Workers Compensation Claims Adjusting: What Actuaries Need to Know

Casualty Loss Reserve Seminar,
Anaheim Marriott
Grand Ballroom C
September 7, 2018



Agenda

- Introductions / Learning Objectives
- The Value of Actuarial Interactions
- Claims Process
- Claims Tools & Trends
- Questions & Discussion



Speaking with You Today

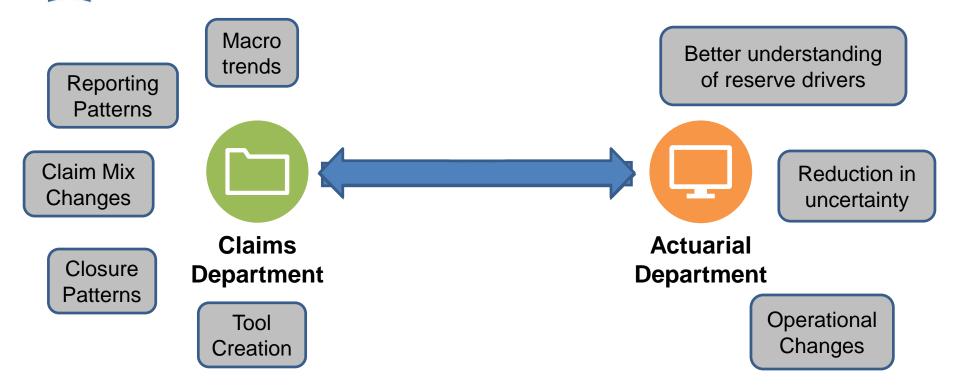
- Dick Messick Deloitte Consulting LLP
- Dolph Zielinski CNA



Learning Objectives

- Understand the claim reserving process from the adjuster's perspective
- Understand claim adjusting leading practices
- Consider how a better understanding of the claims adjusting process will impact your actuarial analyses
- Understand how changes in the claim handling process can impact your actuarial reserve analyses

Benefits of Interaction



This relationship should be an interactive two-way street!



WC Claim Handling Objectives

Meeting Insurer Contractual Obligations and Support Financial Goals Through:

- Achieve Maximum Medical Improvement
- Get the injured worker back on the job as quickly as possible (if not totally disabled)
 - Reduce duration of disability
 - Find appropriate work based on MMI level
- Obtain the best possible financial outcome
- Customer Satisfaction
 - This is the "Claims Customer Experience"
 - Becoming an important differentiator!



WC Claims Process

Core Activities

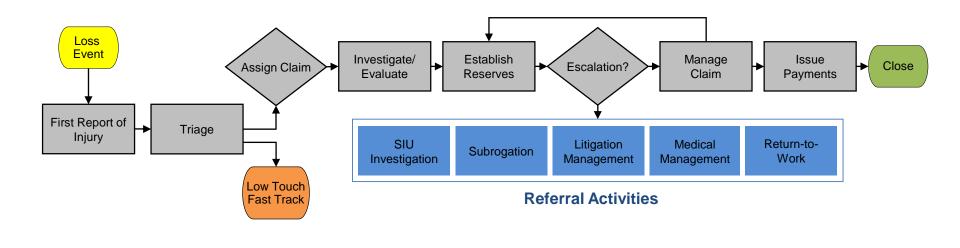
- FNOL/FROI
- Assignment
- Investigation
- Evaluation
- Reserving
- Negotiation
- Settlement
- Closure

Referral Activities

- Medical Case Management
- Litigation Management
- Fraud/SIU
- Recovery Management
- Return-to-Work



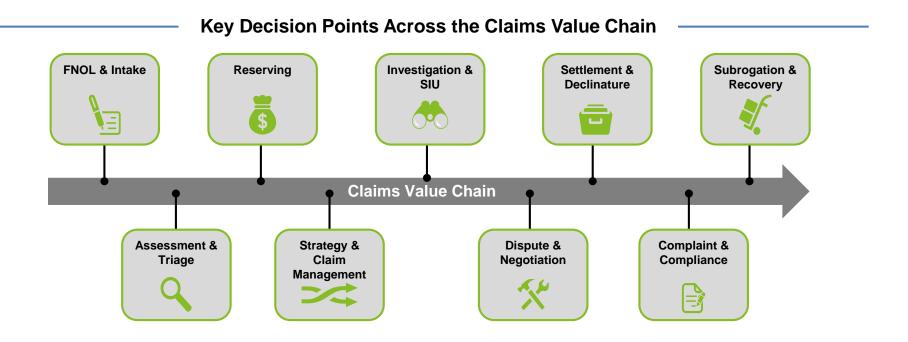
WC Claim Process Flow



Information Available to Establish Accurate Reserves

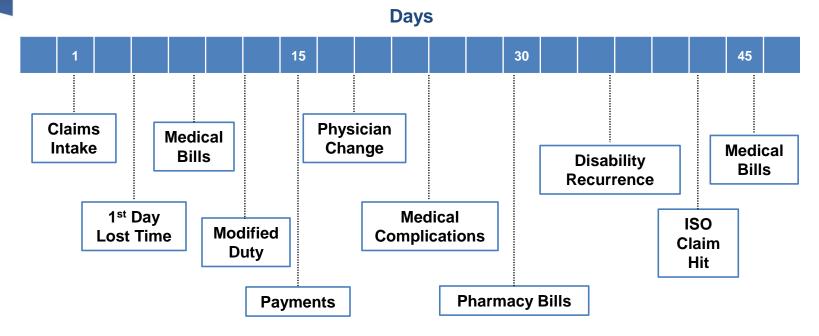


WC Claim Decision Points





Claims Sequence of Events



The Information Paradox:

- As time passes, additional information is available that allows for appropriate interventions to be taken and more accurate reserves to be set
- Claim outcomes are generally improved by taking actions earlier in the life of a claim, but this is when less information is available to base the actions upon



Core Activity Leading Practices

FNOL / FROI

- "Omnichannel" claims intake mechanisms, such as 24/7 call centers, agency portals, internet self-service, smart phones, etc.
- Use of "nurse hotline" to interact with claimants to assess injuries and recommend appropriate treatments for med only / minor injury claims

Assignment

 Automated triage/assignment process that uses business rules and/or analytics to assign claims and make referrals to specialized resources

Investigation

- Completion of 3-point contact (or reasonable attempts) with employee, employer, and medical provider within 24 hours of receipt of the claim
- Use of digital recorded statements when appropriate



Core Activity Leading Practices

Reserving

- Reserves should not be set in anticipation of the best or worst possible result, but should reflect the probable outcome based upon both known and reasonably foreseeable factors
- Use of standardized, automated worksheets to instill uniformity in reserving practices

Negotiation

- Proactive identification of subrogation potential and settlement offers made to appropriate claimants (e.g., non-represented claimants)
- Scenario planning introduced to manage negotiations

Settlement

- Establishing "full & final" settlements, when permissible
- Use of annuity products to fund lifetime benefits settlements



Referral Activity Leading Practices

Medical Case Management

- Proper and timely use of Independent Medical Examinations (IMEs)
- Timely assignment of telephonic or field nurse case manager and/or vocational rehabilitation manager, often driven by analytics
- Aggressive pursuit of maximum medical improvement status

Litigation Management

- Clearly established litigation guidelines and reporting requirements
- Approved defense counsel panel with negotiated rates and flat fees up to a specific point in the litigation process

Fraud/SIU

- Establish standardized fraud handling procedures, including aggressive legal actions
- Predictive models developed and integrated into fraud detection software and business rules

Referral Activity Leading Practices

Recovery Management (Subrogation)

- Where injury is caused by a third-party or defective machinery, timely evaluation and pursuit of recovery should be made
- Apportionment and/or other credit or recovery opportunities should be identified and pursued, when possible
- Use of data analytics/predictive model to identify claims with high subrogation propensity

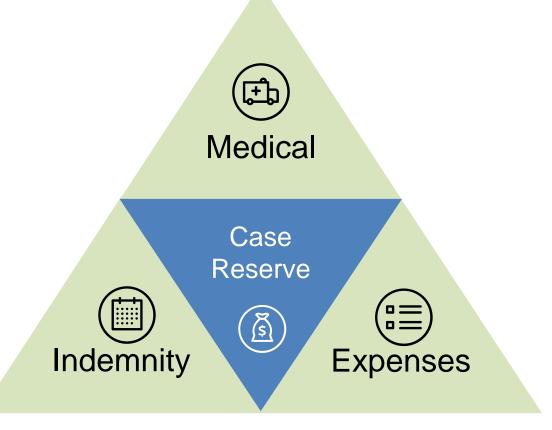
Return-to-Work

- Aggressive pursuit of return to work options
- Use of light duty assignments at not-for-profit organizations



Reserve Elements

What components are considered in a case reserve?





Reserving Issues/Implications

The Issue

Why?

The Impact

The Solution

Under Reserving

- Wishful thinking
- Lack of info
- Inattention

- Results look better
- Last minute catch up
- Claims stay open longer
- Be attentive!
- Recognize potential claim value early
- Use frequent diaries

Over Reserving

- Incorrect info
- Reading into a situation
- Being overly cautious ("better safe than sorry")

- Results look worse
- Sloppy expense management
- Complacency

- Review all information early in the life of the claim
- Avoid knee jerk reactions!

Reserving Issues/Implications

The Issue

Why?

The Impact

The Solution

Delayed Recognition

- Random diary dates
- Blindly following diary dates
- Inaccurate reserves
- "Surprises" down the road
- Set diaries for key events
- Adjust reserves when new info is received

Stair-Stepping

- Complacency
- Inexperience
- Lack of training
- Time consuming for adjuster
- Reserves never reflect ultimate values
- Reserves undervalued
- Gather and evaluate all needed information!



Reserving Issues/Implications

- Any of the previous reserve issues may not be problematic, if they are consistent over time, but ...
- Watch out for inconsistency caused by:
 - Operational changes that are not communicated
 - New leadership
 - Revised performance measures
 - Changes in closure rates
 - Lack of standard procedures / reserve worksheets



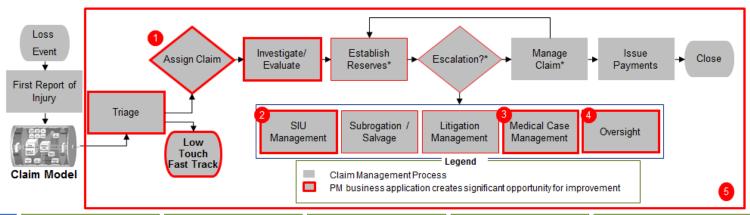
Claims Tools & Trends

- Increased Use of Medical Management
 - Telephonic/Field Case Management
 - Nurse Staffed "1-800" Triage Lines
- Accelerated Closure Mechanisms
 - TPA Contractual Terms
 - Client Guidelines / SLA
- Analytical Models
 - Severity Models
 - Fraud/SIU Potential
 - Propensity to Litigate



Predictive Analytics

Predictive analytics provides significant claims outcome improvement opportunities in a number of areas:



Triage, Assign & Investigate

- Improved initial routing to low-touch processing boosts efficiency
- Claim severity matched to skill set reduces reassignment rate and optimally deploys best resources

Enabled Process

Model

- Identifies claims where dedicated resources require increased oversight and support
- Detailed model outputs focus claim investigation and support decision making

2 SIU Investigation

- Model output driven referral process to fraud unit and / or surveillance unit:
 - ✓ Reduces referral lag from months to days
 - Better referral quality increases fraud unit acceptance rate and lowers friction costs
 - Automated referral rules improve consistency
- Fraud and surveillance role evolves from back-end mitigation to front-end deterrence

Medical Management

- Enables effective triage for medical case management
- Indicates the potential need for medical case management on both Lost Time and complex Medical Only claims
- Faster deployment of clinical resources improves return to work times

4 Oversight

 Enables claims staff to focus oversight on the more complex claims

5 Performance Management & Analysis

- Monitor claim outcomes utilizing model scores and injury group distributions to evaluate performance and model impact
- Create and utilize reports to monitor model adoption and understand other operational trends
- Utilize model output to determine which areas should have additional focus



Text Analytics/Big Data

Text Analytics

- Structured Data (Injury type, body type)
- Unstructured data (circumstances of accidents, foul play, behavioral / motivation levels)

Big Data

- Geo-demographic (density)
- Financial (slow payments)
- Pharmacy prescription behavior
- Medical diagnosis changes
- Highway accidents (fatal injuries)
- Etc.

Other Novel Differentiators

- Normalization by venue, injury type
- Real time scoring / action
- Medical protocols
- Advanced business messaging
- Etc.

Substance Abuse? Diaries Substance Abuse? Substance Abuse? Substance Abuse Adjuster Comments Adjuster Adjuster Adjuster Adjuster Adjuster Adjuster Adjuster Comments Adjuster Comments Adjuster Adjust

False Positives

"The claimant denied having High Blood Pressure..."

"She said she never was diagnosed with blood pressure above normal."
"No high blood pressure."
"no other medical conditions identified— such as HIGH BLOOD PRESSURE, or previous sprain of lower back..."
"CLAIMANT IN LIVE DISCUSSION SAID SHE IS NOT AWARE OF HAVING HIGH BLOOD PRESSURE"

"...not done due to hypertension..."

Keywords Interpretation

"suspected drug use from prior contact was established. When asked about past drug history the claimant initially said no to PCP."

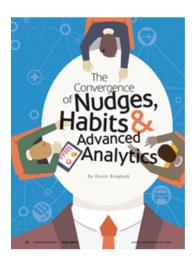
- PCP drug?
- Primacy Care Provider?
- Post Care Procedure?

"claimant said she went to see aa doctor last week for her treatment"

- Alcoholic Anonymous?
- A simple typo?



Use of Behavioral Science



"WE ARE LIVING IN EXCITING TIMES. The convergence of big data, advanced analytics, and a deepening understanding of habits and how to ALTER human behavior through dataenhanced "nudges" is rapidly changing the world we live in."

- Prescription drug initiatives
- Evidenced based medicine
- Data-driven coupons fighting diabetes
- Telematics
- Hospital check lists

"Habits aren't destiny... habits can be ignored, changed or replaced."

- The Power of Habit

"The bottom line, from our point of view, is that people are, shall we say, nudgeable."

- Nudge

March 1, 2016

How to Help Reverse the Opioid Epidemic

by Kevin Bingham, Amel Arhab, Sundhar Sekhar and Denys Lebedev

Summary:

One and a half times as many people die of drug overdoses as die in vehic accidents. Here is how analytics can tackle the opioid catastrophe.



"Our hope is that through the use of predictive analytics (i.e., the ability to identify, in the first few days of receiving a claim, individuals most likely to become high consumers of opioids), prescribing guidelines and physician peer-to-peer outreach, we can help increase insurers' and treating physicians' awareness as they work to help prevent injured workers from struggling with dependency and addiction before the behaviors or habits ever form."



Questions and Discussion

