**How to Script Winning Account Handling Instructions**

**Introduction: (5 minutes)**

* Welcome to WC Mastery training
  + If you fail to plan, you plan to fail
  + AHIs are blueprint for claims handling
  + Partnership agreement between employer & claims handler
    - Each partner has a role and responsibilities
  + You don’t know what you don’t know
* Introduce 3 Main Points:
  + AHI Framework
  + AHI Nuts & Bolts
  + Empowered Deployment

**Main Point #1: AHI Framework (10 mins)**

* Control of Instructions
  + Guaranteed Cost
  + High Deductible
  + Self-Insured
* Price vs Service
  + RIMS 2010 Benchmark Survey: What is #1 factor used to pick insurer?
    - 85.6% chose based on price
* Partnership vs Service Provider
  + Partnerships are essential
  + Trust (empowered deployment)
  + Both parties engaged and responsible
* Build Partnership: Get To Know One Another
  + Vendor Day
    - Marketing brochures of services
    - 3-5 deidentified samples of AHIs of other companies
    - Copy of Claims Handling Best Practices
  + Chairside Visit
    - Informal meeting w/ adjuster
    - See what adjuster sees: AHIs
    - Ask questions, get feedback from front lines
    - “this is a very demanding client”
    - Time saving elements for adjuster, eliminate hoop jumping
  + Employer Visit
    - TPA visits employer
    - Employer goals, business strategy, culture
    - Organizational chart, contacts, responsible parties
    - Every account has different instructions, build adjuster relationship, show appreciation
  + Go-To Account Facilitator
    - Continuous review of business changes and needs
    - Expert in claims services and understand employer needs
* Balance Autonomy & Accountability
  + Built in approval for use of services
  + Accountable to results and charges

**Main Point #2: AHI Nuts & Bolts (30 mins)**

* Communication Tool
  + Clear, concise, and easily understood
  + Sets expectations
  + Gives clear criteria for measuring results
  + Make relevant and appropriate for YOU!
* Communication
  + Clear & Responsive Employer Contacts:
    - Flow chart of communication:
      * Chain of command from the workers on the floor
      * Which supervisors are in charge of which workers
      * Who is in charge of the supervisors
      * Who gets notice of the injury
      * Who calls in the claim to the carrier
      * Who should the adjuster contact upon receipt of the claim to get injury details.
      * Who is in charge of light duty work assignments?
      * Who has the normal job descriptions and light duty job descriptions?
      * Who does the adjuster contact for wage histories?
      * Who is contacted to discuss legal matters and settlement authority?
  + Expectations for Adjuster Response:
    - Response time for emails
    - Response time for phone calls
    - 3 Point Contact
      * Within 24 hours / same day as possible
    - Recorded statement
    - Checks issued timely to injured workers
    - State forms filed timely
    - Follow up with employee and employer regarding RTW
    - Follow up after first appointment with medical provider
  + Reports & Data:
    - Overwhelm of Information
    - Busy work for adjuster creating reports
    - RMIS – online access
    - Status reports every 30, 60, 90 days
      * Best practice = weekly meetings
    - Key Metrics:
      * Lag Time
      * # claims
      * # open claims
      * Total Incurred
      * Lost work days
    - Leverage technology for quick reporting
  + Reviews:
    - Quarterly file audits / reviews
      * In local carrier office
      * At a minimum, hold a file audit 90-120 days prior to your unit stat date.
* Authority vs. Consultation / Select vs Suggest
  + Choose Language Carefully
    - Consult / Suggest: Ask you and do what THEY want
      * May consult vs Must consult
    - Authority / Select: Ask you and do what YOU want
  + Claims denial
    - If deny a claim whether have to talk with client first.
    - May be a reason to accept a questionable claim
  + Subrogation
    - If file for subrogation have to ask the client first.
    - May not want to subrogate against best client
  + Selection of legal council
  + Selection of Vendors
    - NCMs, PBM, MSA Provider, Settlement Consultant, Professional Administrator, Investigator
  + Waiver of Liens
  + Settlement
  + Investigation
  + Managed Care Services
    - Preferred Provider Networks
      * Ensure comfortable with network
      * Can add providers is most cases
    - In house or 3rd Party Services
      * Nurse Case Management
      * Peer Review
      * Chronic Pain Programs
      * Specialty Programs
        + Profit centers for TPA
        + When will be used, when not used
        + What is the ROI for the service

Should be based on own TPA data

* + - * Pre-define rather than having to always ask for permission
        + Waste of time
        + Trust and Accountability

File reviews for how doing on following instructions

* Adjuster Team
  + Dedicated or Designated Adjuster
    - The more familiar with your company, the better results
    - Get value when pay for it.
      * Drive to attorney quickly when don’t call back
      * Want someone who can take the time to know the client.
      * Will know quickly if someone is overworked.
  + Dictate level of adjuster experience
  + What is Case Load?
  + Clerical Support?
    - Consider adjuster with a full-time admin
    - Smaller case loads produce better results.
  + Where are Adjusters located?
    - In USA or other?
    - Local or out of state?
* Claims Denial / Investigation
  + Pay without prejudice.
    - Maine Statue 222: Provisional Payment of Certain Disability Benefits
    - CA Law: up to $10k on each claim
      * No delay in benefits
      * Automatically authorize up to $10,000 regardless of compensability.
  + Aggressive Investigation:
    - Medical advisor to review when mechanism of injury inconsistent with treatment
    - ER records always obtained
    - Review Central Index Bureau as standard practice
    - Authorize up to 10 days investigation
      * Give authority
      * Every questionable claim
      * Social media, surveillance
      * NOT care-free spending
        + READ THE REPORT & provide additional information
  + Mediation / Alternative Dispute Resolutions should be considered on all disputed claims
* Settlements & MSAs
  + Adjuster authority: agreed in advance
    - Set what is appropriate for you based on team and claims volume
      * If set too low won’t have time to review everything
      * Based on volume of claims and trust in adjuster
    - Could be between $5k - $50k of authority
      * Likely $10k - $15k
    - Can settle a claim up to $15k
    - MO, anything under $10k
  + RM Approval
    - > $10k
    - Soft Tissue, Investigation.
  + Consider Structured Settlement > $20k
    - MSAs should be structured
  + Get settlement help:
    - Plan to engage settlement team EARLY in claim
    - Settlement consultant early in the claim
    - Who handles MSAs? Pre-MSA Triage
    - Professional Administration
    - Impairment ratings WRONG > 50% of the time
      * Validate impairment rating
        + Peer Review physician
        + IME
      * Validate anytime > 10% impairment rating
* Reserves:
  + As accurate as possible, how often reviewed?
    - Accurate at beginning, not adjusted
      * Review every 90 days
    - Verify reserve accuracy: compare loss run to settlement figures
      * Multiple reserve changes indicate adjuster experience level
  + Written explanation raised over $10,000
    - Take into account aggressive RTW program
    - Make appropriate for YOU
* Medical Management:
  + Medical Management
    - Nurse triage, NCM, Medical Bill Review, Referral to Voc Rehab
  + Use of Physician Consulting / Medical Advisor
    - Delayed RTW based on EBM Guidelines
    - Peer Review prior to IME
      * Write IME letter if necessary
    - Reserve increases > $25k
    - Any Requests for Surgery
    - Experimental Service
    - Catastrophic claims
    - All reopened claims
  + Right medical network
* Subrogation
  + All cases considered for subrogation
  + All cases considered for second injury fund potential
  + Who has authority to waive a lien, subrogate?
    - Retain right to opt-out of subrogation (if client)
    - Can not waive or reduce liens w/o approval
  + All claims considered for second injury fund potential

**Main Point #3: Empowered Deployment (10 mins)**

* Plan, Execute, Review
  + Make appropriate for YOU
    - Start a conversation with claims team
    - Give more authority if you are not engaged
  + PARTNERSHIP!
    - More proactive on developing relationship,
    - Trust
      * More trust = more speed
    - Autonomy / Safety to Bring Ideas
      * NO micromanagement
    - Vulnerability
      * Humble to receive new ideas
      * Reporting procedures, interventions, etc.
      * Work together to set standards for the program
  + Accountable to key metrics, KPIs
    - Quarterly file audits for unengaged employers
      * Less frequent for engaged employers
    - Monthly reports: Key Metrics – measure ROI
      * Lag Time
      * # claims
      * # open claims
      * Total Incurred Costs
      * # Lost work days
  + Living Document
    - Update as necessary, annual review
* Dissatisfaction with Claims Handler
  + Review AHIs, are expectations clear?
  + Are you holding up your responsibility?