

Workers' Comp Benchmarking Study – What 10 Years of Data Reveals About High-Performing Claims Organizations

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A FEW THINGS TO KNOW

- Volume: Be sure to have the volume turned up on your computer to hear the audio for this webinar.
- Questions: To ask a question about the content of the presentation during the event, you may use the Q&A panel widget located on your screen. We'll be leaving time at the end of the presentation to answer them.
- Problems: If you encounter a problem during today's webinar, please send us a message in the Chat panel located on your screen.
- Presentation and Recording: A copy of the slides and a recording of today's webinar will be posted at www.riskandinsurance.com. We will email links to all attendees.
- Workers' Compensation Benchmarking Study Report: A complimentary copy will be emailed to attendees when it is published later this summer.

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- Rising Medical Solutions (Rising) is a national medical cost containment and care management firm.
- Rising serves payers of medical claims in the workers' compensation, auto, liability and group health markets.
- Rising directs and publishes the annual Workers' Compensation Benchmarking Study that focuses on the complex factors impacting claims management today.
- Visit www.risingms.com to learn more about Rising's portfolio of products and services.

PRESENTERS



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Director of Risk Initiatives & National
Medical Director, Albertsons Companies



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Jason Beans

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Moderator:



Dan Reynolds

Editor-in-Chief
Risk & Insurance®

**A DECADE OF DATA:
THE GOOD NEWS**



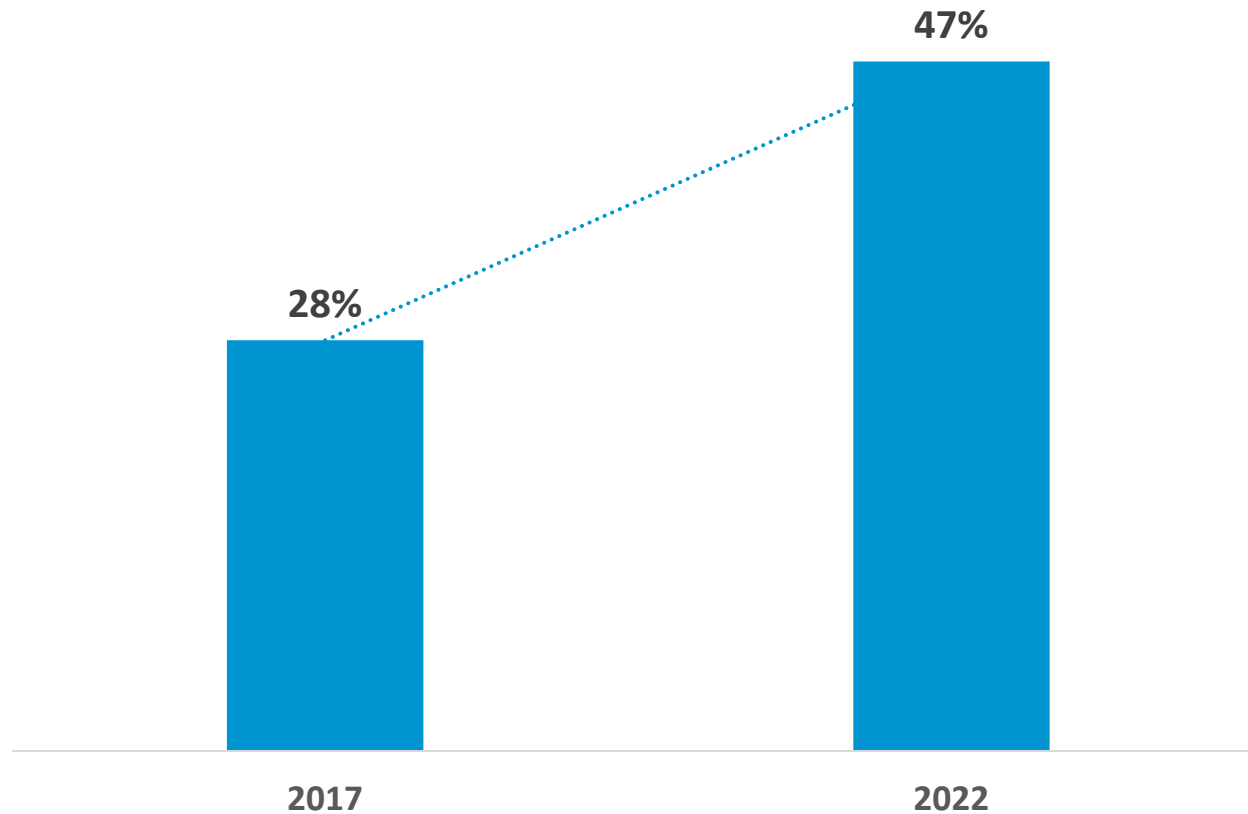
WORKERS' COMPENSATION BENCHMARKING STUDY

CLAIMS MANAGEMENT OPERATIONAL STUDY

- Industry's largest annual survey of claims leaders & frontline staff
- Latest study is a **"10-Year Industry Report Card"** across 60+ data points
- Report will be published in the Summer 2023
- Report reveals the 10-year trajectory of how claims management has (or has not) progressed
- Report also reveals what high-performers are doing to surpass trends and lower-performing peers
- Higher performers $\geq 101\%$ closure ratios // Lower performers $\leq 100\%$ closure ratios

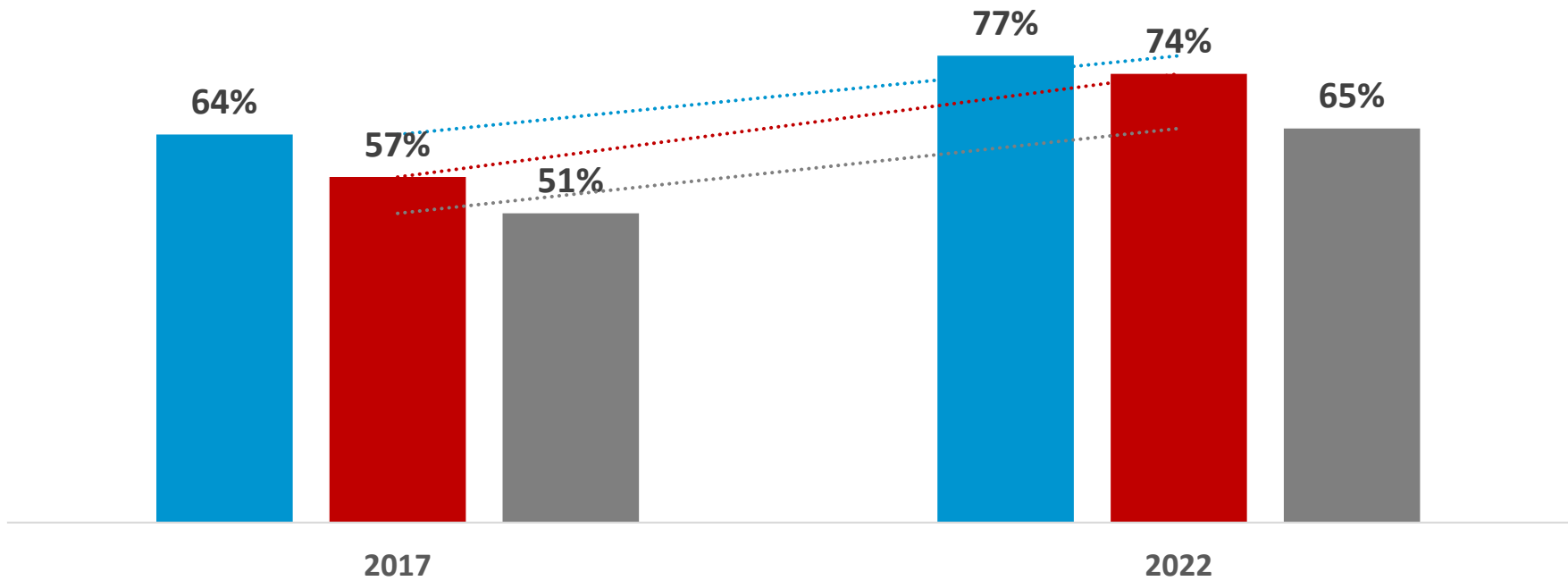
USE OF ADVOCACY-BASED, WORKER-CENTRIC CLAIMS MODELS

HIGH PERFORMANCE DIFFERENTIATOR



ADVOCACY MODEL INITIATIVES IMPLEMENTED

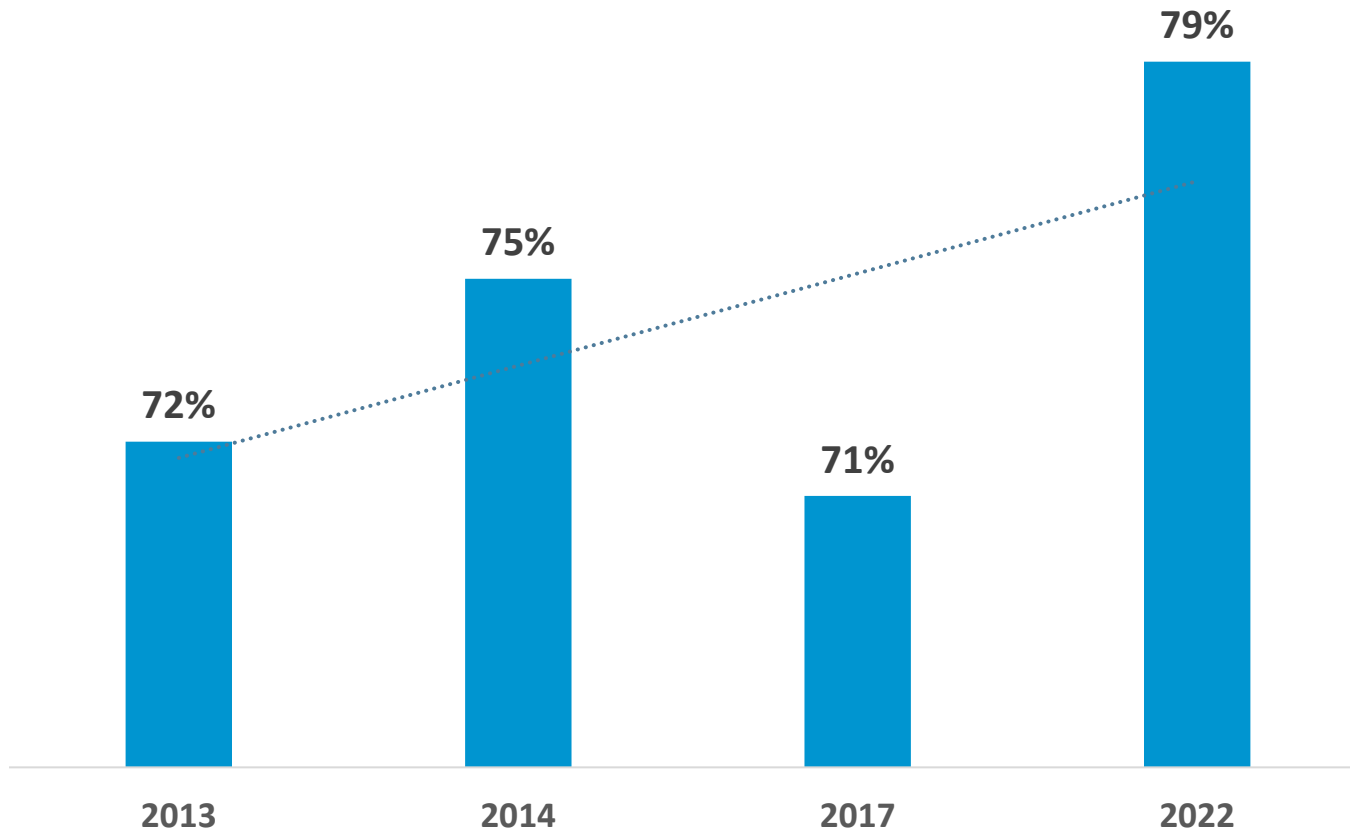
HIGH PERFORMANCE DIFFERENTIATOR



- Revamped injured worker communications including education about the claims process
- Focused claims adjuster training on empathy and or other soft skills
- Cultural shift within your organization supporting an advocacy model including leadership buy in

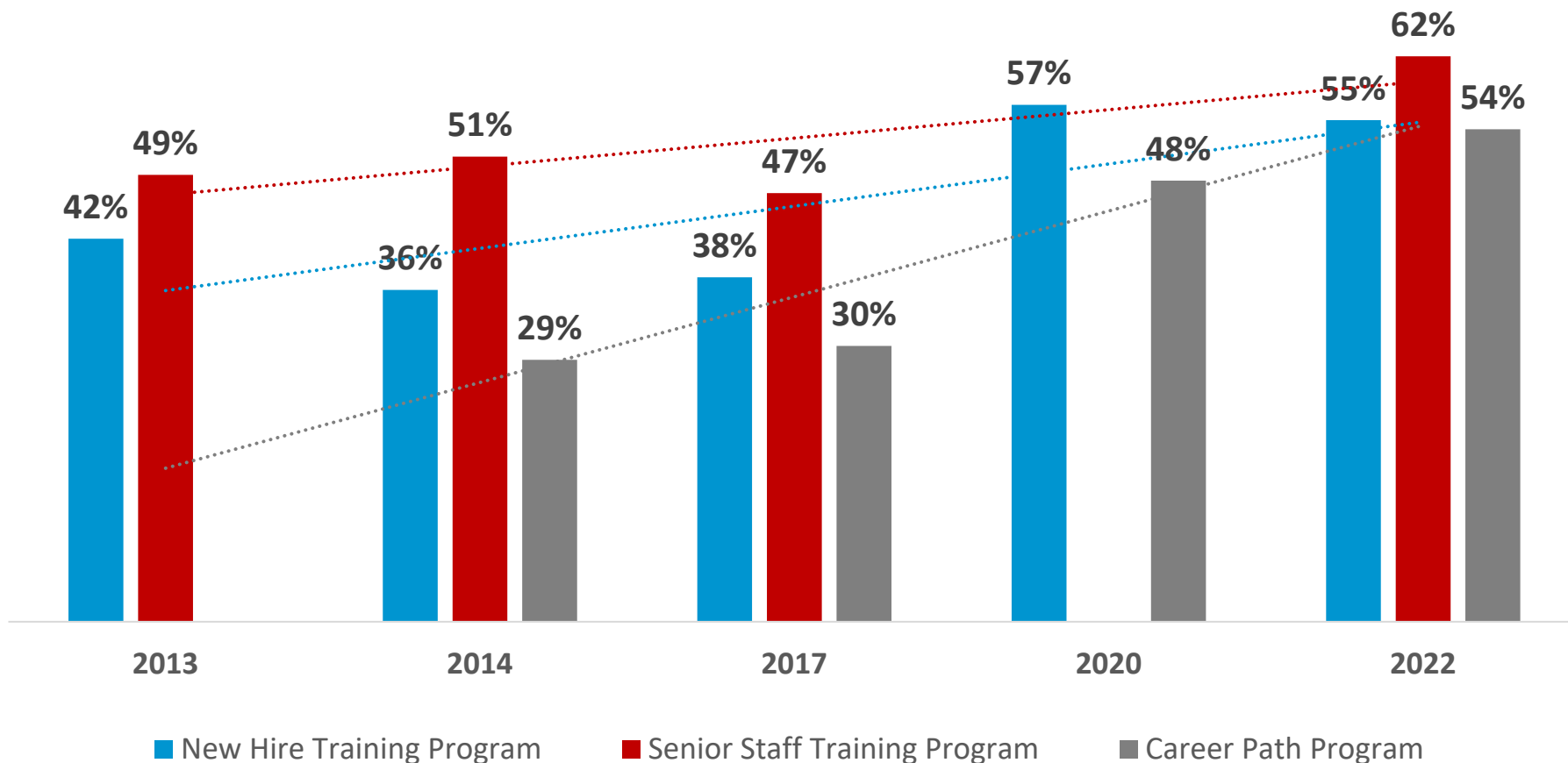
MEASUREMENT OF BEST PRACTICES WITHIN CORE COMPETENCIES

HIGH PERFORMANCE DIFFERENTIATOR



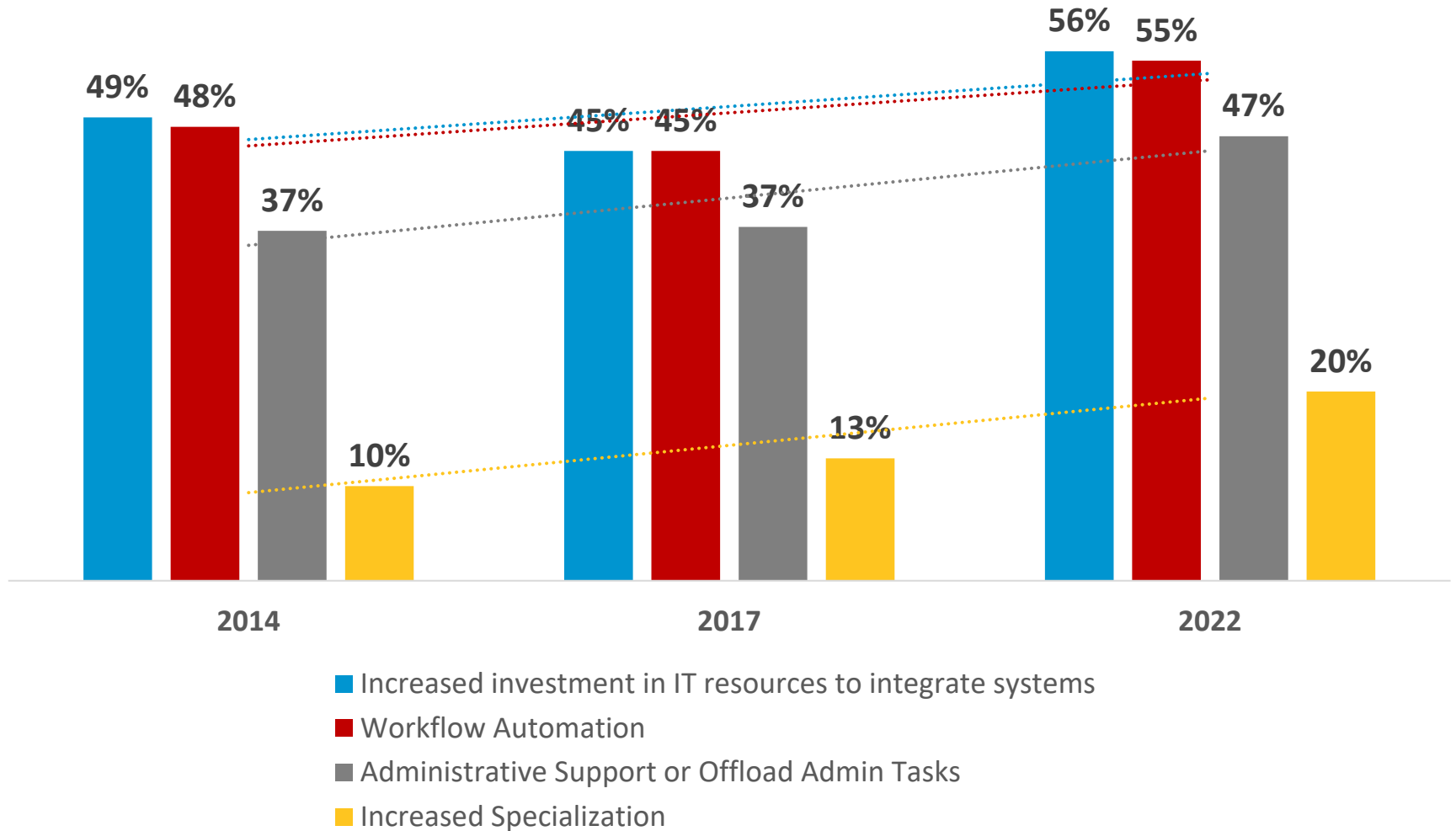
PRESENCE OF FORMAL TRAINING & CAREER PATH PROGRAMS

HIGH PERFORMANCE DIFFERENTIATOR

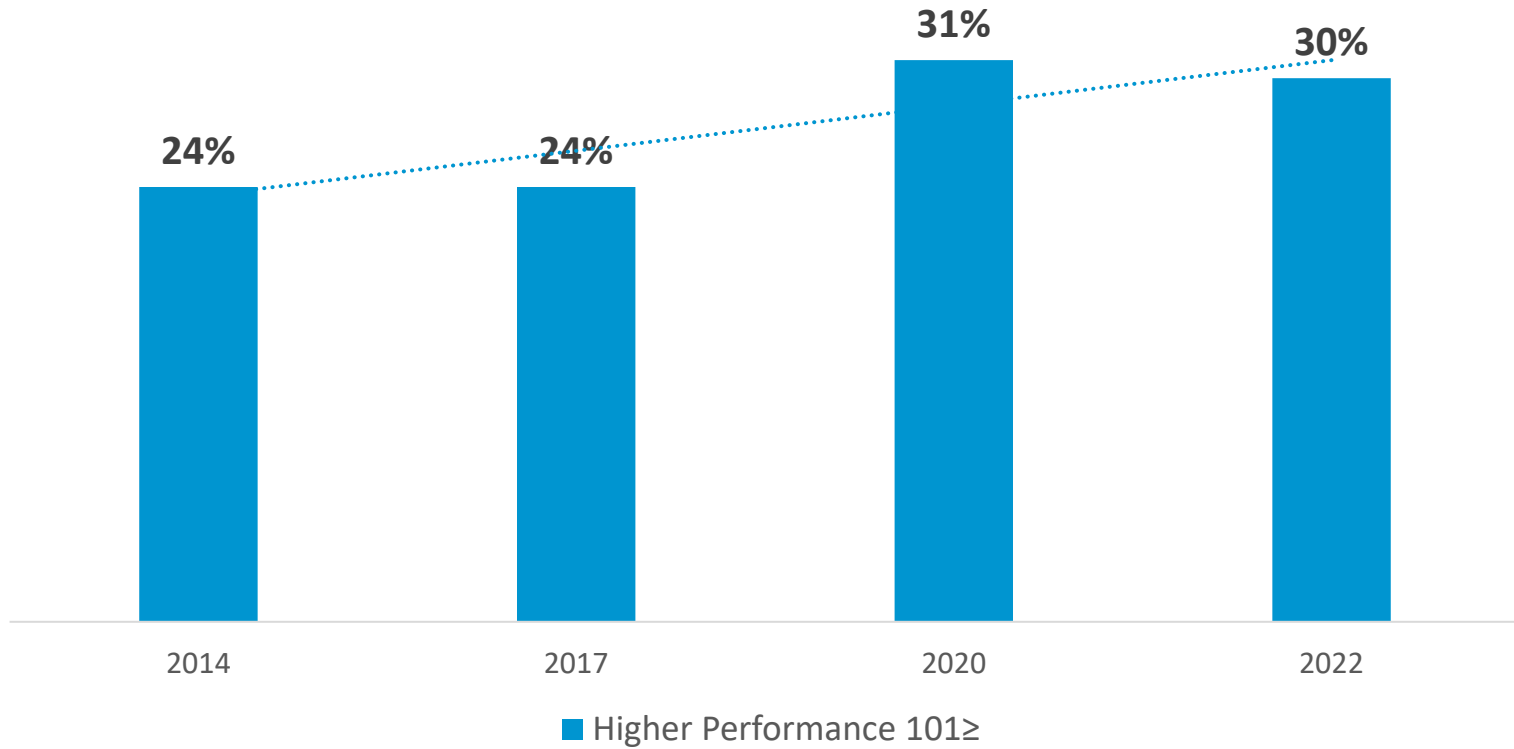


INITIATIVES TO STREAMLINE / IMPROVE FRONTLINE STAFF EFFICIENCY

HIGH PERFORMANCE DIFFERENTIATOR

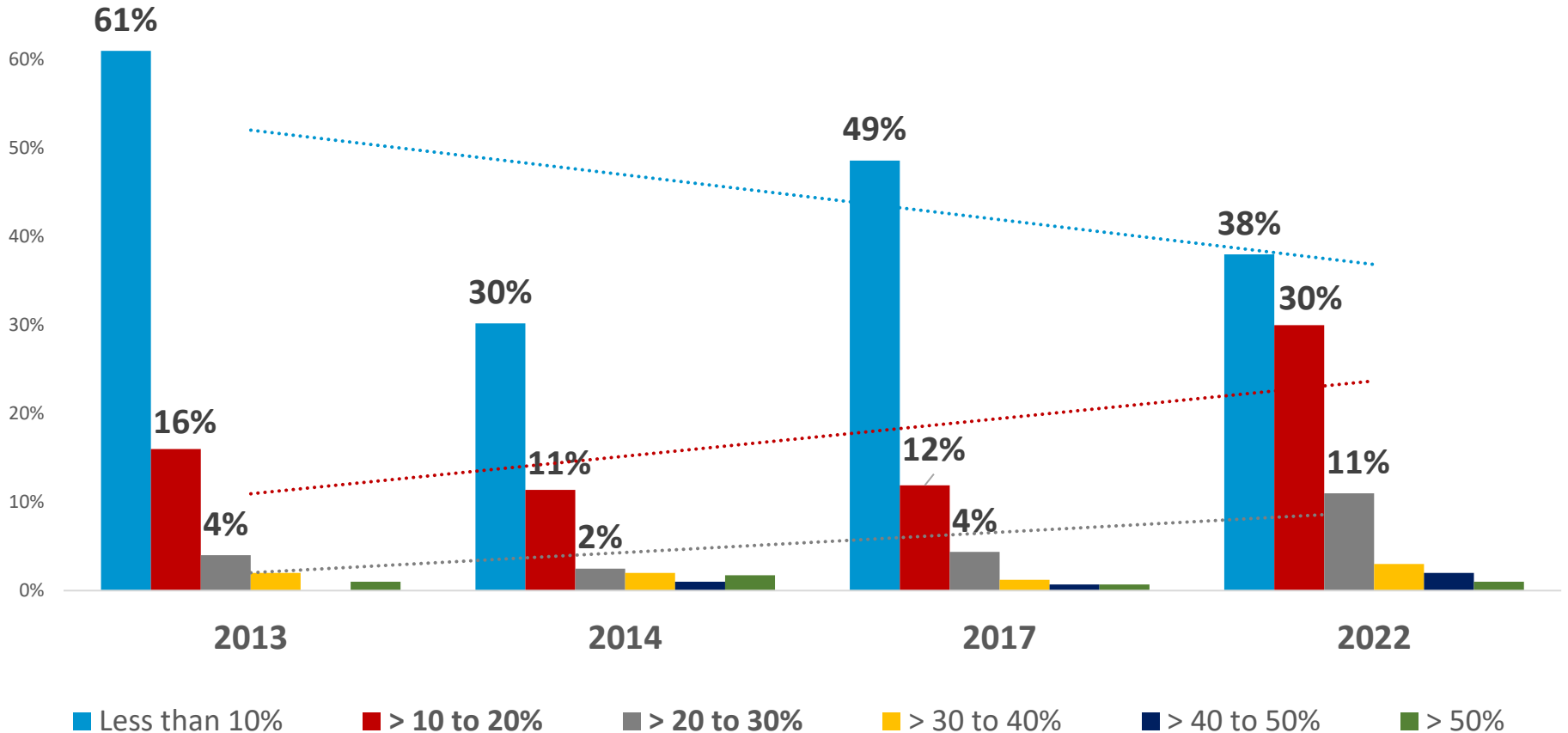


CLAIMS CLOSURE RATIOS – MORE HIGH-PERFORMANCE ORGANIZATIONS



**A DECADE OF DATA:
THE CHALLENGES
(& SOLUTIONS)**

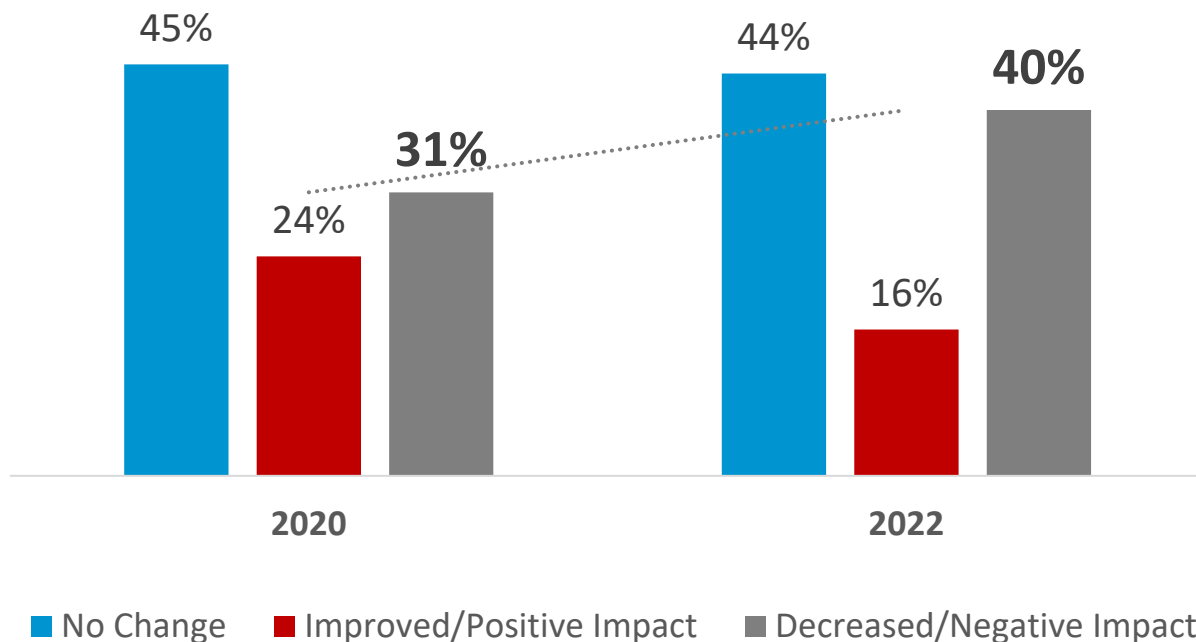
FRONTLINE TURNOVER RATES GETTING WORSE



TEAM DYNAMICS MORE OF A CONCERN

HIGH PERFORMANCE DIFFERENTIATOR

How has remote work from home impacted the claims operation team dynamics?



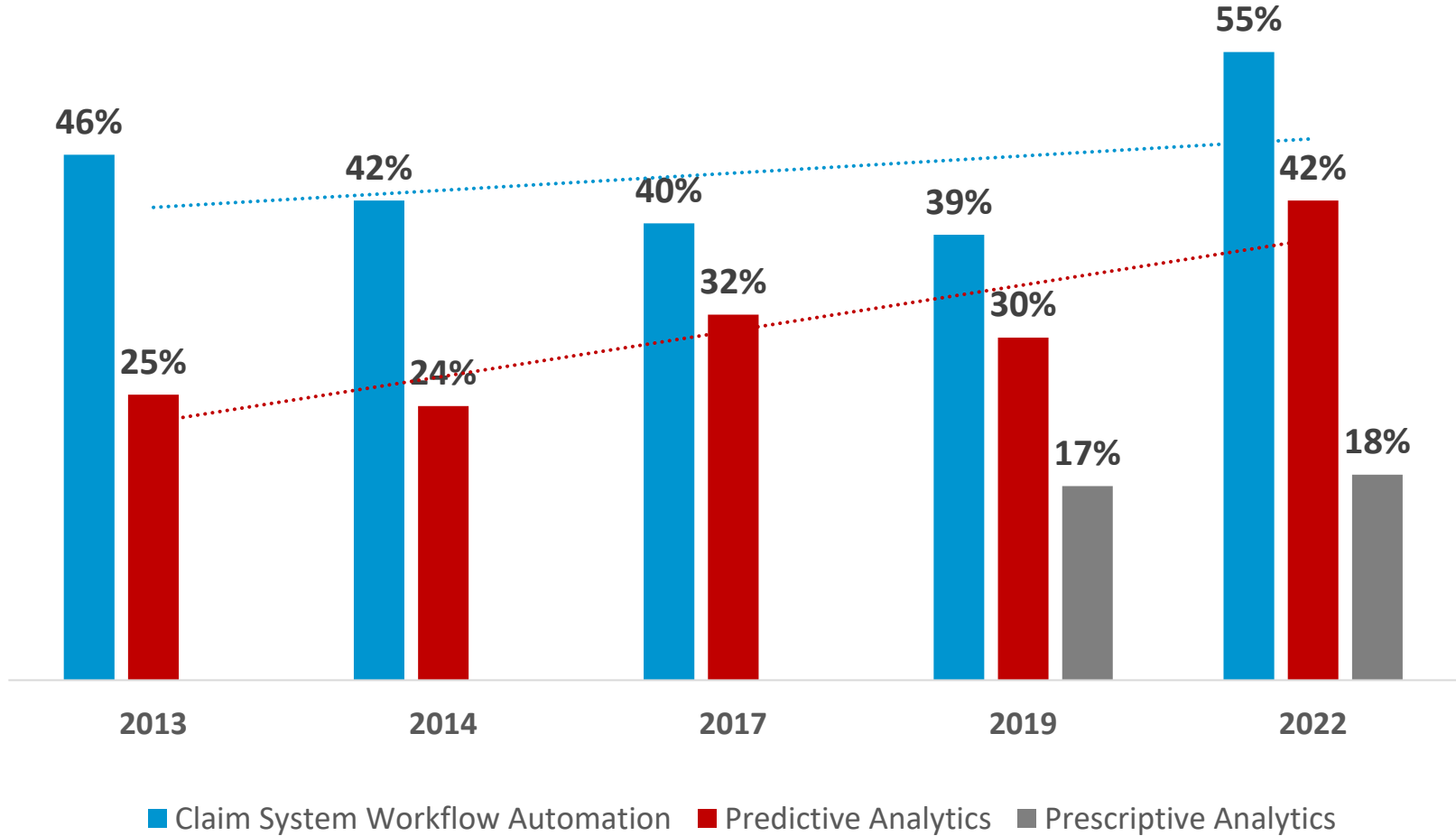
2022 Survey

91%

of claims leaders say a portion of frontline staff will work remotely on a full-time or hybrid model basis

USE OF TECHNOLOGY IN MANAGEMENT OF CLAIMS

HIGH PERFORMANCE DIFFERENTIATOR



USE OF DATA TO MEASURE PROVIDER OUTCOMES / PERFORMANCE

HIGH PERFORMANCE DIFFERENTIATOR

	2013	2014	2017	2022
No / Not Applicable	41%	43%	35%	36%
RTW Outcomes	45%	41%	50%	47%
Total Claim Costs	45%	46%	52%	46%
Treatment within Evidence Based Guidelines	30%	23%	28%	33%
Quality & Timely Submission of Reports	24%	25%	25%	28%
Efficiency Measures such as Average Number of E&M Visits per Claim by Diagnosis Code	7%	6%	14%	13%
NCQA Cost of Care Measures	2%	3%	4%	5%
AHRQ Clinical Quality and Appropriate Care Measures	2%	2%	3%	4%

INITIATIVES TO IDENTIFY BEHAVIORAL / MENTAL HEALTH ISSUES

HIGH PERFORMANCE DIFFERENTIATOR

2022

None / Not Applicable

45%

Questions used by claims professionals or clinical resources to identify psychosocial risk factors

47%

Predictive analytics to identify or predict claims at risk due to behavioral health or mental health factors

16%

Screening or questionnaire for preexisting mental health conditions

16%

Screening tool for example the Orebro or Functional Recovery Questionnaire or similar tool to identify psychosocial risk factors

13%

Mining unstructured data for mental health issues or psychosocial barriers

8%

KEY TAKEAWAYS: WHAT'S ON THE HORIZON

- **Jason:** Huge Have / Have Not Gap Appearing -- the companies that execute on their culture and technology will create massive competitive advantages over their more static peer group over the next 5 years.
- **Marcos:** Increasing awareness and adoption of a whole-person approach to medical, disability and claim management.
- **Denise:** Increased end-end focus on advocacy-based, injured worker centric claims model.

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