



PUBLIC ENTITY



# To our valued public entity partners

There's a reason why America's most recognizable and innovative organizations trust us to guide their claims and risk management programs. Even in an ever-changing environment, Sedgwick's 50 years of experience and thorough understanding of public entities' unique challenges demonstrate stability and value. By ensuring we are at the forefront of industry trends, Sedgwick is able to offer relevant, adaptable solutions for today's risks. We'll continue to apply tested strategies and develop new ones, engaging our expert resources and capabilities to support your productivity and sustainability goals. We'll find the answers, together.

We are focused on the current trends and evolving changes most significant to our public entity partners, including:



Preparing for emerging risks



Embracing next-level technology



Moving forward with healthcare strategies



Broadening claims expertise as needs change





# PARTNER SHIP

Taking care of people  
is at the *heart* of  
everything we do.

# Thank you for your trust and partnership



## Public entity business unit

Our expert resources understand the complexities of your industry.



## Customer-service focus

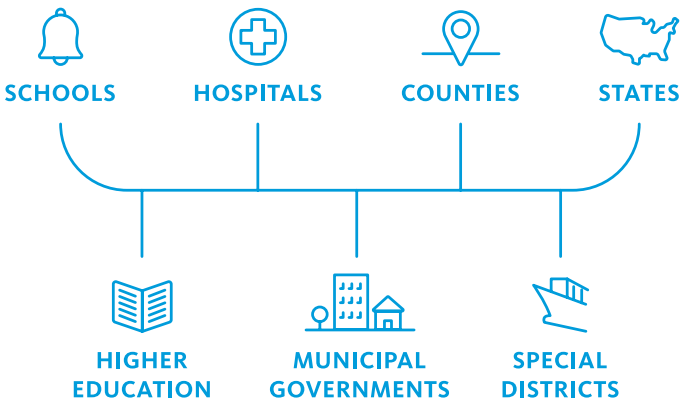
We guide our clients, their employees and the people they serve through the entire claims process.



## Actionable data

Our interactive benchmarking tool and the largest dataset in the industry provide insight into trends and program opportunities.

*Sedgwick is committed to serving our public entity clients by delivering services that address the diverse challenges these clients face. Our public entity book of business includes:*



A woman with blonde hair and glasses, wearing a yellow top and a patterned skirt, is smiling and looking at a tablet. A man with short dark hair, wearing a light-colored sweater over a collared shirt, is also smiling and looking at the same tablet. They are sitting together in what appears to be a modern office or public space with a grid-like ceiling structure. The entire image is overlaid with a semi-transparent orange-red filter.

D I F F E R E N C E

The Sedgwick *difference*

*Sedgwick answers the risk management challenges of our public entity clients by delivering reliable, financially aware, accessible and scalable claims solutions that include:*



### **Relationship-building**

with department and agency leaders, labor unions, community leaders, regulatory officials, elected officials and associations that support the public entity risk management community (e.g., PRIMA, AGRiP, STRIMA, PARMA, CAJPA, and their local chapters).



### **Flexible technology options**

that facilitate custom interfaces with client systems for HRIS, tracking/reporting, communications, etc. Sedgwick has set up, implemented and maintained more than 800,000 data interfaces with clients, vendors, carriers, states and regulatory agencies.



### **A multifaceted customer-satisfaction plan**

focused on providing courteous and professional service to our clients, their employees and the citizens they serve, while delivering solutions in a highly regulated environment. Sedgwick tracks satisfaction results through claim audits and surveys and shares results with clients for transparency and program improvement.



### **The flexibility to bundle an array of ancillary service offerings**

such as managed care, field investigations, and Medicare compliance, providing an integrated, cost-effective program, as well as the ability to interface with the client's preferred vendors and in-house providers.

30,000

colleagues

300+

U.S. locations

6,000+

public entity clients



### **Stability**

We are a financially stable, private company. Our major shareholder is The Carlyle Group. Stone Point Capital LLC, La Caisse de dépôt et placement du Québec (CDPQ), Onex Corporation and other management investors are minority shareholders.



### **Scalability**

We bring multi-line, multi-jurisdictional resources and an extensive national and global footprint. With nearly 30,000 colleagues, we are able to provide a scalable response, customized claims solutions, and restoration and mitigation services to support quick and easy recovery.



### **Experience**

We have more than 50 years of experience helping organizations navigate the increasingly complex risk and productivity management environment.



### **Engagement**

Our strong program success is best reflected in our existing clients' engagement: 50% of Sedgwick's new business each year comes from our existing clients. Nearly 80% of our clients are multi-line buyers.



### **Distribution**

We build strong relationships with clients, intermediaries and insurers. Our targeted approach is tailored to market needs: industry, client size and risk strategy.





## **Innovation**

We are constantly streamlining the claims process by automating key functions and designing workflows that enable our claims professionals to work more effectively.



## **Technology**

We invest heavily in our proprietary technology to facilitate the claims process, drive compliance and improve the client and consumer experiences.



## **Data**

We bring unmatched diversity and depth of data; our tools help you visualize trends, outcomes and development opportunities.



## **Impact**

Our proven claims takeover approach focuses on reserve development, expense management and specific loss-ratio goals; we engage the right resources to address ALAE costs.



## **Growth**

We continue to grow through progressive product development, organic expansion and strategic acquisitions, enriching our capabilities and expertise in alternative risk, public entity and pool administration services.

# SOLUTIONS

*"I think it's important to understand that public entities affect and influence us all. When we help a public entity save a dollar, get their employees back to work, help replace a damaged piece of property or manage a third-party loss, it benefits all of us. We all pay taxes and use the services that our public entities provide."*

— Jody Moses  
managing director, public entity services | Sedgwick





## HELPING PEOPLE

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### *Benefits*

- Accident + health
- Workforce absence management
  - Accommodation
  - Disability
  - Leave administration
- Travel + medical assistance
- Unemployment compensation

### *Casualty*

#### Liability

- Claims administration

- Auto injury
- Cyber
- Employers'
- General
- Professional + medical malpractice

#### Workers' compensation

- Claims administration
- Managed care
  - Behavioral health
  - Case management
  - Clinical consultation
  - Crisis care

- Medical bill review
- Peer review + utilization review
- Pharmacy
- PPO + ancillary care networks
- Provider benchmarking
- Return to work
- Surgery nurse
- Medicare compliance
- OSHA compliance

## PRESERVING BRANDS

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### *Consumer + warranty*

- Claims administration
- Registration + enrollment
- Settlements

### *Investigations + fraud*

- Assessment services
- Counter-fraud services
- Field services
- Litigation support
- Research services
- Valuation services

### *Legal administration*

- Class action
- eDiscovery
- Mass tort



## RESTORING PROPERTY

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### *Auto*

- Auto adjusting
- Auto appraisals
- Auto direct repair program network
  - Body shops
  - Glass management
  - Rental car support
  - Roadside assistance
- Auto personal injury protection bill review
- Catastrophe claims adjusting
- First-party + third-party liability claims administration

- Self-service mobile estimating
- Surge staffing

### *Marine + transportation*

- Hull + machinery
- Liability
- Ocean cargo, motor truck cargo + inland marine

### *Property*

- Building consulting
- Business interruption
- CAT response
- Delegated authority
- Forensic accounting

- Forensic engineering, environmental + fire
- Loss adjusting + claims administration
  - Commercial
  - Contents
  - Domestic + residential
  - Major + complex
- Repair, restoration + mitigation
- Temporary housing
- Time + material software
- Valuation

## EMPOWERING PERFORMANCE

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### *Market-facing technology*

- smart.ly
- mySedgwick
- viaOne

### *Risk + recovery*

- Loss prevention + risk control
- Pool administration
- Premium audit
- Subrogation

### *Staffing*

- Co-sourcing solutions
- Surge + temporary help

### *Training*

- Skills-based
- Technical

# Commitment to technology

Sedgwick has more than 1,700 IT colleagues dedicated to proprietary software application development, data security, network infrastructure, hardware management, local technology coordination and technical support help-desk operations.

We have an industry-leading security posture with independent certifications that include the SSAE18, SOC1 and SOC2, Type II and ISO 27001:2013 in the U.S. and the UK.

The amount of data we hold and how we use it to benefit our clients and partners is one of the many differentiators that sets Sedgwick apart. Our extensive and diverse data set allows for sophisticated predictive analytics, industry benchmarking and data analysis that can clearly pinpoint trends, identify cost drivers and track performance metrics.

Sedgwick invests significantly in technology to stay ahead of emerging trends, automate processes, mitigate risks, promote growth, improve service and offer optimal solutions. Our technology roadmap encompasses multilingual self-service initiatives, robotic process automation for workflows, artificial intelligence for improved predictability and datafication for simplified performance trends, outcomes identification and visualization.

*Technology helps us solve the needs of our clients and care for people, property, brands and bottom lines. We deliver superior technology-driven solutions and our capabilities and expertise are unparalleled in the industry.*

### *viaOne*

This suite of tools provides clients with access to real-time information in our claims management system. Through a secure website, clients can track and analyze their claims and absence information, create homepages with graphical dashboards and key metrics, easily look up and view claims, run standard and ad hoc reports, set their own system alerts and much more.

### *mySedgwick*

With mySedgwick, clients and their employees have quick, easy access to claims information. Users may report new losses, claims or intermittent absences, view data and payment status, update pertinent details, search for providers and other resources, securely upload documents, communicate with a Sedgwick professional, adjust payment preferences and more. Features are tailored by line of business – intake options are available for workers' compensation, disability, leave, property, and general and auto liability claims.

### *smart.ly*

Designed to address a range of high-volume incidents or claims events, smart.ly integrates advanced technology – including real-time system interactions, artificial intelligence, optical image analysis and intuitive scripts – behind the scenes to simplify the intake process. Multilingual and available to deploy anywhere in the world, smart.ly can address a wide range of scenarios.

### *Decision optimization*

What differentiates Sedgwick's approach to predictive modeling is our focus on solutions that drive action. Our innovative combination of data, technology and industry expertise helps our clients uncover the trends that lead to successful claim resolution. We have found that when our intervention process is deployed, the results include earlier closure rates, less attorney involvement and faster return to work.

1,700

IT colleagues

\$225 million

annual investment in IT

2.2 billion

images stored

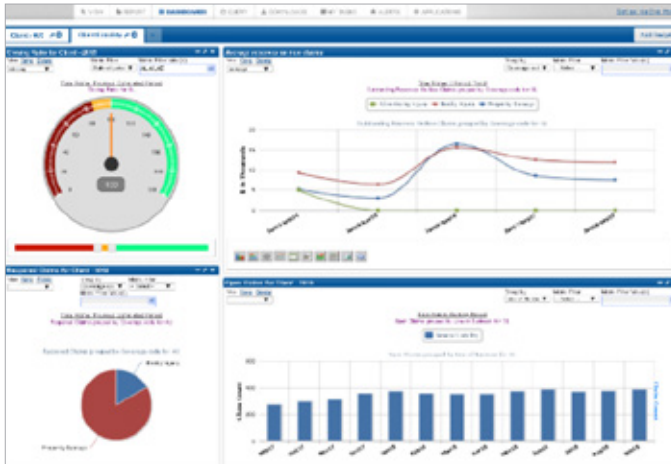
\$27.8 billion

in claim payments  
annually

110 million

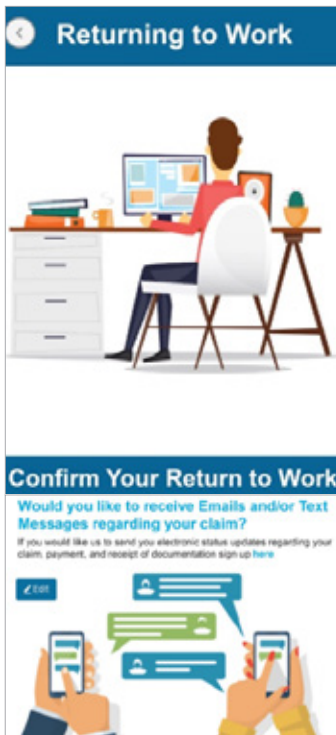
claims data files

# Information at your fingertips



## viaOne

- 24/7 secure access to real-time updates of claim progress
- 24/7 claim reporting option minimizes the inconvenience of unexpected incidents, particularly after business hours
- Intuitive dashboards provide interactive, high-level view of loss experience
- Analytics provide ability to drill down into claim specifics
- Ability to develop ad hoc reports based on client-specific parameters



## mySedgwick

- Claimants can update return to work dates, report new claims, enroll in direct deposit, submit signed medical authorization and medical history release forms, upload other supporting claim documents, information or images, and submit mileage reimbursement
- Configurable features and communication methods provide a streamlined communication process while decreasing the amount of time it takes to process a claim
- Claimants can securely interact with claims professionals, opt in to receive claim-related messages, and receive alerts and reminders via preferred communication channels
- A learning center with helpful information and explainer videos guides users through the claims process
- Activity stream tracks the path of claims, providing at-a-glance information of where a claim is in the process



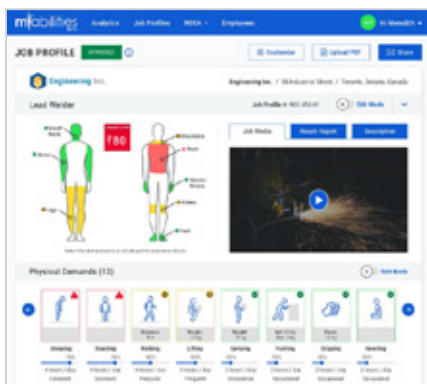
# Return to work (RTW) and technology

## JOB<sup>X</sup>

*For generating profiles of every job, eliminating the current paper and pencil method*

- The world's first national database of job profiles with over 32,000 digital job profiles
- Identifies how demanding the job is compared to other jobs, and body regions and physical demands that present risks

## Creating job profiles with artificial intelligence



### *Record a job in minutes*

Job videos uploaded and linked to a profile in JOB<sup>X</sup>

### *Analysis completed*

Demands identified and jobs rated compared to others

### *New job profile created*

New job profile generated

## How an accurate job database facilitates RTW

### *Faster RTW*

- Promotes physician compliance
- Allows for light duty identification

### *ADA compliance*

- Identifies essential job functions quickly
- Job descriptions shared across all lines of business

### *Alternate work placement*

- Identifies internal light duty options
- Locates non-profit work options

### *Lower costs*

- Early RTW reduces total workers' compensation costs
- Reduces temporary disability and lost time days

Experienced resources to design creative RTW strategies


Access to multiple tools to address complex RTW issues

Understanding of client's work environment and locations

Collaboration with medical providers to determine employee's capabilities

Coordination of job placement options

Design light/modified duty assignments with local non-profit organizations

A dark blue background featuring a silhouette of a person climbing a jagged mountain peak. The person is on the right side, reaching up with one arm. The mountain range extends across the top and left. The text 'CONSIDER' is at the top, 'ATIONS' is at the bottom, and 'CONSIDERATIONS' is in the middle. The word 'Well-being' is written in a smaller, italicized font below 'CONSIDERATIONS'.

# CONSIDER CONSIDERATIONS ATIONS

*Well-being*

## A holistic approach to well-being

Dr. Teresa Bartlett | managing director, senior medical officer | Sedgwick

At Sedgwick, we believe that a holistic approach to claims management is critical to the appropriate and efficient care for employees. This starts at the beginning: providing the proper tools for each workforce and customer base that adapt to the changing generations, and considering all aspects of each individual at the time that a loss occurs and throughout the life of each claim by engaging the claimant, remaining thoughtful of the treatment, and employing the right resources early to remain on track and achieve optimum results.

### **The value of opioid avoidance**

The opioid epidemic remains a top news story and has been ever since public awareness began to dramatically increase in 2012 due to numerous celebrity deaths and renewed focus by federal agencies like the Centers for Disease Control and Prevention (CDC). However, the impact to injured workers was being realized in workers' compensation well in advance of national awareness due to years of overprescribing in a population that typically requires treatment for pain.

Opioid side effects can severely impact the quality of life of an injured worker and result in the delay of returning to work and productivity after an injury. The results for the employer are increased pharmacy costs and increased time away from work. This will also impact an employer's ability to deliver goods, products and services, negatively impact safety, quality and morale. A recent study showed that workers who had long-term opioid prescriptions received temporary disability benefits 251% longer than those who did not take opioids. (WCRI)

Efforts to reduce opioid use among injured workers and reduce pharmaceutical costs are a top priority for employers. Pharmacy utilization review programs are one way to help prevent opioid abuse. These programs involve early intervention at the point of sale before the medication is even dispensed. When a doctor prescribes a potentially harmful medication, a nurse receives an alert. This provides an opportunity to discuss alternative treatment strategies with the prescribing physician and avoid unnecessary opioid prescriptions.

Of course, these programs come at a cost. While many opioid prescriptions are relatively inexpensive, it is necessary to evaluate the cost/benefit analysis of trying to fight the war on opioids. When you consider the various negative outcomes that come with opioid use, the value of such a program to the employer and injured worker goes far beyond the cost of a single prescription.

*For injured workers, the results of opioid use can be devastating, including addiction, dependency, depression, increased sensitivity to pain, impact to hormones and even, in extreme cases, death.*



*A recent study showed that workers who had long-term opioid prescriptions received temporary disability benefits*

**251%**  
**LONGER**

*than those who did not take opioids. (WCRI)*



To tell the full story, it's important to consider the overall impact opioids have on your cost of risk and the duration of the claim. Opioid claims can make up 10-40% of pharmacy transactions but, often more importantly, can represent significant barriers to resolving a claim. In general, the incurred cost of a claim doubles when it has an opioid fill compared to one that does not.

Furthermore, data shows that the total incurred costs increase by another 80% with the second opioid fill. And the picture gets even bleaker at three fills, when the incurred costs only continue to escalate again to almost seven times compared to claims with no opioid fill. When focused on the bigger picture it is clear that there is true value in reviewing inexpensive medications like opioids because of the overall impact on loss costs.

Pharmacy utilization review is an important aspect of managing the overall cost of risk. It is important to focus on the overall impact and not just the investment at the drug transaction level, there is no doubt that it results in lives saved, addictions avoided and lower claim costs with safer, healthier employees.

With their expertise, behavioral health specialists can address barriers and provide expert guidance to help injured employees stay on the best possible path, so they can recover, get back to work and get back to life.

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**10-40%**

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# CONSIDERATIONS

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### *Mental health*

## PTSD in the workplace

Bryon Bass | SVP workforce absence | Sedgwick

One of the most heartwarming commercials on air today features a veteran at an animal shelter surveying dogs available for adoption. While most of the dogs are playfully vying for attention, he notices one dog with soulful eyes, quietly resting in the corner. He learns the dog had a rough time before arriving at the shelter. The veteran and animal immediately connect, and the scene closes with the two kindred spirits driving down the highway in search of new beginnings.

The commercial does an excellent job portraying the impact of post-traumatic stress disorder (PTSD). Although identified especially among veterans, PTSD is now a diagnosis in virtually all population groups.

PTSD is most commonly described as a mental disorder that can develop following a person witnessing or experiencing a traumatic event. The condition can lead to feelings of isolation and

withdrawal from everyday activities. It can affect a person's memory and negatively impact relationships with others. Normal sights and sounds can trigger an intense emotional response and mentally transport the person back to darker times. As more attention has turned toward the importance and value of holistic health, PTSD is becoming the focus of more workplace conversations.

Historically, first responders and medical personnel have been monitored and treated for PTSD symptoms. Doctors, nurses and paramedics and other first responders routinely come across scenes involving violence and human devastation. Medical professionals are also frequently confronted with life-or-death situations rendering emergency care.

Beyond these high-risk groups, individuals in any profession may have been the victim of an assault, rape, or auto collision and experience flashbacks or anxiety in the workplace. Recent headlines of school shootings, convenience store robberies, and construction company fatalities underscore the need to address PTSD at the workplace on a much broader basis.

How can employers assist employees suffering from PTSD, whether from occupational or non-occupational sources, and how can they minimize and mitigate its impact on the workplace? First, employers should make mental health resources available as part of

their benefits package and employee assistance program. This can include access to mental health professionals and behavioral specialists. PTSD can be hard to diagnose and may affect individuals differently, severely impacting a person's productivity and posing added risk to the person, coworkers and customers. It is important to offer assistance and provide help as soon as the need is recognized.

Second, employers can help increase awareness and understanding of PTSD in the workforce. Managers, supervisors, and employees need to know how PTSD might impact them and how to spot potential symptoms among coworkers. They need to know how to access resources and assistance in these instances.

Third, healthcare employers can educate workers about self-care techniques and ways to mitigate PTSD. These might include running and exercise, medication, yoga or the use of therapy animals. Just as the condition manifests differently in individuals, the ways to relieve symptoms also vary.

PTSD warrants increasing awareness and attention. Elevate the conversation in your organization and offer assistance to those in need. Continue to promote the value of mental health resources in the workplace and eliminate stigma associated with mental health conditions. The good news is that effective PTSD treatments are available once the condition is identified.



A person wearing a dark jacket and a pink beanie stands in a grassy field with their arms raised. In the background, a wheelchair is parked. The entire image has a dark blue overlay.

# CONSIDERATIONS

## *Early intervention*

### Early intervention of the right resources

Kathy Tazic | managing director, client services | Sedgwick

Without the right approach and resources to help the employee recover, even a minor back injury has the potential to become a costly, complex claim. Predicting the exact outcome of every claim is difficult, but certain factors and characteristics can be used to help identify complex cases early and achieve the best possible outcomes.

With rare, catastrophic cases that result in life-altering injuries, engaging the right resources from day one can help improve the patient's recovery. Most complex claims are not initially defined as catastrophic; it is the claim's path that can lead to the complexity and increased cost. This may include comorbidities impacting the employee's recovery, the use or misuse of opioids, psychosocial issues or other concerns.

### *Controlling costly, complex claims*

Being able to recognize warning signs and effectively address claim issues in real time can have a positive impact on the claim's outcome. A decision optimization platform provides the technology needed to detect workplace injury claims that have a high likelihood of becoming complex and costly by looking at factors such as comorbidities, opioid use, behavioral health issues and litigation. The system can also trigger claims to be reviewed when they reach certain cost levels. In addition to identifying these characteristics, decision optimization, also referred to as predictive analytics, uses existing data to determine patterns and predict future outcomes and trends based on those patterns.

Important steps to prevent claims from becoming complex include identifying the key indicators above, and then deploying targeted strategies to mitigate the risk and address the cost drivers. It could prevent a simple strained wrist from turning into a claim with \$100,000 in reserves.

When a complex case is detected, the claims and managed care teams must work closely together to engage the right resources to help improve the outcome. This may include connecting the injured employees with the right care to assist them on their path toward recovery or communicating with the employee to help reduce any potential litigation.

### *Employer considerations for catastrophic claims*

Critical steps for catastrophic cases include identifying the proper medical care early and establishing a plan for physical and occupational therapy. Being there from day one includes integrating expert advisors and clinical resources, and communicating with the claims team, clinicians, the employee's family and the employer to ensure the employee is on the best possible path to recovery. Successful programs include experienced claims and managed care teams, medical treatment provided by specialized centers of excellence, and a proven process for developing customized care focused on the whole person — not just the injury.

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*Identifying the key indicators that prevent claims from becoming complex could prevent a simple strained wrist from turning into a claim with*

**\$100,000**  
**I N R E S E R V E S**





# CONSIDER CONSIDERATIONS *Recovery*

## Navigating the road to recovery

Dr. Teresa Bartlett | managing director, 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, multidisciplinary 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 (e.g., clinical consultation, medical bill review, case management, pharmacy management, 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 — like suggesting peer-to-peer consultations, or requesting nurse case management, behavioral health or return to work services — to help move the claim forward. 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, clients see a 7% decrease in average indemnity incurred 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.

# CONSIDERATIONS

# ATTORNEYS

C O N S I D E R A T I O N S

*Litigation*



## Litigation management — what's next?

Kathy Tazic | managing director, client services | Sedgwick

It's well known that litigation is a consistent cost driver in casualty claims management. At Sedgwick, we realize there are a variety of factors driving litigation rates, timing and ultimately the impact of litigation on overall exposure. In early 2019, we began rethinking our approach to help our client partners manage this significant issue.

Our first step was to look at our pre-litigation approach. We reviewed our processes and communication to consider whether the way we approach the process was making it easier, explaining the complexities properly so that injured workers and liability claimants could easily understand how things worked and follow the best path to ensure quick recovery from an unfortunate event. We revised our accessibility to self service as a component of this pre-litigation approach; 24/7 access to pertinent claim information helps provide just-in-time status. Our self-service tools include helpful videos on the claims process and a chatbot, so routine questions can be answered anytime in a medium that's the most comfortable for consumers.



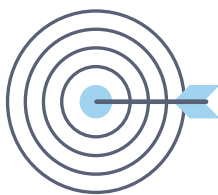
We recognize that sometimes, in spite of our best efforts, litigation will occur. Our modernized approach takes a new look at how we handle these cases to ensure we're managing them appropriately and resolving the right claims at the right time. We developed new litigation guidelines, with clearly outlined billing and service expectations, and communicated them to all of our outside attorneys. We've started offering a legal bill management partner as an optional part of our service to customers, ensuring that attorneys bill to the new guidelines without fail. Partnering with the legal community to work toward shared goals, understanding the right time to resolve matters and which strategies to try are all key components to the strategy.

After looking at how to change our pre-litigation process and how we actively manage matters in

litigation, we evaluated how to measure these changes with respect to their impact on overall claim costs, litigation rates and time matters.

We do this in two ways. First, we set goals for clients to establish a path from each calendar year's starting point to where we expect to be. We then measure those goals using an interactive litigation scorecard, available on-demand. In addition to standardized metrics, our legal bill management partnership now allows us to provide clients with data on their law firm utilization, outcomes by jurisdiction and how their firms compare to others that work on similar matters for similar customers. This drives accountability for all parties and helps us consistently improve financial results by being laser-focused on the critical elements of costly cases.

## **WE SET GOALS FOR CLIENTS**



*to establish a path from each calendar year's starting point to where we expect to be.*

## **WE THEN MEASURE THOSE GOALS**



*using an interactive litigation scorecard, available on-demand.*



Our employer partners want to know the best ways to improve overall litigation percentages and costs. Our standard recommendations are wrapped into our new approach and look something like this:

- Know what drives your numbers: Take a close look at litigation lag times, locations and the percentage of claims that arrive already litigated.
- Set goals for targeting your key drivers: Common program targets include new percentages of claims in litigation, resolution time and specific spend categories. Establish strategies based on the opportunities you find when researching the reasons behind litigation.
- Gain commitment from your law partners: Ensure that your panel is stocked with attorneys who understand your philosophy about litigation, share your business goals and know that a litigated claim's best outcome is just that — the best outcome — and do not focus solely on the process.
- Communicate what matters: Customers with the best outcomes use a combined approach that is empathic in up-front management, contains rigor when litigation occurs and uses the combined resources of their Sedgwick claims examiner and attorneys in complex matters to agree on what the right disposition looks like.

*We are committed to implementing ongoing enhancements that reflect the needs of consumers in the claims process as well as our employer partners. While litigation is a reality in casualty claims management, a combination of these strategies will create an environment where it is the exception, not the norm, and outcomes are the best they can be.*





# To our valued public entity partners

Managing risk for public entity clients creates challenges that are unique, both in the breadth of the potential exposure and the diversity of possible claims.

Public entity clients represent a broad risk profile that may overlap or include educational institutions, as well as state, city and municipal workers, transportation workers and law enforcement. Public entity clients may comprise multiple unionized populations, and the specific requirements associated with each. In an environment where financial continuity may depend on public perception and external stakeholders, these clients strive for a risk management program that is flexible and responsive.

Leveraging our proven experience working with the world's leading organizations, we continue to adapt our offerings to help simplify the wide array of issues facing our clients today. Our comprehensive solutions focus on mitigating and reducing risks and losses, keeping employees and organizations healthy and productive, protecting our clients' reputations, and containing costs that can impact the bottom line.

To learn more about our integrated and customized solutions, visit:

[SEDGWICK.COM](https://www.sedgwick.com)

# CARING COUNTS



sedgwick

*caring counts*