

Program Assessment

Know your numbers.

You know the results you've already achieved. Are you ready to see what you've been missing? Our analytics team can compare your program to our leading workers compensation claims and medical bill data set. See the potential value for your medical, indemnity, and expense costs, as well as claim duration, closure rate and even medical bill review network penetration and potential savings.



Evaluate your program's health

A key step in improving workers compensation outcomes is evaluating the effectiveness of your current program. Conduent will conduct a program assessment that shows how your claims performance stacks up to a virtual peer group of claims extracted from our extensive book-of-business claim library. You will receive a detailed report highlighting the findings of the program assessment along with specific recommendations you can pursue to enhance your results.

How is the assessment performed?

The first step is to create a virtual peer group that mirrors the loss run data and medical bill review data you provide for the assessment. We can provide an apples to apples comparison because the virtual peer group of claims is designed to closely match your claim population with regard to:

- Geographical distribution
- Claim age and maturity
- Primary injury types and diagnoses
- Industry and job functions
- Patient age and co-morbid conditions (if identified)

Typically, the virtual peer group consists of between 10,000 and 100,000 workers compensation claims and represents a benchmark of expected claim outcomes. After outliers are eliminated from both the virtual peer group data and your data, key metrics are calculated and compared.

What metrics are included?

Based on the information provided, the following claim outcome metrics are compared on an apples-to-apples bases:

- Claim Closure Rate – the portion of claims that remain open at a specific point in time
- Claim Duration – the average time from date of injury to claim closure/resolution
- Average Medical Cost Per Claim – the average amount paid for medical services
- Average Indemnity Cost Per Claim – the average paid for wage indemnification
- Average Expenses Cost Per Claim – the average paid for claim expenses
- Average Legal Cost Per Claim – the average paid for legal services (if available)
- Indemnity Ratio – the portion of a claim that is paid versus still in reserve
- Payments by Claim Age – current cash flow by the year in which the claim occurred
- Medical Network Penetration – the portion of medical services that are being performed by preferred providers
- Bill Review Savings – the reduction rate obtained (by state) for medical service charges
- Below Fee Schedule Rate – the non-statutory savings obtained for medical service charges

Results are presented by policy/claim year to highlight trends where possible, and are also broken down for key states that most impact loss costs.

What data do I need to provide?

To accurately evaluate your current versus projected results, we need your workers compensation loss run data and medical bill review data for claims reports in the past five years. The quality and quantity of your data will determine the depth of the program assessment. Specific data elements needed are:

Claim Financial Data	Medical Bill Data
<ul style="list-style-type: none"> • Claim Number/ Identifier • Injury Date • Report Date • Claim Status • Claim Status Date • Jurisdiction State • Employee Date of Birth • Litigation Flag • Body Part (code) • Cause of Injury (code) • Nature of Injury (code) • Primary Diagnosis (ICD-9/10) • Medical Incurred • Medical Paid • Indemnity Incurred • Indemnity Paid • Expense Incurred • Expense Paid 	<ul style="list-style-type: none"> • Bill ID • Claim Number • Date of Injury • Bill Review Date • ICD-9/ICD-10 Codes • Date of Service • Procedures Codes • Code Modifiers • Units • Charge Amount • Allowed Amount • Provider FEIN • Provider Name • Provider Service Address

Working with you to deliver better outcomes

Our Integrated service architecture ensures that you have all of the tools and resources you need to achieve better health outcomes, patient experiences and improved financials.

\$15B
Medical Bill Savings
Delivered in 2017

\$15.3M
Savings from
Utilization Review

62%
Average savings off
billed charges on
specialty review bills

40%
Reduction in
emergency room with
Nurse First Response
triage hotline

27%
National average
savings below
fee schedule on
negotiated bills

