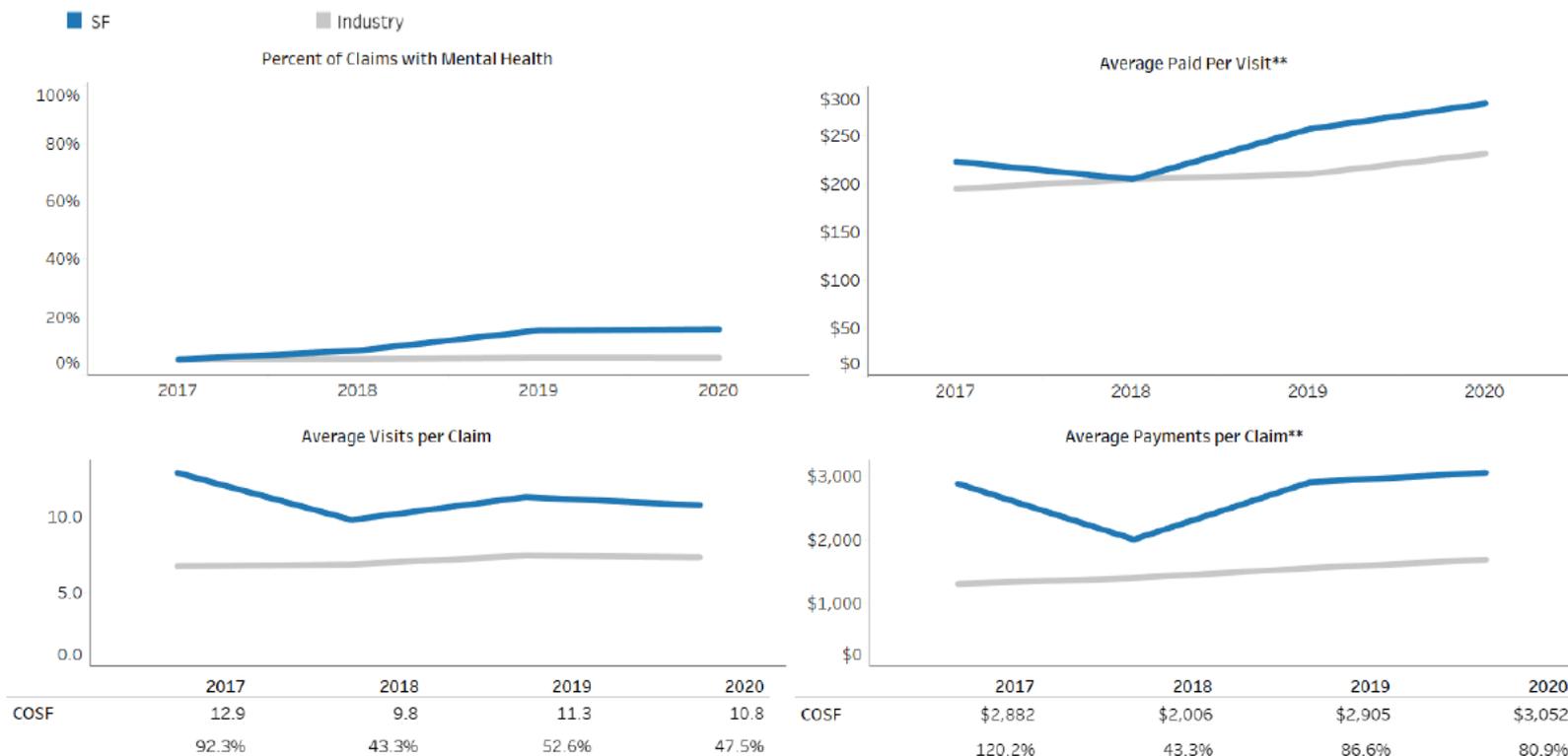


# CWCI Benchmarks

## City and County of San Francisco Benchmarks



### Mental Health – Indemnity Claims at 24 Months\*



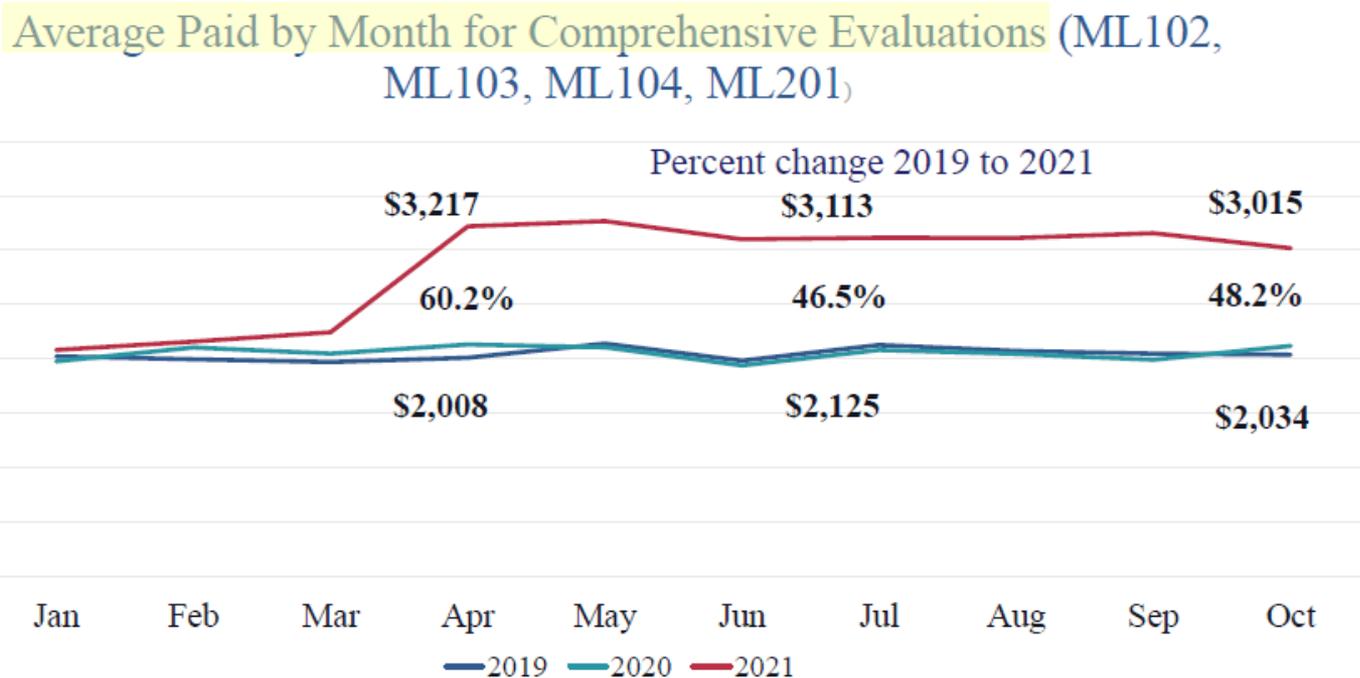
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\* Excludes claims with dates of injury prior to January 1, 2007.

\*\* Professional service payments only, except for Major Surgery and Minor Surgery service categories which also include facility payments.

Data valued as of June 30, 2022

## Medical-Legal Fee Schedule





SFMTA

**SFMTA**

**Municipal  
Transportation  
Agency**

**Workers' Compensation Council**

**February 6, 2023**



SFMTA

# Agenda

- Accomplishments & Initiatives
- Return to Work
- Challenges
- COVID-19 Report
- Performance Quick Facts
- Claim Analytics
- Financials

# Accomplishments, Initiatives, & Challenges



# Accomplishments & Initiatives

SFMTA

- LightSpeed initiative 10-17-22 through 12-31-22 - 53 onsite investigations have been completed.
- Early intervention program , 51 files reviewed through 12-31-22.
- Ambassador program started up again Nov 2022.
- Subrogation Recoveries Recorded – A total of -\$1,793,771 in subrogation recoveries have been recorded in the last five fiscal years. -\$47,252 in subrogation recoveries have been recorded in FY 2023, ytd; with an additional sum of over -\$700,000 expected to recorded by end of FY 2023.
- The WC claims staff now have access to videos from the coach operations.
- Investigation Firm to provide digital MVA recording to physician for review.
- Quarterly claim reviews with SFMTA and the team, with the next meeting is 2/9/23.
- Closing Project: Weekly Roundtables with Deputy City Attorney's office reviewing files with companion claims to pursue final settlements.
- Initiative – Pursuing updated job analysis/job descriptions.



# Accomplishments & Initiatives

SFMTA

## Return-to Work Program

- We have a RTW policy that has clear guidelines with agreed upon contract with the employee. SFMTA believes in a strong RTW program
  - Highlights:
    - Eligibility
    - Entrance and exit criteria
    - Transitional Job position and restrictions
  - RTW policy, open communication is key. We make sure the employees understand the policy and what is expected.
  - We communicate to their health care providers and the employees of the jobs, if need provide opportunity for any input.
  - RTW Policy does provide benefits to the employee (just name a few)
    - Reducing Loss productivity
    - Quicker Recovery
    - Reiterating self-worth (increases morale)
    - Continue to receive their full salary.
  - LightSpeed Program Initiative
  - Early Investigation with a telephonic nurse, “Let’s Get Back to Work” Program
  - SFMTA WC Team/Return to Work Team and Intercare WC Staff Partnership on RTW
  - Initial call at the onset of the claim to the employee, with a follow up email to the injured worker by our SFMTA WC Team
  - Ambassador Program reboot as of November 2022
  - Current job list to determine which ones could be suitable for transitional work
  - Job Analysis/Job Descriptions updates in progress



SFMTA

# Current Challenges

- Rise in Temporary Disability Benefit Maximum is effective 1/1/23 and expected to impact the overall indemnity costs for CY 2023.
  - New rate increased TTD by 5%, new max rate is \$1,619.15/week.
- Budget
- Ongoing Review of Assault Claims.
- Enhancement of the Medical Provider Network (MPN).
  - Recruiting physicians for participation in MPN

# COVID-19 Report



# COVID-19 Report

- 8 COVID-19 Workers' Compensation Claims filed in FY 2023, as of 12/31/22.
  - 8 Indemnity claims
    - 1 Litigated Claims
    - 3 Denied Claims
- 317 *COVID-19 Workers' Compensation Claims filed as of 12/31/22.*
  - 253 *Reported claims only.*
  - 64 *Indemnity claims reported*
    - 8 *Litigated claims*
    - 30 *Denied claims: Negative test or not occupational in nature.*
  - *Average paid per indemnity claim = \$10,927.*
  - *Average Incurred per indemnity claim = \$14,334.*
  - *As of 12/31/22, only 8 claims remained open.*

# Performance Quick Facts



# FY 2023 YTD Performance Quick Facts

SFMTA

## Claim Cost

Average Claim Cost in Period

	SFMTA FY 2023, Q2	Benchmark 5 Year Average
Indemnity	\$12,821	\$20,702
Medical	\$462	\$553

## Claim Volume

Count of New Claims in Period

	SFMTA FY 2023, Q2	Benchmark 5 Year Average
Indemnity	123	546/year
Medical	17	67/year

## Fiscal Health

Ratio of Actuals to Budget

	SFMTA FY 2023, ytd	Benchmark FY YTD 2023 Budget
Total	67%	50%

## Duration

Average Days Open of Claims Closed in Period

	SFMTA FY 2023, Q2	Benchmark 5 Year Average
Total	345 Days	799 Days

Notes: All benchmarks based on rolling five-year averages (FY 18-22). Fiscal health metric includes claim expenditures only and is based on the revised budget, excluding any carry forward and excludes TPA fees. Claim volume, cost and duration excludes first aid, disability retirement and future medical claims.

# Claim Analytics

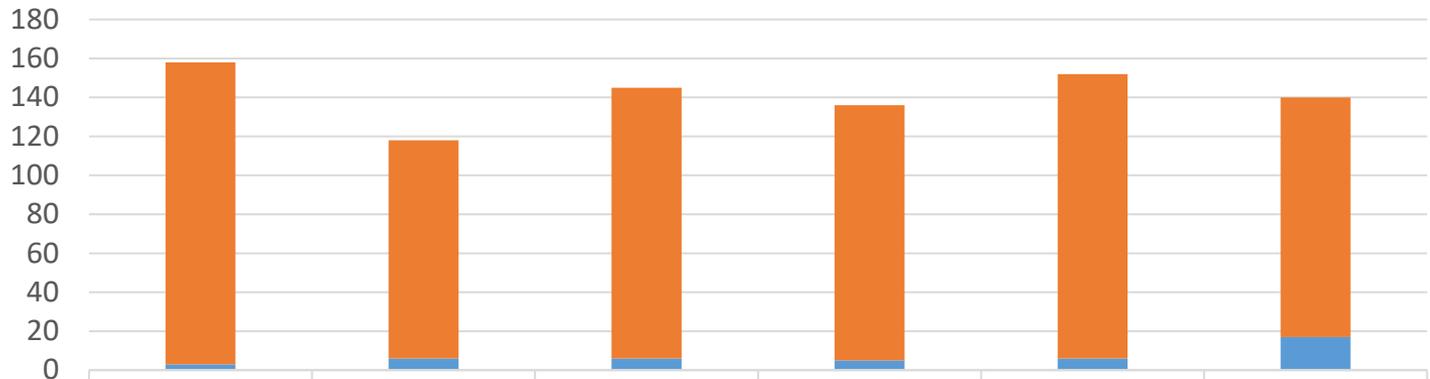


# Claim Filing Frequency

SFMTA

	Indemnity Claims	Medical Claims	Total Indemnity + Medical Claims
<b>Average # of claims reported in Q2 for FY 2017 through FY 2022</b>	138	15	153
<b>Actual # of New claims Reported in FY 2023, Q2</b>	123	17	140
Variance	Indemnity Claims	Medical Claims	Total Indemnity + Medical Claims
<b># of Claims</b>	-15	2	-13
<b>% of Change</b>	-11%	16%	-8%

Claims Added 7/1/21 through 12/31/22, valued 12/31/22



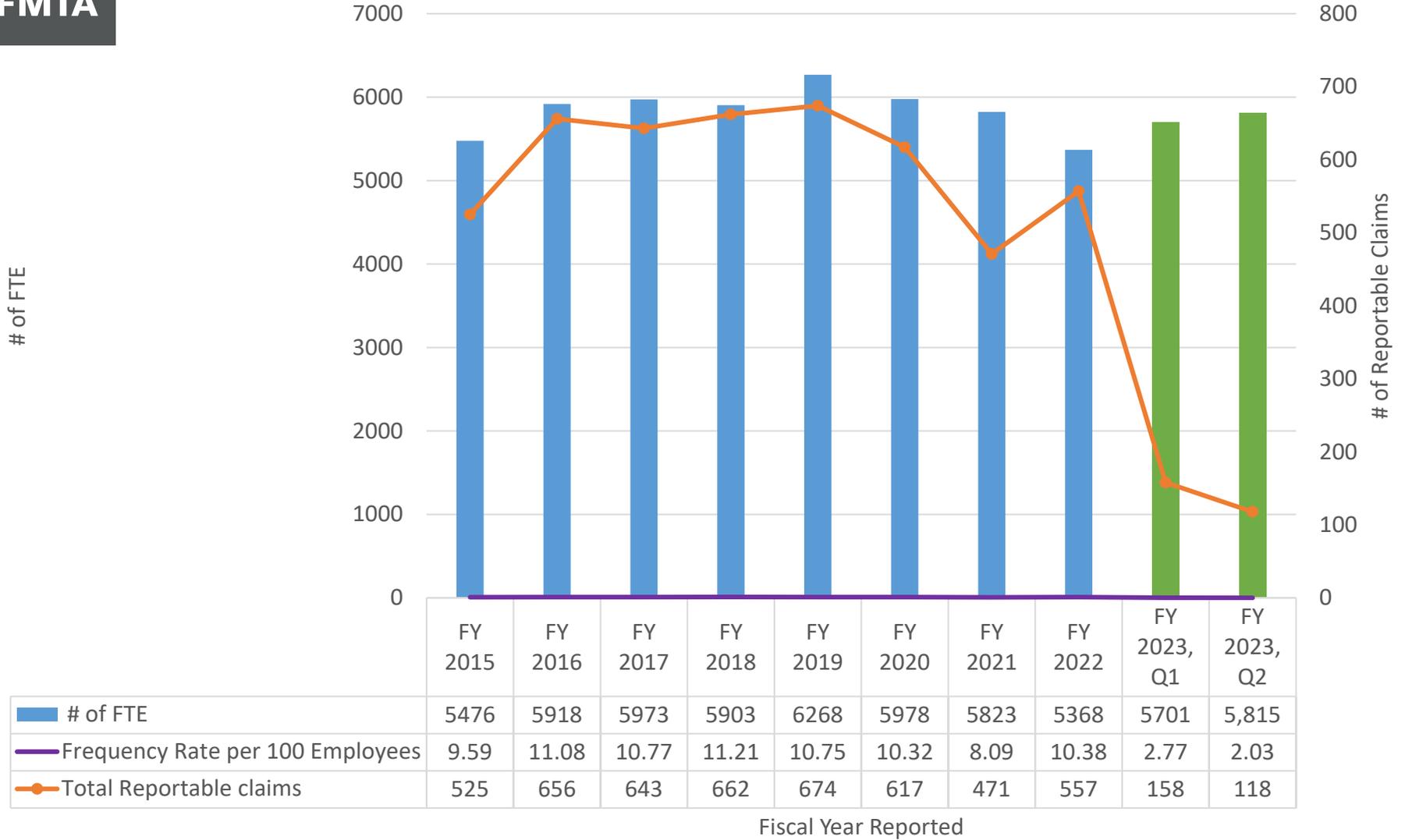
Indemnity (Active IND + FM)

Medical



# Claims Frequency Per 100 FTE

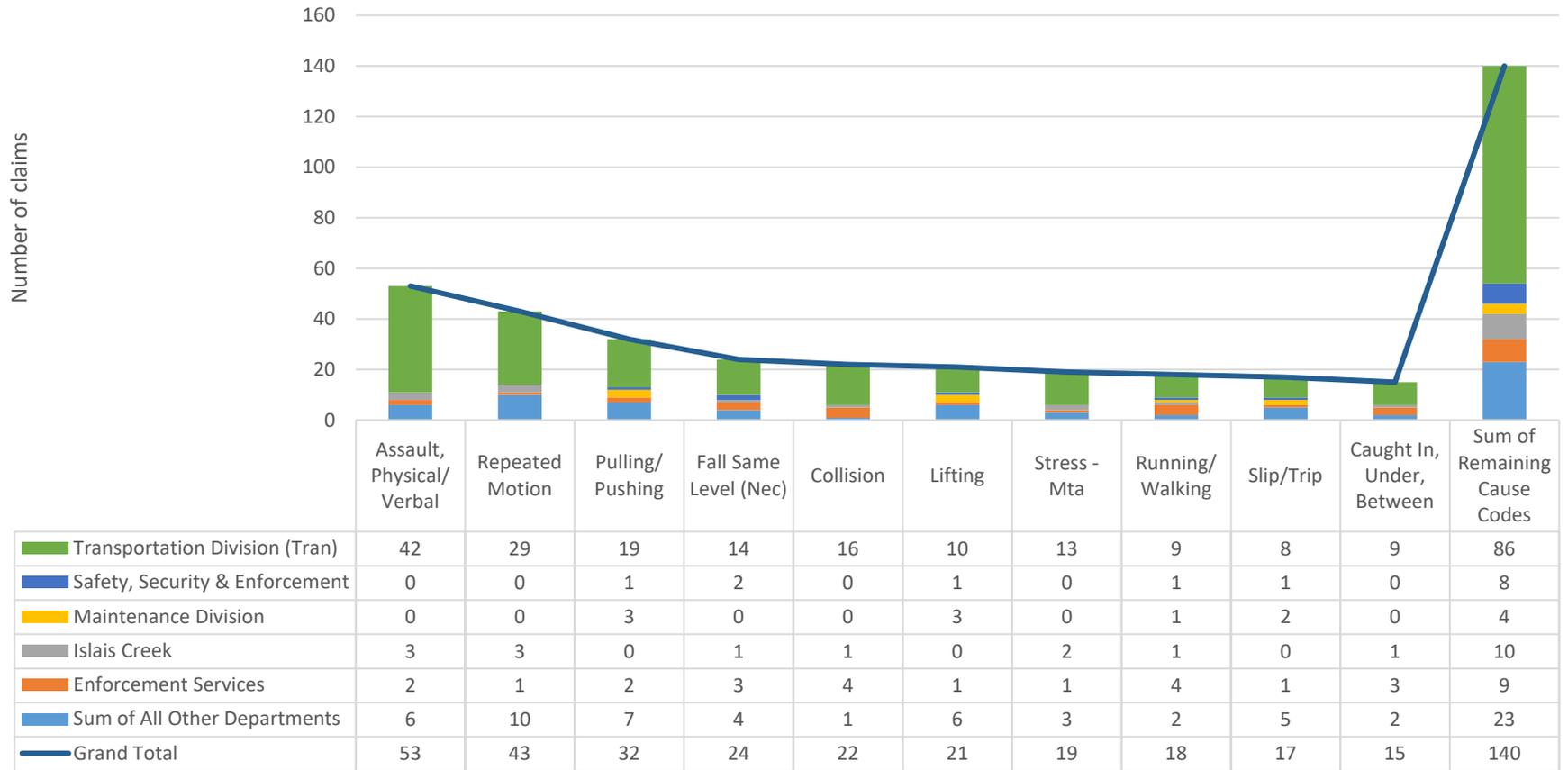
SFMTA





# Claim Cause Distribution

Top 10 Causes of Injury Descriptions Reported for the Top 5 Departments, Rolling 12 Months: 1/1/22 to 12/31/22



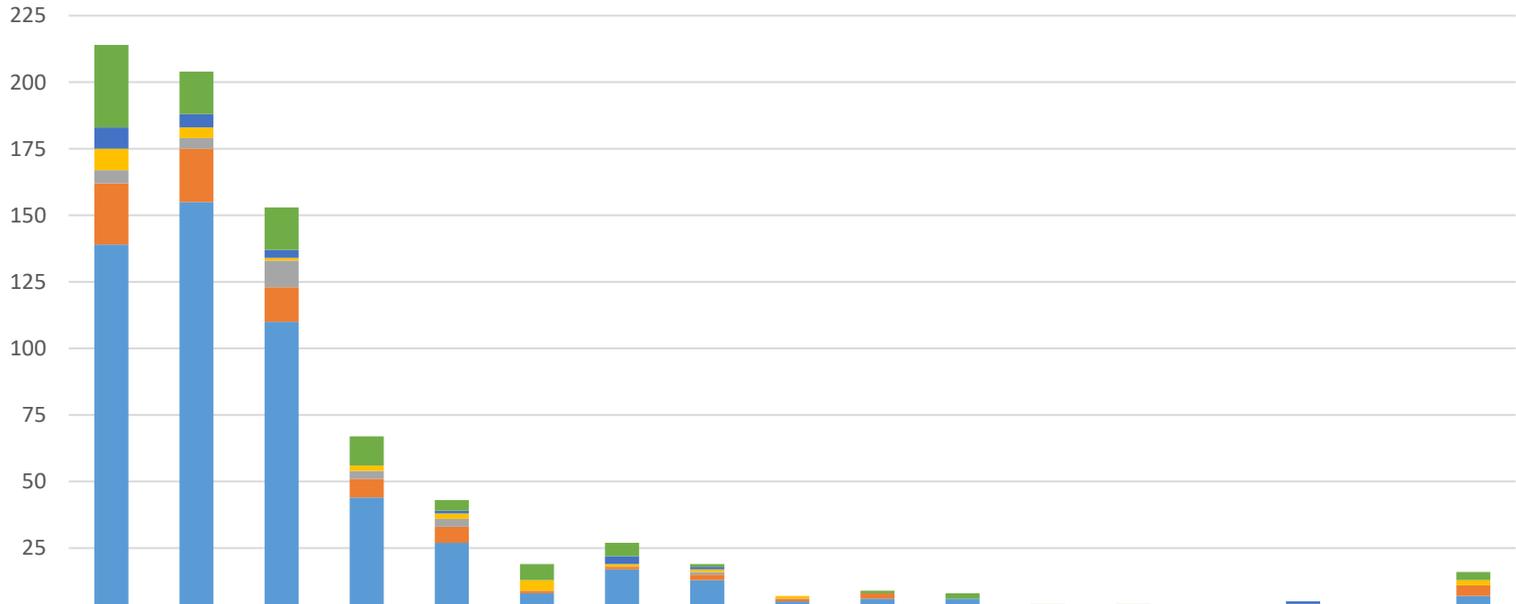
Notes: Claim cause group definitions are listed in Appendix 1



# Open Claim Stratification

SFMTA

# of Open Claims



	100K - 150K	150K - 200K	200K - 250K	250K - 300K	300K - 350K	350K - 400K	400K - 450K	450K - 500K	500K - 550K	600K - 650K	700K - 750K	750K - 800K	800K - 850K	850K - 900K	900K - 950K	950K - 1M	Over 1M	Grand Total
Sum of Remaining Departments	31	16	16	11	4	6	5	1	0	1	2	2	2	0	0	0	3	103
Maintenance Division	8	5	3	0	1	0	3	1	0	0	0	0	0	0	1	0	0	22
Diesel Maintenance	8	4	1	2	2	4	1	1	1	0	0	0	0	0	0	0	2	23
Safety, Security & Enforcement	5	4	10	3	3	0	0	1	0	0	0	0	0	0	0	0	0	26
Enforcement Services	23	20	13	7	6	1	1	2	1	2	0	0	1	0	0	0	4	81
Transportation Division (Tran)	139	155	110	44	27	8	17	13	5	6	6	2	1	1	4	1	7	546
<b>Grand Total</b>	<b>214</b>	<b>204</b>	<b>153</b>	<b>67</b>	<b>43</b>	<b>19</b>	<b>27</b>	<b>19</b>	<b>7</b>	<b>9</b>	<b>8</b>	<b>4</b>	<b>4</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>16</b>	<b>801</b>

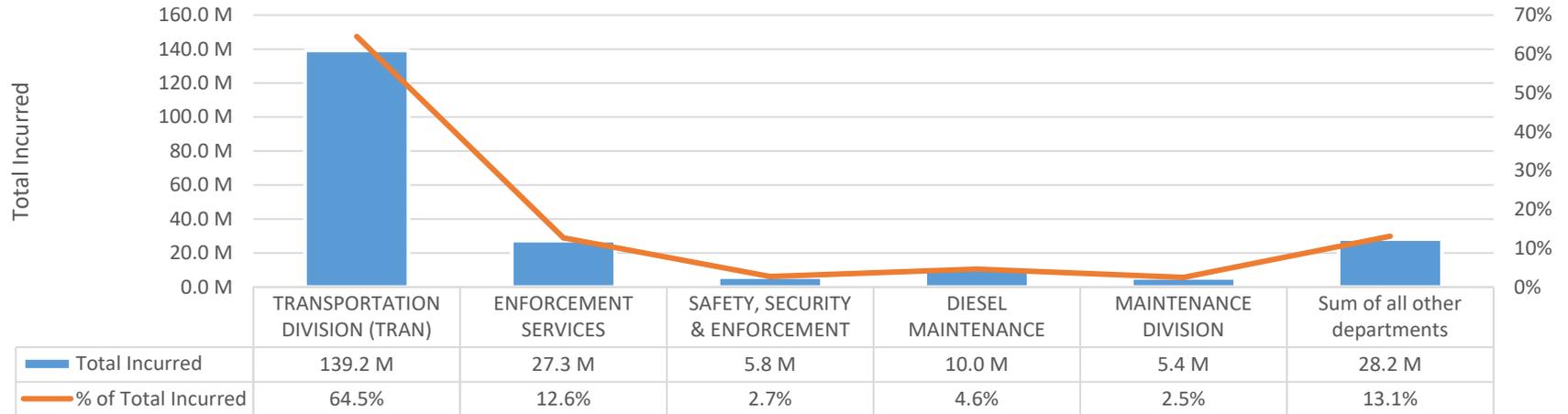
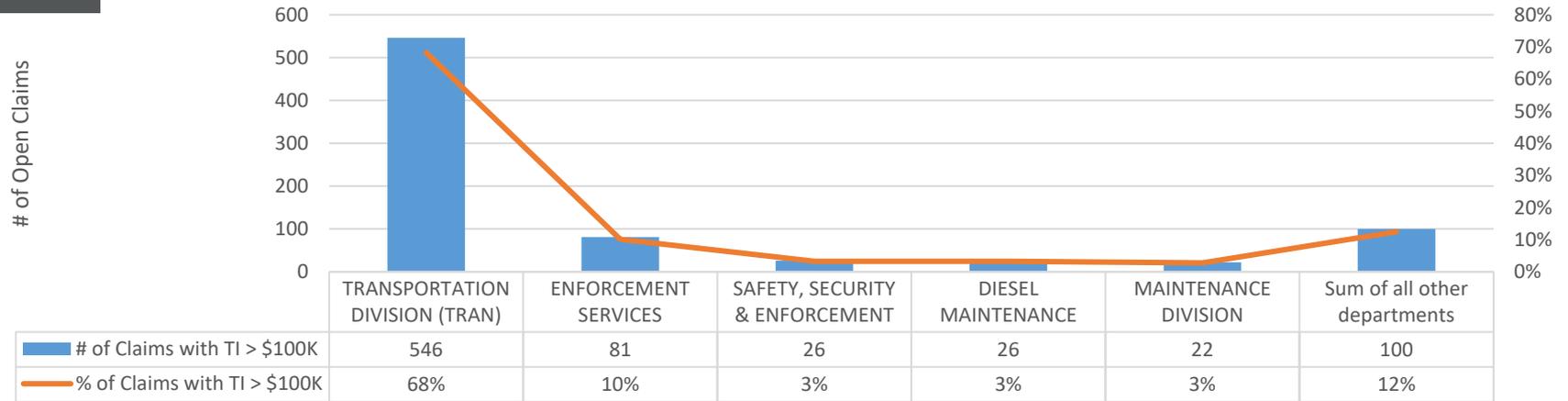
A total of **801** open claims have a total incurred  $\geq$ \$100k. Data as of 12/31/2022



# Open Claim Cost Stratification

SFMTA

### Open Claims with Total Incurred Greater Than \$100K



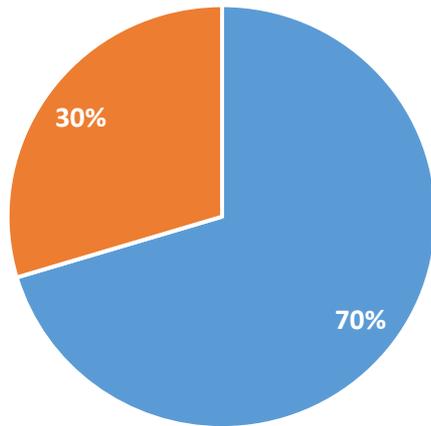
**801** Open claims have a total incurred  $\geq$ \$100k. The total incurred on this set of open claims equals **\$215.8 Million**. Data as of 12/31/2022



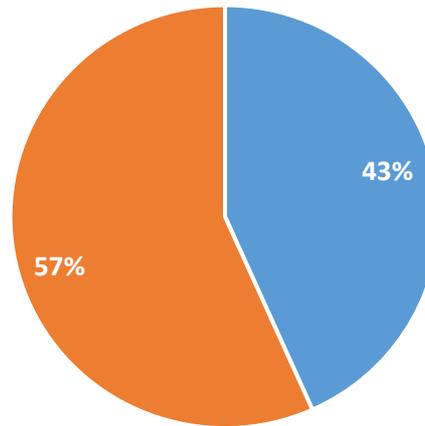
# Open Active Indemnity vs. Future Medical

SFMTA

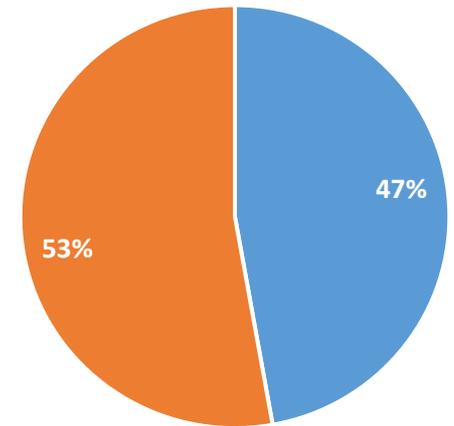
% of Claims



% of Total Paid



% of Total Incurred



■ Active ■ Future Medical

	# of Open Claims	Total Paid	Total Outstanding	Total Incurred
Active Indemnity	1113	\$71,710,165	\$48,061,822	\$119,771,987
Future Medical	469	\$93,834,802	\$40,240,397	\$134,075,198
<b>Grand Total</b>	<b>1582</b>	<b>\$165,544,967</b>	<b>\$88,302,219</b>	<b>\$253,847,185</b>

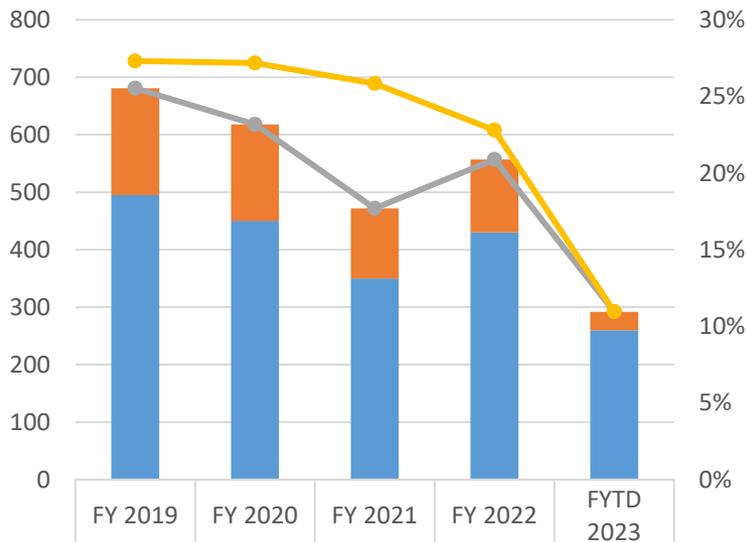


# Litigated vs Non-Litigated

SFMTA

**Total Litigation Status by Fiscal Year Reported, valued 12/31/22**

Claims reported FY 19 through FYTD 23 only  
Includes MO, IND and FM

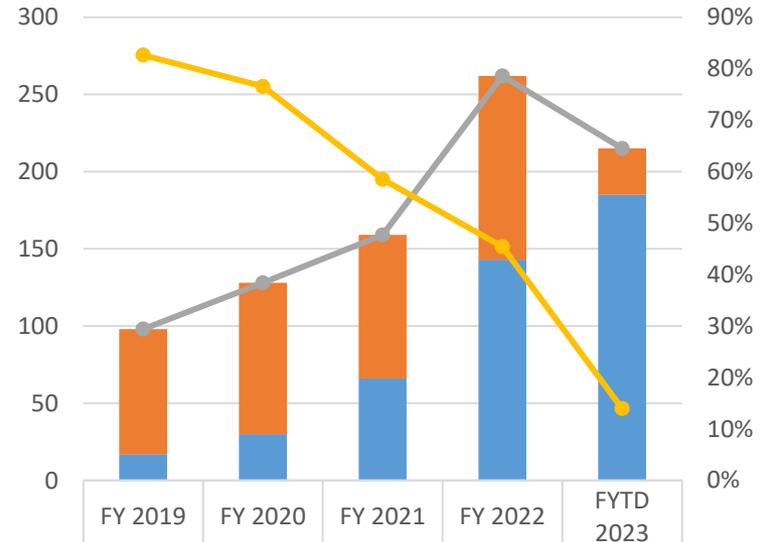


# Litigated	186	168	122	127	32
# Not Litigated	495	450	350	430	260
Total claims	681	618	472	557	292
Litigation Rate	27%	27%	26%	23%	11%

The chart above summarizes total reportable claims received, open and closed, sorted by fiscal year reported. Litigation status is valued as of 12/31/22.

**Current Active Litigation Status by Fiscal Year Reported, valued 12/31/22**

Claims reported FY 19 through FYTD 23 only  
Includes Open Active Indemnity Only



# Litigated	81	98	93	119	30
# Not Litigated	17	30	66	143	185
Total claims	98	128	159	262	215
Litigation Rate	83%	77%	58%	45%	14%

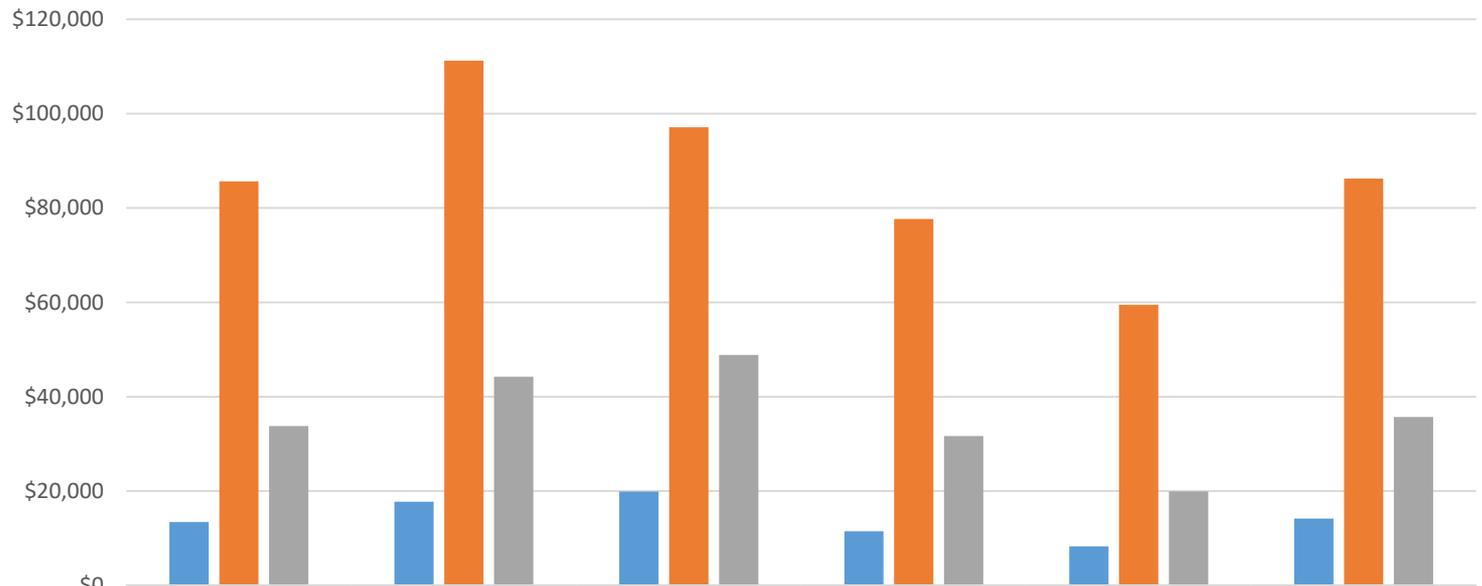
The chart above summarizes the current open litigation stats for unresolved active indemnity claims only, sorted by fiscal year reported. Litigation status is valued as of 12/31/22.



SFMTA

# Litigated vs Non-Litigated by FY Closed

Average Paid by Litigated Status  
for Claims CLOSED in the Referenced Fiscal Year

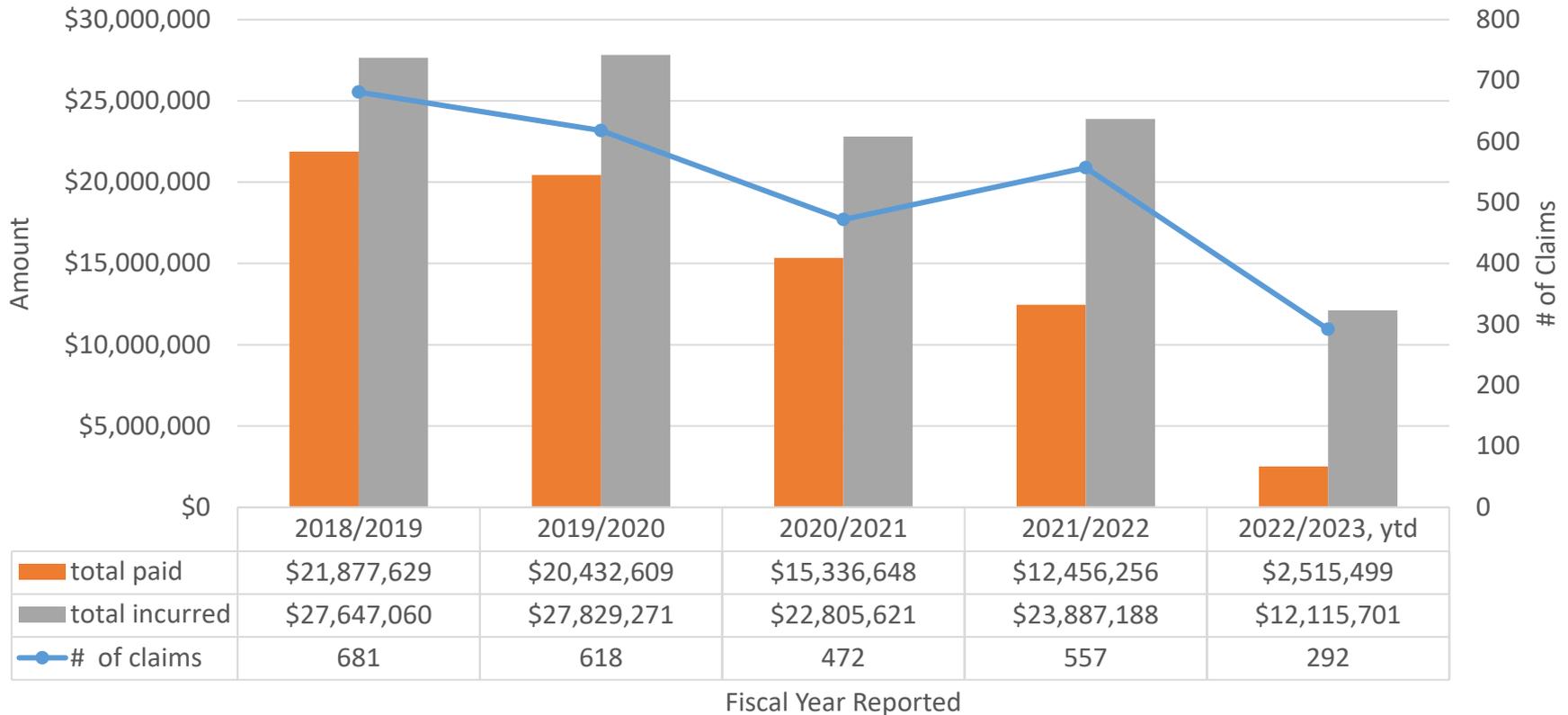


	FY 2019	FY 2020	FY 2021	FY 2022	FYTD 2023	Average for last 5 FY
Average Paid per Non Litigated Claim	\$13,445	\$17,744	\$19,899	\$11,494	\$8,287	\$14,174
Average Paid per Litigated Claim	\$85,653	\$111,254	\$97,123	\$77,676	\$59,491	\$86,239
Total Average Paid	\$33,775	\$44,233	\$48,858	\$31,671	\$19,911	\$35,690



# Summary by FY Reported

SFMTA



A grand total of **2,620** claims have been reported between 7/1/18 and 12/31/22.

Total paid for this set of claims equals **\$72,618,640**, and total Incurred equals **\$114,284,840**.

Data valued as of 12/31/2022



# Frequency by Age Group

<b># of Claims reported by Age Group, sorted by Fiscal Year Reported</b>						
	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023, ytd	Grand Total
<b>18 - 29</b>	20	28	13	11	5	77
<b>30 - 39</b>	135	130	97	104	43	509
<b>40 - 49</b>	191	163	113	140	79	686
<b>50 - 59</b>	244	212	172	205	108	941
<b>60 +</b>	91	85	77	97	57	407
<b>Grand Total</b>	<b>681</b>	<b>618</b>	<b>472</b>	<b>557</b>	<b>292</b>	<b>2,620</b>
<b>% of Claims reported by Age Group, sorted by Fiscal Year Reported</b>						
	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023, ytd	Grand Total
<b>18 - 29</b>	3%	5%	3%	2%	2%	3%
<b>30 - 39</b>	20%	21%	21%	19%	15%	19%
<b>40 - 49</b>	28%	26%	24%	25%	27%	26%
<b>50 - 59</b>	36%	34%	36%	37%	37%	36%
<b>60 +</b>	13%	14%	16%	17%	20%	16%
<b>Grand Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>



# Severity by Age Group

Total Incurred for Claims reported by Age Group, sorted by Fiscal Year Reported						
	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023, ytd	Grand Total
<b>18 - 29</b>	\$269,006	\$963,419	\$372,990	\$164,397	\$52,475	\$1,822,287
<b>30 - 39</b>	\$4,235,416	\$3,876,761	\$4,119,194	\$4,457,993	\$1,108,165	\$17,797,529
<b>40 - 49</b>	\$6,704,316	\$7,591,885	\$5,178,520	\$5,278,022	\$2,472,080	\$27,224,823
<b>50 - 59</b>	\$11,392,247	\$11,617,774	\$8,687,327	\$10,187,988	\$6,478,368	\$48,363,704
<b>60 +</b>	\$5,046,074	\$3,779,432	\$4,447,591	\$3,798,788	\$2,004,613	\$19,076,498
<b>Total Incurred</b>	<b>\$27,647,060</b>	<b>\$27,829,271</b>	<b>\$22,805,621</b>	<b>\$23,887,188</b>	<b>\$12,115,701</b>	<b>\$114,284,840</b>
% of Total Incurred reported by Age Group, sorted by Fiscal Year Reported						
	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023, ytd	Grand Total
<b>18 - 29</b>	1%	3%	2%	1%	0%	2%
<b>30 - 39</b>	15%	14%	18%	19%	9%	16%
<b>40 - 49</b>	24%	27%	23%	22%	20%	24%
<b>50 - 59</b>	41%	42%	38%	43%	53%	42%
<b>60 +</b>	18%	14%	20%	16%	17%	17%
<b>Total Incurred</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

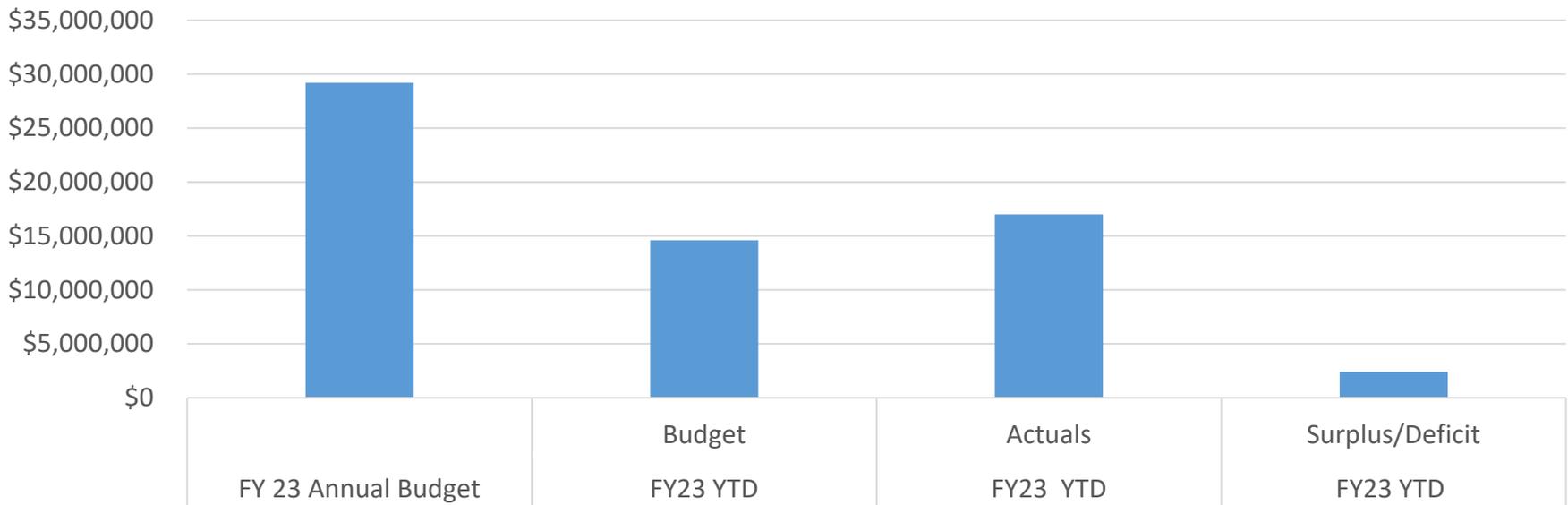
# Financials



# SFMTA Expenditure Trends

**SFMTA**

	FY22 Budget	FY22 Actuals	FY 23 Annual Budget	FY23 YTD Budget	FY23 YTD Actuals	FY23 YTD Surplus/Deficit
<b>SFMTA</b>	\$29,450,537	\$29,004,223	\$29,188,709	\$14,594,355	\$16,992,878	\$2,398,523





# Costs by Expenditure Category

SFMTA

	FY 19-20 Actuals	FY 20-21 Actuals	FY 22 Actuals	FY 23 YTD Actuals	FY 23 Projected Actuals	FY 22 Actual to FY 23 Projected YOY Change (%)
<b>INDEMNITY</b>	<b>\$18,401,610</b>	<b>\$19,147,352</b>	<b>\$18,663,476</b>	<b>\$12,366,931</b>	<b>\$24,733,862</b>	<b>33%</b>
Temporary Disability	\$13,132,765	\$13,834,255	\$13,790,485	\$9,048,715	\$18,097,430	31%
Permanent Disability	\$5,268,845	\$5,313,097	\$4,872,991	\$3,318,216	\$6,636,432	36%
<b>VOCATIONAL REHAB</b>	<b>\$43,084</b>	<b>\$33,585</b>	<b>\$53,460</b>	<b>\$29,270</b>	<b>\$58,540</b>	<b>10%</b>
<b>MEDICAL</b>	<b>\$8,724,619</b>	<b>\$8,945,689</b>	<b>\$9,521,676</b>	<b>\$4,196,472</b>	<b>\$8,392,944</b>	<b>-12%</b>
<b>EXPENSE</b>	<b>\$1,243,584</b>	<b>\$995,718</b>	<b>\$989,692</b>	<b>\$400,205</b>	<b>\$800,410</b>	<b>-19%</b>
<b>RECOVERY</b>	<b>&lt;\$264,068&gt;</b>	<b>&lt;\$423,713&gt;</b>	<b>&lt;\$224,081&gt;</b>	<b>&lt;\$47,252&gt;</b>	<b>&lt;\$94,504&gt;</b>	<b>-58%</b>
<b>GRAND TOTAL</b>	<b>\$28,148,829</b>	<b>\$28,698,631</b>	<b>\$29,004,223</b>	<b>\$16,992,878</b>	<b>\$33,985,756</b>	<b>17%</b>

Notes:

1. Expenditures reflect benefit payments issued through the Claims Financial System, and do not include overhead or salary continuation benefits.

# Workers' Compensation Council Agenda

## **2023 Workers' Compensation Council Meeting Schedule**

**May 8<sup>th</sup>, 2023**

**August 7<sup>th</sup>, 2023**

**November 6<sup>th</sup>, 2023**



# San Francisco Workers' Compensation Council

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**Our next meeting will be held on  
May 8, 2023 at 9:00AM Pacific**

# Appendix



# Appendix 1: Claim Cause Group Definitions

Claim Cause Group	Definition	Type(s) of Injury
Abrasion	Injuries sustained as a result of rubbing against a rough surface/wall	Skin
Bodily Motion	Injuries sustained due to physical motion, such as bending, lifting, reaching, pulling/pulling, twisting/turning, etc.	Primarily orthopedic injuries.
Caught In, Under, Between	Injuries that have occurred due to being pinned by, under or between objects, furniture, or equipment. This includes injuries occurring as a result of a cave-in.	Orthopedic injuries, lacerations, crush injuries.
Cumulative Trauma	Use for repetitive stress injuries due to repeated exposure over time.	Single or multiple body parts used in repeated exposure over a period of time – e.g. Carpal Tunnel, prolonged standing, psyche stress.
Explosion	Used for injuries sustained as a result of an explosion.	Orthopedic, burns, internal, catastrophic injuries, etc.
Exposure	Used for various internal injuries, such as repeated exposure to carcinogens, stressful work situation, or hard physical work leading to a negative bodily reaction. This can also include reactions to poisonous or toxic substances.	Cancer, heart trouble, internal injuries or exposure to poison oak, MRSA, or heat stroke. Also may include foreign substance into eyes or body, or bloodborne pathogen exposure.
Fall, Slip or Trip	Injuries sustained from a slip and fall, or trips and slips. This includes falls from elevation, from stairs, ladders, onto walkways, etc.	Single or multiple body parts, resulting in sprains, strains, contusions, lacerations, fractures, etc.
Ingestion	Injury sustained due to ingesting harmful substance.	Internal/exposure.



# Appendix 1: Claim Cause Group Definitions, Cont.

Claim Cause Group	Definition	Type(s) of Injury
Misc	Miscellaneous injury not covered in other areas or rarely filed	Misc
Personal Injury/Illness	Injury that is non-occupational in nature, but aggravated or exacerbated by work.	Personal injury of a orthopedic or internal nature.
Physical Assault	Injuries sustained due to physical altercations (being struck or striking person or people).	Single or multiple body parts involved. Results in lacerations, sprains, strains, fractures, abrasions, even internal injuries.
Stress	Injuries sustained due to work related stress.	Primarily psychological/psychiatric injuries, including any resulting physical symptoms.
Struck By/Against	Injuries when objects are thrown at employees, when an employee is hit by a random moving machine part or object; or collides with an object such as a door or piece of furniture.	Orthopedic or head injuries
Suffocated	Injuries sustained due to suffocation, such as during a fire.	Respiratory injuries, smoke inhalation. May overlap with Exposure.
Vehicle Accident	Injuries sustained due to a vehicle, including vehicle/pedestrian accident or incident. This may be car or truck, motorcycle, bicycle, scooter, etc.	Orthopedic, single or multiple body parts, head, internal
Vibration	Injuries sustained due to vibration or seismic event, such as an earthquake.	Orthopedic, internal, head, etc.



# Appendix 2: Claim Cause Definitions

Claim Cause Group	Claim Cause	When Used
Abrasion	ABRASION/RUBBED	<i>Injuries sustained as a result of rubbing against a rough surface/wall</i>
Bodily Motion	BENDING/STOOPING	<i>Bending down to tie shoes, etc.</i>
Bodily Motion	LIFTING	<i>Injuries from lifting weights, desks, tables, equipment, etc.</i>
Bodily Motion	PUSHING/PULLING	<i>Pushing or pulling of furniture, equipment or patients.</i>
Bodily Motion	REACHING	<i>Reaching for equipment resulting in hyperextension of extremities, etc.</i>
Bodily Motion	RUNNING/WALKING	<i>Injuries while running (during exercise or running after suspects), stepping off a curb the wrong way, injuries while walking.</i>
Bodily Motion	THROWING/WIELDING	<i>Injury sustained during baton-use exercise or other use of equipment in a throwing or maneuvering type motion.</i>
Bodily Motion	TWISTING/TURNING	<i>Injuries resulting from exiting vehicle, maneuvering in small spaces, etc.</i>
Caught In, Under, Between	CAUGHT IN, UNDER, BETWEEN	<i>Injuries as a result of being pinned under, or between objects, furniture, or equipment.</i>
Caught In, Under, Between	CAVE IN	<i>Injuries sustained due to being crushed by collapsing debris, such as in a tunnel or collapsing building in a fire.</i>
Cumulative Trauma	CONTINUOUS TRAUMA	<i>For repetitive stress injury due to repeated exposure over time.</i>
Cumulative Trauma	REPEATED MOTION	<i>Repetitive stress injury due to continued motion (typing, etc.). May be used interchangeably with CONTINUOUS TRAUMA</i>
Cumulative Trauma	REPEATED TRAUMA	<i>same as CONTINUOUS TRAUMA</i>
Explosion	EXPLOSION	<i>Injuries when bombs are set off during demonstrations and protest or fireworks during celebrations. Also may be a gas/fire explosion.</i>



## Appendix 2: Claim Cause Definitions, Cont.

Claim Cause Group	Claim Cause	When Used
Exposure	ADVERSE REACTION	<i>Dizziness/Fatigue/Headaches due to heat exposure, intense exercise, dehydration, etc. Also could be an allergic reaction or exposure to poisonous substance.</i>
Exposure	BODILY REACTION	<i>The body's reaction to repeated exposures to carcinogens, stressful work situations, hard physical work. This could also be an allergic reaction to a poisonous substance or toxic substance.</i>
Exposure	CONTACT INFECTIOUS AGENT	<i>Needle Sticks, Exposure to blood borne pathogens (blood, saliva, urine, etc.)</i>
Exposure	CONTACT WITH CHEMICALS	<i>Exposure to Toxin, chemicals</i>
Exposure	CONTACT WITH ELECTRICITY	<i>Electrocution</i>
Exposure	CONTACT WITH EXTREME TEMPERATURE	<i>Injuries sustained during firefighting or working in extreme heat.</i>
Exposure	Contact with Radiation	
Exposure	DERMAL	<i>Dermatitis due to contact with poison oak, poison ivy, etc.</i>
Exposure	FOREIGN SUBSTANCE	<i>Object/s getting into the eyes</i>
Exposure	INHALATION	<i>Injuries from smoke inhalation during firefighting, or inhaling chemical vapors.</i>
Exposure	PANDEMIC	<i>COVID-19</i>
Exposure	SPLASHED	<i>Refers to when liquid splashes onto eyes or body. Overlaps with CONTACT INFECTIOUS AGENT.</i>
Fall, Slip or Trip	FALL FROM CHAIR	<i>Sitting and falling off chair. Chair might have slid from underneath claimant.</i>
Fall, Slip or Trip	FALL FROM ELEVATION	<i>Fall from a height, such as from a roof.</i>
Fall, Slip or Trip	FALL FROM LADDER	<i>Injuries while falling off ladder.</i>



## Appendix 2: Claim Cause Definitions, Cont.

Claim Cause Group	Claim Cause	When Used
Fall, Slip or Trip	FALL FROM STAIRS	<i>Injuries resulting from falling down stairs or steps.</i>
Fall, Slip or Trip	FALL FROM VEHICLE	<i>Injuries due to an officer falling off a police motorcycle or bicycle.</i>
Fall, Slip or Trip	FALL ONTO AGAINST OBJECTS	<i>Filed if someone fell onto a certain object or machine, or against an object or machine such as gurneys and side tables</i>
Fall, Slip or Trip	FALL SAME LEVEL	<i>Slip and Fall due to wet floor, slippery floo. Also used for an employee falling onto the ground (similar to Slip/Trip)</i>
Fall, Slip or Trip	FALL SCAFFOLD/WALKWAY	<i>Fall from scaffolding/walkway</i>
Fall, Slip or Trip	SLIP / TRIP	<i>Slipping on wet surface or tripping over object on the floor.</i>
Ingestion	INGESTION	<i>Sustained due to drinking/eating harmful substance such as chemicals</i>
Misc	EVENT TYPE (NEC)	
Misc	FAULTY EQUIPMENT	<i>Injuries from defective chairs, tables and other equipment</i>
Misc	FAULTY ROADWAY MTA	<i>Injury sustained due to road/street defect such as sinkhole or large pothole. Track/Track issues</i>
Misc	UNASSIGNED	
Personal Injury/Illness	PERSONAL INJURY/ILLNESS	<i>Injury or illness of a nonindustrial nature but filed as EE was at work (or aggravated by work).</i>
Physical Assault	ASSAULT, PHYSICAL	<i>Used for physical assaults by the public, by patients/detainees, or between employees in a Workplace Violence setting</i>
Stress	ASSAULT, MENTAL/VERBAL	<i>Altercation between co-workers, with the public, patients, etc. Overlaps with STRESS, RELATIONAL CONFLICT</i>



## Appendix 2: Claim Cause Definitions, Cont.

Claim Cause Group	Claim Cause	When Used
Stress	RELATIONAL CONFLICT	<i>Stress as a result of interpersonal conflicts at work (with Supervisor and/or co-workers)</i>
Stress	STRESS MTA	<i>MTA uses this for all stress claims</i>
Struck By/Against	COLLISION	<i>Running into another person at the office, striking a body part (e.g., nose) against another object, Hallway and door collisions</i>
Struck By/Against	STRUCK BY FALLING OBJECT	<i>Injuries resulting from fighting fires or being hit by an object.</i>
Struck By/Against	STRUCK BY MOVING OBJECT	<i>Injuries when objects are thrown at employees. May overlap with PHYSICAL ASSAULT. Also if EE is hit by a random moving machine part or object.</i>
Suffocated	SUFFOCATED	<i>Fighting fires</i>
Vehicle Accident	VEHICLE ACCIDENT	<i>Motor Vehicle Accidents (City Vehicles, motorcycles), rear-enders, collision with other vehicles</i>
Vehicle Accident	VEHICLE OVERTURNED	<i>Use VEHICLE ACCIDENT</i>
Vehicle Accident	VEHICLE RAN OFF ROADWAY	<i>Use VEHICLE ACCIDENT</i>
Vehicle Accident	VEHICLE SUDDEN START/STOP	<i>Use VEHICLE ACCIDENT</i>
Vibration	VIBRATION	<i>Earthquake</i>

# Report Definitions

CLAIM VOLUMES		
Category	Method	Notes
Claims Opened	iVOS - Claim_Log (Main)	Add Date (claim) = each month; Format = PDF; data prior to March 2013 is unreliable in iVOS, and is drawn from Sedgwick data as reported in HR Monthly Report
New Claims by Type	iVOS - Claim_Log (Main)	Add Date (claim) = each month; Format = PDF
Claims Re-Opened	iVOS - SFMTAClaimStatusMain (Main)	Reporting History Period by each month; Format = PDF; data prior to March 2013 is unreliable in iVOS, and is drawn from Sedgwick data as reported in HR Monthly Report
Claims Closed	iVOS - SFMTAClaimStatusMain (Main)	Reporting History Period by each month; Format = PDF; data prior to March 2013 is unreliable in iVOS, and is drawn from Sedgwick data as reported in HR Monthly Report
Closing Ratio	Calculation	% "Claims Closed"/("Claims Opened" + "Claims Reopened")
Claims Pending EOM	iVOS - SFMTAClaimStatusMain (Main)	Reporting History Period by month; Format = PDF; data prior to March 2013 is based on formula calculated backwards from March 2013
FINANCIALS		
Category	Method	Notes
Payments Issued	iVOS - LossRunMTA (Main)	Reporting History Period by each month; Format = PDF; Reporting History Period = FY2013-2014; Reporting History Period = FY2012-2013
Open Claims Financials	iVOS - LossRunMTA (Main)	Reporting History Period = Last Month; Period Claimant Status = Open; Format = PDF; Data from Paid, Outstanding and Incurred columns
Open Claims Stratification	iVOS - LossRunMTA (Main)	Reporting History Period = Last Month; Format = Excel Data Only; Pivot table filtered for "Open" and grouped by \$50K
LITIGATION STATISTICS		
Category	Method	Notes
Open Litigated	iVOS - SFMTAClaimStatusMain (Main)	Reporting History Period by each month; Litigated (claimant) = checked; Format = PDF; Data from Ending Open column (Indemnity row); data prior to March 2013 is unreliable in iVOS and is excluded
Open Indemnity	iVOS - SFMTAClaimStatusMain (Main)	Reporting History Period by each month; Format = PDF; Data from Ending Open column (Indemnity row); data prior to March 2013 is unreliable in iVOS and is excluded
CAUSE ANALYSIS		
Category	Method	Notes
Cause by Frequency	iVOS - LossRunMTA (Main)	Reporting History Period = Last Month; Add Date (Claim) = last 12-month period; Format = Excel Data Only; Pivot Table filtered for top-10 Causes by count of Claim Numbers
Cause by Severity	iVOS - LossRunMTA (Main)	Reporting History Period = Last Month; Add Date (Claim) = last 12-month period; Format = Excel Data Only; Pivot Table filtered for top-10 Causes by sum Payment Amounts
Closed Claims	iVOS - LossRunMTA (Main)	Reporting History Period = Last Month; Closed Date (claimant) = last 12-month period; Period Claimant Type (claimant_reporting_history) = First Aid, Medical, Indemnity, Future Medical, Disability Retirement (excludes Reported, Pending); Format = Excel Data Only, calculate Duration (Months), calculate Average Monthly Cost; Pivot Table with Totals and Averages, calculate Average Cost per Claim per Month
Cause Determination	Department and Adjuster Verification	Cause codes are provided utilizing the NCCI mandated codes for State reporting purposes. The cause is determined by the department reporting the claim within SFMTA, our new set-up staff importing the claim to the system and the final review by the claims adjuster when managing the claim.
DIVISION STATISTICS		
Category	Method	Notes
Injuries by Division	iVOS - LossRunMTA (Main)	Reporting History Period = Last Month; Incident Date = last 12-month period; Format = Excel Data Only; Pivot Table filtered for top-10 Divisions by count of Claim Numbers and sum of Payment Amounts
INJURY RATE		
Category	Method	Notes
Injury Rate Per Month	iVOS - LossRunMTA (Main)	Reporting History Period = Last Month; Incident Date = last 12-month period; Format = PDF No Detail/ FTE # from SFMTA
LAG TIME REPORT		
Category	Method	Notes
Lag Time Information	iVOS- LagTime Report	Reporting History Period = Last Month; Add Date =last 12-month period; Sort by Division, Format = PDF No Detail

# Claim Cause Definitions

## I. Burn or Scald — Heat or Cold Exposures — Contact With

01. Chemicals:	Includes Hydrochloric Acid, Sulfuric Acid, Battery Acid, Methanol, Antifreeze
02. Hot Objects or Substances:	
11. Cold Objects or Substances:	
03. Temperature Extremes:	Non-Impact Injuries Resulting in a Burn Due to Hot or Cold Temperature Extremes, includes Freezing or Frostbite
04. Fire or Flame:	
05. Steam or Hot Fluids:	
06. Dusts, Gases, Fumes or Vapors:	Includes Inhalation of Carbon Dioxide, Carbon Monoxide, Propane, Methane, Silica (Quartz), Asbestos Dust and Smoke
07. Welding Operations:	Includes Welder's Flash (Burns to Skin or Eyes as a Result of Exposure to Intense Light from Welding)
08. Radiation:	Includes Effects of Ionizing Radiation Found in X-Rays, Microwaves, Nuclear Reactor Waste, and Radiating Substances and Equipment. Includes Non-Ionizing Radiation Such as Sunburn
14. Abnormal Air Pressure:	
84. Electrical Current:	Includes Electric Shock, Electrocutation and Lightning
09. Contact With, NOC:	Not Otherwise Classified in Any Other Code. Includes Cleaning Agents and Fertilizers

## II. Caught In, Under or Between

10. Machine or Machinery:	Running or Meshing Objects, a Moving and a Stationary Object, Two or More Moving Objects
12. Object Handled:	Includes Medical Hospital Bed and Parts, Wheelchair, Clothespin Vise
20. Collapsing Materials:	Slides of Earth
13. Caught In, Under or Between, NOC:	Either Man-Made or Natural, Not Otherwise Classified in Any Other Code

## III. Cut, Puncture, Scrape Injured by

15. Broken Glass:	
16. Hand Tool, Utensils; Not Powered:	Includes Needle, Pencil, Knife, Hammer, Saw, Axe, Screwdriver
17. Object Being Lifted or Handled:	Includes Being Cut, Punctured or Scraped by a Person or Object Being Lifted or Handled
18. Powered Hand Tool, Appliance:	Includes Drill, Grinder, Sander, Iron, Blender, Welding Tools, Nail Gun
19. Cut, Puncture, Scrape, NOC:	Not Otherwise Classified in Any Other Code. Includes Power Actuated Tools

## IV. Fall, Slip or Trip Injury

25. From Different Level (Elevation):	Includes Collapsing Chairs, Falling from Piled Materials, Off Wall, Catwalk, Bridge
26. From Ladder or Scaffolding:	
27. From Liquid or Grease Spills:	
28. Into Openings:	Includes Mining Shafts, Excavations, Floor Openings, Elevator Shafts
29. On Same Level:	
30. Slip, or Trip, Did Not Fall:	Slip or Trip and Did Not Come in Contact with the Floor or Ground
32. On Ice or Snow:	
33. On Stairs:	
31. Fall, Slip or Trip, NOC:	Not Otherwise Classified in Any Other Code. Includes Tripping Over Object, Slipping or Organic Materials

## V. Motor Vehicle

40. Crash of Water Vehicle:	
41. Crash of Rail Vehicle:	
45. Collision or Sideswipe with Another Vehicle,;	Vehicle Collision, Both Vehicles in Motion
46. Collision with a Fixed Object::	Collision Occurring with Standing Vehicle or Stationary Object
47. Crash of Airplane:	
48. Vehicle Upset:	Includes Overturned or Jackknifed
50. Motor Vehicle, NOC:	Not Otherwise Classified in Any Other Code. Includes Injuries Due to Sudden Stop or Start, Being Thrown against Interior Parts of the Vehicle and Vehicle Contents Being Thrown against

# Claim Cause Definitions, Continued

## VI. Strain or Injury by

52. Continual Noise:	Injury to Ears or Hearing Due to the Cumulative Effects of Constant or Repetitive Noise
53. Noise:	
53. Twisting : Motions Induced by Sudden Noise, Fright , loss of balance	Free Bodily Motion That Imposes Stress or Strain on Some Part of Body. Includes Assumption of Unnatural Position, Involuntary
54. Jumping or Leaping:	
55. Holding or Carrying:	Applies to Objects or People. Includes Restraining a Person
56. Lifting:	Includes Objects or People
57. Pushing or Pulling:	
58. Reaching:	
59. Using Tool or Machinery:	
61. Welding or Throwing:	Physical Effort or Overexertion from Attempts to Resist a Force Applied by an Object Being Handled
97. Repetitive Motion:	Cumulative Injury or Condition Caused by Continual, Repeated Motions; Strain by Excessive Use, Carpel Tunnel
60. Strain or Injury by, NOC:	Not Otherwise Classified in Any Other Code

## VII. Striking Against or Stepping on

**NOTE: Applies to Cases in Which the Injury Was Produced by the Impact Created by the Person, Rather than by the Source**

65. Moving Part of Machine:	
66. Object Being Lifted or Handled:	
67. Sanding, Scraping, Cleaning Operation:	
68. Stationary Object:	
69. Stepping on Sharp Object:	
70. Striking Against or Stepping on, NOC:	Includes Scratches or Abrasions Caused by Sanding, Scraping, Cleaning Operations, Not Otherwise Classified in Any Other Code

## VIII. Struck or Injured by

**NOTE: Applies to Cases in Which the Injury Was Produced by the Impact Created by the Source of Injury, Rather than by the Injured Person**

74. Fellow Workers, Patient or Other Person:	
75. Falling or Flying Object:	
76. Hand Tool or Machine in Use:	Struck by Co-Worker, Either on Purpose or Accidentally. Includes Being Struck by a Patient While Lifting or Moving Them Not in Act of a Crime
77. Motor Vehicle:	Applies When a Person is Struck by a Motor Vehicle, Including Rail Vehicles, Water Vehicles, Airplanes
78. Moving Parts of Machine:	
79. Object Being Lifted or Handled:	Includes Dropping Object on Body Part
80. Object Handled by Others:	Includes Another Person Dropping Object on Injured Person's Body Part
85. Animal or Insect:	Includes Bite, Sting or Allergic Reaction
86. Explosion or Flare Back:	Rapid Expansion, Outbreak, Bursting, or Upheaval. Includes Explosion of Cars, Bottles, Aerosol Cans, or Buildings. "Flare back" Involves Superheated Air and Combustible Gases
81. Struck or Injured, NOC:	Not Otherwise Classified in Any Other Code. Includes Kicked, Stabbed, Bitten

## IX. Rubbed or Abraded by

94. Repetitive Motion: and the Source of Injury.	Caused by Repeated Rubbing or Abrading; Applies to Non-Impact Cases in Which the Injury Was Produced by Pressure, Vibration or Friction between the Person
95. Rubbed or Abraded, NOC:	Not Otherwise Classified in Any Other Code. Includes Foreign Body in Ears

## X. Miscellaneous Causes

82. Absorption, Ingestion or Inhalation, NOC:	Not Otherwise Classified in Any Other Code. Applies Only to Non- Impact Cases in Which the Injury Resulted from Inhalation, Absorption (Skin Contact), or Ingestion of Harmful Substance
87. Foreign Matter (Body) in Eye(s):	Injury to Eyes Resulting from Foreign Matter That is Not Otherwise Classified in Any Other Code
88. Natural Disasters:	Injury Resulting from Natural Disaster. Includes Hurricane, Earthquake, Tornado, Flood, Forest Fire