



Demand Package Solution: *Improving Demand Package Review Results for Injury Claims*

**Product Spotlight Series
Presented by Casualty Solutions**

03/17/2022

Today's Presenters

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Goals and Objectives

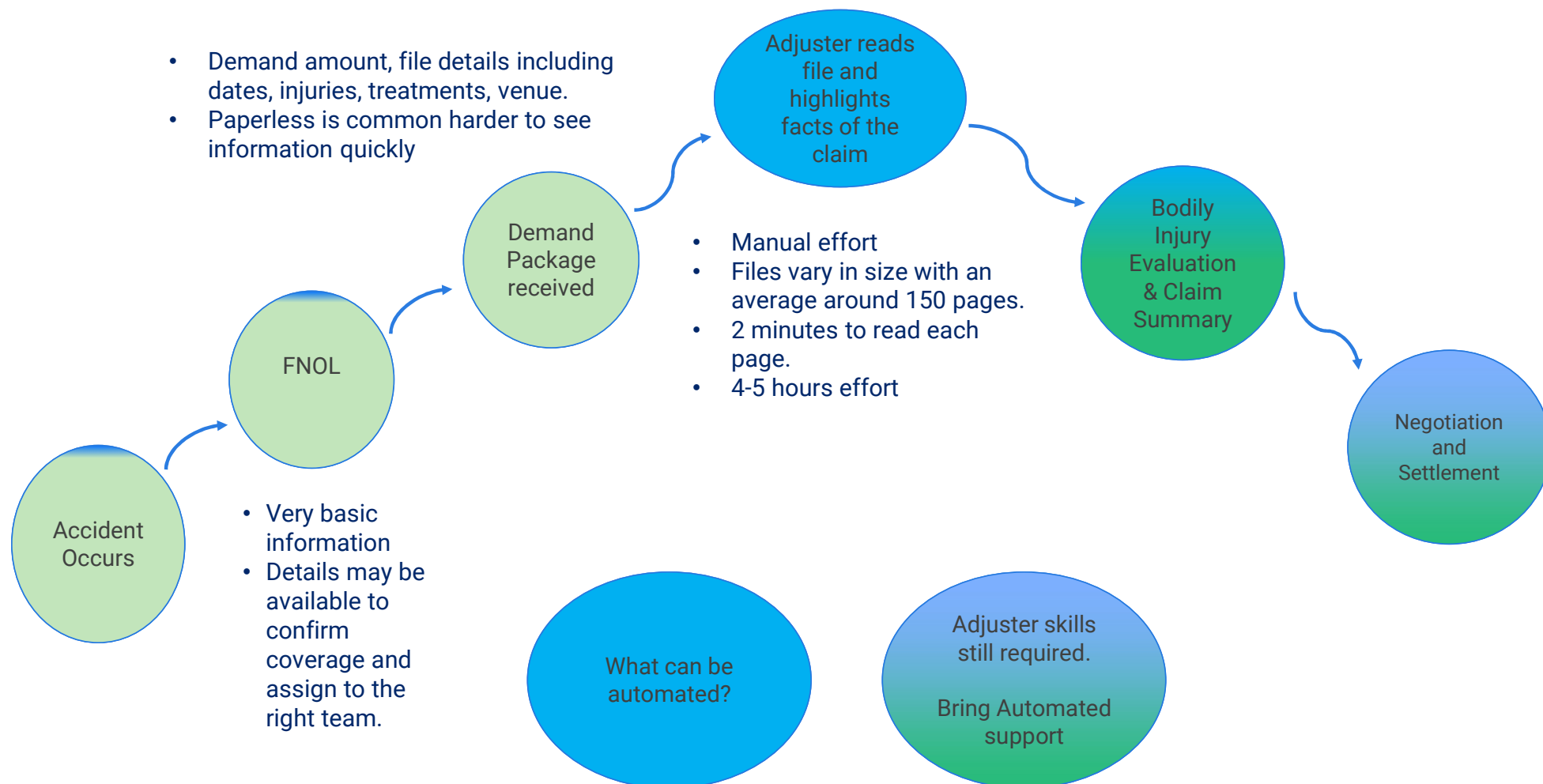
- Understand the issues of reviewing medical records
- Dig into how automation can improve efficiency
- Learn about a no touch, end to end Demand Package Review

Medical information automation that helps uncover medical facts and administrative efforts are reduced from 3-4 hours to minutes (on average) for each demand file with, Discovery Navigator

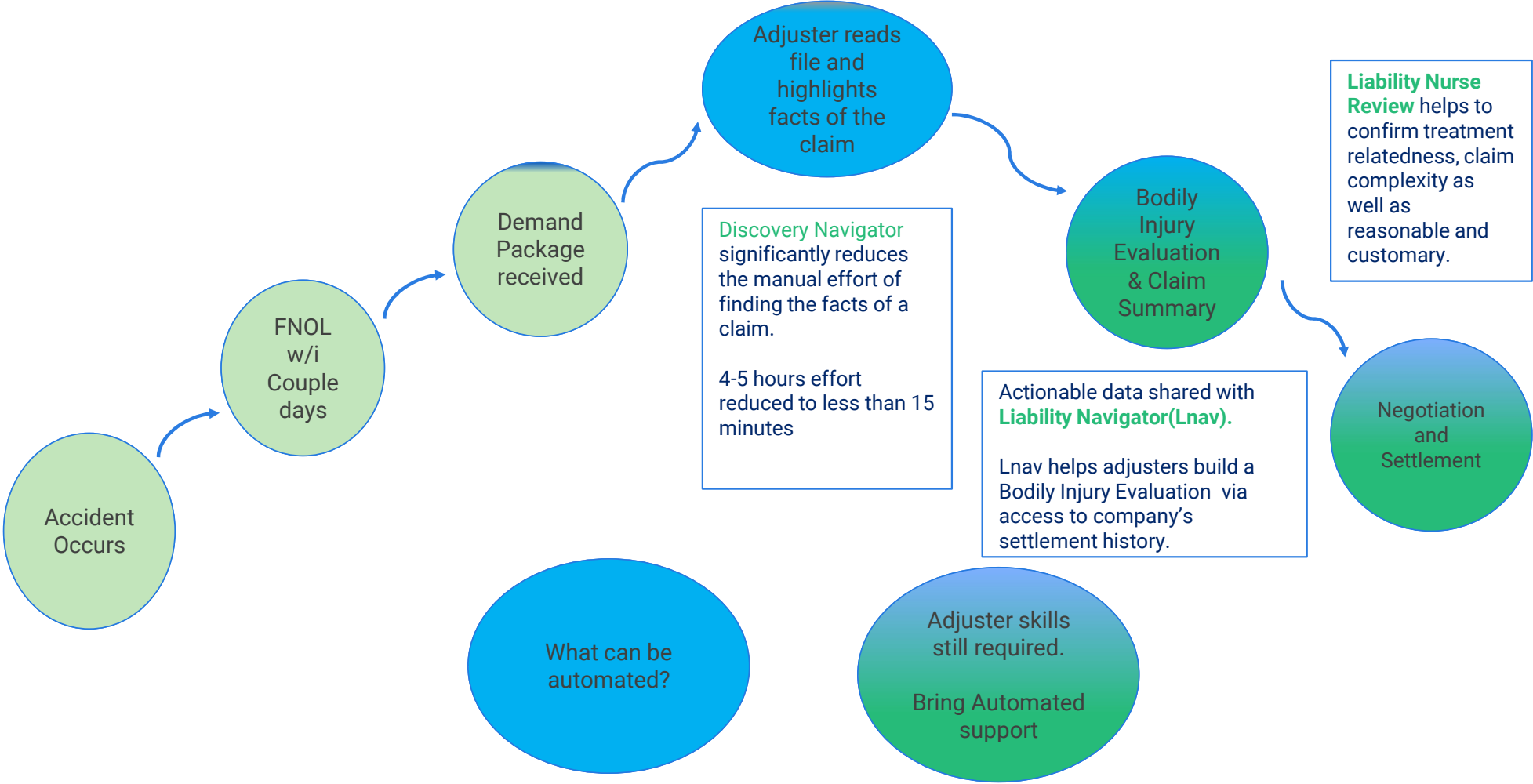
Predictive Analytics for general damage evaluations and settlement of injury claims to support faster and fairer claim resolutions with Liability Navigator.

Nurse Review can further drive effective negotiations on a case by case basis.

Life of a Claim



Life of a Claim Tied to Solution



Poll Questions 1 & 2

Unstructured medical
PDF documents
Uploaded



Select **Dnav** models to extract Medical Facts



Diagnosis codes

Medical
Facts to
**Liability
Navigator**



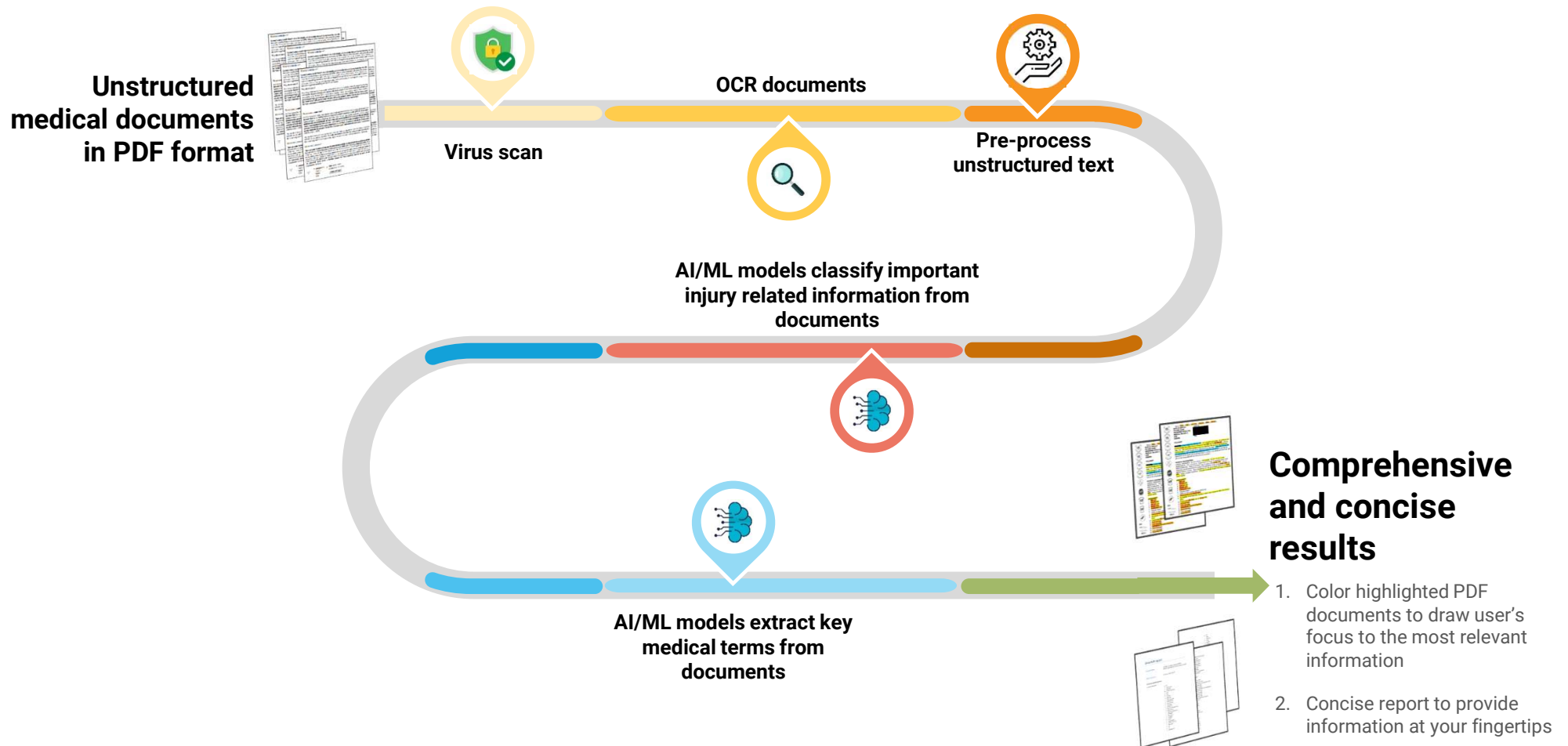
Optional **Nurse Review**

Claim to Adjuster Or Claim System

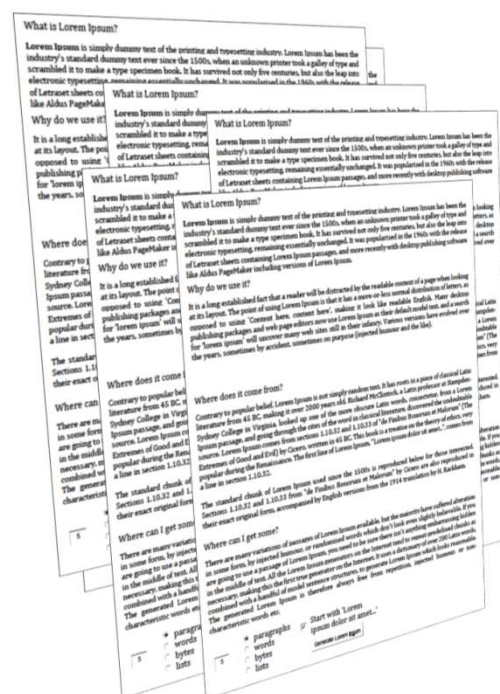


Discovery Navigator Workflow

Identifying and extracting Medical Facts to quickly and consistently access pertinent information at the touch of a button



Identified Medical Terms



Medical Records



Body parts



Prescription drug information



Comorbid conditions



Diagnosis codes



Provider Name

(+Specialty & Date of Service)



Assessment of injury*



Recommended treatment plan*

*Ongoing model refinement in progress

Poll Question 3

Demand Package Review: Where Are we Headed?

Workflow for Discovery Navigator, Liability Navigator, and Nurse Review

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Select **Dnav** models to
extract Medical Facts



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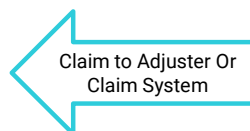
Optional **Nurse
Review**



ISO Claims Frames

Medical Policy	Policy Number	Policy Type
Plan Name	Plan Number	Plan Type
Subscriber	Subscriber Number	Subscriber Type
Beneficiary	Beneficiary Number	Beneficiary Type
Provider	Provider Number	Provider Type
Location	Location Number	Location Type
Service	Service Number	Service Type
Diagnosis	Diagnosis Number	Diagnosis Type
Procedure	Procedure Number	Procedure Type
History of Injury	History of Injury Number	History of Injury Type
Other Information	Other Information Number	Other Information Type

Claim to Adjuster Or
Claim System



Liability Navigator Is a Suite of Customizable Solutions

Transition from reactive to proactive claim handling

Improve cycle times by as much as **35** days with the interactive dashboards. Achieve more consistent settlements, better negotiations, and increased insights into behavior and trends.



Accident Liability Module

- ✓ Provides consistency in assessing claimant liability for the applicable claims
- ✓ Improves the application of comparative liability – **from 8 % to 20 %+ percent**



Injury Module

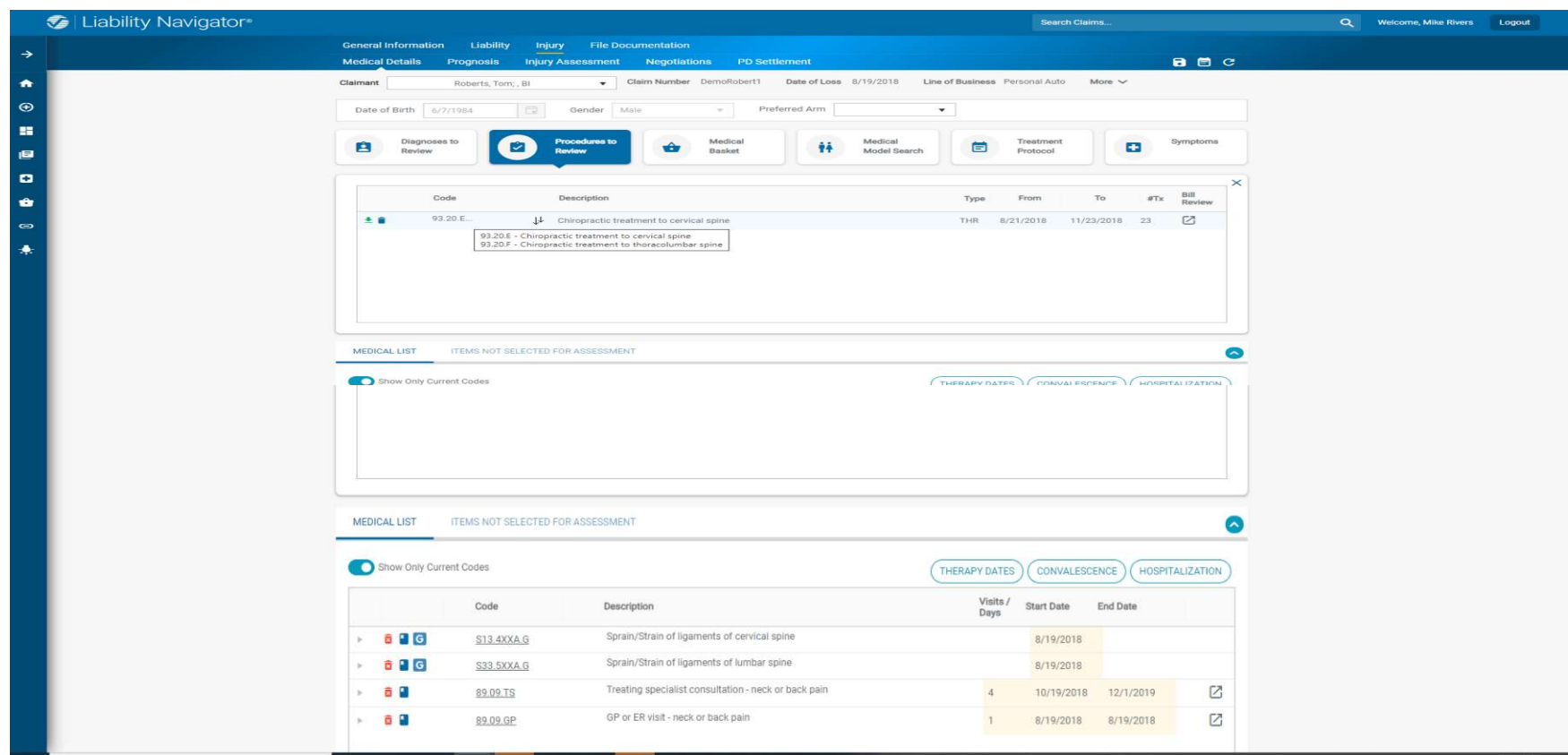
- ✓ Provides consistency in general damages evaluations and promotes best practices
- ✓ Access company payments trends and provides robust reporting and actionable analytics
- ✓ Provides Case in Point claims matching



Negotiation Plan- Future

- ✓ Pull out relevant details from the medical records and populate LNav with the pertinent details needed to run an assessment
- ✓ Assign for a nurse review if needed to either complete a full evaluation or focus on a specific causally related injury
- ✓ Generate a full assessment to drive negotiation plan to help resolve claim

Discovery Navigator: Sends Applicable ICD/CPT Codes to Liability Navigator



The screenshot displays the Verisk Liability Navigator interface. The top navigation bar includes tabs for General Information, Liability, Injury, File Documentation, Medical Details, Prognosis, Injury Assessment, Negotiations, and PD Settlement. The main content area shows a claimant profile for "Roberts, Tom, Bl" with a date of birth of 6/7/1984 and a date of loss of 8/19/2018. Below this, there are buttons for "Diagnoses to Review", "Procedures to Review", "Medical Basket", "Medical Model Search", "Treatment Protocol", and "Symptoms". A table of medical procedures is displayed, with a highlighted row for "93.20.E - Chiropractic treatment to cervical spine". Below this, there are sections for "MEDICAL LIST" and "ITEMS NOT SELECTED FOR ASSESSMENT". The bottom section shows a table of medical codes and descriptions, including "S13.4XXA.G - Sprain/Strain of ligaments of cervical spine" and "S33.5XXA.G - Sprain/Strain of ligaments of lumbar spine".

Code	Description	Type	From	To	#Tx	Bill Review
93.20.E	Chiropractic treatment to cervical spine	THR	8/21/2018	11/23/2018	23	<input type="checkbox"/>
93.20.E	Chiropractic treatment to cervical spine					
93.20.F	Chiropractic treatment to thoracolumbar spine					

Code	Description	Visits / Days	Start Date	End Date	
S13.4XXA.G	Sprain/Strain of ligaments of cervical spine		8/19/2018		
S33.5XXA.G	Sprain/Strain of ligaments of lumbar spine		8/19/2018		
89.09.TS	Treating specialist consultation - neck or back pain	4	10/19/2018	12/1/2019	<input type="checkbox"/>
89.09.GP	GP or ER visit - neck or back pain	1	8/19/2018	8/19/2018	<input type="checkbox"/>

Liability Navigator: Access to Company's Experience

Assessment Report

Assessment Summary

Assessment Notes

Medicals

Prognoses

Other information entered

Comments

Involved Parties

ADR/LITIGATION

Investigations

Wage Loss

Negotiations

Disclaimer

Mechanism of Injury

Medical Bill Review

Investigations

Wage Loss

Negotiations

Disclaimer

Mechanism of Injury

Medical Bill Review Summary

Summary of Edits

Summary of Treatment and Coding Flags

Medical Review Comments

LIABILITY NAVIGATOR CONTENT:

ASSESSMENT SUMMARY

Recommended GD Range	\$3,201-\$4,000
Submitted Medical	\$5,000.00
Accepted Medical (\$4,689.00) - offsets* (\$0.00) =	\$4,689.00
Future Care	\$0.00
Wage Loss (\$0.00) - offsets^ (\$0.00) =	\$0.00
Wage Offset	\$0.00
Future Wage Loss	\$0.00
Disfigurement	\$0.00
Additional Damages	\$1,500.00
Other Economic Loss	\$0.00
Total Damages	\$9,390.00-\$10,189.00
Future Wage Loss	\$0.00
Disfigurement	\$0.00
Additional Damages	\$1,500.00
Other Economic Loss	\$0.00
Total Damages	\$9,390.00-\$10,189.00
Claimant Liability	30.00 %
Reduction of other offsets	0 %
Reduction Amount for other offsets	\$0.00
Total Net Damages	\$6,572.99-\$7,132.29

Criteria

Claimant:

Date of Loss:

Future Wage Loss Plan:

Case Jurisdiction:

Case Line of Business:

Medical Bill Review Allowed:

Additional Damages amount included:

Medical Bill Review Allowed:

Additional Damages amount included:

Tom Roberts, Male, Born 07-Jun-1984, 34 years old on 19-Aug-2018.

19-Aug-2018. Assessment run on 21-Jan-2022.

No Future Wage Loss

Graham County, Arizona

Personal Auto

\$4,689

\$1,500.00 for Aggravated Liability.

\$4,689

\$1,500.00 for Aggravated Liability.

*Offsets for PIP & medical; ^Offsets for PIP

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Optional **Nurse Review**



Some Demands Are More Complex: A Nurse Review is Requested

- Are often broad and driven by policy limits
- Are often silent on pre-existing conditions, previous injuries & subsequent injuries (other conditions that impact the claim)
- May emphasize loss of function/permanent injury without regard for current findings – present the “worst case scenario”
- In general, assume that all treatment provided was medically necessary and related to the accident

What Can a Liability Nurse Review Highlight?

- Identify inconsistencies in the records regarding subjective findings or mechanism of injury
- Identify pre-existing conditions & explain how they impact the claim. Identify late-appearing symptoms.
- Identify excessive treatment & provide appropriate treatment guidelines. Identify treatment gaps.
- Identify excessive billing for medical treatment and provide U&C pricing
- Identify subsequent injuries & provide potential impact on the conditions in the claim
- Identify where expert peer reviews or IMEs would be of benefit to the claim

Liability Nurse Review & Liability Snapshot Samples



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Date of Report: February 1, 2021

Liability Nurse Review

Injured Party Jane Smith	Claim Number 123456789	Referring Party ABC Adjuster
Date of Birth 01/01/1949	Social Security Number XXX-XX-XXXX	Jurisdiction Massachusetts
Insurance Type Liability	Date of Loss 08/12/2019	Insured ABC Carrier
Purpose of Referral	<ul style="list-style-type: none"> Legal Nurse Review Bill Review 	

Injury Description:

History of Injury	On 8/12/19, Jane Smith was walking down the aisle at Store when she was hit with a large cart being pushed by an employee. She described being hit hard in her right foot and ankle and noted a cut, bad bruising and swelling.
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Overview of Findings:

Past medical conditions identified	<ul style="list-style-type: none"> Allergies Arthritic problems (not specified) Chronic back pain Hearing loss Hepatitis Hypertension
Past surgical history identified	<ul style="list-style-type: none"> Back surgery, cyst removed between 5-6 vertebrae (date not listed) Bilateral knee replacement (2011) Bone spurs x2 (1990s in feet)



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Date of Report: December 22, 2020

Injured Party John Smith	Claim Number 12345678	Carrier/TPA ABC Carrier
Date of Birth 01/01/1997	Social Security Number XXX-XX-1111	Jurisdiction Massachusetts
Insurance Type Liability	Date of Loss 01/01/2019	Client Contact: ABC Adjuster

Purpose of Referral	<p>Question as to whether the injections completed were medically necessary and related to the injuries sustained in the motor vehicle accident?</p> <ol style="list-style-type: none"> A diagnostic bilateral C4-S, C5-6 facet joint injection was performed at Spine Pain Diagnostics Associates on 1/30/20. Based on the Official Disability Guidelines (ODG): <u>Criteria was met</u>. Diagnostic cervical facet joint injections are appropriate in individuals who have non-radicular neck pain and have failed 4-6 weeks of conservative treatment prior to the injections. Here, Mr. Smith did not have radicular neck pain, he had attended physical therapy for over 2 months prior to the injection, and he had not received much relief from oral medications. It should be noted that Dr. Jones recommended a 2nd cervical facet joint injection, which Mr. Smith refused. If Mr. Smith changes his mind and wishes to pursue a second cervical facet joint injection, based on ODG: <u>Criteria would NOT be met</u>. A one-time diagnostic cervical facet joint injection is indicated for non-radicular neck pain. If there is positive response from the injection, the next step in non-operative treatment is radiofrequency ablation and not a 2nd cervical facet joint injection. <p>*See below for additional analysis of the medical records.</p>
History of Injury	<p>Per emergency department record dated 9/24/19:</p> <p>Mr. Smith reported he was a restrained driver traveling approximately 30 mph when his vehicle was sideswiped on the driver's door. The vehicle's airbags did not deploy. Mr. Smith was ambulatory at the scene. He reported that the next day he developed left-sided neck pain which gradually became worse. His pain was aggravated by head turning to the left and shoulder range of motion.</p>

Overview of Findings:

Past medical conditions identified	<p>Per pain management note dated 10/9/19:</p> <ul style="list-style-type: none"> Not significant
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Panel: What Does it Mean?

Panel What Does it mean?

1. With the Great Resignation, are companies investing in such automation? If so, why?
2. It's not all about doing more with less is it?
3. With automation comes auto-adjudication?

Key Takeaways

Key Takeaways

1. Automate the administrative
2. Adjusters are still key to resolution
3. Use technology to reduce human error

Questions and Feedback

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Next Session

Explore the Benefits of Audit Controls with
Proprietary and Public Records Data

March, 21
2:00 p.m. ET

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