RISK MANAGEMENT

PROGRAM EVALUATION AND AUDIT

METROPOLITAN COUNCIL

Contents

Risk Management Needs Help from Other Departments to Reduce Claim Rates/Costs

What We Found

What's Working Well

The Council complied with the state statutes reviewed. There are some practices such as triaging complex claims when workloads are high that help reduce the risk of late fees. Risk Management also uses a reserve process for claims to keep track of expected costs, documents their work and information on claims in a central place, and uses signature authority limits to make sure large payments are properly reviewed.

What Needs Improvement

Once an employee is injured, it is important to bring them back in a safe way based on their needs, while balancing the amount of time they are away from work. A consultant made recommendations in 2020 that could help with this by increasing accountability for claims and improving the return-to-work process, but most of these recommendations were not completed. There are also a few ways to improve access to the claim management system (Origami).

What We Recommend

The method of returning injured employees back to work should be improved by including more accommodations for employees with medical restrictions. Collaborative work between Operations, Safety, and Occupational Health can help find specific ways to do this more often.

Controls for the Origami system should be enhanced, documented, and implemented. The administrator should continue to clean up old and/or outdated user roles.

Winter weather increases the risk for slips/trips/falls and car accidents.

Why We Did This Work

This audit draws on earlier audit work in the Workers' Compensation (WC) area. We returned to this area because there have been more claims with increasing costs. In addition, this audit expanded the scope to include a review of liability claims, user administration, the reserves, and claim approvals.

What We Reviewed

We reviewed WC and Liability Claims with loss dates between January 1 and December 31, 2023. We checked these to make sure they followed state statutes, internal processes, and other best practices. We also reviewed access to the claim management system, claim approvals, and followed up on consultant recommendations.

How We Did This Work

Audit reviewed policies, procedures and work instructions. Interviews with Risk Management, the Deputy Regional Administrator, and other departments like Metro Transit Safety were held to understand the processes and Origami. Then we sampled claims from both WC and Liability and compared them to a checklist based on statutes, policies, procedures, etc.

Summary of Findings

Number	Description	Recommendation	Follow-up Action	Page
Observation 1	Return to Work Pathways need Improvement	Risk Management should collaborate with MT operations and MT Safety to establish and monitor Key Performance Indicators related to injury prevention and/or return to work for managers.	Confirmation	*14*
		MT Safety and Disability Management & Occupational Health should begin or continue work to complete PDAs and Job Hazard Analyses, to identify opportunities for transitional work, accommodations, or other strategies to bring employees back to work in accordance with their abilities and recovery timeline.	Confirmation	*14*
Observation 2	Role Based Access Controls Should be Updated	Risk Management should develop and implement a procedure(s) or work instruction(s) for managing Origami user access that meets Council standards for role-based access.	Confirmation	*17*
		The Origami System Administrator should continue work to remove redundant/no longer needed roles and relate roles to business needs.	Confirmation	*17*

Introduction

Background

The Risk Management (RM) department ensures the continuity of operations by protecting the Council from financial loss through insuring against risk. Some risks are covered by premiums paid to an insurance company. Workers' Compensation (WC) and Liability are two claim areas where the Council is self-insured, rather than paying for an insurance policy from a third party. In 2020, consulting firm Aon provided a report to RM with recommendations to reduce claim costs. Following the report, RM also transitioned to Origami for their Risk Management Information System (RMIS). RM has not been audited internally since the 2020 Aon report and the implementation of Origami.

Per internal WC best practices, RM's responsibility is to handle claims efficiently and appropriately in a cost-effective manner. This includes investigating claims, determining compensability, setting reserves, and coordinating with Occupational Health and Nurse Case Managers in certain situations. For liability claims, it is the responsibility of the Risk Management department to investigate the claim, administer any benefits due, and settle the claims as appropriate. Both programs use the Origami RMIS to handle claims, which is specifically designed for risk management purposes.

The Aon report characterized the workers' compensation program as the most prominent source of "potential financial 'leakage'". Discussions with Risk Management over the last few years have highlighted concerns about WC claim rates and costs. There are two types of WC claims, *indemnity* and *medical-only*. Indemnity claims tend to be more expensive since they include payments for lost time as well as medical expenses. If an employee needs to take time off from work related to their injury, a medical-only claim becomes an indemnity claim after 3 days of lost time.

Table One: Workers' Compensation - Top Five Departments by Total Paid in 2023

Department	Claims 2022	Claims 2023	Total paid 2022 ($)	Total paid 2023 ($)
Bus	220	236	4,132,199.08	4,578,690.89
Police	86	45	1,354,369.56	1,414,273.94
Light Rail	25	31	637,901.09	439,083.49
Environmental Services	31	28	294,341.88	284,061.79
Northstar	3	5	10,304.28	56,322.81

Source: WCRA MOD-based loss run YoY analysis

Table Two: Workers' Compensation - Top 10 Work Locations by Total Paid in 2023

Location	Claims 2022	Claims 2023	Total paid 2022 ($)	Total paid 2023 ($)
Transit Police Patrol Service	84	44	1,209,297.85	1,262,358.23
East Metro Bus Operations	40	33	672,883.14	858,275.89
Nicollet - Bus Operations	19	27	646,499.33	841,548.71
Heywood - Bus Operations	37	51	778,423.69	724,365.16
South - Bus Operations	26	25	274,549.52	326,692.44
Ruter - Bus Operations	24	8	324,056.42	313,782.71
Maintenance of Public Facilities	17	19	324,588.94	311,217.18
Heywood - Bus Maintenance	6	6	258,228.19	206,879.50
Nicollet - Bus Maintenance.	3	4	183,243.52	188,068.47
Track – Minneapolis RSF	2	2	203,266.91	179,697.36

Source: WCRA MOD-based loss run YoY analysis

Total spending on liability claims is about half of the spending on WC, at $3 million in 2023 and $4.1 million in 2022. About 70% of the total paid was for auto liability in 2023, with most auto claims coming from bus operations. Here again, Metro Transit (MT) had the highest number of liability claims with 1644, followed by Environmental Services (ES) with 31.

Table Three: Liability Claims Spend by Coverage Type

Type of Coverage	Claims 2023	Claims 2022	Total paid 2023 ($)	Total paid 2022 ($)
Auto	1,231	1,290	2,174,592.49	2,325,915.36
Property Damage (1st Party)	924	954	508,572.25	858,004.45
General Liability	200	270	310,703.33	914,482.92

Source: Loss Run YoY Analysis 2023 (Liability)

Objectives

The objectives of the audit were to:

1. Evaluate the claim review process for compliance with state statutory requirements and Risk Management's best practices in documentation, timeliness, and accuracy of payments.
2. Determine if there is sufficient information sharing between Risk Management and business units that can affect the quantity and severity of claims, as recommended by Aon.
3. Ensure access to Origami is adequately controlled according to the Center for Internet Security (CIS) best practices.

Scope

Audit reviewed Workers' Compensation and Liability claims with costs incurred and/or paid between January 1, 2023, and December 31, 2023. This included, but was not limited to, claims, incidents "incurred but not reported" (IBNR), access to the Origami system, and collaboration and

communication with other departments involved in preventing or reducing the number and quantity of claims.

However, a planned Occupational Health audit will consider with more depth processes owned by Occupational Health such as Fit-For-Duty testing and disability accommodation. An in-depth examination of these topics was therefore out of scope for this audit.

Methodology

To evaluate the claims review process, Audit sampled both liability and WC claims and compared these to a checklist based on state statutes and internal policies and procedures. Staff reviewed for sufficient detail in documentation, confirming that subrogation opportunities were identified, verifying appropriate levels of approval and checking timelines of when work on claims took place. The sample for WC claims was stratified to include one claim that was denied and then approved, two claims that were reported to RM late, and 12 that were randomly selected. For the liability claims, Audit randomly selected claims to test the process (dates, approvals, etc.), budget and reserves, and settlements and payments.

To determine if there is sufficient information sharing, Audit followed up on selected recommendations from the Aon report. Staff reviewed the use of reporting tools within Origami by other departments such as Safety and interviewed related departments. To review Origami's access against CIS Controls Version 8, Audit compared a list of all roles with users of the system, confirmed that users were active employees, and reviewed the details of what each role enables.

Thrive 2040 – Strategic Planning – Equity

The audit considered the Council's *Thrive MSP 2040* Outcomes and Principles,[1] and supports Regional Administration's *Vision*, which states that the division will "[deliver] integrated, collaborative, efficient, and responsive services." This audit advances the *Vision* and *Thrive's* principle of Integration by incorporating claims from all divisions into one assessment, reaching beyond a single division. Additionally, recommendations support the principles of Collaboration and Integration by identifying areas where departments across divisions can better work together to prevent or reduce the number and severity of claims.

The audit supports the Metro Transit Strategic Plan's goals and core elements that were in place during planning and initiation,[2] as most claims were related to this division. Specifically, Goal Three, "We are a great place to work and build a career," is supported by ensuring the risk management processes compensate employees fairly for injuries and that information from claims are shared with business units that can prevent future injuries/claims. Similarly, Core Element Three, "We evaluate our performance and foster innovation for continuous improvement" is supported by Audit's role as an objective and independent third party.

---

[1] Metropolitan Council (May 2014). "Thrive MSP 2040: Outcomes." Web. *Link.*
[2] Metro Transit (2023). "Stronger, Better: Metro Transit's Strategic Plan." Web. *Link*.

An updated guiding framework, *Metro Transit Forward*,[3] lists strategic priorities "Employees: We value employees and continuously improve how we attract, retain, develop, and support our workplace," "Experience: We provide a consistently safe, clean, and welcoming experience on our system," and "Service: we offer service that is convenient, reliable, and environmentally sustainable." Managing claims and identifying ways to reduce their quantity and severity help promote retention and support for *Employees*, safety under *Experience*, and reliable *Service*.

Recognition

Audit appreciates the time, information, and feedback provided by Risk Management, Finance, Safety, and Strategic Initiatives staff throughout the course of this audit.

---

[3] Metro Transit (2025). "Metro Transit Forward: Connecting People, Strengthening Communities, Improving Lives." Web. Link.

Non-Finding Observations

Aon Report Recommendation Status

The Aon report included recommendations to improve efficiency and decrease the costs of claims in the Council's WC and liability programs. Recommendations in the report included improving return to work pathways; tying cost allocation to key performance indicators (KPIs) to improve accountability; and coordinating information and processes across departments, among others.

Audit selected eight recommendations with the potential to reduce the quantity and/or severity of claims. To determine the status of these recommendations, auditors spoke with employees from various departments including RM, MT Safety, iDash Administrators, MT and Regional Administration (RA) Finance, and the Deputy Regional Administrator to determine which have been implemented. Of the eight, one recommendation has been implemented, one is partially implemented, and six recommendations have not been implemented. Table Four on the next page lists these in more detail. The former Director of Risk Management stated that the department never formally responded to the recommendations, but that discussions about them took place.

Although some of the recommendations could be implemented by Risk Management alone, most require work with other departments/divisions. This requires additional coordination and communication to manage multiple systems, processes, perspectives, and values:

- MT manager KPIs comes from iDash, wh]ich RM staff has view access to, but RM staff do not assign tasks within iDash as part of WC claim administration.
- Finance management in both MT and RA expressed that they had never seen the Aon report. RA Finance management stated that no programs allocate costs based on KPIs, and their preference for "an allocation method that is predictable, fair, stable, and simple.".
- Many departments, including Risk Management and Occupational Health, have small staff counts and as of 1/17/2025 both have at least one vacancy. Employee availability and caseloads may affect the time available to invest in longer-term process improvement activities.

The Aon report states that "studies have demonstrated that claim conversions are substantially more expensive than claims beginning as indemnity from the onset" and can "cost two to three times as much as that claim would have been had it been an indemnity claim from the start." The generally rising number and proportion of indemnity claims (Tables Five and Six) demonstrate the importance of tracking KPIs and looking to prevent or mitigate the effects of injuries. Missed opportunities to improve claim management through incorporating the recommendations made by Aon impact the Council's ability to effectively share relevant information regarding the status of injured employees, mitigate risk of financial leakage, and/or reduce overall spending on its workers' compensation program.

Documentation, Timeliness and Accuracy of Claims.

Risk Management is adhering to policies and procedures for obtaining and maintaining relevant evidence and ensuring timeliness and accuracy of all claims. Of the 20 sampled liability claims that Audit reviewed, the key processing control points were identified, and no exceptions were found. Of the 15 WC claims, some internal timelines on simple claims were missed by 1-3 business days but discussions with RM staff noted that during times of high claim volume, more complex claims are prioritized as they are more strictly regulated by state statutes.

Table Four: Selected Aon Recommendations

Category	Recommendation	Status	Notes
Cost Allocation	Implement a [cost] allocation process that will encourage Metropolitan Council's operations managers to become more involved with the claims and risk management process… Implementation needs to be performance based, aligned with the organization's overall objectives, and be easy to understand and monitor/track.	Not Implemented	RM cost allocation changed from being based on time spent per division to being based on the number of FTEs per division in the recent past.
	Refinements to the existing litigation program might include…conducting an assessment of defense firms in to determine which attorneys are achieving the best outcome	Not Implemented	RM has not formally examined their process for the litigation program.
Common Claims	Create a steering committee of members across Risk Management, Transit Operations, Safety, and Occupational Health to develop the framework and strategy necessary to bring a unified and integrated approach to workers compensation and liability cost mitigation initiatives.	Partially Implemented	RM and MT Safety meet, including confirming OSHA 300 log accuracy. Injury trends have justified MT Safety equipment/trainings.
	[P]re and post-loss KPI's should be identified that align with organizational safety and claim related objectives… ensure that all data capture necessary is built into the Origami system that will ultimately produce actionable data and meaningful management reports to help improve operational efficiency and reduce costs via better claim outcomes.	Not Implemented	RM uses relatively few KPIs, although Safety is able to use data within Origami such as injury trends to inform their investments.
	The Metropolitan Council Safety team should be consulted, and their input considered during the transition to Origami, to create an opportunity for much needed inter-departmental collaboration.	Implemented	MT Safety was consulted and ensured requested features were included.
Return to Work	A strategy should be considered that includes a review of the existing formal transitional duty/return to work program. [Including]… Physical Demands Assessments…consider providing 1-1 biomechanics job coaching for employees returning to work… consideration of an integrated return to work model.	Not Implemented	Further review may take place during future audit work. MT Safety announced Job Hazard Analyses are coming during a 2025 Town Hall.
	Consider pulling a random sample of indemnity claims from the last 36 months and identify the percentage of those claims that converted, and the cost differential between a current day indemnity claim that converted compared to that of a claim that was indemnity from the start.	Not Implemented	This would be possible but require a manual review of claims.
	[E]nsure a data field is built into [Origami] that can capture the dates of claim conversion so performance in this area can be captured moving forward	Not Implemented	Risk is unable to easily identify which claims were originally *Medical Only*.

Table Five: Workers' Compensation Inflation-Adjusted Spending Trends, 2017-2023[4]

Year	Total WC Spending ($ - 2023 Value)	Median WC Claim ($ - 2023 Value)
2017	$4,454,108.98	$1,073.85
2018	$5,003,999.26	$1,107.68
2019	$6,371,517.32	$1,201.07
2020	$4,529,054.14	$1,654.62
2021	$5,704,100.75	$2,012.10
2022	$4,745,410.44	$1,294.72
2023	$3,949,281.25	$997.70

Source: Captive Loss Run WC

Table Six: Indemnity vs. Medical Claims Trends, 2017-2023

Year	Indemnity			Medical-Only		
	# of Claims	Total Claims	% of Claims	# of Claims	Total Claims	% of Claims
2017	113	279	41%	165	279	59%
2018	137	305	45%	168	305	55%
2019	148	315	47%	167	315	53%
2020	135	248	54%	113	248	46%
2021	177	302	59%	125	302	41%
2022	183	314	58%	131	314	42%
2023	135	305	44%	170	305	56%

Source: Captive Loss Run WC

Budget and Reserves for Self-Funded Policies

Risk Management staff acknowledge the importance of creating budgets and reserves for claims. The department uses industry standard tools such as the Loss Triangle[5] in estimating potential liabilities which can accrue to the Council for both WC and Liability claims, including versions of the report for both MT and ES. In addition, Risk Management also evaluates IBNRs.[6]

Authorization and Settlement of Claims

Risk Management maintains procedures to ensure that claims are approved by the appropriate personnel based on their published authority limits. To ensure control over the payment process, Adjusters create reserves which also go through the approval process prior to payment ensuring dual visibility and additional scrutiny. Audit sampled 15 claims and validated them against published procedures and found no exceptions.

---

[4] It is difficult to directly compare totals across years due to changing staff counts. Staff counts in front-line positions like bus and train operators dropped by 30% from 2018 - 2022, and as of September 2024 bus operator counts were still below their mid-2020 level despite a rebound.

[5] Loss Triangles are a tool used to track how costs for claims grow over time. For example, an injury in 2023 might require physical therapy in 2024 and surgery in 2025. They list claim year in one column and time since the claim happened in a series of other columns. The total cost of claims up to that point in time fill in each cell.

[6] These are claims where the incident has taken place (i.e., a bus accident happened) but the claim itself has not been reported to the insurer (i.e., the driver of the other vehicle may file a claim for repairs to their vehicle, or a passenger may file a claim for medical costs related to the accident).

Finding Observations

Return to Work Pathway Should be Improved

Of the 15 WC claims reviewed, including 16 injuries or aggravations,[7] seven included medical notes specifying a work restriction but allowing the employee to return to work in some capacity. Of the seven, only two employees' work restrictions were accommodated, both in the form of shorter shifts such as driving for 2 hours at a time instead of 8. The remaining five injuries represent 99 days of lost time and $16,208.11 in potentially preventable indemnity payments that followed the first day where the employee was cleared to work with some restrictions. An additional three injuries' medical notes only stated that the employee needed time off or excused them for multiple weeks with no further details.

8 of 15 claims reviewed were strains/sprains or slips/trips/falls, 8 of 15 involved pain or weakness in an extremity and/or the back, 7 of 15 were for bus/train operators, 7 of 15 were other frontline positions, and one claim was for a desk-based position.[8]

According to the Disability Management Procedure, "[t]he goal of disability management is to return employees to their regular jobs within a reasonable amount of time with or without a reasonable accommodation to assist the employee with performing the job's essential functions." An employee or their manager/supervisor may begin the process. Reasonable accommodations may include:

- "Modification of work schedule,
- "Modification of workplace procedures,
- "Continuous leave of absence,
- "Job restructuring,
- "Temporary light duty or modified duty job,
- "Acquisition or modification of equipment/devices,
- "Physical or environmental adjustments to workspace, [or]
- "Adjustment or modification of training materials."

Due to their in-person and front-line nature, many positions within MT are harder to accommodate, but not impossible. For instance, one operator used a special cushion and worked shorter shifts/routes to accommodate their back pain-related work restrictions, increasing to full time work as they recovered. They and another sampled employee received career coaching that identified transferable positions within MT, while a third employee independently chose to return to a prior position.[9] However, Origami records only indicate that a transfer following a claim took place for the employee who returned to a prior position. The employees who received career coaching indicated interest in a

---

[7] One sampled claim included multiple related instances of lost time followed by a return to work. For the purposes of these statistics it is considered two claims, hence 16 instances.

[8] Such as maintenance workers, interceptors, or Metro Transit Police Department officers.

[9] One employee had prior experience in a comparable office role that they wanted to transfer into, one employee did not have experience but had transferrable skills, and the third employee returned to their prior role as the title they held when injured was itself a transfer.

transfer but remained in their original role. It is unclear whether the other two employees were able to apply for an opening, or if an opening in their preferred position existed.

RM management stated that managing accommodations, Fit For Duty (FFD) examination scheduling, and attending Disability Management Conferences (DMCs) are outside their roles and responsibilities. Occupational Health staff manage FFD exam communications and DMCs, as these are related to personal medical situations as well as WC claims. RM adjusters do not initiate DMCs but may attend them if requested. Additionally, if an employee is represented by an attorney, adjusters communicate only through defense counsel and cannot attend the DMC.

MT does not currently have a return to work or transitional/light duty program, and the current system focuses on returning people to their original positions. For instance, if a bus operator's injury precludes them from driving a bus, they will stay home to recover until they can drive a bus again rather than temporarily placing them in a non-driver role. One of the recommendations from the Aon report, that has not been implemented, was to perform a Physical Demand Assessment (PDA) for all positions. At the January 2025 Metro Transit Town Hall, MT Safety management announced that they are "kicking off" the Job Hazard Analyst position. This new position will "analyze front line employee tasks" for use of personal protective equipment (PPE) and procedures. They are also hiring a consultant to help with an initial review that the analyst will maintain. At the time of writing, Occupational Health also has a vacancy for an Occupational Health Specialist. Staff in both departments noted that resource constraints made comprehensive reviews of job hazards and physical needs harder to accomplish on top of other duties, as there are hundreds of job descriptions to review. Both also noted that individual managers within MT vary in how well they support these processes. Another Aon recommendation (Table Four) involved monitoring manager performance to improve accountability in this area.

Claims that can be accommodated and result in "restricted days" but no "lost days" are medical-only. Employees who cannot return to work within three days become an indemnity claim. These are higher-risk than medical-only claims because there are additional state rules for indemnity claims. For instance, an indemnity claim must be accepted or denied within 14 days, regardless of the loss date. In the past, RM has paid fines to the employees and Department of Labor and Industry (DLI) due to late payments for lost time, about $1,300 in 2024.[10] From 2017 to 2022, indemnity claims increased and their share of the claim total inverted, from 41% of claims in 2017 to 58% in 2022 (Table Six) above.

Effects on employees include financial, physical, and psychosocial losses. The Council is not obligated to pay employees for lost time once they are medically released to full duty. However, an employee in a position requiring FFD examination needs to pass that exam before they can return to work, and this could result in employees missing pay while waiting to schedule/complete the exam. Returning to work has benefits for physical health, social support, self-esteem, and self-efficacy.[11] Another study shows that, even after controlling confounding factors, an earlier return to work had

---

[10] Some of this increase, particularly in 2022 and 2024, is attributable to greater enforcement from DLI including retroactive review of claims paid in 2020 during the first year of the COVID-19 pandemic. An increasing number of claims likely also explains some of the increase.

[11] Figueredo, J. M., García-Ael, C., Gragnano, A., & Topa, G. (2020). Well-Being at Work after Return to Work (RTW): A Systematic Review. *International journal of environmental research and public health*, *17*(20), 7490. https://doi.org/10.3390/ijerph17207490

better physical health outcomes for employees with low back pain.[12] Employees with prolonged absences may experience social isolation, struggle to fully return to work, and become frustrated with their situation. Indemnity benefits pay less than an employee's typical wage, so time away from work can be financially stressful for the employee's household overall. Additionally, if the absence is due to a lack of accommodation or opportunities for transitional work, the employee's absence is no longer strictly for medical reasons but becomes administrative in cause.

Recommendations:

1. Risk Management should collaborate with MT operations and MT Safety to establish and monitor Key Performance Indicators related to injury prevention and/or return to work for managers.

   Management Response: There have been many discussions on this topic over the past few years. Implementing ideas generated, however, has been challenging with the pandemic and staff changes. The Risk department will re-engage in these discussions, partnering with departments across the Council to develop a process to mitigate claim expense related to wage loss.

   Timetable: Q2-Q3 to reconvene the group to discuss options.

   Staff Responsible: Workers' Compensation Claim Manager, Director of Risk (once position filled), MT Safety and Sr. Leadership, HR, others as needed.

   Audit Follow-Up: Confirmation.

2. MT Safety and Disability Management & Occupational Health should begin or continue working with operations managers to complete Physical Demand Assessments and Job Hazard Analyses to identify opportunities for transitional work, accommodations, or other strategies to bring employees back to work in accordance with their abilities and recovery timeline.

   Management Response: While MT Safety and Occ Health are noted, this process will be an outcome from recommendation #1.

   Timetable: Renewed discussions Q2-Q3.

   Staff Responsible: Same group as noted above.

   Audit Follow-Up: Confirmation.

---

[12] Shaw, William S. PhD et. al. Early Return to Work Has Benefits for Relief of Back Pain and Functional Recovery After Controlling for Multiple Confounds. Journal of Occupational and Environmental Medicine 60(10):p 901-910, October 2018. | DOI: 10.1097/JOM.0000000000001380

Controls for Origami User Access Should be Updated

Adjusters use Origami to process and store information on workers' compensation and liability claims. Other departments, like the Safety department, can use Origami to access reports or other claim information. The highest authority for managing Origami user access is the Director of Risk Management. The Origami systems administrator receives and processes requests for Origami access. When making a request, Council employees must describe the business need for Origami access and a Claims Manager approves the request. If granted access, the Council employee is given an account with a specific role and access privileges. Origami accounts use Single-Sign On (SSO) linked to the user's Council credentials.

Audit was provided with a list of Council employees with Origami access and additional details on their access. There are two different categories of roles based on when they were created. Older roles are based on privileges or abilities (e.g., "Reserve Worksheet" described as "Access to Reserve Worksheet" and "Diagnosis code" described as "Diagnosis code."). Newer roles encompass privileges based on position or department. There is no distinction in Origami user access roles between workers' compensation and liability adjusters.

Per conversations with the Risk Project and Claims department, there is no "audit log," or report that shows all the changes made to Origami user access. Furthermore, there is no central documentation of why individuals have been granted user access privileges, despite receiving information on the user's business need for Origami user access in the initial request. There is also no documented process for reviewing Origami user access regularly to remove users who no longer have a business need for access. The Origami System Administrator is in the process of cleaning up roles, as some of the old or unused ones were created by a former administrator.

Table Seven: Overview of Select Origami Access Roles[13]

Display Name	# Users	Description
MC-Basic Privileges	21	Universal basic privileges granted to all users who have access
Origami Added – Full CDE Access	20	Role created for full access to CDEs as part of security cleanup project
MC – Adjuster	10	Claims adjusters
Reserve Worksheet	6	Access to reserve worksheet
Support Tickets	5	Support tickets

Of the 25 different Origami user access roles, some had the same access privileges despite having different names. Furthermore, some access roles are no longer in use (e.g. "Origami Added – Full CDE Access" and "Not in use – Safety User"). Finally, one active user in Origami was no longer a Council employee following their retirement. However, because Origami uses SSO, an employee whose Council credentials have been deactivated can no longer access Origami.

The Council's Access Control Standard (TECH-01-ST) states that "Metro Council information systems and staff must employ security controls to ensure that only authorized personnel can access the data needed to perform their jobs. Access to all other data is disallowed. Privileged access will be

---

[13] There are twenty-five Origami user access roles – the five with the most users are included in the table above. Display names and descriptions are copied directly from Origami.

restricted to privileged accounts with additional security and granted only when needed to perform specific tasks".

Additionally, CIS Controls provide the best practices regarding granting, defining, and revoking user access.

- 6.1 recommends organizations "[e]stablish and follow a process, preferably automated, for granting access to enterprise assets upon new hire, rights grant, or role change of a user."
- 6.2 recommends organizations "[e]stablish and follow a process, preferably automated, for revoking access to enterprise assets, through disabling accounts immediately upon termination, rights revocation, or role change of a user. Disabling accounts, instead of deleting accounts, may be necessary to preserve audit trails."
- 6.8 recommends organizations "[d]efine and maintain role-based access control, through determining and documenting the access rights necessary for each role within the enterprise to successfully carry out its assigned duties. Perform access control reviews of enterprise assets to validate that all privileges are authorized, on a recurring schedule at a minimum annually, or more frequently."

RM has not documented the processes to control Origami user access. Although Origami uses SSO to log in, which is a mitigating control to prevent terminated employees from accessing the system, the roles granted to users are not automatically provisioned based on their SSO credentials. Additionally, SSO should not be relied on as past audits such as the User Administration audit in 2022 have found problems with late termination across the Council.[14]

Duplicate roles needlessly increase the number of roles that an administrator needs to manage and may make it harder to know which role a given user should receive. When role-based access is not implemented, it is more likely that an employee receives a level of access inconsistent with their business need. Since Origami stores sensitive information including health and financial details of people involved in claims, it is very important to ensure people do not have more access than is necessary and that access is revoked when it is no longer needed. Council employees with inappropriate access could use it inappropriately (e.g., sabotage of the Origami system, stealing information for personal gain) or mishandle information unintentionally (e.g., sending information to the wrong email address), posing financial, reputational, and legal risks to the Council. The absence of a detailed description of user access privileges, central record of business need for everyone with Origami access, and regular review process of Origami users increases the risk of inappropriate Origami access and/or use.

Recommendations:

1. Risk Management should develop a procedure(s) or work instruction(s) for managing Origami user access, consistent with the Council's Access Control Standard (TECH-01-ST).

   Management Response: Staff will develop standardized procedures for user access.

---

[14] Metropolitan Council Program Evaluation and Audit. *User Administration.* Saint Paul, MN: Metropolitan Council, 2022. Accessed 1/2/2024. *https://metrocouncil.org/Council-Meetings/Committees/Audit-Committee/2022/December-13,-2022/User-Administration-Report.aspx*

Timetable: Year end 2025

Staff Responsible: Derek Nor, Business Systems Analyst in Risk Management will be primary; others, as needed.

Audit Follow-Up: Confirmation.

2. The Origami System Administrator should continue to work and remove redundant or no longer needed roles and relate roles to business needs.

   Management Response: Agree. Derek Nor has begun this work.

   Timetable: Q3, 2024.

   Staff Responsible: Derek Nor; others, as needed.

   Audit Follow-Up: Confirmation.

Conclusions

Audit observed several good practices such as generally following internal and statutory timelines during claim processing, setting reserves for claims and tracking likely future costs through a loss triangle, and maintaining relevant documentation for claims. Risk Management needs support from other departments to reduce the number of claims and limit the duration and severity of claims, and to keep costs under control. Audit reviewed the 2020 Aon report which sought to address these concerns such as linking claim cost allocation to specific departments within divisions, improving coordination and integration of return to work, and expanding the use of Key Performance Indicators. Together, with improvements to Risk Management processes such as tightening up Origami system controls, the goal of reducing claim costs can be achieved.

February 13, 2025
Matthew J. LaTour, Chief Audit Executive
Program Evaluation & Audit

Appendix A

Program Evaluation and Audit recommendations are categorized according to how Audit will follow-up on them. The categories are:

- **Retest** — Audit will retest the area using the same or similar procedures after a recommendation has been implemented and sufficient time has passed for the changes to take effect. The retest will take place on a specified timetable. The recommendation will be closed once the change has occurred. A new audit project will be opened for retesting and any new findings will include new recommendations
- **Confirmation** — Audit will confirm that an adequate risk response has been completed in the agreed timeline. The recommendation will be closed once the change has taken place.
- **Assess Risk** — Audit will not plan for specific follow up to these recommendations. Audit will discuss the area as part of its annual risk assessment activities and consider future audit work in the area.

Distribution List

All audit reports are reported to the public and are available on *www.metrocouncil.org*. This audit report was distributed to the following parties:

- Members of the Audit Committee
- Regional Administrator
- General Manager/Division Director
- Department Director
- Process Manager
  r

METROPOLITAN
C O U N C I L