

The *INNOVATOR*

Agency Advisory Council Kick-Off Meeting

In an effort to gain a clearer understanding of ways to improve and enhance services, WCS/MCI hosted its inaugural Agency Advisory Council meeting on February 2, 2016. Agency representatives from the Department of Taxation, Department of Health, Department of Game and Inland Fisheries, Virginia Department of Transportation, Department of Military Affairs, and Virginia Indigent Defense Council participated in the day long meeting.

At the conclusion of the day, the group agreed primary focus should be given to consistency, workflow and the development of an escalation process. The Council, along with various members of the claim team will meet again on April 7, 2016 to further develop the processes that will lead to greater consistency, outline workflows and finalize a possible escalation plan.

Your views and experiences are extremely valuable in helping WCS/MCI improve the workers' compensation experience for agencies and injured workers. It's not too late to join the Council! If you have interest in participating in the future, please feel free to contact Penny Gough at 804.775.0702 or by email pgough@mcinnovations.com.

Immediate Claim Reporting Yields Results

Compliance with *minimal claim reporting guidelines*, whether they be those of the Virginia Workers' Compensation Code or Governor's Executive Order is necessary, but does not yield the best outcome for workers' compensation costs or your employees. Better outcomes are achieved when the employee and agency *report claims immediately*. Failing to report claims immediately will most likely increase the cost of the claim and damage the employer-employee relationship. Below are possible, if not, likely, issues experienced when claims are not reported immediately:

1. Delayed medical treatment which may result in increased lost time from work.
2. Inadequate or incomplete claim investigations that could cause MCI to either accept a claim that wasn't compensable or deny a claim that was compensable.
3. Loss of opportunity to adequately address and investigate subrogation opportunities.
4. Loss of ability to offer a panel of physicians.
5. Delayed assignment of a nurse case manager.
6. Limiting the ability to use other MCI cost containment partners.
7. Your injured employee may not feel valued. Trust may be eroded.
8. The injured employee may become disgruntled and lack motivation to return to work.
9. Co-workers may become disenfranchised when they hear a co-worker's claim isn't getting attention, especially when their workload may be increased as a result of the co-workers absence. This may impact a team or department's productivity.
10. It may create an environment in which the injured employee feels it necessary to obtain an attorney.
11. It may cause the employee to have concern and anxiety over financial security.

(continued next page)

An MC Innovations
Publication

Special points of interest:

- > Agency advisory council meeting again 4/7/16.
- > Registration for Regional Roadshows Now Open! Register Early!
- > Claim spend decreases when claims are reported immediately.

Inside this issue:

Agency Advisory Council	1
Immediate Claim Reporting	1
Panel Development	2
FOCUS Safe Driving	3
Complete & Accurate Reporting	4
Roadshows	5

(Immediate Claim Reporting– continued from page 1)

**Claim Costs
rise 15% when
reported
between 4-21
days after the
accident**

**Failing to report
claims immediately
has financial and
human costs**

**Client
Services
generally
develops
panels within
24 hours of
the request**

Insurance studies consistently support that claim costs increase when claims are reported late. Two notable studies include a multi-state study of Fireman Fund claims and the 2004 study by The Hartford.

In the study of Fireman’s Fund claims, there was a *15% increase in average claim* value when comparing claims reported between 0-3 days versus claims reported between 4-21 days. If claim reporting time is delayed to 23 days or longer, *costs jump 47%*.

The Hartford study analyzed over 41,000 claims. According to the study, claims for back sprains/strains reported during the first week can save 25% of medical and indemnity costs.

What can you do to reduce your claim reporting lagtime?

1. Train all frontline managers and supervisors on the importance of immediately filing workers’ compensation claims. WCS /MCI welcomes the opportunity to work with you on developing appropriate training.
2. Develop a written policy and procedure for your agency on claim reporting.
3. Make sure your agency has multiple people trained in submitting claims via VLW. Back-ups are needed in the event the primary person is absent.
4. Examine your agency’s claim reporting workflow and consider changes aimed at reducing lag-time.
5. Encourage employees to report all claims, no matter how insignificant they may seem.
6. Make the timely reporting of claims part of your managers/supervisors job responsibilities.
7. Make sure your work environment doesn’t discourage employees from reporting accidents.

We encourage you to closely analyze your monthly lagtime reports. How is your agency performing in this area? Let us know how we can help.

Panel Development

The Client Service team will provide agencies of the Commonwealth of Virginia verified site specific provider panels. Provider panels are created based upon a particular zip code for a worksite. Providers placed on these panels may either be directly-contracted with Rockport or may be assessed through one of Rockport’s network partners which includes, but is not limited to, Virginia Health Network (VHN) and MultiPlan. In the absence of at least three network providers, Client Services will include out-of-network providers necessary to create a valid panel. Below are the guidelines Client Services considers when establishing a panel:

Distance—Agency zip codes are used to develop panels. Every effort is made to stay within 20 miles of the agency zip code. Based on geographic site location, distance may become a factor in locating an eligible network provider. In rural areas, Client Services may need to extend the distance for an eligible network provider or they may place an out-of-network provider on the panel.

Specialty—Client Services selects the primary treating physicians in order of the provider’s primary scope of practice: Occupational Medicine Clinics, Urgent Care Clinics, Family Practice and General Practice. Rural markets tend to be more difficult in identifying Occupational Medicine Clinics or Urgent Care clinics. Therefore, site panels for more rural areas may be populated with Family practice or General Practice providers that generally accept new work-related injuries without appointment. *(continued next page)*



(Panel Development - Continued from Page 2)

Agency Preference—Client Services encourages and supports the agency’s choice of network providers for their panels. If an agency indicates during development of a panel that they have had good success with a particular provider, Client Services will make best efforts to include that provider on their panel. If the provider is not a network provider, Client Services will indicate this on the panel by placing an asterisk (*) beside the name of the provider. Client Services will also submit the provider information to the network development team to initiate contracting efforts.

Choice— Client Services will provide a minimum of three Primary Treating Physicians and three orthopedic providers, of unrelated practices within reasonable distances, for any given agency panel.

Timeframes for completion— Based on the number of panels being requested for various agency locations, Client Services will work with the requestor to establish mutually agreed upon timeframes for panel development. Typically, 1-10 panels can be completed within 24 hours. For greater than 10 panels, an ETA will be provided by Client Services.

Provider Verification— Client Services verifies every provider selected for inclusion on an Agency site panel prior to submitting to an agency. Client Services recognizes the need to verify provider demographic information on a regular basis due to medical providers changing locations, adding new practitioners to their practice, a practice no longer accepting new patients or workers’ compensation patients, etc. Therefore, all providers/facilities are placed back into the verification queue to be re-verified 90 days since its last verification was performed. If an agency learns of a change that impacts the provider’s willingness to see an injured worker, please report the information to ClientServices@rhgnet.com or by calling 800.734.4460. so the provider may be removed from the database and your panel updated.

WCS Panel Review— We recently added to the panel development process a final review by Workers’ Compensation Services. Chad Smith of Workers’ Compensation Services will review the suggestions of Client Services before the panel is shared with the agency. The review will focus on jurisdictional requirements and local knowledge of the agency, location and providers.

Should you have a request for a panel or have any questions regarding panel development, please contact Client Services by emailing ClientServices@rhgnet.com or by calling 800.734.4460.

FOCUS Training for Safer Driving

Safe driving begins long before you get behind the wheel. The process begins with you, the driver. Are you licensed? Are you in good health? Are you on medications with drowsy side effects? If you’re not authorized to be behind the wheel you should not be driving. If you’re not feeling your best, you should consider postponing your trip until you do or lengthening your stay if you’ve already traveled out of town. You also want to consider the weather. Ask the questions: Is it safe to travel today? What’s the weather forecast for the travel starting and ending point and areas in-between?

If you’re ready to travel, the next step is inspecting your vehicle. Never put a vehicle on the road without first “kicking the tires” so to speak. Check your fluid levels, tire pressure, and safety gear like road flares, flashlight and the spare tire. Are there

(Continued next page)

Vol. 1 Issue 4



**Need to development a
Panel? Contact:**

ClientServices@rhgnet.com

or all:

800.734.4460



**Commonwealth of Virginia
Workers' Compensation Services**

(FOCUS Training—Continued from page 3)

warning lights on the dashboard? What about leaks and strange noises? All of these questions and more should be answered before getting on the road. You never want to discover these problems while on the road when they could have been addressed before you started your journey.

Now that the vehicle has been checked it's time to "load it up". If you have packages, luggage, or other types of materials to transport consider securing them in the trunk or on the floor. You never want to stop suddenly and be hit in the head by an unsecured object.

You know you feel fine, the vehicle is safe to drive, the weather is great, and your load is secure and now it's time to FOCUS on getting to your destination safely. Be sure to obey all traffic laws, drive defensively, and undistracted. Distracted driving is not just cell phone use and texting. Eating, drinking, reading, daydreaming because of fatigue, adjusting vehicle electronics, applying makeup, shaving, and similar activities are all forms of distracted driving.

Want to know more about this subject? Do you have employees who would benefit from a refresher on this topic? Let us help your employees FOCUS on safer driving and handling vehicle emergencies.

Contact Monica R. Vannoy, CSP, CET, VPS - Loss Control Consultant at 804-308-3993 or by e-mail at: monica.vannoy@dhrm.virginia.gov.

The Critical Role of Complete & Accurate Information

We know reporting workers' compensation claims can be tedious, and is most assuredly one of the many responsibilities most of you have. However, it is a critically important task. In this newsletter we have already highlighted the importance of timely claim reporting. Here we want to talk to you through how important it is to report accurate and complete information.

Let's examine a claim reported to MCI on February 10, 2016. On February 2, 2016 an employee of eight years fell, injuring herself. Injuries were severe enough that she was transported by rescue squad to the emergency room. The claim was filed via VLW eight days following the incident. The reporting agency did two things that greatly impacted the initial handling of this claim. First the claim was reported as a medical only claim rather than as the lost time claim that it was. Second, the agency failed to provide the injured employee's home phone or cell phone number. A subsequent agency internal accident report again failed to provide the employee's home number, but did list the employee's work number.

How do you imagine failing to provide complete and accurate information impacted this claim and, more importantly, this injured worker? First of all, MCI did not initially assign the claim to a benefit coordinator with lost time expertise. When it was ultimately discovered that lost time was involved, the claim had to be transferred to a lost time benefit coordinator. This transfer would have been avoided had the claim been identified initially as lost time.

The initial claim investigation was also delayed while the benefit coordinator attempted contact with the injured worker by calling her work phone number. Messages went unreturned because the injured worker was recovering at home. MCI's referral to the Nurse Case Manager was also delayed, because of the original notation that this was a
(continued next page)



Penny Gough, Managing Partner
Phone: 804.775.0702
E-mail: pgough@mcinnovations.com

*** Be sure to copy**

COVimaging@yorkrsg.com

**when sending faxes and
emails**

(continued from page 4)

medical only claim. The Nurse's initial assessment and services were also delayed since the referral form, which is auto-populated from information in the claim system, passed on the blank field housing the employee's home phone number.

Delays, incomplete and inaccurate information all impacted the lag in compensability determination, medical services being authorized, nurse case manager assignment, and probably, most importantly, how the employee feels about the workers' compensation process.

As a reminder, this injury occurred 2/2/16; was received by MCI 2/10/16 and the employee first learned her claim was covered March 1, 2016. How would you feel? We may each have a different answer to this question, but it is probably safe to assume that being valued, important and cared about would not best describe how you would feel. Would you be concerned enough to consider securing the services of an attorney? Might you be a little less inclined to do everything you could to return to work at the earliest possible date?

What you do and the information you provide is very important, and many times, sets the tone for the employee's experience with the workers' compensation process.

**Regional Roadshows
Registration Is Open!!**

**5/10/16—Roanoke
6/1/16—Hampton
6/6/16—Richmond
6/9/16—Staunton**

Regional Roadshows

Registration is now open for the Workers' Compensation Services 2016 Roadshows! *Please register in the Knowledge Center; you can search on keyword "Roadshow."* There are three sessions on each day - you may register for one, two, or all three.

This informative regional session is designed to provide agency Workers' Compensation representatives with an overview of FY16 results and initiatives aimed at improving the customer experience with a significant portion of the day devoted to training sessions geared both toward the veteran and to the less experienced workers' compensation coordinators.

Workers' Compensation 101 (9:00 AM – 11:30AM)

This training is geared toward those agency representatives who have fewer than 2 years of WC experience, report a low volume of claims annually or simply feel like refreshing their knowledge of the workers' compensation basics.

Workers' Compensation Program Overview & Initiatives (11:45AM – 12:45PM - lunch is provided)

Everyone should plan to attend this brief session which will provide you with an overview of key program results and the status on FY16 initiatives.

Advanced Workers' Compensation (1:00 PM – 4:00 PM)

This training session is geared toward those agency representatives who have 2 or more years of experience and have a good general understanding of the workers' compensation program. Those attending the morning training session may wish to attend to build on the knowledge gained in the morning session.

We look forward to seeing you this spring!

Tips for Teamwork

- ◆ If you have photos regarding the accident scene or claim investigation please email the digital photos as attachments instead of screenshotting the photo. Additionally, avoid printing out photos and mailing them to MCI. Scanning a printed picture results in significant quality degradation.
- ◆ Be certain to identify whether the right or left body part injured when reporting a work injury. Lack of specificity can cause confusion and prolonged investigation.
- ◆ Please remember to log into Visual Report Studio to review your agency's push reports.