



CLM Annual Conference
March 13-15, 2019
Orlando, Florida

Mastering Claim Complexities: Providing Comprehensive Care for Injured Workers

Claim Complexities Can Arise from Many Situations

What began as routine workers' compensation claims can quickly morph into high dollar cases if not handled expertly at the onset. The medical care and recovery environment of an injured worker largely determine the outcome of the claim. Effectiveness is driven by how quickly care is administered and the appropriateness of the treatment that is provided. The severity of injury can also lead to medical complications. Severe injuries resulting in loss of function can drive claim complications. In other cases, pain medications that are not properly prescribed and monitored can result in unintended consequences such as drug addiction. Injuries that alter a person's ability to perform his or her current job, impact quality of life, or worsen an existing condition that can present difficulties. An employee's relationship with his or her immediate supervisor can impact how the injury is perceived and the pathway to recovery. An adversarial relationship is often associated with an extended recovery. The regulatory environment that determines whether an employer can direct medical care or how certain manage care techniques such as utilization review are applied can also impact care and recovery.

Claim Complexities Can Lead to Poor Claims Outcomes

Industry data indicates that claim complexities lead to higher claims costs. Many times medical costs rise due to increased medical treatment or less desired outcomes. Claims requiring surgery are more costly than those using less conservative treatment and they do not always produce the best outcomes. Pain medications can be overprescribed creating greater problems than those instances where alternative pain relief alternatives are used such as mindfulness, meditation, movement, and other prehabilitation techniques. Further poor medical outcomes can lead to longer claims durations. Employees may be out of work longer leading to lower productivity and higher costs resulting from the need to hire and train temporary and replacement workers. Complex claims can also result in higher litigation rates and costs. When questions go unanswered, fear and apprehension rise and workers seek outside legal counsel for issues that could have been resolved internally. Moreover, these types of situations lead to poor employee experiences and put excessive stress on the injured worker and their families.

Medicare Set-Asides (MSAs) can often be the cost driver or obstacle that prevents claims, especially complex claims from being resolved. While MSAs are often addressed months or years into the life of claim, there are means to not only control costs early in the life of the claim, but a number of different

ways to approach the future medical component (MSA) of the settlement. The use of advocacy based programs pre and post settlement not only can control costs within the MSA, but can provide an excellent means to aid the injured worker in their post settlement care.

Creative Solutions Can Prevent and Mitigate Claims Complexities

The good news is there are some creative solutions employers can use to prevent and mitigate claim complexities. Employee advocacy claims models that underscore the employee needs as a top priority and focus on ways to actively engage the injured employee in the recovery process have shown to be extremely effective. It is more effective to start out on the right path rather than try to course correct later during the process.

Access and delivery of quality medical care are also essential. Advocacy models often use provider benchmarking techniques as a way to identify quality medical providers who have been shown to consistently deliver effective medical treatment and produce desired outcomes. Improving an employee's medical literacy is also important. Injured employees should understand their diagnosis and what treatment options are available. They should also be coached as to active measures they can take to improve their recovery such as exercise and nutrition,

Communications that explain the claims process up front and provide access to knowledgeable resources throughout the process are very helpful. This can include helping the employee understand and access other benefits programs for which they may be eligible. This type of communication helps alleviate fear, confusion and apprehension during a very stressful and uncertain time. In many cases, it can reduce an employee's need to seek outside legal counsel.

Technology is being used to further enhance the employee's experience. Like today's consumers, injured workers have come to expect information access 24/7. Portals that can be accessed from any personal computer or smartphones are convenient ways to share information related to the claims process. Moreover, push notifications can provide easy access to claim updates. Innovative mobile apps provide education related to exercise or nutrition as a person prepares for surgery. Wearables can help monitor physical conditions or track such activities as exercise or sleep. While not intended to replace human compassion and concern, technology has been shown to offer convenience, easy access to information and a way to facilitate communication for an overall improved claims experience.

The use of decision optimization is another way claim complexities can be addressed. Decision optimization starts evaluating claims at the first report of injury and then continuously looks for specific data points as the claim progresses to ensure early intervention. Decision optimization is also better able to identify those claims that would benefit from case management or another managed care solution. The use of decision optimization has significantly improved the ability to more accurately identify when case management is needed. The decision is now based on methods that have been proven to provide faster intervention and reduce costs. Using technology advancements, decision optimization is one way to use data to make better decisions on when to deploy clinical resources and changing the projected outcome for the claim.