Claims Audit Report

Trindel Insurance Fund

June 2015

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EXECUTIVE SUMMARY

This section will serve as an overview of the audit findings with recommendations for moving forward. The ***final score of 78.41%*** shows improvement over the last audit score of 69.64% with significant improvement in the areas of AOE/COE Investigations and Resolution of Claim. Performance deteriorated considerably on Excess Report and SJDB; moderately on Fiscal Handling.

Category	Points Available	Points	Score	Prior Score	Variance
Claims Handling Administration	282	179	63.48%	66.30%	-2.82%
Claim Creation	134	117	87.31%	81.31%	6.00%
Claims Handling Technical	419	364	86.87%	68.32%	18.55%
Litigated Cases	52	52	100.00%	100.00%	0.00%
Subrogation	3	3	100.00%	N/A	N/A
Excess	27	4	14.81%	66.67%	-51.86%
Overall Score	917	719	78.41%	69.64%	8.77%

AUDIT CRITERIA

The audit criterion was formed by using the CSAC EIA standards. The file audits specifically focused on claims handling activity from June 01, 2013 through the date of the audit. Trindel provided a list of the open inventory (covered by the CSAC EIA program) and a random selection of the files was pulled to gather 50 files from the open inventory. The file selection consisted of a mix of indemnity claims, future medical files and medical only claims. Trindel changed claim systems just prior to the audit. File documents, notes, payments, letters and reserves are maintained in electronic form. The electronic files were accessed.

AUDIT PROCESS

The audit was completed onsite at the Trindel Insurance Fund's Weaverville office. Each worksheet was provided to Lisa Mitchell for review and comment. Lisa engaged with the auditors and submitted all questions, feedback or disputes prior to the conclusion of the audit. Further, she and her team provided considerable assistance to find items not yet easily labeled in the new system.

It should be noted that, as a result of the conversion, there were files that had outstanding reserves wiped out and/or changes to the correct claim type. The team was working on fixing those while the audit was occurring.

KEY FINDINGS

Caseload

Standard 100% → Audit Score 50%

There was period of time, approximately 9 to 12 months, where the claims supervisor was covering a vacant desk. For this reason, the supervisor score was marked down. The standards require that the supervisor not carry a workload.

Case Review & Documentation

Examiner Plan of Action Updates
Files Meeting the Criteria 47 | Files in Compliance 3
Standard 95% → Audit Score 6.38%
There were nearly no files that consistently met the standard for timely plan of action updates within the 45/90 window. Given the large number of files involved we have not listed them all within this report but refer you to our individual audit worksheets. This continues to be an area that has a large performance deficiency and should be an area of focus for the claims team during the next audit period.

Supervisor Reviews
Files Meeting the Criteria 47 | Files in Compliance 4
Standard 95% → Audit Score 8.51%
There were nearly no files that consistently met the standard for timely supervision within the 120/180 window. Given the large number of files involved we have not listed them all within this report but refer you to our individual audit worksheets. This continues to be an area that has a large performance deficiency and is directly related to the supervisor covering for vacancies. In that this led to other handling issues it is suggested that alternative solutions be explored to cover vacancies rather than having the supervisor fill this roll.

File Contents
Files Meeting the Criteria 48 | Files in Compliance 48
Standard 95% → Audit Score 100%
File contents were clearly identified in the paperless system in all claims audited.

Medical Only Conversion
Files Meeting the Criteria 1 | Files in Compliance 0
Standard 95% → Audit Score 0%
There was no documentation in Audit File #A-1096 that the claim had been reviewed for potential conversion 90 days following claim creation as required by the standards. The 0% score was impacted by the fact that only 1 claim met the criteria; as such, this is not deemed to be a negative performance trend.

Communication

Return Phone Calls
Files Meeting the Criteria 8 | Files in Compliance 8
Standard 95% → Audit Score 100%
Telephone calls were returned within 1 business day on the cases where telephone calls were documented.

Respond to Written Inquiries
Files Meeting the Criteria 12 | Files in Compliance 11
Standard 95% → Audit Score 91.67%
On Audit File #A-1123 the adjuster failed to timely respond to the defense attorney's settlement recommendation within 5 working days as required by the standards.

Date Stamp Mail
Files Meeting the Criteria 49 | Files in Compliance 49
Standard 95% → Audit Score 100%
All incoming correspondence was date stamped with the date of receipt.

Ongoing Employee Contact
Files Meeting the Criteria 2 | Files in Compliance 2
Standard 95% → Audit Score 100%
On the 2 cases where the employee was off work contacts was made every 45 days and/or contact was made within 3 days after a scheduled surgical procedure.

Fiscal Handling

Payments on Correct Claims
Files Meeting the Criteria 33 | Files in Compliance 30
Standard 95% → Audit Score 90.91%
There were 3 cases where the employee had multiple losses and payments were applied to the incorrect claim. On Audit File #A-1112 a return to work payment was paid from the incorrect claim. On Audit File #A-1128 there were multiple payments issued from the incorrect file. On Audit File #A-1132 a med-legal bill was paid from the incorrect claim.

File Balancing
Files Meeting the Criteria 17 | Files in Compliance 7
Standard 95% → Audit Score 41.18%
There were a number of files that did not contain semi-annually file balancing when there were active indemnity payments during the audit period. This was evidenced on Audit File #A-1078, A-1101, A-1108, A-1109, A-1114, A-1121, A-1126, A-1134, A-1137 and A-1139. We suggest that a Plan of Action Template be created with fields for the date of the last filing balancing and when the next is due. Further, we suggest creating automatic diaries for file balancing when the employee is receiving ongoing compensation through the claims system's rules engine.

Medicare Reporting

Files Meeting the Criteria 16 | Files in Compliance 16
Standard 100% → Audit Score 100%
On all claims where Medicare Eligibility was an issue there was proper checking and identification in the file. In that Trindel has recently moved to a new claims platform they will want to set up the automatic checking that they enjoyed in Claims Connect.

Three Point Contact

Files Meeting the Criteria 21 | Files in Compliance 15
Standard 95% → Audit Score 71.43%
Three point contact was not achieved within 3 working days of claim receipt on Audit File #A-1084, A-1094, A-1099, A-1103, A-1107 and A-1111.

Compensability

Initial Decision
Files Meeting the Criteria 20 | Files in Compliance 19
Standard 100% → Audit Score 95%
Audit File #A-1082 was not accepted within 14 days of receipt.

Delay Letter
Files Meeting the Criteria 8 | Files in Compliance 8
Standard 100% → Audit Score 100%
All applicable claims met the standard.

Final Decision
Files Meeting the Criteria 10 | Files in Compliance 8
Standard 100% → Audit Score 80%
A final decision was not evidenced within 90 days on Audit File #A-1103 wherein the Member had knowledge long before the claim was submitted to the adjusting location so it should have been accepted from the onset. The decision date was missed by 9 days on Audit File #A-1126 resulting in a late acceptance letter.

AOE/COE Decisions

Files Meeting the Criteria 4 | Files in Compliance 4
Standard 95% → Audit Score 100%
AOE/COE investigations were triggered within 3 days from the date it was decided to delay the claim in all claims meeting the criteria.

Initial Reserves

Initial Reserves for Probable Value
Files Meeting the Criteria 20 | Files in Compliance 18
Standard 95% → Audit Score 90%
The initial reserves did not contemplate all information available at the time there were established on Audit File #A-1082 and A-1091.

Initial Reserve within 14 Days
Files Meeting the Criteria 21 | Files in Compliance 20
Standard 95% → Audit Score 95.24%
Initial reserves were not set within 14 days of claim receipt on Audit File #A-1082.

Indexing

Files Meeting the Criteria 30 | Files in Compliance 25
Standard 95% → Audit Score 83.33%
An initial index check was not secured at the time of set up on Audit File #A-1084. Repeat indexing was warranted but not completed on Audit File #A-1079, A-1090, A-1108 and A-1112.

Payments

Initial TD/PD Payment
Files Meeting the Criteria 16| Files in Compliance 14
Standard 100% → Audit Score 87.50%
Initial compensation payments were not paid within 14 days of knowledge of disability on Audit File #A-1114 and A-1126.

DWC Notice
Files Meeting the Criteria 17 | Files in Compliance 13
Standard 100% → Audit Score 76.47%
The initial DWC notice was not correct on Audit File #A-1109. Initial DWC notices were late on Audit File #A-1114, A-1126 and A-1137.

Subsequent TD/PD Payments
Files Meeting the Criteria 16 | Files in Compliance 14
Standard 100% → Audit Score 87.50%
Retroactive TD was paid late on Audit File #A-1100. There were late PD payments evidenced on Audit File #A-1121.

Timely Final Payment & Notice
Files Meeting the Criteria 20 | Files in Compliance 11
Standard 100% → Audit Score 55%
Ongoing PD delay letters until a PD decision could be made was not evidenced on Audit File #A-1090 & #A-1139. Initial PD delay and final PD decision not timely on Audit File #A-1101. A late TD decision was evidenced on Audit File #A-1108. File Audit #A-1109 and A-1137 did not properly outline dates, amounts and types of benefits paid. File Audit #A-1114 did not outline the broken periods of TD paid. A TD ending notice was not located on Audit File #A-1117. Audit File #A-1121 lacked final TD notice and PD delay. We suggest separate diary dates for TD/PD delays and additional staff training on what should be properly contained within the benefit notices.

Overpayments
Files Meeting the Criteria 6 | Files in Compliance 3
Standard 95% → Audit Score 50%
Audit File #A-1117 did not have an ending TD notice outlining the dates and amount of overpayment being asserted. Audit File #A-1121 has a discussion regarding a TD/salary continuation overpayment but the amount never was established nor noticed to the employee or Member. Audit File #A-1134 had duplicate vouchers to the Member that were never corrected.

Undisputed Awards Paid Timely
Files Meeting the Criteria 11 | Files in Compliance 11
Standard 95% → Audit Score 100%
All Awards were paid within the required 10 day standard.

Copy of Award to Excess
Files Meeting the Criteria 6 | Files in Compliance 4
Standard 95% → Audit Score 66.67%
Copies of Awards were not documented as provided to CSAC EIA at the time of payment on Audit File #A-1134 and A-1136. The CSAC Standards should be reviewed with the team, especially in terms of reporting and notifications.

Medical Bills Paid Timely
Files Meeting the Criteria 45 | Files in Compliance 45
Standard 100% → Audit Score 100%
Medical bills were paid timely on all claims with medical payments.

Objection Letters Timely
Files Meeting the Criteria 7 | Files in Compliance 7
Standard 100% → Audit Score 100%
Objection letters were evidence on all claims with disputed bills.

Employee Reimbursements Timely
Files Meeting the Criteria 15 | Files in Compliance 15
Standard 95% → Audit Score 100%
Employee mileage and expense reimbursements were paid within 15 days on all claims with said payments.

Advance Travel Timely
Files Meeting the Criteria 15| Files in Compliance 14
Standard 95% → Audit Score 93.33%
Although mileage and TD were paid for the QME they were not paid 10 days in advance as required on Audit File #A-1104.

Self-Imposed Penalties Paid
Files Meeting the Criteria 3 | Files in Compliance 2
Standard 100% → Audit Score 66.67%
Retroactive TD was paid without penalty on Audit #A-1100 despite the supervisor's recommendation to pay a penalty.

Penalties Coded Correctly
Files Meeting the Criteria 1 | Files in Compliance 1
Standard 95% → Audit Score 100%
All penalty payments were coded correctly.

Penalty Reimbursement Plan
Files Meeting the Criteria 0 | Files in Compliance 0
Standard 95% → Audit Score N/A
This category was not applicable.

Medical Treatment

Proper Use of UR
Files Meeting the Criteria 28| Files in Compliance 27
Standard 100% → Audit Score 96.43%
On Audit File #A-1092 we felt the use of UR on ongoing medications would be prudent especially since the employee is seeing a physician on an infrequent basis.

UR Dispute Resolved via IMR
Files Meeting the Criteria 13 | Files in Compliance 13
Standard 100% → Audit Score 100%
In that only the employee, his representative or the treating doctor can request IMR the administrator can have no impact on ensuring UR disputes are resolved by IMR. There were 13 claims with IMR requests or decisions with proper medicals submitted by Trindel.

NCM Used Appropriately
Files Meeting the Criteria 0 | Files in Compliance 0
Standard 95% → Audit Score N/A
This category was not applicable.

Apportionment

Ruled In/Out
Files Meeting the Criteria 11| Files in Compliance 11
Standard 95% → Audit Score 100%
All applicable claims met the standard.

Pursued Appropriately
Files Meeting the Criteria 11 | Files in Compliance 11
Standard 95% → Audit Score 100%
All applicable claims met the standard.

Disability Management

Proactive Return to Work
Files Meeting the Criteria 9 | Files in Compliance 9
Standard 95% → Audit Score 100%
All applicable claims met the standard.

Member Noticed of Permanent Work Restrictions
Files Meeting the Criteria 6 | Files in Compliance 6
Standard 95% → Audit Score 100%
All applicable claims met the standard.

20 Day Member Follow Up on Permanent Restrictions
Files Meeting the Criteria 1 | Files in Compliance 1
Standard 95% → Audit Score 100%
All applicable claims met the standard.

SJDB

SJDB Provided Timely
Files Meeting the Criteria 3 | Files in Compliance 0
Standard 100% → Audit Score 0%
All applicable claims met the standard. It appears the Member accommodated the injured worker, however notice of offer is not evident in Audit File #A-1108. The SJDB notice was not sent for Audit File #A-1112 and #A-1121.

SJBD Concluded Appropriately
Files Meeting the Criteria 0 | Files in Compliance 0
Standard 95% → Audit Score N/A
This category was not applicable.

Reserves

Reserves Adjusted Timely at Diary or with Triggering Event
Files Meeting the Criteria 35 | Files in Compliance 23
Standard 100% → Audit Score 65.71%
Audit files with late adjusted on Audit File #A-1077, A-1079, A-1083, A-1092, A-1095, A-1100, A-1104, A-1123, A-1125, A-1129, A-1136 and A-1139. When the adjusters get current on diary and plan of action updates timely reserving should naturally improve.

TD & 4850 Reserved Separately
Files Meeting the Criteria 6 | Files in Compliance 6
Standard 95% → Audit Score 100%
All applicable claims met the standard.

PD Exposure Includes Life Pension
Files Meeting the Criteria 0 | Files in Compliance 0
Standard 100% → Audit Score N/A
This category was not applicable.

FM Reserves Consistent with OSIP Standards
Files Meeting the Criteria 22 | Files in Compliance 17
Standard 100% → Audit Score 77.27%
Future medical files not reserve using the OSIP calculation were Audit File #A-1079, A-1092, A-1119, A-1134 and A-1137. We recommend recalculating the future medical reserves at least once per year on files open for future medical.

Allocated Reserve Includes Bill Review, Utilization Review and Independent Medical Review
Files Meeting the Criteria 38 | Files in Compliance 38
Standard 100% → Audit Score 100%
All applicable claims met the standard.

Reserve Detail

No recommended changes	*39 claims*
Increase recommended	*8 claims*
Decrease recommended	*3 claim*
Total estimated reserve variance	*$41,407*

Resolution of Claim

Resolution Pursued within 10 Days
Files Meeting the Criteria 17 | Files in Compliance 7
Standard 95% → Audit Score 41.18%
Settlement was not pursued timely once medical information was received that allowed the claim to be finalized. This was evidenced on Audit File #A-1085, A-1092, A-1095, A-1100, A-1121, A-1123, A-1132, A-1134, A-1136 and A-1139. Timely handling of incoming mail could lead to an improved score in this area.

Settlement Valuation
Files Meeting the Criteria 15 | Files in Compliance 15
Standard 95% → Audit Score 100%
All applicable claims met the standard.

Medicare's Interests Protected
Files Meeting the Criteria 0 | Files in Compliance 0
Standard 95% → Audit Score N/A
This category was not applicable.

Settlement Authority

EIA Settlement Authority Requested
Files Meeting the Criteria 3 | Files in Compliance 3
Standard 95% → Audit Score 100%
All applicable claims met the standard.

Member Settlement Authority Requested
Files Meeting the Criteria 13 | Files in Compliance 13
Standard 95% → Audit Score 100%
All applicable claims met the standard.

Proof of Member/EIA Authority
Files Meeting the Criteria 10 | Files in Compliance 10
Standard 95% → Audit Score 100%
All applicable claims met the standard.

Litigated Claims

Initiate Investigation Material to Potential Litigation
Files Meeting the Criteria 14 | Files in Compliance 14
Standard 95% → Audit Score 100%
All applicable claims met the standard.

Defense Attorney on Panel with Proper Initial & Ongoing Management
Files Meeting the Criteria 19 | Files in Compliance 19
Standard 95% → Audit Score 100%
All applicable claims met the standard.

Settlement Proposals Direct to Member in Concise and Clear Written Form with Reasoned Recommendation
Files Meeting the Criteria 13 | Files in Compliance 13
Standard 95% → Audit Score 100%
All applicable claims met the standard.

Member Involved in Deposition, Examinations and Trial
Files Meeting the Criteria 2 | Files in Compliance 2
Standard 95% → Audit Score 100%
All applicable claims met the standard.

Comply with Reporting Requirements of Member
Files Meeting the Criteria 4 | Files in Compliance 4
Standard 95% → Audit Score 100%
All applicable claims met the standard.

Subrogation

Identify & Notice 3rd Party in 14 days
Files Meeting the Criteria 0 | Files in Compliance 0
Standard 95% → N/A
This category was not applicable.

Periodic Contact with 3rd Party Evidenced
Files Meeting the Criteria 0 | Files in Compliance 0
Standard 95% → N/A
This category was not applicable.

Complaint or Lien Filed Timely
Files Meeting the Criteria 1 | Files in Compliance 1
Standard 95% → Audit Score 100%
All applicable claims met the standard.

Member Involved in Complaint
Files Meeting the Criteria 1 | Files in Compliance 1
Standard 95% → Audit Score 100%
All applicable claims met the standard.

Subrogation Pursued for Maximum Recovery
Files Meeting the Criteria 1 | Files in Compliance 1
Standard 95% → Audit Score 100%
All applicable claims met the standard.

Member/EIA Approval to Waive or Settle 3rd Party Case
Files Meeting the Criteria 0 | Files in Compliance 0
Standard 95% → Audit Score N/A
This category was not applicable.

Excess Coverage

Report within 5 Days of Knowledge That Reporting Criteria Met
Meeting the Criteria 5 | Files in Compliance 2
Standard 95% → Audit Score 40%
Claims with late or missing initial excess reports are Audit File #A-1102, A-1108 and A-1137. Gaps in plans of action and/or supervision greatly impacted the excess reporting categories. When performance improves on diary management this category should naturally improve.

Subsequent Reports Meet 90/180 Day Standard
Files Meeting the Criteria 15 | Files in Compliance 0
Standard 95% → Audit Score 0%
Claims with one or more late or absent subsequent excess report are Audit File #A-1076, A-1077, A-1079, A-1083, A-1090, A-1092, A-1100, A-1108, A-1112, A-1121, A-1125, A-1127, A-1134, A-1136 and A-1137. As indicated above, better diary management should improve this category. We also suggest that the date of the last report and the next report due date be put on to the Plan of Action Template.

Reimbursement Requests Meet 90/180 Standard
Files Meeting the Criteria 7 | Files in Compliance 2
Standard 95% → Audit Score 28.57%
Reimbursement requests were not consistently completed on a timely basis on Audit File #A-1083, A-1090, A-1092, A-1112 and A-1121. As indicated above, better diary management should improve this category. We also suggest that the date of the last reimbursement request and the next reimbursement due date be put on to the Plan of Action Template.

Closing Report Sent
Files Meeting the Criteria 0 | Files in Compliance 0
Standard 95% → Audit Score N/A
This category was not applicable.

CATEGORY RESULTS

Category	*Points Available*	*Points*	*Score*	*Prior Score*	*Variance*
Caseload	2	1	50.00%	50.00%	0.00%
Case Review Documentation	143	55	38.46%	40.74%	-2.28%
Communication	71	70	98.59%	94.62%	3.97%
Fiscal Handling	50	37	74.00%	92.77%	-18.77%
Medicare Reporting	16	16	100.00%	100.00%	0.00%
Three Point Contact	21	15	71.43%	61.54%	9.89%
Compensability	38	35	92.11%	93.18%	-1.07%
AOE/COE Investigations	4	4	100.00%	80.00%	20.00%
Initial Reserves	41	38	92.68%	93.75%	-1.07%
Indexing	30	25	83.33%	93.55%	-10.22%
Payments	178	154	86.52%	71.54%	14.98%
Medical Treatment	41	40	97.56%	94.74%	2.82%
Apportionment	22	22	100.00%	93.75%	6.25%
Disability Management	16	16	100.00%	100.00%	0.00%
SJDB	3	0	0.00%	50.00%	-50.00%
Reserves	101	84	83.17%	71.26%	11.91%
Resolution of Claim	32	22	68.75%	35.90%	32.85%
Settlement Authority	26	26	100.00%	100.00%	0.00%
Litigated Cases	52	52	100.00%	100.00%	0.00%
Subrogation	3	3	100.00%	N/A	N/A
Excess	27	4	14.81%	66.67%	-51.86%
Overall Score	917	719	78.41%	69.64%	8.77%

Claims Handling Administration

Category	*Points Available*	*Points*	*Score*	*Prior Score*	*Variance*	*Standard*	*Standard Met*
Claims Handling Administrative							
Caseload							
Supervisor Caseload	1	0	0.00%	0.00%	0.00%	100%	NO
Adjuster Caseload	1	1	100.00%	100.00%	0.00%	100%	YES
Sub-Total of Category	**2**	**1**	**50.00%**	**50.00%**	**0.00%**		
Case Review & Documentation							
Examiner POA Updates	47	3	6.38%	20.41%	-14.03%	95%	NO
Supervisor Reviews	47	4	8.51%	9.30%	-0.79%	95%	NO
File Contents	48	48	100.00%	97.87%	2.13%	95%	YES
MO Conversion	1	0	0.00%	100.00%	-100.00%	95%	NO
Sub-Total of Category	**143**	**55**	**38.46%**	**40.74%**	**-2.28%**		
Communication							
Return Calls	8	8	100.00%	100.00%	0.00%	95%	YES
Respond To Written Inquiries	12	11	91.67%	72.22%	19.45%	95%	NO
Date Stamp Mail	49	49	100.00%	100.00%	0.00%	95%	YES
Ongoing Employee Contact	2	2	100.00%	N/A	N/A	95%	YES
Sub-Total of Category	**71**	**70**	**98.59%**	**94.62%**	**3.97%**		
Fiscal Handling							
Payments On Correct Claims	33	30	90.91%	92.86%	-1.95%	95%	NO
File Balancing	17	7	41.18%	76.92%	-35.74%	95%	NO
Sub-Total of Category	**50**	**37**	**74.00%**	**92.77%**	**-18.77%**		
Medicare Reporting							
Proper Medicare Eligibility	16	16	100.00%	100.00%	0.00%	100%	YES
Sub-Total of Category	**16**	**16**	**100.00%**	**100.00%**	**0.00%**		
Claims Handling Administrative Score	**282**	**179**	**63.48%**	**66.30%**	**-2.82%**		

Category	Points Available	Points	Score	Prior Score	Variance	Standard	Standard Met
Claim Creation							
Three Point Contact	21	15	71.43%	61.54%	9.89%	95%	NO
Sub-Total of Category	**21**	**15**	**71.43%**	**61.54%**	**9.89%**		
Compensability							
Initial Decision	20	19	95.00%	100.00%	-5.00%	100%	NO
Delay Letter	8	8	100.00%	100.00%	0.00%	100%	YES
Final Decision	10	8	80.00%	75.00%	5.00%	100%	NO
Sub-Total of Category	**38**	**35**	**92.11%**	**93.18%**	**-1.07%**		
AOE/COE Investigation	4	4	100.00%	80.00%	20.00%	95%	YES
Sub-Total of Category	**4**	**4**	**100.00%**	**80.00%**	**20.00%**		
Initial Reserves							
Initial Reserves for Probable Value	20	18	90.00%	87.50%	2.50%	95%	NO
Initial Reserves within 14 Days	21	20	95.24%	100.00%	-4.76%	95%	YES
Sub-Total of Category	**41**	**38**	**92.68%**	**93.75%**	**-1.07%**		
Indexing	30	25	83.33%	93.55%	-10.22%	95%	NO
Sub-Total of Category	**30**	**25**	**83.33%**	**93.55%**	**-10.22%**		
Claim Creation Score	**134**	**117**	**87.31%**	**81.31%**	**6.00%**		

Adjuster	Indemnity	Med Only	Future Med	Total
Andrew	**95**	**0**	**10**	**105**
Anita	**0**	**26**	**0**	**26**
Katie	**55**	**0**	**39**	**94**
Saray	**88**	**0**	**16**	**104**
Total	**238**	**26**	**65**	**329**

Claim Creation

Category	*Points Available*	*Points*	*Score*	*Prior Score*	*Variance*	*Standard*	*Standard Met*
Claim Creation							
Three Point Contact	21	15	71.43%	61.54%	9.89%	95%	NO
Sub-Total of Category	**21**	**15**	**71.43%**	**61.54%**	**9.89%**		
Compensability							
Initial Decision	20	19	95.00%	100.00%	-5.00%	100%	NO
Delay Letter	8	8	100.00%	100.00%	0.00%	100%	YES
Final Decision	10	8	80.00%	75.00%	5.00%	100%	NO
Sub-Total of Category	**38**	**35**	**92.11%**	**93.18%**	**-1.07%**		
AOE/COE Investigation	4	4	100.00%	80.00%	20.00%	95%	YES
Sub-Total of Category	**4**	**4**	**100.00%**	**80.00%**	**20.00%**		
Initial Reserves							
Initial Reserves for Probable Value	20	18	90.00%	87.50%	2.50%	95%	NO
Initial Reserves within 14 Days	21	20	95.24%	100.00%	-4.76%	95%	YES
Sub-Total of Category	**41**	**38**	**92.68%**	**93.75%**	**-1.07%**		
Indexing	30	25	83.33%	93.55%	-10.22%	95%	NO
Sub-Total of Category	**30**	**25**	**83.33%**	**93.55%**	**-10.22%**		
Claim Creation Score	**134**	**117**	**87.31%**	**81.31%**	**6.00%**		

Claim Handling Technical

Category	*Points Available*	*Points*	*Score*	*Prior Score*	*Variance*	*Standard*	*Standard Met*
Claims Handling Technical							
Payments							
Initial TD/PD Payment	16	14	87.50%	53.85%	33.65%	100%	NO
DWC Notice	17	13	76.47%	61.11%	15.36%	100%	NO
Subsequent TD/PD Payments	16	14	87.50%	41.67%	45.83%	100%	NO
Timely Final Payment & Notice	20	11	55.00%	21.43%	33.57%	100%	NO
Overpayments	6	3	50.00%	100.00%	-50.00%	95%	NO
Undisputed Awards Paid Timely	11	11	100.00%	100.00%	0.00%	95%	YES
Copy of Award to Excess	6	4	66.67%	100.00%	-33.33%	95%	NO
Medical Bills Paid Timely	45	45	100.00%	100.00%	0.00%	100%	YES
Objection Letters	7	7	100.00%	100.00%	0.00%	100%	YES
EE Reimbursements Timely	15	15	100.00%	87.50%	12.50%	95%	YES
Advance Travel Timely	15	14	93.33%	57.14%	36.19%	95%	NO
Self Imposed Penalties Paid	3	2	66.67%	75.00%	-8.33%	100%	NO
Penalties Coded Correctly	1	1	100.00%	100.00%	0.00%	95%	YES
Penalty Reimbursement	0	0	N/A	N/A	N/A	95%	N/A
Sub-Total of Category	**178**	**154**	**86.52%**	**71.54%**	**14.98%**		
Medical Treatment							
Proper Use of UR	28	27	96.43%	92.86%	3.57%	100%	NO
UR Dispute Resolved Via IMR	13	13	100.00%	N/A	N/A	100%	YES
NCM Used Appropriately	0	0	N/A	100.00%	N/A	95%	N/A
Sub-Total of Category	**41**	**40**	**97.56%**	**94.74%**	**2.82%**		
Apportionment							
Ruled In/Out	11	11	100.00%	87.50%	12.50%	95%	YES
Pursued Appropriately	11	11	100.00%	100.00%	0.00%	95%	YES
Sub-Total of Category	**22**	**22**	**100.00%**	**93.75%**	**6.25%**		

Category	Points Available	Points	Score	Prior Score	Variance	Standard	Standard Met
Disability Management							
Proactive RTW	9	9	100.00%	100.00%	0.00%	95%	YES
Member Notice Perm Restrictions	6	6	100.00%	N/A	N/A	95%	YES
20 Day Member F/U on Perm Restric	1	1	100.00%	N/A	N/A	95%	YES
Sub-Total of Category	**16**	**16**	**100.00%**	**100.00%**	**0.00%**		
SJDB							
SJDB Provided Timely	3	0	0.00%	50.00%	-50.00%	100%	NO
SJBD Concluded Appropriately	0	0	N/A	50.00%	N/A	95%	N/A
Sub-Total of Category	**3**	**0**	**0.00%**	**50.00%**	**-50.00%**		
Reserves							
Reserves Adjusted Timely w/Event	35	23	65.71%	33.33%	32.38%	100%	NO
TD & 4850 Reserves Separate	6	6	100.00%	100.00%	0.00%	95%	YES
PD Exposure Includes LP	0	0	N/A	100.00%	N/A	100%	N/A
FM Reserves Consistent with SIP Regs	22	17	77.27%	53.85%	23.42%	100%	NO
Allocated Reserve Includes BR/UR/IMR	38	38	100.00%	N/A	N/A	100%	YES
Sub-Total of Category	**101**	**84**	**83.17%**	**71.26%**	**11.91%**		
Resolution of Claim							
Resolution Pursued Within 10 Days	17	7	41.18%	29.03%	12.15%	95%	NO
Settlement Valuation	15	15	100.00%	62.50%	37.50%	95%	YES
Medicare's Interests Protected	0	0	N/A	N/A	N/A	95%	N/A
Sub-Total of Category	**32**	**22**	**68.75%**	**35.90%**	**32.85%**		
Settlement Authority							
EIA Settlement Approval	3	3	100.00%	N/A	N/A	95%	YES
Member Settlement Approval	13	13	100.00%	100.00%	0.00%	95%	YES
Proof of Member/EIA Authority	10	10	100.00%	N/A	N/A	95%	YES
Sub-Total of Category	**26**	**26**	**100.00%**	**100.00%**	**0.00%**		
Claims Handling Technical Score	**419**	**364**	**86.87%**	**68.32%**	**18.55%**		

Litigated Cases

Category	Points Available	Points	Score	Prior Score	Variance	Standard	Standard Met
Litigated Cases							
Initiate Investigation Material	14	14	100.00%	100.00%	0.00%	95%	YES
DA on Panel/Legal Management	19	19	100.00%	100.00%	0.00%	95%	YES
Settlement Proposals Timely/Accurate	13	13	100.00%	12.50%	87.50%	95%	NO
Member Involved for Depo/Trial	2	2	100.00%	N/A	N/A	95%	YES
Comply with Member Requirements	4	4	100.00%	100.00%	0.00%	95%	YES
Litigated Cases Score	**52**	**52**	**100.00%**	**100.00%**	**0.00%**		

Subrogation

Category	Points Available	Points	Score	Prior Score	Variance	Standard	Standard Met
Subrogation							
Identify & Notice 3rd Party	0	0	N/A	N/A	N/A	95%	N/A
Periodic Contact With 3rd Party	0	0	N/A	N/A	N/A	95%	N/A
Complaint or Lien Filed Timely	1	1	100.00%	N/A	N/A	95%	YES
Member Involved in Complaint	1	1	100.00%	N/A	N/A	95%	YES
Subro Pursued for Max Recovery	1	1	100.00%	N/A	N/A	95%	YES
ER Approval to Accept Waive Subro	0	0	#DIV/0!	N/A	N/A	95%	N/A
Subrogation Score	**3**	**3**	**100.00%**	**N/A**	**N/A**		

Excess

Category	Points Available	Points	Score	Prior Score	Variance	Standard	Standard Met
Excess Coverage							
Report to Excess Within 5 Days	5	2	40.00%	0.00%	40.00%	95%	NO
Ongoing Reports 3/6 Months	15	0	0.00%	100.00%	-100.00%	95%	NO
Reimbursement requests timely	7	2	28.57%	100.00%	-71.43%	95%	NO
Closing Report Sent	0	0	N/A	N/A	N/A	95%	N/A
Excess Score	**27**	**4**	**14.81%**	**66.67%**	**-51.86%**		

AUDIT TEAM

Angela Mudge, Owner & President

Senior Executive with 25 years claims leadership, marketing, business development, and operations experience in multi-jurisdictional workers' compensation. Recognized for developing innovative solutions to unique customer situations through the integration of technology and creative case management services.

Claim Auditing
Contract Negotiation
Due Diligence
Operational Review
Procedure Development
Project Management
Public Speaking
Stewardship Reporting
Strategic Planning
TPA Oversight & Management
Training
Vendor Management

Leslie Cunningham, Senior Vice President – Regional Accounts

Dedicated insurance professional with more than 20 years of private and public entity claims experience. Accomplished leader with extraordinary communication skills and significant experience mentoring and training industry professionals. Ability to coordinate and monitor multiple tasks, quickly identify issues and implement the appropriate course of action to ensure timely and cost effective program management.

Claim Auditing
Supervision
Database Management
Training Coordination/ Instructor
Project Management
Confidential Records Management