

EMPOWERED

BY: **singlepoint** INSURANCE SERVICES

Family
is where
Legacy

Begins...

Risk
and
Insurance
Masters
and
Legends
2022

Inspired by:
Jennifer Havins
Claims Supervisor
“Best Claim Practices”

Mexico City

MASTER CLASS
ELITE GROUP
Lead. Innovate. Build Community.



MASTER CLASS
ELITE GROUP
Lead. Innovate. Build Community.

Jennifer Havins

Claims Supervisor
Audit & Claims Trainer
Believer of Change

Career Trajectory:

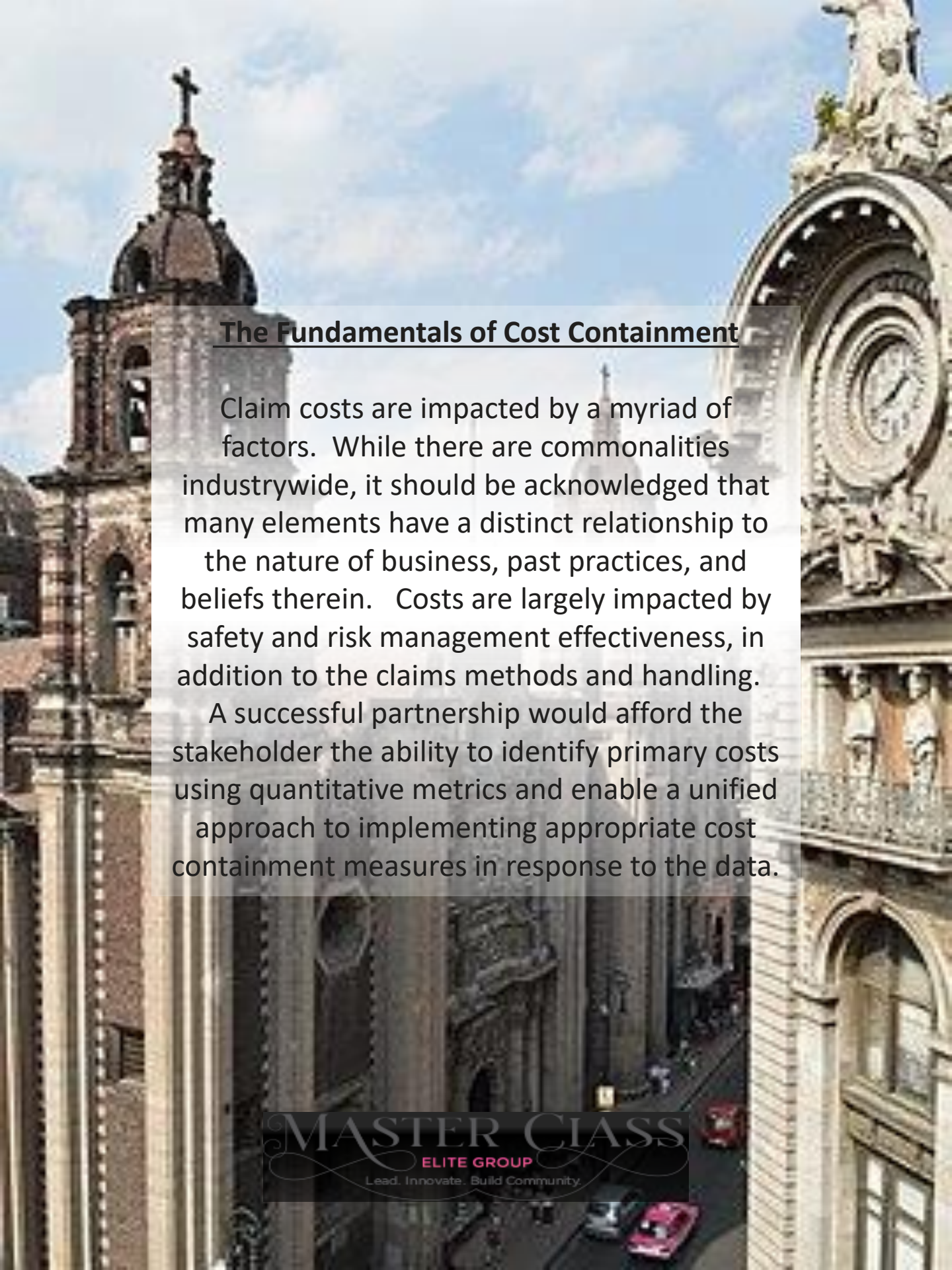
To be great, sincerity must be at the very heart of what you are offering. To be sincere, you must have both passion and conviction in what you do. My role as a Claims Supervisor serves me well in this regard as I find this to be a service position and being of service is at the core of what fulfills me. I entered the world of Workers Compensation through a reception position, not quite realizing at the moment what I had stumbled upon. I was able to quickly develop a clear path, building from that position to assistant, adjuster, and my current role in management. Our industry presents ample opportunity to continue to grow upon your existing knowledge, challenging who you are and what you know, and allowing you to hungrily devour as much expertise as you are willing. I am fluent in CA and AZ Workers' Compensation Laws, Public and Private Entity, ADLs, COVID cases, and the intricacies of each. I have a penchant for service to client, claimant, staff, and Company alike.



**My innovation:
Working with heart**

Recognizing the great impact that our actions (or lack thereof) have on each entity we interact with, inspires me daily to bring my heart and mind to work. It is my true mission to allow my knowledge, willingness to serve and positive attitude to become an infectious force to those around me.

It is my pleasure to encourage my team and counterparts to embrace the “why” behind what we do in the routine of our duties. It is in this understanding that we may further pursue development of stimulating thought and mastery of our field. Avoiding a one size fits all cookie-cutter approach to claims handling is key. By ceaselessly seeking methods of individualizing claims management and engaging knowledge power towards a tailored approach, drives ethical and risk conscious outcomes.



The Fundamentals of Cost Containment

Claim costs are impacted by a myriad of factors. While there are commonalities industrywide, it should be acknowledged that many elements have a distinct relationship to the nature of business, past practices, and beliefs therein. Costs are largely impacted by safety and risk management effectiveness, in addition to the claims methods and handling.

A successful partnership would afford the stakeholder the ability to identify primary costs using quantitative metrics and enable a unified approach to implementing appropriate cost containment measures in response to the data.



Workers' Compensation Cost Drivers

Primary cost drivers in workers' compensation are directly related to both the volume of new arising's and the duration of open claims. Philosophies surrounding medical management, return to work, litigation, and resolution have great impact to cost containment outcomes.

Establishing a program with multi-level engagement between the employer, broker, and administrator will aide in first identifying, and next minimizing, costs.

Human Resources Manager and Safety

The employer has the unique opportunity to minimize cost by focusing on the avoidance and reduction of risk. Successfully addressing your level of risk requires intimate knowledge of your company specific needs, to include past and present successes and failures. The development and implementation of a strong safety program plays a significant role in reducing the frequency of reportable claims.

Tools to Use:

OSHA guidelines and compliance protocols

Supervision and Training focusing on safety and injury awareness; keep the conversation going

Statistical tracking; identifying facilities, departments, positions, or injury types that are driving your book of business

The background of the slide is a nighttime photograph of the Minnesota State Capitol building, illuminated with warm lights. In the foreground, a city street is filled with a parade, featuring decorated floats and light trails from moving vehicles. A semi-transparent white box is overlaid on the center of the image, containing text.

The Broker

The broker's ability to secure and maintain advantageous pricing is directly impacted by the volume of losses and claim exposure. As a broker, working closely with your client partner to establish workers' compensation training and injury guideline protocols further manages cost drivers on the front end. As a broker, you may work with the client to develop return to work protocols. Validating the data integrity, such as accurate employee classification, will enable accurate use of forecasting tools to guide your next level recommendations and opportunities.

MASTER CLASS
ELITE GROUP
Lead. Innovate. Build Community.



The Third-Party Administrator

The administrator has the most impact opportunity to manage costs of existing claims. Programs should be customized specific to client needs, allowing the employer to bundle only the services that would reduce their risk and cost exposure. Examples of these could be established Medical Provider Networks, Legal bill review, Field and Nurse Case Management Programs, Utilization Review for AECOM adherence, and Medical Bill review.

The administrator should be able to assist in identifying trends and initiating goal setting and target achievements with their client partners. There should be open communication regarding return-to-work strategies and claim closure opportunities.

Cost Containment Habits in Claims Management

Early Investigation: Immediate interaction between the claims handler with both the employer and injured employee is critical in identifying red flags, issues, or disputes, while simultaneously developing immediate rapport. By taking an informed and active approach early on, likelihood of extended leave, excessive treatment, or litigation is greatly reduced.

Routine intervention: The claims handlers' level of awareness of medical prognosis and activity, and continued communication with the relevant parties has a direct relationship to claim movement and action items. Continued claim attention reduces the likelihood of excessive treatment or stagnant open claims.

Proactive vs Reactive: Establishing a relevant action plan and driving these actions to conclusion using evidence-based data and timelines will resolve your case in chief, whereas passively awaiting pivotal milestones will generate a long-standing case file.

Creative resolution: Do the facts of your claim support an opportunity for creative resolution? Are you able to identify and compare the variety of resolution options available and make a recommendation?

General Claims Handling Tips

- Ensure that appropriate and accurate coverage applies to industrial claim and identify any overlapping terms of liabilities. Coverage validation dictates conditions of services.
- Bi-annual claim reviews are most effective.
- Institute early warning triggers to alert you of any pivotal changes that require your attention.
- Institute concierge service where you promote consistent communication with injured employee and client partners.
- Indemnity caseload should not exceed 120.
- Routinely monitor coding accuracy of claim classifications and rely on claim technology to ensure financial accuracy.
- Engage in the managed-care process and apply timely recruitment of services to secure medical control.
- Reserves should always reflect probable outcome and should be revisited every 3 months.
- Build close bond with your legal teams and emphasize the importance of actionable item plans.
- HR and Benefit policies should be integrated into your return-to-work program.

MASTER CLASS
ELITE GROUP
Lead. Innovate. Build Community.

Family
is where

Legacy
Begins...

EMPOWERED BY:

singlepoint INSURANCE SERVICES

