

SERVICE EARNS PRAISE FOR CLAIMS, FIELD REPS

NEW YORK STATE INSURANCE FUND

Workers' Comp

ADVISOR

nysif.com

3rd Quarter 2015

Eliminate The Lift

**Tackle MSDs,
Stress Injuries
With Ergonomic
Devices and Aids**

PLUS:

- New Billing Info Page
- Health & Safety Focus: Construction
- Help Us Stop Fraud



WCA FYI

Billing, Info Pages

NYSIF made minor changes to simplify its policy declaration and information pages as part of a recent modernization of its billing system. The changes provide clearer information for policyholders and their representatives, and conform to NY State Compensation Insurance Rating Board (NYCIRB) standards and terminology.

NYSIF sent all policyholders a notification about the modernized billing system, including a sample policy information page for illustrative purposes. The changes offer an easier understanding of premium charges by removing line items that previously calculated sub-totals. The changes may have a minor effect on premium calculation due to rounding logic employed by the system.

Visit nysif.com for further examples and more information on [billing and information pages](#), and explanations of the [components of workers' compensation premium](#).

THE STATE INSURANCE FUND
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(888) 875-5790

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* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: INFORMATION PAGE RENEWAL POLICY

THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUALS OF RULES, CLASSIFICATIONS, RATES AND RATING PLANS. ALL INFORMATION REQUIRED BELOW IS SUBJECT TO VERIFICATION AND CHANGE BY AUDIT.

ITEM CODE	CLASSIFICATION DESCRIPTION	ESTIMATED PAYROLL	X RATE PER \$100	= SIF MANUAL RATE PREMIUM
1.	9071 RESTAURANTS-FULL SERVICE	100,000	3.12	3,120.00
2.	MANUAL PREMIUM			3,120.00
3.	NYSIF DISCOUNT 10% OF (ITEM 2)			312.00CR
4.	EXPENSE CONSTANT			250.00
5.	TERRITORIAL PREMIUM			58.00
6.	NATURAL DISASTER AND CATASTROPHE PREMIUM			12.00
7.	TOTAL ESTIMATED ANNUAL PREMIUM			3,128.00
8.	ASSESSMENT CHARGE .33% OF (ITEM 7) LESS ITEM 4			379.90
9.	TOTAL ESTIMATED POLICY COST			3,507.90
A.	DEPOSIT PREMIUM REQUIRED 25% OF (ITEM 9)			876.98

THE REMAINING BALANCE CAN BE PAID IN 9 INSTALLMENT(S). A \$10 SERVICE CHARGE WILL APPLY TO EACH INSTALLMENT. YOU MAY PAY THE FULL ESTIMATED AMOUNT IF YOU WISH.

THIS IS NOT A BILL. IMPORTANT PREMIUM CALCULATION, PLEASE RETAIN FOR YOUR RECORDS.
FOR ATTACHMENT TO WORKERS' COMPENSATION - EMPLOYERS' LIABILITY POLICY
(SEE REVERSE SIDE FOR CONDITIONS) PAGE 1 CONT.

This policy includes, with their permission some copyright materials of the National Council on Compensation Insurance and the New York Compensation Insurance Rating Board.

Sample policy info page: Classification Code (A), as assigned by NYCIRB, and Estimated Payroll (B) are the basis for determining most workers' comp premium charges

NEED TO KNOW... "Don't Fry" Summer Safety
OSHA's English/Spanish [Heat Safety Tool app](#) for iOS and Android uses work locale to provide heat index data.

This Issue

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Payroll Limitation Worksheet

Recordkeeping is important under the NY Payroll Limitation Law. NYSIF's new worksheet helps commercial construction policies calculate chargeable payroll after applying the payroll limitation credit. For the worksheet and more on the Construction Payroll Limitation Program go to nysif.com > [Services](#) > [Auditing & Payroll Reports](#).

Health & Safety Focus

'Must Do More' to Prevent Fatalities

The final 2013 Census of Fatal Occupational Injuries by the U.S. Dept. of Labor recorded 3.3 fatal injuries per 100,000 full-time equivalent (FTE) workers, the second-lowest rate since the first census in 1992, and the lowest since the 2006 conversion to hours-based rates. Still, 4,585 workers died in 2013, up from the preliminary count of 4,405. Despite the growing economy, U.S. Labor Secretary Thomas E. Perez said, "We can and must do more."

Overall fatalities among Hispanic and Latino workers jumped nine percent (817) from 2012, to 3.9 per 100,000 FTE workers.

There were 828 fatal injuries in private construction in 2013, the highest total since 2009. Contractors accounted for 16 percent of all fatal work injuries. Roadway incidents accounted for 1,099 work fatalities despite a five percent decline. Slips, trips and falls led to 724 workplace deaths.

See [Fatal occupational injuries, comparison of 2013 preliminary and revised counts and rates, selected characteristics](#)

Confined Spaces Rule

The Occupational Safety and Health Administration (OSHA) issued its [final rule](#) to add protections for construction workers in confined spaces. Manholes, crawl spaces, tanks

More, Page 6



OSHA [fall prevention stickers for Spanish workers](#), whose fatalities rose 9% in 2013

Claims Service Earns Employer's Gratitude

If NYSIF ever needs a commercial endorser, it can find one in policyholder Joe Kirby of South Fork Gardening and Landscaping in Southampton, NY.

Mr. Kirby was so impressed with the service he received from Suffolk Claims Services Rep Jonathan Fragano and Medical Care Rep Margaret Rath that he said if NYSIF ever made a commercial, he would gladly be in it.

NYSIF Supervisor Barbara Lindsey took the complimentary call from Mr. Kirby offering NYSIF his endorsement.

"Mr. Kirby expressed great appreciation for the excellent care and handling of his employee's claim," Ms. Lindsey said. "[The claimant] was severely injured and Mr. Kirby was thankful for the time and effort put in by NYSIF, ensuring care [for his employee]. He said if ever there was a commercial he would want to praise NYSIF for [Ms. Rath's and Mr. Fragano's] work."



NYSIF Claims Rep Jon Fragano and Medical Care Rep Margaret Rath

HARD WORK AND DEDICATION
APPRECIATED NOT ONLY BY
THE INJURED WORKER, WHO
RECEIVES TIMELY BENEFITS
AND MEDICAL CARE, BUT ALSO
BY AN EMPLOYER THANKFUL
FOR THE PROFESSIONAL
HANDLING OF A CLAIM

The claimant fell approximately 10 feet while trimming a tree in 2012. The fall resulted in a thoracic spine fracture, a right shoulder contusion and a rotator cuff sprain. The injury required spinal surgery.

Mr. Fragano had multiple phone conversations about the complex case with Mr. Kirby, who was concerned for the welfare of his employee while NYSIF awaited medical evidence, classification of disability and determination of benefits. Mr. Fragano explained that the

employer could pay the claimant's wages in the interim and receive reimbursement from NYSIF.

"I explained how it works...[that] we would reimburse him... and then pick up the payments to [the claimant] when he stopped paying him," Mr. Fragano said. "I made sure that was done smoothly. There was no interruption in payments."

Ms. Rath took care of the medical issues, authorizing surgery and treatment under New York State Medical Treatment Guidelines issued by the Workers' Comp Board.

"I worked with Jon in helping the claimant receive his medical treatments and medications in a timely manner and in accordance with the guidelines," she said.

Mr. Kirby made sure to acknowledge Mr. Fragano and Ms. Rath for their handling of the case.

"They were responsive when I called," Mr. Kirby said. "They got back to me and explained the situation. I was concerned about [my employee] receiving the best that he could get. I wanted to make sure everything was being done fairly and properly... They stepped up to the plate and took care of matters so... that was a feather in their cap."

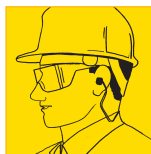
Mr. Kirby says people don't say thank you enough today for a job well done. "I just wanted to let it be known that I appreciate the effort..." he said.

More, Page 6

SAFETY COP

Gary Dombroff, CSC

NYSIF



Eliminate the Lift, Eliminate Injury

Healthcare workers experience high rates of back injuries, especially due to moving and handling patients. The problem is so severe that a new state law focuses exclusively on reducing this exposure. The New York Safe Patient Handling Act covers all hospitals, nursing homes, diagnostic treatment centers and clinics licensed under Article 28 of the Public Health Law, and state-operated group homes and prison health care units.

Safe patient handling (SPH) – the use of engineering controls, lifting and transfer aids, or assistive devices to perform the acts of lifting, transferring and repositioning patients and residents – reduces the risk of injury for both healthcare workers and patients, while improving the quality of patient care. Studies show SPH reduces exposure to manual

lifting injuries by up to 95%.

Under the new law, all covered facilities must, by Jan. 1, 2016, establish an in-house SPH committee to design the process for implementing their SPH program. Half of each committee's members must be front-line, non-managerial employees who provide direct care, with at least one nurse, one non-nurse direct care provider and, where applicable, a resident council member. SPH committees will have input on equipment needs, selection, use and staff training, and review the program annually. By Jan. 1, 2017, each covered facility must implement their SPH program (see sidebar for program points).

HELP IS NEEDED. THE NEW LAW ENSURES HEALTH FACILITIES PROVIDE IT.

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PRIORITY FOR HEALTHCARE WORKERS

All workers who lift, transfer and reposition patients are at risk for back injuries and other musculoskeletal disorders (MSDs). According to the Occupational Safety and Health Administration (OSHA), in 2012, injuries and illnesses reported for nursing and residential care workers were significantly higher than for construction workers, and as much as three times higher than in retail or manufacturing. Almost half of the injuries and illnesses reported for nurs-



es and nursing support staffs were MSDs.

MSDs caused or aggravated by lifting, pushing and pulling affect the muscles, tendons, nerves, joints, bones or blood vessels in the extremities or back. Symptoms include pain, stiffness, swelling, numbness and tingling.

Not surprisingly, reducing the number of MSDs among caregivers is a priority on many levels. OSHA recently revised ergonomics guidelines for the prevention of MSDs in nursing homes, with educational and enforcement efforts to address specific hazards, and a major focus on using lift devices to eliminate manual lifts and transfers.

EQUIPMENT ELIMINATES THE LIFT

Electrical and mechanical equipment, and ergonomic aids, minimize the effort needed to safely move patients for both inpatient and home-based care. Mechanical equipment includes full lifts and sit-to-stand devices. Mechanical lifts eliminate manual lifting and protect employees from awkward positions that cause injury.

Lifts can be permanent in patient or resident rooms, or portable and moved between rooms as needed. Sit-to-stand equipment allows patients who can bear weight to participate in the transfer from bed to chair, and to be toilet-ed. Caregivers must receive training in the safe use of such equipment, and residents made to understand that transfer machinery helps keep them safe, too.

Lifting devices minimize risk, but cannot eliminate all MSDs. Workers might still need to move, roll, steady and position patients while using lifting equipment. However, musculoskeletal injuries are cumulative, so any steps taken to minimize manual lifting benefits caregivers. This especially affects home healthcare workers because they have less help available.

IN 2011, U.S. HOSPITALS HAD 6.8 INJURIES PER 100 WORKERS, COMPARED TO 3.5 INJURIES FOR ALL INDUSTRIES COMBINED

HOME HEALTHCARE

Home healthcare workers seldom have access to mechanical equipment or staff assistance, and must rely on body mechanics. The National Institute for Occupational Safety and Health (NIOSH) reports that, like their hospital and nursing home counterparts, home healthcare workers have high rates of MSDs caused by bathing, dressing, feeding, lifting and moving patients.

Low-cost ergonomic aids such as slide boards, gait belts and slip-sheets can help these workers, who must receive training in proper transfer methods and equipment use. With or without lift devices, home healthcare aides must plan each activity to avoid stress and injury.

When caring for clients, NIOSH recommends that home aides move along the side of the bed to minimize reach. Pulling a client up is easier when the head of the bed is flat or down. Raising the client's knees and encouraging the client to push (if possible) can help. Apply anti-embolism stockings by pushing them on while standing at the foot of the bed. This uses less force than standing at bedside.

THE BOTTOM LINE

The use of lifting equipment and ergonomic aids to move and transfer patients is not just a good idea. Under the SPH Act, it will be mandatory for covered facilities to implement SPH programs. Like their institutional counterparts, home-based caregivers must follow careful work practices, need adequate training and have readily available ergonomic aids to prevent injury.

RESOURCES

NY Zero Lift Task Force:

www.zeroliftforny.org/nys-legislation/

Association of Occupational Health Professionals: Beyond Getting Started: Resource for Implementing a SPH Program

http://www.aohp.org/aohp/Portals/0/Documents/ToolsForYourWork/free_publications/Beyond%20Getting%20Started%20Safe%20Patient%20Handling%20May%202014.pdf.pdf

OSHA: Worker Safety in Hospitals

<https://www.osha.gov/dsg/hospitals/>

Guidelines for Nursing Homes: Ergonomics for the Prevention of Musculoskeletal Disorders

<https://www.osha.gov/ergonomics/guidelines/nursinghome/index.html>

NIOSH: Safe Patient Handling Training for Nursing Schools

<http://www.cdc.gov/niosh/docs/2009-127/pdfs/2009-127.pdf>

Safe Lifting and Movement of Nursing Home Residents

<http://www.cdc.gov/niosh/docs/2006-117/pdfs/2006-117.pdf>

NYSIF Safety Basics Healthcare Series:

<http://ww3.nysif.com/Home/SafetyRiskManagement/OnlineSafetyResources/SafetyBasicsHealthcare.aspx>

SPH Act: Program Points

1. Consider sample SPH policies and best practices identified (see Safety Resources, this page), as well as types of facility, services, patient population, care plans, caregivers, and physical environments for all shifts and units;

2. Conduct a patient handling hazard assessment;

3. Develop a process for the appropriate use of the SPH policy based on patients' physical and medical conditions and availability of equipment, including circumstances where it is contraindicated to use the policy based on a patient's condition;

4. Provide initial and ongoing SPH training and education;

5. Establish an investigation process for incident review, which may include plans for corrective action;

6. Conduct annual program performance evaluations and report to the committee, including an evaluation of injury reduction among patients and workers;

7. Consider incorporating SPH equipment when construction or remodeling is occurring within the facility; and

8. Develop a process by which a covered employee may refuse to perform or be involved in patient handling or movement that the employee reasonably believes, in good faith, will expose a patient or employee to unacceptable risk. Such a policy requires that the employee make a good faith effort to ensure patient safety, alert the facility in a timely manner, and not be subject to disciplinary action.

Lift Devices Not Just for Healthcare

Healthcare is not the only industry in which lift devices can reduce overexertion and injury. NIOSH released a new guide to working

with and around mechanical lifts, pallet jacks and other mechanical devices to prevent material handling injuries common in the retail and wholesale grocery sector, and other warehouses and back storage areas.

Ergonomic Solutions for Retailers covers: unloading pallets from a trailer with a powered pallet jack; removing boxes from conveyor or handcart for transport to sales floor; using a pallet stacker to move a loaded pallet to storage rack; using a vacuum lift to load or unload bags of material from a pallet; and, using a stocking cart to place products.



Claims Service | From 3

Ms. Rath and Mr. Fragano started working at NYSIF on the same day eight-and-a-half years ago. She credits teamwork for the positive outcome of this case.

“Teamwork is very essential in handling a claim,” Ms. Rath said. “Working with Jon is great because he’s always respectful of all the team members. Jon always communicates in a professional and courteous manner. He is also very organized and able to prioritize the medical needs of his claimants.”

THEY WERE RESPONSIVE WHEN I CALLED. THEY STEPPED UP TO THE PLATE.

when dealing with claimants and employers, and work together to ensure timely resolution to both the medical and compensation aspects of the claim,” she said.

In an email to both of them, she wrote: “We do not often have an employer thank us for our efforts, and I thought you should know your hard work and dedication are appreciated not only by the injured worker, who receives timely benefits and medical care, but also an employer thankful for the professional handling of a claim.”

Ms. Lindsey noted the result is an efficient process for the claimant, and a satisfied policyholder. “They’re very professional

‘Helpful... Knowledgeable... Wonderful’ Reps Reap Praise

NYSIF attended insurance events that attracted thousands of agents, brokers and risk managers this spring. Buffalo Business Manager Ron Reed and Claims Manager Ed Fries met many of them at Buffalo I-Day sponsored by the Insurance Club of Buffalo at the Buffalo Convention Center.

“Many brokers mentioned how much they utilize NYSIF for client placement,” Mr. Reed said, happy but not surprised to hear the compliments directed toward NYSIF underwriters and customer service reps: “Very helpful.” “Know their stuff.” “Wonderful to work with.”

Nassau Field Service Reps John Palmieri and Alla Guffman fielded questions at NYSIF’s booth during the 40th Annual Professional Insurance Agents Long Island Regional Awareness Program (RAP) April 22, at Crest Hollow Country Club in Woodbury, NY, where attendees noted

Health & Safety Focus | From 2



and other confined spaces pose exposure to toxic substances, electrocutions, explosions, asphyxiation and other life-threatening hazards.

The new rule extends protections similar to those in manufacturing and general industry to construction workers. Confined spaces often change in number and nature at worksites, so the rule stipulates training, continuous work-site evaluation and communication. A new proviso based on technological advances requires multiple employers to share safety information and continuously monitor hazards. “This rule will save lives,” OSHA Assistant Secretary Dr. David Michaels said. See OSHA’s [Confined Spaces](#) webpage.

Protecting Cell Tower Workers

Falls, structural collapses, electrical hazards and weather hazards prompted OSHA to seek public comment on rule-making to increase protections for cellular tower workers. OSHA said 13 deaths made 2013 the deadliest year for tower workers since 2006. In 2014, 12 workers were killed, six times the number of deaths in 2012 and double the number in 2011. The comment period, ending June 15, 2015, covered training, certification, suitability for work, hazards and incidents, contracting and oversight, and tower design.

Safety Matters

For more, see NYSIF [Online Safety Resources](#), including the [Safety Matters Construction Series](#) in English and Spanish. nysif.com/SafetyRiskManagement/OnlineSafetyResources



NYSIF Claims Manager Ed Fries at Buffalo I-Day, April 17

NYSIF improvements in customer service in recent years. The safety and loss control specialists answered queries about NYSIF’s website, claims handling, low-cost disability benefits insurance and, of course, workplace safety.

CUSTOMER APPRECIATION



Samuel Cockburn & Son, Inc., Bronx, 90 Years



Johnston & Rhodes Bluestone Co., East Branch, 95 Years

Johnston & Rhodes Bluestone is a fourth generation, family-owned company located in Delaware County, NY. They have been quarrying, fabricating and distributing bluestone since 1900 and were incorporated in 1909 by owner Thomas Johnston, whose first workers' comp policy with NYSIF was dated January 20, 1919. Their stone is found in current projects in New York City's Central Park and the Supreme Court Building in Washington, D.C. Photo (l.-r.): Katrina Johnston, Dan Johnston, NYSIF Field Rep Debbie Arotsky



George Tiemann & Co., Hauppauge, 80 Years

George Tiemann & Co. is a distributor and manufacturer of surgical instruments, such as hand held retractors, surgical pliers and clamps, and tweezers, fabricated mostly from stainless steel or aluminum in their precision metal machine shop, assembled using hand tools and warehoused until shipped. "We greatly value and appreciate George Tiemann and Company for their many years of business with us, and look forward to servicing their company for many more years to come," NYSIF Suffolk County Business Manager Catherin Carillo said. Photo (l.-r.): Neal and Steve Moriarty, NYSIF Field Rep Christine Remo



Henry Leuthardt Nurseries, East Moriches (l.); Levy Group, Inc., New York, 75 Years



John and Pat Leuthardt run Henry Leuthardt Nurseries in Suffolk County, NY, a fourth generation, family business specializing in fruit trees and founded 82 years ago in Westchester County by their grandfather. "We discussed the many changes to the way their business has been run over the past 75 years," NYSIF Field Rep Paul Farrell said. "I expressed NYSIF's pleasure with being able to provide service to their business for 75 years and the hope of many more years of insuring them." Photo, left (l.-r.): Field Rep Paul Farrell, John Leuthardt

Workers' Comp. Advisor

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A NYSIF 'U' REFRESHER

NYSIF's education and information series for employers.



Help Us Put a Stop to Workers' Comp Fraud



nysif.com/reportfraud • 1-877-WCNYSIF

NEW YORK STATE INSURANCE FUND



If you travel upstate, you may have noticed our anti-fraud ad (above) on billboards and buses this year. Just a reminder that NYSIF's Division of Confidential Investigations (DCI) needs your help in the detection of potential workers' comp fraud.

■ DCI cases led to 68 arrests, \$1,636,723 in restitution and \$8,632,570 in additional premium and estimated savings in 2014. Cases of note: a Brooklyn-based contractor was ordered by New York County Supreme Court to pay NYSIF \$750,000 in restitution, and an orthopedist pleaded guilty to healthcare fraud following his arrest for billing NYSIF and other insurance companies for treatment he did not perform.

■ If you suspect fraud, please call the NYSIF Fraud Hotline or go online to report fraud against NYSIF. All fraud reporting is strictly confidential.

[If you have a question for NYSIF 'U' e-mail jmesa@nysif.com]