



THE CRS INSIDER

THE IMPACT OF BILL REVIEW

One of the things often overlooked in the world of workers' compensation is the effect of a strong bill review program for both medical bills and pharmacy benefits. I think this is, in part, due to the perceived complexity of the billing and review process. In an effort to simplify it, I will break down some common terms and discuss the impact our program has had on our customers over the last four quarters. First, some common terms.



BEN TEBO
VICE PRESIDENT

Fee Schedule – Fee schedules are determined at the state level and lay out the prices that a medical provider can charge for specific services related to treatment of work comp injuries. Only a handful of states do not utilize some type of fee schedule.

Usual, Customary and Reasonable (UCR) – UCR is the amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. UCR is typically used to determine the allowed amount.

Preferred Provider Organization (PPO) – PPO is a health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use a provider that belongs to the plan's network. While you are likely more familiar with this term as it relates to group health plans, PPO's are also prevalent in the world of workers' compensation.

Creative Risk Solutions partners with Equian to provide bill review and pharmacy benefit management on behalf of our customers. In the last four quarters, we processed over 38,000 medical bills. The total billed charges were over \$40 million. Fee schedule and UCR reductions amounted to \$14.3 million, PPO reductions of nearly \$2 million and a total reduction of \$19.6 million for a 48.8% savings off billed charges.

Regarding pharmacy benefits, we handled roughly 6,000 prescriptions with total charges of roughly \$1 million and achieved a savings of 26.2% from those billed amounts.

These are real dollars which have a real impact on the overall cost of workers' compensation claims. Don't ever hesitate to ask your TPA to show you what kind of savings they are generating on your behalf!



MANAGER'S MINUTE



JENNIFER HERR
WORKERS'
COMPENSATION
MANAGER

FLAGGED CLAIMS

There are many advantages in using ReportMaster to report claims, one of them is the ability to “flag” a claim. Flagging a claim allows CRS to quickly understand there is something about the claim which is out of the ordinary. The presence of a flag will cause us to investigate the claim further. There may be more than one reason for a claim to be marked as flagged.

Below are options available or you may choose the free-form section to input further details.

- More in-depth background check requested
- More intensive investigation required
- Potential fraudulent activity
- Recorded statement requested
- Time sensitive
- Other

A clear plan of action for handling incidents sets the stage for claim success. The CRS plan on a flagged claim is to first review the First Notice of Loss (FNOL) and understand the reason for the claim being submitted as flagged. The adjuster will then contact the employer to further discuss the FNOL and obtain more detailed information on the reported claim. A recorded statement from the employee may also need to be taken or a background check may need to be obtained.

"Focus on the Facts"

Assuming an injured employee is being less than truthful can erode a good relationship. Focus on the facts and be transparent about how claims will be investigated before injuries occur. Keep communication open and investigate any troubling patterns. Employers and employees have the same goal: get the injured worker recovered the right way for long-term wellness and back to work as soon as possible.



A CLOSER LOOK

NEW INTRODUCTIONS



JOHN SPINNER
ASSISTANT VICE PRESIDENT

John Spinner joined CRS in February 2018. John's role will be to provide innovative solutions and excellent service to our clients. He will also play an integral role in the leadership team.

Prior to working at CRS, John has managed client relationships for the past 22 years for several Fortune 100 and 500 companies. He has held roles in executive management, project management, sales and human resources.



BO EATON
CLIENT SERVICE CONSULTANT

Bo Eaton joined CRS in December of 2017. Bo was previously employed with The Cincinnati Insurance Company. He brings 10 years of claim expertise to CRS.

Bo will be handling the overall needs of clients in regard to claim handling, reporting requirements and communication. Dedicated to providing quality customer service, Bo will provide training for the CRS claim system and coordinate claim reviews between clients and CRS adjusters.



KRISTIN ATER
WORKERS' COMPENSATION
SUPERVISOR

Kristin Ater has been employed with CRS since January 2018. Kristin joined CRS as a Workers' Compensation Supervisor. She brings more than 15 years of claims experience to her role.

Kristin is supervising a team of adjusters who are diligently meeting the challenges of offering clients unparalleled customized claim service. Kristin's goal is for her and her team to provide prompt and fair claim resolution to all CRS clients.

