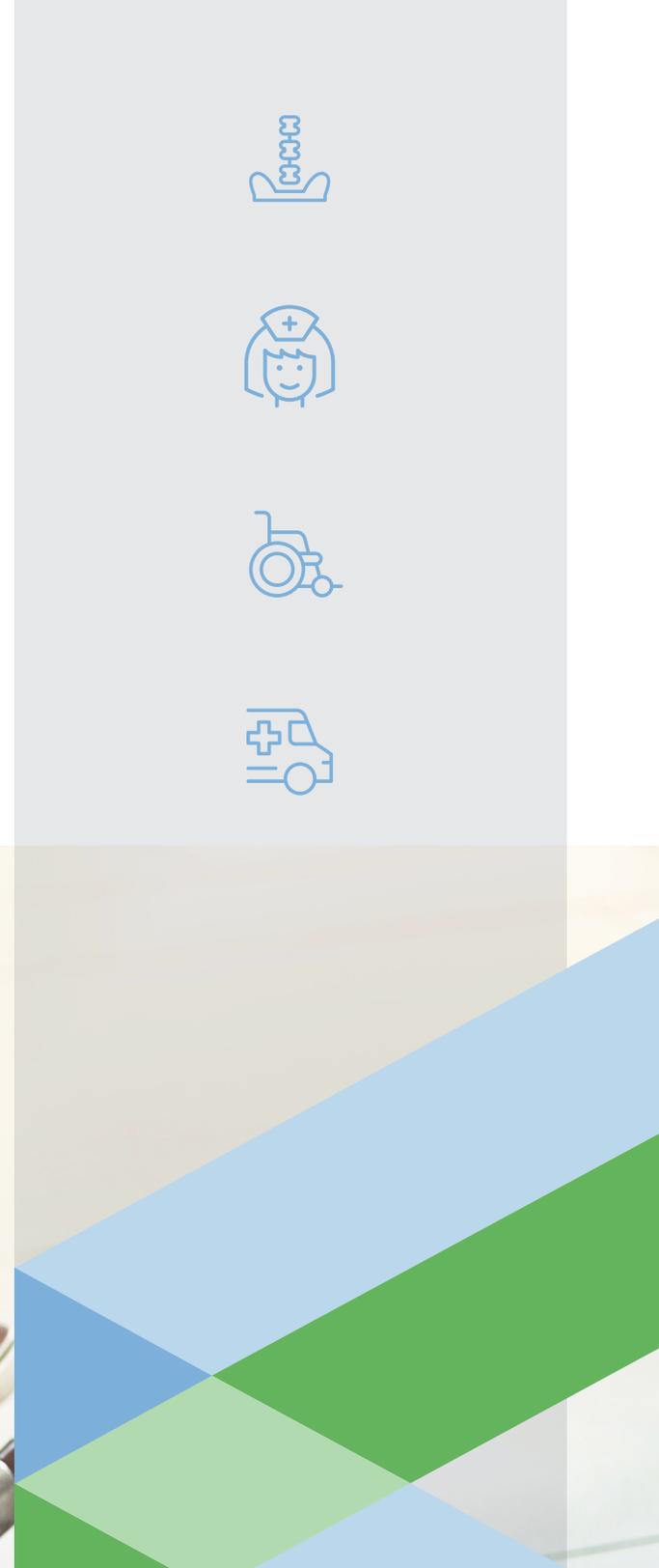
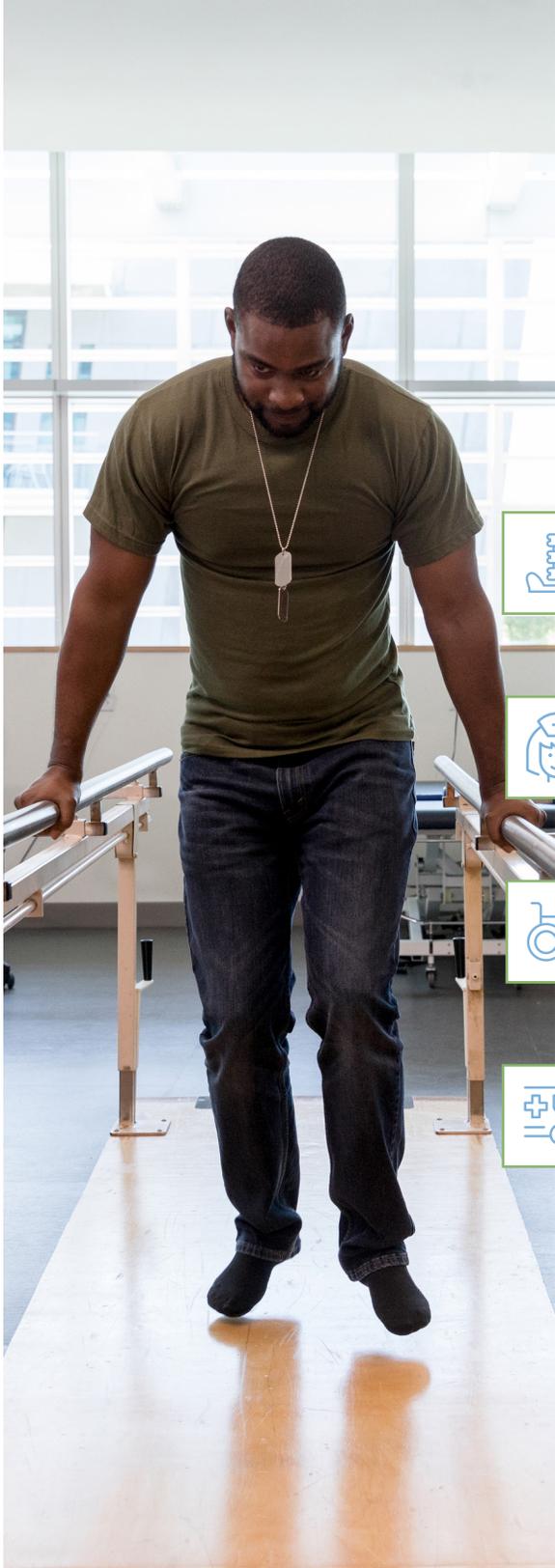


# Mega Trends in Ancillary Services

A Priority Care Solutions Workers' Comp eBook

By Bob Smith, Ted Smith, Craig Evans, Carlos Cordova, and Diane Schneider





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## *Introduction*

# Why Mega Trends Matter

Mega trends are powerful, transformative shifts that have the potential to significantly affect the course of an industry. Understanding these issues and their implications can have a profound impact on strategy and innovation moving forward.

Priority Care Services (PCS), a division of Genex Services, asked executives in both companies to identify and discuss key concerns that impact the provision of ancillary services in the workers' compensation industry. The result of that analysis is this eBook, which aims to not only bring to light new and emerging challenges, but also sets the stage for forward thinking. In this eBook, we also discuss potential solutions, tools and process transformations that can help address these concerns, while simultaneously enhancing quality, service and cost containment.

### **Ancillary Services Today**

In the United States, workers' compensation payers are responding to tremendous pressure to contain rising costs, as well as improve efficiency and optimize outcomes. According to the National Safety Council's Injury Facts, in 2018, the total cost of work injuries in 2018 was \$170.8 billion. This included medical expenses of \$35 billion and administrative expenses of \$57.6 billion.

Most agree the major cause of the cost increase is the medical component, now estimated to account for as much as 50% of all workers' comp claims costs. Among medical spending, ancillary services make up a significant segment that continues to expand, representing nearly 30% of total medical costs. As a result, effective management of ancillary services is one area where payers can make a significant impact.

The workers' compensation industry uses these primary types of ancillary services:

- Facilities, such as skilled nursing or rehabilitation
- Home health services
- Durable medical equipment and supplies
- Transportation and translation services
- Home and vehicle modifications
- Advanced diagnostics, such as MRIs and other scans
- Physical therapy and occupational therapy

Payers want to effectively manage ancillary services for a variety of reasons, including cost containment, outsourcing this specialized area to an expert in that field, ensuring appropriate utilization, and facilitating greater speed and efficiency to meet injured employees' needs.

In order to effectively achieve these objectives, however, payers must be aware of trends affecting ancillary services, which are covered in this eBook:

- Chapter 1 – Outdated Imaging Equipment: A Problem That Could Impact Quality of Care and Cost of Claims
- Chapter 2 – The Home Health Staffing Shortage: Shoring up the Problem With a Deep Bench of Expertise
- Chapter 3 – Durable Medical Equipment Operates as a Black Box: Unlock Its Inner Workings to Achieve Improved Outcomes
- Chapter 4 – Ancillary Services for Catastrophic Claims: Critical Transitions Must be Managed Seamlessly

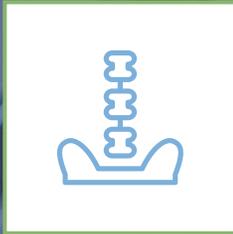
Being aware of these trends can help payers adapt to meet and address crucial challenges. And, by partnering with the right ancillary service provider, payers can formulate a strategy to optimize their overall ancillary management approach.

As we go through each chapter, we will also present key takeaways that payers can use to improve the performance of their ancillary management program, while also enhancing service and outcomes.

## Chapter 1

# Outdated Imaging Equipment: A Problem That Could Impact Quality of Care and Cost of Claims

by Ted Smith



Among ancillary services, diagnostic imaging—such as an MRI, CT, or PET scan—is often the first critical step to assess the severity of an injury and develop a treatment plan for prompt recovery and return to work. That’s why it’s imperative an imaging facility produces a quality image from the onset to ensure best-possible outcomes for injured employees.

However, obsolete imaging equipment has become an issue. Today, if injured employees require a scan, they could be sent to an imaging facility with old or outdated equipment, especially if that facility or equipment was not properly vetted.

According to a 2014 position paper published by the European Society of Radiology, imaging equipment less than five years old is considered state-of-the-art technology. Properly maintained equipment between six and 10 years old is suitable for practice, but organizations should have a plan in place to upgrade these machines. And equipment over 10 years old is considered antiquated and should be switched out with newer models.

A recent report published by AXREM, an association representing suppliers of diagnostic imaging equipment, suggests more than 50% of MRI and CT scanners in the UK are more than five



## RESOURCE REVIEW

In October 2018, Radiographics ran an article entitled, “Fundamentals of Diagnostic Error in Imaging,” which estimated that average diagnostic imaging error rates ranged from 3% to 5%. Poor imaging would be a subset of that percentage. Even though poor imaging occurs with low incidence, it can still have a negative impact on claims.

years old, with more than 10% of CT scanners and more than 20% of MRI scanners being over 10 years old. A similar study—with similar results—was performed in Canada.

Although a comparable study has not been performed in the United States, imaging equipment in our country is in a similar predicament. Regional newspapers across the U.S. have reported that local hospitals and facilities urgently need to replace aging scanners. However, these providers face critical challenges that triggered this trend in the first place. The primary one is cost. The financial outlay for newer machines is extremely high, creating a substantial barrier to ongoing equipment renewal in the market. In addition, continued downward pressure on provider reimbursement has made it extremely difficult for imaging facilities to save up the necessary funds for equipment upgrades.

### The Benefits of Imaging Advancements

While investments in newer machines have been difficult to make, their advancements offer great promise. The latest equipment can enable health care providers to diagnose and treat patients with greater precision, giving them unprecedented visual and functional information on a patient’s condition. At the same time, newer equipment facilitates faster, more intelligent imaging services that supports medical decision-making, improves outcomes, and boosts the economics of imaging departments and facilities.

Since scans are faster, newer technology improves the patient experience. Twenty years ago, a CT might have taken 30 minutes. Today, newer technology can get the same information in less than two seconds. By that same token, an MRI might take up to 20–40 minutes, but the actual imaging itself only takes a few seconds or minutes of that time. Quicker scans enable facilities to see a greater number of patients in less time. Wait times are reduced.

Patient safety also improves. Manufacturers have worked to develop machines that use lower doses of radiation, while maintaining or enhancing the image readability. However, with the number of aged equipment out there, injured employees may not experience the benefit of these advancements, including reduced exposure to radiation.



## Consider This Analogy

Trying to hold on to older imaging equipment can be compared to trying to hang on to a personal computer for as long as possible. Over time, a computer's operating system and software might begin to run slow. The computer hardware may be incompatible with newer Wi-Fi routers. Upgrades could be made, but at some point, it's not worth the cost or effort and, eventually, it's not even possible due to incompatibilities.

It's important to note that for imaging equipment already on the market, their life and usefulness can be extended with system upgrades. However, these upgrades often only provide incremental improvements. And, over time, older equipment will experience incompatibilities, which make updates impractical, if not impossible.

## Results of Aging Equipment

Old equipment can lead to poor scans. Treating physicians may not have detailed information to diagnose and properly treat injured employees, or a bad scan could cause them to miss something in an injured employee's condition.

A treating physician may have expected to receive the results within 24 to 48 hours of ordering the scan. When a poor image is returned, the injured employee must be contacted to schedule another appointment. With added time for appointment coordination, a week could go by, delaying treatment and return to work.

With older equipment, a lack of speed could also mean injured employees have to wait for tests. If they're in the hospital, this could increase their stay. All of these factors contribute to increased medical and indemnity costs, not to mention disrupting the continuum of care, which could lead to less-than-optimal medical outcomes.

## Addressing the Challenge

What's needed is a thorough vetting process for diagnostic providers to ensure they have relatively new and up-to-date equipment that is capable of producing quality scans. Today, a sophisticated ancillary service provider will work with claims adjusters and payers to schedule imaging services only within a network of reputable imaging facilities. These facilities have undergone a rigorous credentialing process to ensure the practice and staff have the proper licensure, certifications, and insurance.

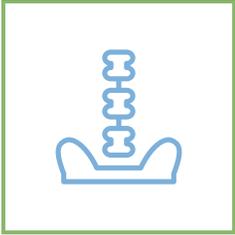
**Patient safety is all important. Knowing the age of imaging equipment—with guidelines from credible associations—an ancillary service provider can understand an equipment's capacity to be updated—while realizing that newer equipment may allow for a more precise, faster and sometimes safer scans with low-dose radiology.**

An ancillary service provider also connects with other stakeholders. In this way, they can obtain feedback from adjusters, case managers, and treating physicians about image readability. When a treating physician is unable to read a scan, they inform the ancillary service provider, so it can further investigate. If it's an issue that could lead to ongoing concerns, an ancillary service provider will remove this facility from its network.

### **Leveraging Continued Innovation**

There's an urgent demand for imaging facilities to replace outdated equipment to nurture a patient-centric approach to care. Aging technology—some of which dates back to the early '90s—is affecting the speed with which injured employees can be examined and diagnosed.

As we've discussed in this article, newer equipment can improve images, patient safety and the efficiency of imaging facilities. Updating equipment is needed both immediately and on an ongoing basis. New business models – such as managed equipment services, renting and leasing – have emerged, which may enable facilities to more economically renew their technology. Still, the industry must keep careful track of which facilities have new, updated or antiquated equipment. A good ancillary service provider can be a strategic partner in this effort, helping to assess facilities and ensure injured employees benefit from excellent scans.



## Key Takeaways

- **Diagnostic imaging—such as an MRI, CT or PET scan—is often the first critical step to assess the severity of an injury and to develop a treatment plan for prompt recovery and return to work.**
- **Obsolete imaging equipment has become a significant issue.**
- **A thorough vetting process for diagnostic imaging facilities will ensure they have relatively new and up-to-date equipment that is capable of producing quality scans.**
- **A sophisticated ancillary service provider will work with claims adjusters and payers to schedule imaging only within a network of superior imaging facilities.**



## Chapter 2

# The Home Health Staffing Shortage: Shoring up the Problem With a Deep Bench of Expertise

by Bob Smith

Today, there are significant challenges facing home health, which could affect the industry's ability to meet the needs of injured employees. We must be aware of these issues and be prepared with strategies to minimize resulting risks.

A key issue is the shortage of nursing professionals across health care in general and a shortage of home health aides in particular. There are an estimated 2 million home health workers across the U.S.<sup>1</sup> These caregivers looked after 7.6 million in-home clients in 2007—and this number could rise to 28 million by 2030.<sup>2</sup> This is because the elderly and disabled populations are growing, particularly with aging baby boomers. As a result, the U.S. may need as many as 1 million new home health aides by 2026.<sup>3</sup>

Home health aides work under the direction of nursing or medical staff, and they're responsible for a myriad of tasks, including bathing, measuring vital statistics such as blood pressure, administering oral medications, managing incontinence, moving non-ambulatory patients to avoid bed sores, assisting in personal hygiene, grooming, dressing and feeding patients, as well as performing light housekeeping tasks. It's no wonder they're considered the heroes of home care.



## RESOURCE REVIEW



WorkCompWire is an online news and information service, offering timely access to relevant news, events and analysis affecting the workers' compensation industry. WorkCompWire originally ran versions of Chapters 1 and 2 of this eBook in its Leaders Speak column.

While in-home nursing professionals maintain relevant licenses, home health aides often undergo mandatory training and certification. Both professionals are often employed by home health and home care agencies—of which there are well over 17,700 in the U.S.<sup>4</sup>

In the near future, the pace of demand for home health workers will likely exceed supply. The expected workforce shortage will hit 446,300 workers by 2025, according to Mercer, a human resources consulting firm.<sup>5</sup>

### Meeting the Home Health Needs of Injured Employees

While staffing shortages persist and grow, meeting the home health demands of injured employees continues to be a complex, multi-faceted process. An injured employee's home is a private, intimate setting. Injured employees—as well as family members—want to feel comfortable with the caregivers they invite into this space.

Injured employees may be struggling with a difficult transition—going from function and independence in performing work and daily activities—to now living with a disability and requiring ongoing care and personal assistance. As a result, they need compassionate health professionals, who are also highly skilled and experienced in caring for those who have experienced a severe or life-altering injury. Some injured employees will require 24/7 home care, so they'll spend significant time with these caregivers and need to feel comfortable with these individuals, typically over a long duration.

### What a Quality Ancillary Service Provider Can Offer

Today, claims adjusters already have a full plate of responsibilities, so they need to be able to hand off the home care coordination process. If an injured employee is to be discharged from a hospital or facility, the adjuster or case manager will immediately notify the ancillary service provider to make its home care coordinators aware of the impending date, so they can set up services in a timely fashion.

The first order of business is to match the injured employee's medical needs to the appropriate skill level required—whether that's a registered nurse (RN), licensed vocational nurse (LVN),

**The first order of business is to match the injured employee’s medical needs to the appropriate skill level required—whether that’s a registered nurse (RN), licensed vocational nurse (LVN), licensed practical nurse (LPN), certified nursing assistant (CNA) or home health aide (HHA).**

licensed practical nurse (LPN), certified nursing assistant (CNA) or home health aide (HHA). If necessary, home care coordinators will speak to the treating physician or case manager to get clarification on patient needs. They will assess and facilitate total home care, as well as ancillary service requirements, in a comprehensive plan, which may include durable medical equipment, supplies, transportation, and home or vehicle modifications.

If possible, they will also speak to the injured employee and family members to assess social, lifestyle, and environmental factors that can affect the match: Does the family have pets, such as cats and dogs, to which a caregiver might be allergic? Is there a preference for a male or female caregiver? Are there other critical issues or preferences? In other words, the care coordinator will make sure there’s a medical and personality match.

Some states allow injured employees to hire family members to provide in-home supportive services. It’s important that a home health professional fit into the overall family, home and caregiver-team dynamic. Over time, the ancillary service provider may consult with the treating physician and case manager to see if the caregiver skill level can be reduced—perhaps from a nurse to a home health aide—which can help save significant costs, especially over the life of a claim requiring 24/7 care.

### **Ensuring Quality, Consistent Home Care Services**

It’s important to ensure excellent home health, despite staffing shortages. This includes staffing cases with home care professionals who are dependable. They must consistently attend their



## RESOURCE REVIEW

### The National Association for Home Care & Hospice (NAHC)

is a nonprofit representing 33,000 home care and hospice organizations.

NAHC also advocates for more than 2 million nurses, therapists, aides and other caregivers employed by such organizations to provide in-home services to the millions of Americans who are infirm, chronically ill, and disabled.

scheduled patient appointments. In addition, there must be a process in place to substitute staff if a caregiver is sick or requires personal time off. If no-shows occur at the last minute, family members may not be available to fill in, and injured employees could be left without medical care or personal assistance. In addition, constant switching of home health staff could disrupt continuity of care, and ongoing turnover could result in patient dissatisfaction.

To proactively address such issues, payers should partner with a respected ancillary service provider that has a broad national network of home health and home care agencies. This provider will usually collaborate with several agencies in a region to make sure it can cover all of its cases.

The ancillary service provider will also ensure that the agencies it works with have a track record of dependability and consistency, and policies in place mandating staff to provide early notification if they must miss work—otherwise, they could jeopardize the health and safety of injured employees.

Across its many agency partnerships, a reliable ancillary service provider will have access to a deep bench of expert home health professionals, which will enable it to proactively substitute and replace caregivers as needed. Due to the volume of business and favorable terms it provides agency partners, it's able to obtain prioritized handling of its cases. In the end, payers can avoid the scenario where a claims adjuster receives a frantic call from a family member, saying a nurse or home health aide has not shown up. Instead, gaps and disruptions in home care are avoided.



## Key Takeaways

- A key issue affecting the provision of home health services is the shortage of nursing professionals and home health aides in particular.
- To alleviate potential home health staffing issues, payers should partner with a robust ancillary service provider that has a broad national network of home health and home care agencies.
- A suitable ancillary service provider will staff cases with dependable home care professionals who reliably attend their scheduled appointments.
- Across its many agency partnerships, an ancillary service provider will have access to a deep bench of expert home health professionals, which will enable it to proactively staff all cases, as well as coordinate, substitute and replace caregivers as needed.



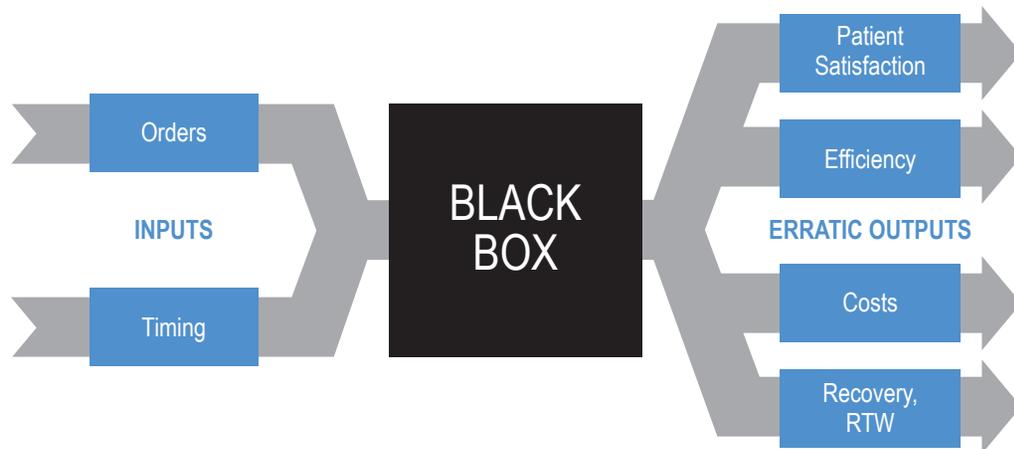
### Chapter 3

# Durable Medical Equipment Operates as a Black Box: Unlock Its Inner Workings to Achieve Improved Outcomes

by Bob Smith, Ted Smith, Craig Evans

In the realm of ancillary services, durable medical equipment (DME) has traditionally operated as a “black box” of sorts for claims adjusters in workers’ compensation—and with good reason.

First, let’s look at the definition of a black box. In science and computing, it’s defined as a device, process or system, whose inputs and outputs are known, but whose internal workings are often not well understood.





## RESOURCE REVIEW

News drives the DME industry.

HME News is a monthly newspaper for home and durable medical equipment providers. It also provides a listing of many state DME and HME associations.

This is true for DME. Its inner workings are complex because there is a wide range of equipment. Within each category, there's a significant number of products that vary in nuanced ways, with many products that offer slightly different functions. As a result, costs run the gamut, and coding gets complicated with a "miscellaneous" code used for products that aren't easily categorized.

From the adjusters' perspective, the DME black box has known "inputs" and "outputs," which we'll review, but the "inner workings" can often be shrouded in mystery. In this chapter, we aim to describe and, thereby, unlock this box.

### DME Black Box: Critical Inputs

As mentioned, the inputs into the DME black box are known and understood:

- **Orders.** The main inputs are DME referrals sent from treating physicians. For the most part, the physicians may also be unaware of the wide variety of equipment available and what each may cost. They may inadvertently write a prescription for a costly brand name product, when a cheaper generic version is available.
- **Timing.** Oftentimes, DME is needed for complex injury claims. An injured employee may be in the hospital or another medical facility, soon to be discharged. Although adjusters may try to work with these facilities in advance, they often receive last-minute notice of injured employees being released with urgent DME requirements. As a result, it's quite common to receive a DME request on a Friday afternoon, making it difficult to fulfill the order and ensure a smooth transition home.

### DME Black Box: The Inner Workings

When adjusters receive DME orders, most of the time, they simply pass them on to the ancillary service provider to fulfill. However, if the inputs aren't great to begin with and the vendor doesn't have a stellar internal process, then the resulting outputs could vary significantly in terms of quality, patient satisfaction, cost, and other outcomes. As such, let's consider the key factors that make up the internal workings of the DME process, as they should be carefully tracked and monitored to ensure a better end result:

## Types of DME Products

### Standard DME

#### Rental and Purchase Available:

- Ambulatory aids—wheelchairs, walkers, crutches, canes
- Hearing aids and supplies
- Bath and hygienic equipment
- Conditioned pain modulation (CPM), cold therapy, vacuum-assisted closure (VAC)

#### Specialty Rehab Equipment:

- Custom wheelchairs and scooters
- Lift chairs and lifts
- Specialty beds and mattresses

#### Orthotics and Prosthetics:

- Custom and off the shelf

#### Modification Services:

- Home, vehicle and workplace

#### Medical Supplies:

- Respiratory
- Wound care
- Urinary and incontinence
- Burn care

#### Electrotherapy Units and Supplies:

- TENS units
- Muscle stimulators
- Galvanic and interferential stimulators
- Bone growth stimulators

**Broad DME product expertise.** An ancillary service provider should have deep expertise across a wide variety of DME products that are available, including the items listed to the left.

Adjusters want and need education on DME, but they often don't have the time or bandwidth to research different products in the midst of an injured employee being discharged or in the middle of managing a claim. Instead, they must be able to rely on an ancillary service provider to have ready knowledge to review orders on their behalf and to bring any concerns to their attention.

However, adjusters should choose an ancillary service provider that can help educate them about DME by organizing training sessions. In this way, adjusters can gain DME knowledge on a date and time specifically set aside for continuing education. In addition, a valued ancillary service partner will also provide adjusters with education along the way, as DME issues come to light.

**High-level customer service.** An ancillary service provider will offer both customer- and patient-focused delivery of DME products. A small shop might not have the connections and means to facilitate a high-touch customer experience, while a large, highly siloed company may be too unwieldy, resulting in fragmented service.

Efficiency is affected by how the ancillary service provider is structured. Some divide their operations by product lines, with ancillary services such as diagnostics, home health care, and DME handled by separate units. As a result, adjusters might have to jump through hoops to meet all of their claimant's ancillary service needs and to obtain a comprehensive update on a file. Adjusters might end up losing precious time, which could have been used to manage their caseloads or interact with injured employees or other workers' comp stakeholders.

At PCS, we have tailored our service and delivery to help customers eliminate the burden of administrative hassles. Customers are assigned a single care coordinator to handle all ancillary services on a single case. Whether it's DME, home health care, or diagnostic imaging, there's a single point of contact for all services. Adjusters appreciate this approach, as it simplifies things on their end.

Unlike other large ancillary providers, PCS' service model is designed for adjusters—and their claimants. With personalized service and dedicated account teams, adjusters receive 24/7 access-

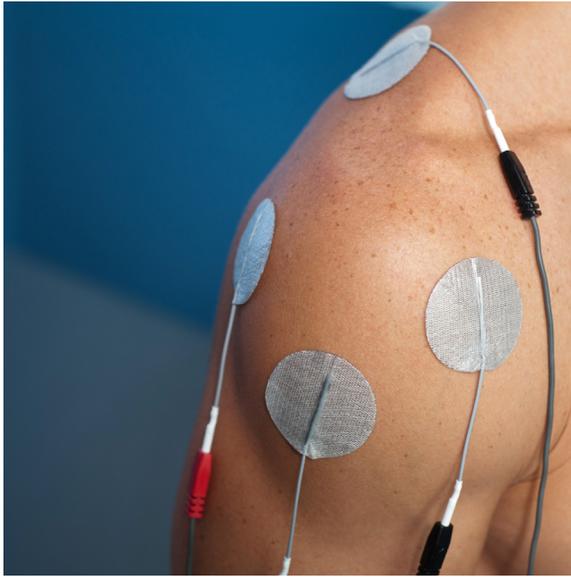
**An ancillary service provider should work in close collaboration with case managers to ensure clinical oversight is applied to ancillary services. Many times, claimants require medical and ancillary services together.**

to-care coordinators and information when they need it. Orders can either be submitted online or by phone—at the discretion of payers and their adjusters. In addition, communication protocols are customized to meet their needs as well. To streamline communications, PCS will acknowledge any emails received within hours of receipt, and call-wait times are kept low—15 seconds on average.

**Broad network.** A national network of credentialed DME and supply vendors offer prompt delivery, convenience and significant savings on fee schedules. Credentialing is also key. An ancillary service provider must vet DME providers, ensuring these vendors are properly licensed and insured.

PCS offers a best-in-class national network. Its carefully curated national network includes a full spectrum of specialized DME solutions. It also performs rigorous network evaluation and grading to ensure it continues to utilize only the best providers. It can also customize its national network to fit a customer's unique needs. And it can coordinate rush, same day, and weekend delivery at no additional charge. In short, PCS provides prompt, reliable and safe delivery of DME products and medical supplies that are therapeutically appropriate and cost effective.

**Continuum of care.** An ancillary service provider should work in close collaboration with case managers to ensure clinical oversight is applied to ancillary services. Many times, claimants require medical and ancillary services together. As a result, a coordinated approach ensures better overall results, value, and savings. There have been many examples when a Genex case manager, who was helping to oversee a complex or catastrophic injury, ended up advocating on behalf of the injured employee for a critical piece of equipment, which could help in the recovery process, such as an exoskeleton to help a paraplegic walk again.



## Case in Point

A referral is received for a TENS unit. There are many different types, but the treating physician has ordered a name brand product, which costs \$3,000. An ancillary service provider with deep product knowledge will review the order and take the initiative to contact the treating physician and ask if it's okay to substitute the name-brand product with a generic one of the same quality but much lower cost. A treating physician will typically approve such a modification, but it's the ancillary service provider who has the product knowledge to identify the opportunity for savings on behalf of the customer.

## DME Black Box: Ensuring Quality Outputs

The main output of the DME box centers around the delivery of DME to the injured employee, but that process can be divided into several key aspects (outlined below). It's also important to understand that "positive" outputs are only achieved when the inner workings of the DME box have reached a certain level of excellence.

**Patient satisfaction.** The ancillary service provider typically receives the claimant's contact information with the original DME order. With this information, it can contact claimants to ensure they've received their DME products, have obtained proper training (if needed), and are generally satisfied with the equipment. Likewise, patients should have received the ancillary service provider's contact information, so they know with whom to follow up in case equipment doesn't arrive or if there are issues with the item.

**Efficiency.** Injured employees should receive their DME product in a timely manner, so they can begin to use it when they most need it. Timeliness also ensures a prompt discharge and smooth transition home, as well as a prompt recovery and return to work, when possible.

Overall, when the inner workings of the DME box are optimized, then administrative burden is significantly reduced—if not eliminated entirely. This is a tremendous benefit for busy adjusters. PCS works hard to ensure that adjusters don't have to deal with these types of hassles. Our care coordinators work in advance to connect the dots between physicians, DME vendors, claimants, and billing. They communicate directly and proactively to minimize confusion and delays, and they properly align expectations among stakeholders. For example, if a customized brace is prescribed, it may take a lot longer to deliver than standard equipment, like a cane. The care coordinators will strive to keep adjusters and claimants updated each step of the way.

**Costs.** The medical costs on a workers' comp claim can be significant. By containing DME expenses, an ancillary service provider contributes to medical cost containment. PCS strives to save costs for customers in multiple ways. For example, it will:

## Medical costs on a workers' comp claim can be significant. By helping to contain DME expenses, an ancillary service provider significantly contributes to medical cost containment.

1. Submit a DME plan in line with treatment guidelines to the adjuster to obtain prior authorization and a purchase order for equipment. As such, the rigmarole of unauthorized orders—which may include the filing of liens and attempted collections—may be avoided. This not only saves costs but also eliminates administrative hassles.
2. Negotiate optimal rates with DME vendors to achieve costs that are below state fee schedules.
3. Develop and offer programs such as rentals caps, which generate more savings. If a claimant starts out renting equipment but needs it for a longer period than expected, there's no risk that the payer will be overcharged through an indefinite rental period. Instead, rental costs are capped at the purchase price of the item, and when this sum is reached, the item is owned outright.
4. Check to see if a generic substitution can be made, if and when a costly brand name product is ordered—this is achieved through the PCS ancillary benefit management service.
5. Apply retrospective savings through bill review, when DME claims circumvent prospective controls.

**Recovery and return to work (when and where possible).** Unfortunately, not all claims—especially those that are catastrophic in nature—will end in return to work. However, when and where possible, ancillary service providers should look for and present any and all opportunities to help improve recovery times and return-to-work (RTW) results.

In order to do this, PCS stays abreast of modern, innovative and emerging technologies. For example, a new device might be shown to have better results in addressing a certain medical



## RESOURCE REVIEW

Genex Services hosts many podcast interviews via its [\*Inside Workers' Comp Blog\*](#). Catch the interview with [PCS President Bob Smith](#), who discusses how DME is helping injured employees return to work at a faster rate.

issue, such as reducing post-operative knee pain and recovery times, and thereby, improving RTW results. An adjuster might balk at this more expensive DME option, preferring a device with costs and results they're more familiar with. However, PCS will provide the adjuster with the medical evidence which demonstrates that the device has a proven track record of bringing about better outcomes.

### From Black to Unlocked Box

The fact that adjusters are dealing with a full-plate of responsibilities has necessitated and perpetuated the DME black-box paradigm. Claims professionals do not have the spare time to become experts in yet another area, especially since they have high caseloads, must stay up to date with legislative changes, and deal with a plethora of day-to-day interactions with claimants, employers and physicians.

Today, ancillary service providers like PCS are striving to fulfill adjusters' DME requests, while also turning around the traditional black-box situation. With a black box, you can't see what's inside, but this paper has illuminated the inner workings of the DME process, so it can operate with greater transparency—and in the end, better results.





## Key Takeaways

- For claims staff, DME has traditionally operated as a black box of sorts because there is a wide range of products, which vary in nuanced ways with costs running the gamut.
- The inputs to the DME process are fairly well-known and understood. They include physician orders for DME and the timing by which orders must be fulfilled.
- When adjusters receive DME orders, they want to rely on an expert ancillary service provider, so they can trust that orders will be fulfilled, allowing them to focus their time and efforts elsewhere.
- The inner workings of the DME process encompasses deep expertise on products, an outstanding level of service, a broad vendor network, and the ability to ensure a seamless continuum of care.
- An ancillary service provider must have stellar internal processes to bring about optimal outcomes in terms of patient satisfaction, efficiency, costs, recovery and RTW results.

## Chapter 4

# Ancillary Services for Catastrophic Claims: Critical Transitions Must be Managed Seamlessly

by Bob Smith, Ted Smith, Craig Evans, Carlos Cordova, and Diane Schneider



In workers' compensation, catastrophic injuries transpire with relatively low frequency. When they do occur, however, payers demand an all-hands-on-deck approach that calls upon specialized experts to manage specific aspects of these complicated claims.

Many payers have established their own internal catastrophic claims team, so their most seasoned claims professionals manage these types of injuries. These adjusters are highly experienced in managing catastrophic claims. However, they are also handling other catastrophic cases at the same time—all of which have various and sophisticated moving parts.

Similarly, a case manager, specialized in catastrophic injuries, is assigned to provide immediate clinical intervention and to help manage the clinical care and return-to-work components of the case.

Working collaboratively with these two highly experienced professionals, a catastrophic injury still requires an ancillary service provider. This is because a significant number and various types of ancillary services will often be necessary—anything from a rehabilitation facility, DME, transportation, home health services and more.

Today, industry-leading ancillary service providers have developed catastrophic injury response teams, which consist of care coordinators with in-depth knowledge and experience in coordinating the right ancillary services at the right time for these cases.

**An ancillary service provider—working with the claims adjuster and case manager on a catastrophic injury—can help ensure the best-possible service, results and costs as well as a seamless continuum of care.**

Specialized Catastrophic Claims Team		
Catastrophic Claims Adjuster	Catastrophic Case Manager	Ancillary Services Coordinator
Acts as the traffic cop managing the overall needs of the injured employee.	Manages the injured employee’s complex medical and rehabilitation requirements in conjunction with the treatment team, which usually consists of various providers and specialists.	Coordinates all ancillary services, including facilities, durable medical equipment, supplies, transportation, home health services and more. The coordination often encompasses several service types across multiple vendors.

In this chapter, we will describe the various ways an ancillary service provider—working with the catastrophic claims adjuster and case manager—can help ensure the best-possible service, results and costs as well as a seamless continuum of care on catastrophic cases. However, before we break that down, let’s take a look at what constitutes a catastrophic claim.

### What is a Catastrophic Claim?

A catastrophic claim involves a debilitating, life-altering injury, such as a severe burn, a major amputation, a traumatic brain injury or spinal cord injury. In some cases, multiple traumas may be

**Catastrophic injuries make up only about 1% of workers' comp claims, but they can constitute a significant portion of claim payouts—approximately 15% to 20%—depending on a payer's book of business.**

involved. These injuries demand coordination of sophisticated medical care, rehabilitation, ancillary services, home care and even personal assistance when the individual returns home.

**Occurrence and cost.** Catastrophic injuries make up only about one percent of all workers' compensation claims. However, they often constitute a significant portion of a payer's annual claims payouts—approximately 15 to 20 percent—depending on the payer's book of business. These claims are extremely expensive. A single incident may cost upward of \$1 million or more. The costs include indemnity payments, as well as medical care that takes place across multiple facilities, providers, specialties, and service areas.

**Long tail.** The duration of these claims may stretch over many years and could even last for the injured employee's lifetime. For example, a spinal cord injury resulting in complete paralysis below the neck would require around-the-clock skilled nursing care, with costs \$250,000 to \$400,000 annually.

**Patient and family.** Managing the medical needs of the injured employee is the main focus, but the catastrophic injury team must also manage the expectations of family members, who are distraught over the accident and concerned about the well-being of their loved one. They want this person to receive the best-possible care and to enjoy a good quality of life.

**Medical volatility.** Due to the nature of these injuries, a catastrophic claim may experience a significant amount of medical volatility—and corresponding financial spikes—if the injured employee's

**When outsourcing ancillary services, an adjuster and case manager want to rely on an expert in the field—a provider that can optimize service, results and costs.**

health and well-being take a turn for the worse. For instance, this individual might suffer from an infection, bed sores, or even depression. The clinical complexities of these cases are enormous, and they often result in other issues. The key is to aggressively manage these cases to minimize the risk of such complications.

### **What's Needed in an Ancillary Service Provider for Catastrophic Injuries?**

As previously discussed, for a catastrophic injury, a key component of care management is ancillary service coordination. Ultimately, the payer, catastrophic claims adjuster, and case manager want to outsource this component to an expert in the field. In this way, they have peace of mind in knowing ancillary services will be managed by an experienced provider that can optimize service, results and costs.

#### **Ability to Meet Adjuster Expectations**

From the perspective of claims adjusters, they want a provider who they can trust to seamlessly coordinate and communicate across the various touchpoints in the provision of ancillary services. An adjuster's attitude might be encapsulated in these types of sentiments:

*You've handled ancillary services for thousands of catastrophic claims. As such, you have the experience to anticipate the injured employee's needs, collaborate with claims and case management, and proactively put the right equipment, supplies and services in place as the injured employee needs them. I'm entrusting you to take care of ancillary services, so I won't have to worry about it.*

*I need you to develop a plan for ancillary services that ensures quality and timely servicing of orders for the injured employee—while simultaneously saving costs. This includes negotiating prices and providing complete cost transparency. I also expect you to keep me informed each step of the way—especially if something goes wrong that could affect the development of the claim.*

**Adjusters place a lot of confidence in an ancillary service provider to coordinate patient needs across the spectrum of ancillary service needs.**

### **Fulfillment of Complete Ancillary Service Needs**

The mindset above shows that adjusters place a lot of confidence in an ancillary service provider—working in close coordination with the claims adjuster and catastrophic (CAT) case manager—to coordinate the patient needs across the following areas:

- Transition from hospital to skilled nursing facility or rehabilitation facility, as well as the transition to home
- Home health services
- Durable medical equipment and supplies
- Transportation and translation services
- Home and vehicle modifications
- Advanced diagnostics, such as MRIs and other scans
- Physical therapy and occupational therapy

### **A Patient-Centric Approach for Ancillary Services**

In coordinating these services, a quality ancillary service provider will take a patient-centric approach. Its care coordinators will communicate with the adjuster, CAT case manager and treatment team, as necessary, to understand the injured employee's ancillary service needs, especially as this patient makes critical transitions in the continuum of care—for example, from hospital to facility, or from facility to home.

### **Early Intervention, Timely Coordination**

Seamless coordination and communication ensure injured employees have the essentials at each stage of their care and recovery. This involves expert-level engagement from the start of the claim. The earlier an ancillary service provider can be brought on to the catastrophic injury case the earlier ancillary care coordinators can begin their expert and often time-sensitive coordination.



## An Integrated Approach

A flexible ancillary service provider will be able to work with any medical management company, but a payer may prefer a more integrated approach that combines the management of medical and ancillary services. Having one vendor—such as PCS—coordinate both aspects can have a profound, positive impact on catastrophic claims costs and outcomes.

Some items—such as a home-entrance ramp—will involve advanced coordination of contractors, bids and the installation time frame to ensure the ramp is in place before the injured employee arrives home.

This shows that the ancillary services management requires forethought, strategic planning and proactive coordination. The provider must have the expertise to envision all necessary services and begin to plot them out in successive steps on a timeline, so everything is in place when the injured employee needs them.

## Ensuring Seamless Delivery of Ancillary Services at Critical Touchpoints in the Continuum of Care

Let's review some of the critical touchpoints where it's important to ensure a seamless delivery of ancillary services and care. Otherwise, the claim could experience delays and added costs.

### Setting a Game Plan

Once an ancillary service provider is brought on—and hopefully this occurs as early as possible—its care coordinators will begin to communicate with key stakeholders—whether it's the adjuster, treatment team, discharge staff or CAT case manager—to ascertain the injured employee's ancillary service needs.

In many cases, because of the nature of a catastrophic injury, the injured employee has often already been sent to the hospital. The ancillary service provider will develop a plan from that point forward. It will work with the adjuster and CAT case manager to outline the successive services, equipment and supplies to be ordered.

The initial plan is sent to the adjuster for approval, but due to the volatile nature of catastrophic injuries, the plan must remain flexible to accommodate the patient's evolving needs. As such, it's important that an ancillary service provider be nimble and adept at ongoing communication and coordination. Another key component of the plan is cost transparency, which is vital to keeping the adjuster abreast of both care and costs—so they can accurately set reserves.



## Importance of Ongoing Communication

At each touchpoint, the ancillary service provider will communicate with the CAT claims adjuster and case manager to ensure all stakeholders are aware of necessary equipment, supplies and services, and ensure critical items and costs are approved along the way.

## Preparing for Hospital Discharge

Prior to discharge, the ancillary service provider will work with the CAT case manager and hospital staff to determine the injured employee's ancillary service needs. For instance, does the patient require a skilled nursing facility or an inpatient rehabilitation facility?

The ancillary service provider will know all the types of questions to ask to ensure it understands the patient's comprehensive needs. For example, the provider will find out if the injured employee requires transportation to the facility, and if so, schedule that service as well. The provider will also assess the type of transportation, such as a wheelchair or even stretcher transport, depending on the severity of the injury.

## Finding the Right Facility & Negotiating Costs

If the injured employee requires a facility for further care, recovery and rehabilitation, the ancillary service provider will match the type of injury to the best facility.

*Let's say an injured employee, John Doe, has a spinal cord injury. The care coordinator will work with the CAT case manager to try and find a facility within a reasonable distance to his home, so family members can easily visit and also ensure the facility has the right medical staff to treat this type of injury, including but not limited to inpatient physical therapy.*

A respectable ancillary service provider will have a national network of qualified facilities, but it also must have the ability to reach out to regional facilities to see if they can handle a particular type of injury. The ancillary service provider will negotiate pricing and outline what's included in the cost of the stay.

*Let's say a facility charges \$1,000 per night. In terms of cost transparency, the ancillary service provider will find out everything that's included in that nightly charge—with each facility it may vary significantly. Some facilities will include any inpatient therapy, while others will have a separate fee for that service. The ancillary service provider will obtain all information and provide it to the adjuster, so the adjuster knows what the costs will be, as well as potential extra charges that may be incurred.*

**When the injured employee is about to be discharged to home, the ancillary service provider will assess both immediate and long-term ancillary service needs.**

### **Coordinating the Return Home**

Eventually, the injured employee will be discharged from the hospital or facility to their home. The ancillary service provider will work with the CAT case manager, as well as the hospital or facility staff to understand when discharge will occur—perhaps it's in two weeks—and what ancillary services the injured employee will require immediately when they return home and over the long term.

The ancillary service provider cross-checks this plan against evidence-based guidelines, collaborates with the CAT case manager, and presents it to the adjuster for approval before proceeding with coordination. Here are some examples of what the injured employee might require:

- Specialized transportation to get home.
- A wheelchair or prosthetic.
- A ramp to get in and out of the house. This person's home and/or vehicle may also require minor modifications (more extensive modifications are covered below).
- A certain type of bed.
- A home health aide (or skilled nursing) three days a week, eight hours a day. The ancillary service provider would speak to the individual and family to ensure an appropriate fit with the patient, family and home environment.
- A transfer bench to get in and out of the shower.
- In-home therapy, such as physical therapy (PT), occupational therapy (OT), and respiratory therapy.



**When home and vehicle modifications are required, the ancillary service provider will obtain several bids, as well as ensure cost efficiency and transparency on the project.**

A key value the ancillary service provider offers is the ability to manage all of these requirements proactively and within the appropriate timeframe, so the equipment, modifications or other services are in place when the injured employee arrives home or, otherwise, needs them.

### **More Extensive Home or Vehicle Modifications**

Some catastrophic cases call for a more extensive home or vehicle modification. As with any home project, where a contractor may be necessary, the ancillary service provider will obtain several quotes. The ancillary service provider coordinator will check references to make sure the quality of the work and estimated price. The coordinator may also work with several contractors to ensure an overall cost-effective modification is performed.

Here again, adjusters want cost transparency. They may want the estimate broken down by material and labor. They may want to know project costs by room. They may even want to know how much the flooring costs.

It's important to realize that the payer's role is to make modifications that accommodate the employee's injury, but at a level comparable to what was in place before the modification. For example, during the course of home modifications, if flooring must be replaced, the payer would aim to replace it with similar material, e.g., linoleum to replace linoleum, rather than replacing it with hardwood or Italian tile.

Here are some modification scenarios that might occur:

- Elevator installation to accommodate a claimant's injury in a two-story home
- Walkways and hallways widened to accommodate a wheelchair
- Ramps installed throughout the house, so the injured employee can more easily move around
- Hand railings installed in the shower



## RESOURCE REVIEW

The workers' comp industry needs knowledgeable case managers. The Commission for Case Manager (CCM®) Certification is the standard for the industry. It also oversees the process of disability management specialist certification with its CDMS® credential.

### Customized Communication to Meet Customer Needs

At each touchpoint, the ancillary service provider will strive to keep the adjuster and CAT case manager abreast of activity and obtain approvals of plans and costs. However, different catastrophic injury teams have different requirements for communication and updates. Some prefer daily updates, others weekly. The ancillary service provider must get to know and adhere to specific customer requirements.

Ultimately, adjusters and case managers should feel as if they're kept "in the know," so they don't have to worry about the case. They don't want to wake up in the middle of the night wondering, "Did transportation get arranged for John Doe to go to his appointment tomorrow morning?"

And if an issue arises, the ancillary service provider should reach out and let all team members know. For example, the ancillary service provider might contact the adjuster with this type of scenario:

*We just got a call from the driver. He's sick and can't fulfill the ride. We don't anticipate a problem. We'll confirm when the ride has been reassigned. But if not, we'll work with the case manager to reschedule this medical appointment, as soon as appropriate transportation can be arranged."*

A reputable ancillary service provider will have a systematic process in place, so no ancillary service can fall between the cracks, and the CAT team is updated on all developments.

### Digitization & Prioritization

A sophisticated ancillary service provider will also have made strategic investments in infrastructure. It will have built standardized processes and automated systems to work efficiently with the CAT team, such as a care coordination system to calendar and prioritize tasks and reminders. In this way, the care coordinators know, as soon as they come in, what files are top priority for

**“Case managers are often assigned to catastrophic cases the same day the injury occurs. The coordination of care requires injury-specific knowledge, empathy and ongoing communication with the injured employee, family, care management team and payer. Our integration with PCS helps us to proactively coordinate ancillary services with no disruption of care for the injured employee.”**

— *Diane Schneider, vice president of Field Case Management Corporate Programs at Genex Services*

the day. These tools provide a quick snapshot for pending tasks and improve the coordinator’s ability to stay on top of ancillary services for cases. It also gives management the ability to identify cases and tasks demanding immediate attention.

### **Providing Relief to Busy Adjusters**

Every catastrophic injury is complex and has a unique set of demands. In terms of ancillary services, some injured employees may require a facility or extensive home modifications. A good ancillary service provider is skilled at assessing the injured worker’s situation and strategically coordinating delivery, so items and services are in place.

Adjusters can offload this function with tremendous benefit to their workload. They can entrust an ancillary service provider to handle coordination as it has a team of experts, and it has pre-established relationships with case managers, facilities and vendors to expedite the process. The provider also assumes the administrative and logistical burden. This a huge advantage for adjusters, who are already laden with numerous catastrophic cases and other tasks to manage.

### **Ancillary & Clinical Management: Separately Strong, but Better Together**

PCS is the only provider to offer ancillary services with clinical oversight. Genex has a robust team of clinicians, and PCS possesses the ancillary service expertise. Since coming together, PCS and



## RESOURCE REVIEW

As a trade publication, Risk & Insurance covers both risk management and commercial insurance. It also hosts the Workers' Comp Forum, which covers emerging issues and hot topics for WC industry professionals.

Genex have established joint processes, so they can operate seamlessly to provide customers with an integrated ancillary and clinical management model.

Of course, PCS can deliver ancillary services on its own, but it is made stronger through the clinical resources it now has available at its fingertips.

When used together, the Genex clinical team is able to review ancillary services to ensure clinical appropriateness and cost-effective planning to help expedite delivery and reduce care disruption risks for the injured employee.

With integrated processes, PCS and Genex together make smarter ancillary and clinical decisions to the benefit of the injured employee and payer organization.

Genex and PCS have created additional benefits because they have fine-tuned efficiencies through joint processes, including the fact they:

- Can collaborate more effectively through shared systems and platforms
- Can integrate their expertise to save customers more money at each step of the catastrophic injury management process, as well as over the long term
- Facilitate a smoother process for the injured employee and adjuster

In the months ahead, PCS and Genex anticipate the clinical oversight model to continue to evolve and deepen to enable even better results.



## Key Takeaways

- A catastrophic injury often demands a significant amount of ancillary services—anything from a rehabilitation facility, DME, transportation, home health and more.
- An ancillary service provider—working with the catastrophic claims adjuster and CAT case manager—will coordinate all the ancillary needs of the injured employee to ensure the best-possible service, results and costs as well as a seamless continuum of care.
- When a facility is needed on a catastrophic case, the ancillary service provider will match the type of injury and care required to the most appropriate facility. It will also negotiate pricing to help save costs and outline what's included in the cost of stay.
- Eventually, when the injured employee is discharged home, the ancillary service provider will work with the CAT claims adjuster and case manager to understand what the injured employee will require immediately upon returning home and over the long term.
- When extensive home or vehicle modifications are necessary, the ancillary service provider will work to understand what's needed to accommodate the employee's injury. It will obtain quotes, check references, coordinate the project, and provide cost transparency.
- An ancillary services provider will closely work with the CAT case manager and keep the adjuster abreast of activity and obtain approval of plans and costs as needed.
- Seamless communication ensures injured employees have the appropriate ancillary services they need at each stage of their care and recovery.



## *Conclusion*

# The Future of Ancillary Services

At the beginning of this eBook, we shared our objective to increase awareness of mega trends in ancillary services. We believe helping clients identify and address problems on the horizon is the role of an innovative service provider. We wanted to bring attention to these concerns, recognizing that there are other trends at play in the broader workers' comp industry, but issues in ancillary services often get overlooked and yet can have significant impact.

The mega trends outlined in this eBook will hopefully enable your organization and claims staff to operate with greater understanding of the intricacies involved. If your organization is looking to initiate improvements in your ancillary services program, a smart place to start is to assess the partnership you currently have in place. Is your existing ancillary service provider fulfilling your needs in a timely manner? Is it outlining an initial ancillary services plan and providing ongoing communication and cost transparency along the way?

You must ensure that the ancillary services provider you use has processes in place to deliver not only savings, but also superior service and a patient-centric approach. A dependable vendor is essential to ensuring injured employees receive the ancillary services they need when they need



them. This vendor should utilize digital strategies to streamline the ancillary service process, facilitate oversight to ensure nothing falls through the cracks, and have an integrated clinical management approach to ensure optimal outcomes.

**We hope this ancillary services eBook has been helpful to you and your claims staff. Please feel free to contact our ancillary services team at [tsmith@prioritycaresolutions.com](mailto:tsmith@prioritycaresolutions.com), if you'd like to receive a more in-depth, one-on-one consultation on how we can help you to enhance your program.**

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**Ted Smith** is senior vice president of national sales at PCS. With more than 10 years of experience in the workers' compensation industry, Ted is an expert on managing ancillary services, including diagnostics, DME, and home health services. In his current role, Ted has worked to grow and expand the company's ancillary service offering. He nurtures customer relationships, tracks industry trends, and uses insights to lead his team.

**Craig Evans** is vice president of strategic programs at PCS. He has more than 15 years of experience in the workers' compensation industry. In his current role, he oversees key initiatives, including new program implementations and expansion of existing product capabilities. Craig has a diverse background in insurance, having held roles in workers' compensation, group health, and auto reinsurance. His experience covers a variety of areas such as operations, finance, provider relations, product development and underwriting.

**Carlos Cordova** is director of operations at PCS. He has more than 15 years of experience in the workers' compensation industry, specializing in ancillary and pharmacy benefit management services. He has a strong history of planning, developing and executing strategies that have led to improved service and

customer experiences. He also helps build leadership teams focused on improving key performance indicators, streamlining operational efficiencies, and maintaining focus on performance culture through career path opportunities and development.

**Diane Schneider, CCM, CRC**, is vice president of field case management (FCM) corporate programs at Genex Services. She has more than 35 years of experience in case management. In her current role, she provides leadership to the Genex field case management organization and many of the Genex national specialty programs, including customer specific FCM program models, Genex specialty case management services, and the management of the Genex Affiliate Networks.

# About Priority Care Solutions

**Priority Care Solutions (PCS)** ([www.prioritycaresolutions.com](http://www.prioritycaresolutions.com)), a division of Genex Services, is a leading specialty managed care services and network provider for the workers' compensation industry. The company draws on the cumulative experience of its executive team with an average of 20 years in all areas of workers' compensation. The company has used this experience to create unique, proactive solutions that mitigate risk, create operational efficiencies and reduce costs, while providing compassionate, exceptional, and timely care to injured employees.

Based in Tampa, Florida, PCS works to meet the ancillary service needs of carriers, third-party administrators, self-insured employers, government agencies and managed care organizations. Its comprehensive set of solutions has helped to tackle the industry's most pressing challenges. The results are faster, more efficient and cost-effective claims resolution and injured employees who receive the care they need.

# About Genex Services

**Genex Services** ([www.genexservices.com](http://www.genexservices.com)) provides best-in-class clinical solutions that enable customers to transform their bottom lines while enhancing the lives of injured and disabled workers. Genex, a clinical management leader throughout North America, serves the top underwriters of workers' compensation, automobile, disability insurance, third-party administrators and a significant number of Fortune 500 employers. In addition, Genex clinical services are enhanced by intelligent systems and 360-degree data analysis. Its clinical expertise consistently drives superior results related to medical, wage loss, and productivity costs associated with claims in the workers' compensation, disability, automobile, and health care systems. Genex Services and Mitchell International merged recently to create the broadest continuum of technology and products servicing the auto, workers' compensation, and disability markets.



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