Controlling claim costs from the start

Sedgwick works with employers to control workers’ compensation costs from the moment a claim is reported. With our experienced team and advanced technology, we monitor medical costs and all other factors that impact claims. Our examiners and nurses work closely to improve outcomes for our clients and their injured employees. With our strategic case management program, we have taken these services to the next level.

The strategic case management program uses predictive modeling techniques and industry-specific business rules to identify claims that would benefit from clinical intervention, and refers them to our case management team. Historical claims data is used to identify common denominators associated with higher costs and lost time. These components are built into business rules, which trigger claims for case management, at the right time, before a claim becomes costly. These rules are applied to all new claims and continuously monitored to facilitate early case management intervention.

Providing continuous claim evaluation and direction

From referral to file closure, our team ensures the correct resources are allocated to each claim. An experienced triage nurse navigator reviews each referred claim to determine the best plan of action. The triage nurse navigator also assists in determining the acuity of the claims. Factors such as comorbidities, age, diagnosis and lost time are identified, and the file is then scored based on complexity. If the case involves an older employee who injured their back and has existing health problems, it will be handled differently than a claim including a younger employee who needs arthroscopic surgery. Complex and catastrophic claims are assigned to designated nurses with expertise in this area, and their caseloads allow them to dedicate the necessary time and attention to each claim.

The triage nurse navigator may also assign a claim directly to return to work and behavioral health specialists on Sedgwick’s team. All clinicians can work simultaneously with an injured employee if engagement is warranted. This interdisciplinary
team approach provides the upfront resources that result in earlier return to work, enhanced employee satisfaction rates and a subsequent reduction in litigation costs.

If the case management triage nurse navigator determines that no impact can be made, the claim will be reviewed again at 10, 20 and 40 days before closure to ensure it is progressing appropriately. Once a claim is triggered for nurse case management, our team explores every possible opportunity to facilitate the return to work process. Several areas are assessed including medical needs, and work-related and psychosocial issues that may be impacting the claim.

Providing case management expertise
Our nurse case managers are nurses who work with examiners and other members of the clinical team to address medical and return to work issues. On complex files, nurse case managers coordinate and oversee the efforts of other team members including behavioral health specialists, field case managers and return to work specialists. The nurse case managers also coordinate monthly round tables with the claim examiner and the other clinical team members.

The nurse case managers may engage field case managers if they meet obstacles with treating providers or injured employees and face-to-face meetings are necessary. Field case managers can assist with concerns such as communication issues between providers, employees and employers; to clarify multiple medical opinions, job descriptions or return to work issues; to clarify treatment or disability guidelines with providers; or to assist with healing delays or post-surgical complications.

Getting employees back on the job
Sedgwick’s Return to Work Specialists (RTWS) provide a unique service. These experienced colleagues are dedicated to resolving complex return to work issues and assisting with specific vocational needs to help get employees back to work. The RTWS works with medical providers to determine the employee’s capabilities, coordinates job placement options with employers and addresses complicated return to work issues. They are Masters Level Certified Rehabilitation Counselors who have expertise in transitional duty programs, job accommodations and requirements of the Americans with Disabilities Act.

The nurse case manager aims to advance work restrictions, but if challenges arise, the RTWS can assist with the process. They can help with issues such as extensive restrictions and durations, lack of modified or light duty jobs, providers not following the Official Disability Guidelines for release and other problems related to returning to work.

Managing psychosocial issues
The Behavioral Health Specialist (BHS) is available to assist on claims where psychosocial issues are present. They identify and address barriers to claim progression and return to work. With many injuries, the psychological and emotional component can
significantly impact return to work and duration of medical treatment. These cases require assistance from a specialist who is knowledgeable in psychiatric disorders and counseling. The behavioral health specialist’s whole job is to manage the psychosocial issues that could impact return to work – a unique role in the marketplace.

The BHS serves as an advocate for the patient and fosters a non-threatening, friendly relationship to help them identify psychosocial barriers, and develop solutions that can help ease the return to work process and reduce litigation.

Referrals can be made by the examiner, case manager or RTWS when psychosocial issues are noted such as post-traumatic stress disorder; fear of returning to work and/or concern about repeat injury; stress associated with workplace relationships; or concerns related to marital issues, financial hardships, childcare or family member illnesses.

**Multiple resources, one goal – helping employees return to work**

Each case management specialist plays a distinct role in resolving medical, return to work and psychosocial issues. The strategic case management program focuses on using the best resource at the right time to get results. The nurse case managers, BHS and RTWS work together as needed to ensure claims are resolved quickly. They work seamlessly and in collaboration with the examiner to facilitate quick resolution.

Sedgwick’s proprietary claims management system is the foundation for our approach to better care and outcomes. Our platform gives nurses and examiners access to critical information and resources. Clients can also easily view treatment plan decisions and other claim information through our viaOne® suite of web-based tools.

Sedgwick is committed to helping clients maximize the value of their employee care programs, and we continue to look for ways to expand existing services and bring added benefits to employers. We are focused on ensuring quality and controlling costs for clients through cutting-edge solutions like our strategic case management program.

**Contact Sedgwick today to learn more about our strategic case management services and other managed care solutions.**

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