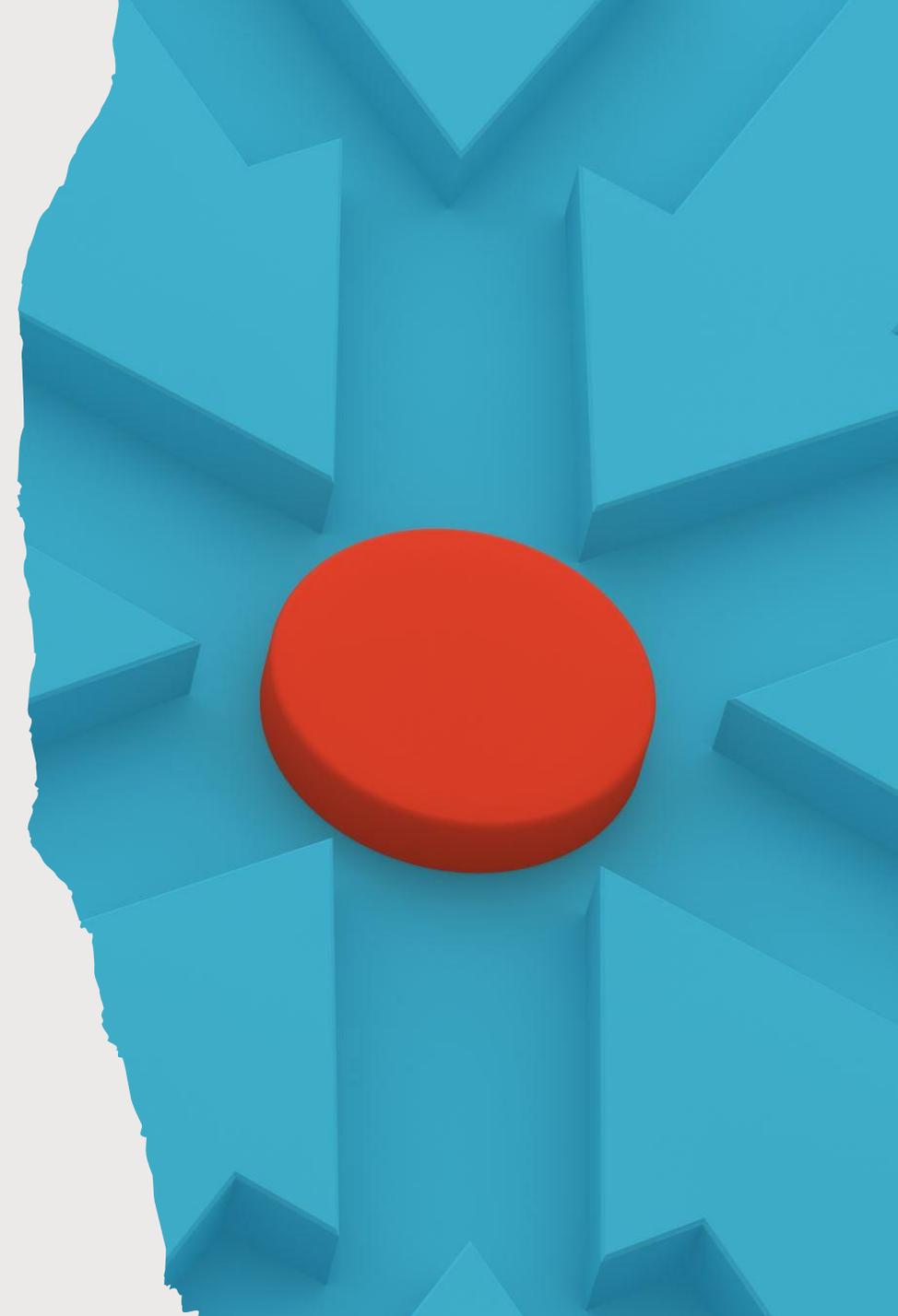# CITY OF RICHMOND RISK MANAGEMENT PROGRAM OVERVIEW
WORKERS' COMPENSATION AND GENERAL LIABILITY PROGRAMS

City Council Orientation
April 11, 2023

WORKERS' COMPENSATION

WHAT IS A WORK RELATED ACCIDENT, INJURY OR ILLNESS ?

- An accident, injury or illness that occurs while someone is doing something <u>on behalf of or for the benefit of the employer.</u>

- The accident, injury or illness is <u>arising</u> out of employment and <u>occur</u> during or in the course of employment (AOE/COE).
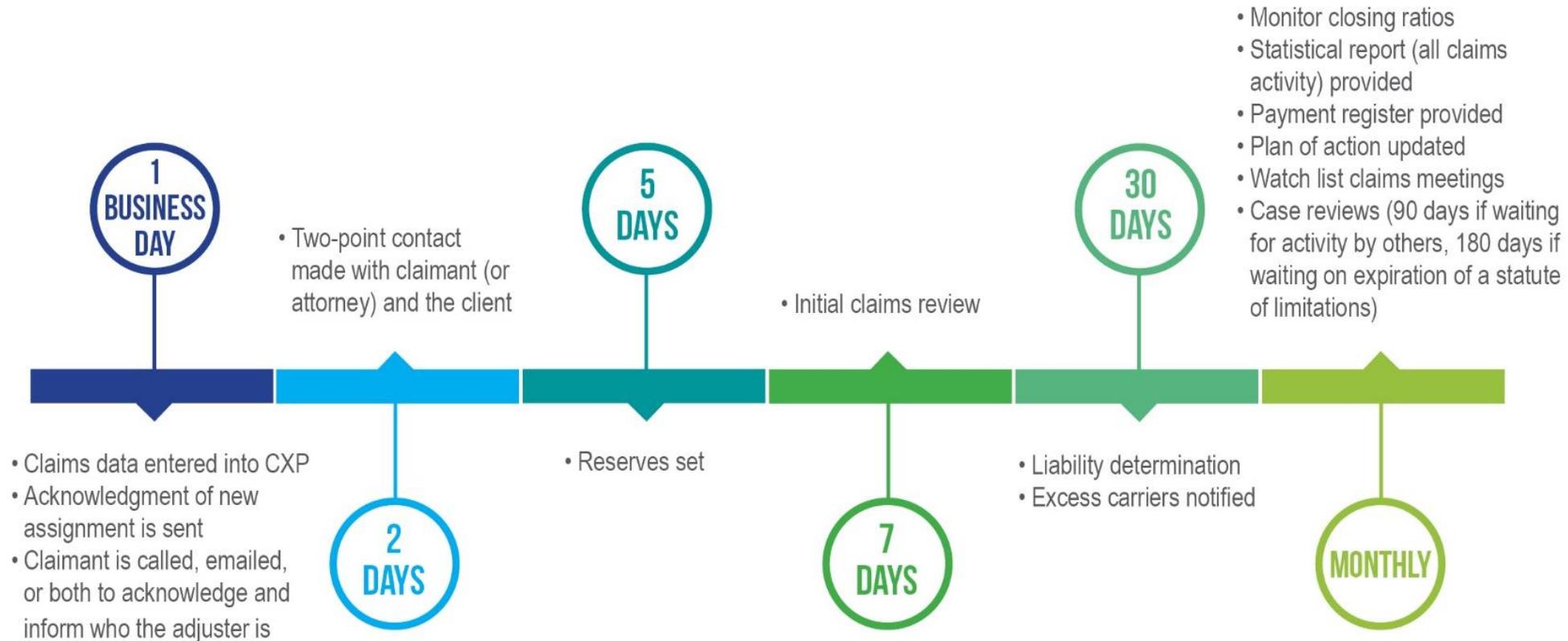
THE WORKER'S COMPENSATION CLAIM PROCESS

- Employee reports injury and wants treatment - Claim form (DWC-1) is given

- Claim is set-up – Claims examiner contacts injured worker to guide them through the process

- Claim investigated - determination to accept or deny must be made within 90 days (there are some exceptions that shorten this time frame)

- If a claim is delayed by investigation, the injured worker can still receive medical treatment up to the first $10,000.

- Once claim is accepted, injured worker is entitled to medical treatment, lost wages and possible permanent disability award. This is all determined by the physician's reports.

- Claim settlement may include: future medical <u>for life </u>and a permanent disability award. Sometimes a compromise and release settlement is agreed upon to buy out all items listed and reduce the City's future liability.

GENERAL LIABILITY

- A general liability claim is filed when a citizen believes their personal property or personal injury was due to the City or an employee of the City.

- Filing a claim gives the agency the opportunity to settle the claim before a lawsuit is filed and to investigate the claim so that it can properly defend itself, or to correct the conditions or practices that led to the claim.

- Government entities are liable only if there is a statutory basis for the liability. Government entities are also protected by a variety of immunities from lawsuits

THE GENERAL LIABILITY CLAIM PROCESS

1 BUSINESS DAY
- Claims data entered into CXP
- Acknowledgment of new assignment is sent
- Claimant is called, emailed, or both to acknowledge and inform who the adjuster is

2 DAYS
- Two-point contact made with claimant (or attorney) and the client

5 DAYS
- Reserves set

7 DAYS
- Initial claims review

30 DAYS
- Liability determination
- Excess carriers notified

MONTHLY
- Monitor closing ratios
- Statistical report (all claims activity) provided
- Payment register provided
- Plan of action updated
- Watch list claims meetings
- Case reviews (90 days if waiting for activity by others, 180 days if waiting on expiration of a statute of limitations)