

Medical bill review solutions

When workplace injuries occur, keeping a close eye on medical expenses is essential. Sedgwick's expert bill review team and customized technology allow us to achieve the highest possible savings for our customers.

Integrated services bring it all together

Sedgwick provides employers with an integrated approach including care management and claims services customized to meet their individual goals. From the first call to report an injury soon after an accident occurs to the moment our examiner closes the claim, each service we provide is connected every step of the way.

Our expert medical bill review services are part of our comprehensive care management solution, which offers our clients every service they need – from benchmarking physician performance to creating return to work programs – all under one roof and delivered with the highest customer service levels in the industry.

A key component for successful claims management is locating primary care physicians and specialists associated with the best outcomes, and utilizing them, as allowed by law, to treat workplace injuries. Sedgwick's provider benchmarking and search tool helps us build superior networks to ensure quality care for injured employees and drive positive results for employers..

Sedgwick measures provider performance using information from our bill review system including billed and paid dollars with explanation of reimbursement (EOR) codes. Other claim-related information is also analyzed such as duration and costs, average lost work time, and diagnosis and treatment codes. Our program scores providers from one to five stars, helping claims examiners identify those who have proven that they understand the unique needs of workers' compensation injuries and achieve the most successful claims outcomes.

A unique approach with proven results

Our bill review program is designed to provide maximum savings quickly, accurately and efficiently. In 2019, our program produced the following results for our clients:

- 57% net savings
- 81% network penetration
- 4-day average turnaround time
- 99% financial audit accuracy
- 22:1 net return on investment (ROI)

The advantages of our unique program go beyond fee schedules and network reductions – it is the way the information is processed that offers the key benefits.

We incorporate applicable state fee schedules, usual and customary rates, PPO reductions, utilization review treatment plans and clinical edits. Sedgwick provides out-of-network reviews and negotiation services designed to provide additional significant reductions for bills exceeding \$500 that were not cut in half with the application of fee schedule and network reductions. Our medical bill review procedures are electronically connected with the claims system, which allows prompt and accurate processing. Integration between the bill review, claims and case management platforms allows utilization review decisions to be applied automatically, which increases savings and ensures regulatory compliance.

The first step we take toward lowering medical costs in the bill review process is through fee schedule reductions. Two-thirds of the fee schedule savings are straightforward and we generate the other one-third based on rules that are embedded in the system. For example, if you have an assistant surgeon treating a patient, they are paid at a reduced rate; and we maximize the value of those types of reductions by making sure we have experienced colleagues looking at the bills to ensure they are coded and paid appropriately. Once we have the right code, we want to be sure it reflects the lowest possible allowance for that code and that provider. Our primary objective is to make sure we are accessing the value-added fee schedule reductions on every bill to get the correct price. This service is provided at no additional cost to our clients.

We ensure that all reductions are included to produce the lowest possible fee schedule allowance. All additional discounts after that, such as PPO and other network discounts, are typically charged as a percentage of savings, so the more discounts obtained through fee schedule reductions, the lower the final service fee is going to be.

One major benefit of our program is that we pursue all bill reductions before moving on to nurse negotiations, network negotiations and other discounts to make sure we reduce the cost as much as possible.

In the past few years, regulatory and jurisdictional changes have reduced out-of-network discounts for employers. To help clients manage out-of-network medical costs, Sedgwick offers an express reimbursement service. With our program, bills that previously did not qualify for any type of discounts are identified and re-negotiated with medical providers in exchange for prompt payments. After a bill is reduced according to the state fee schedule, it is reviewed for any additional savings opportunities. If the bill does not qualify for further discounts, a call is made to the medical provider to negotiate the charges. Sedgwick agrees to pay the provider within 10 days in exchange for a reduction in the bill. For employers selecting our out-of-network bill review service, the express reimbursement process is applied to ensure that all possible discounts are achieved.

Advanced technology analyzes all savings options

Our bill review team uses sophisticated, highly customized software to re-price bills according to state fee schedules, applicable state rules and regulations, usual and customary rates, PPO reductions, utilization review (UR) treatment plans and clinical edits. The system includes proprietary and National Council on Compensation Insurance (NCCI) rules, allowing for proper adjudication of unbundled, up-coded and inappropriate services.

With our integrated bill review system, we are only processing bills for the services that should be paid for the injured employee. The system is set up to identify any duplicates, billing errors, etc. All bills entered into the system are released with an EOR document, which includes the reasons for the payment, partial payment or denial, and provides contact information for providers who have questions or disagree with the recommendation.

Specialty networks offer added savings

Sedgwick completes a due diligence process to make sure specialty providers for services such as radiology, diagnostics, durable medical equipment and physical therapy are workers' compensation specific; and that the protocols and service expectations are in-sync with our total program. These providers have agreed to special pricing and we have leveraged this for our customers. The providers in our specialty networks have been integrated into our system so examiners can easily make referrals. It is beneficial for injured employees to go to these providers to ensure continuity of care and to control medical costs.

Our experienced team

Sedgwick's bill review and claims colleagues work together to assist clients nationwide. All colleagues on your claims team have access to real-time status information.

Our dedicated customer service representatives assist providers, employers and injured employees with more than 500,000 calls a year. Our medical bill review team includes dedicated nurses and bill reviewers who thoroughly examine notes and records to ensure that the treatments and charges are related to, and appropriate for, the injury.

All complex hospital and manual reviews are conducted by registered nurses with in-depth experience in the workers' compensation and medical claims industries. The routine and less complex manual reviews are handled by our senior bill review colleagues. They are seasoned healthcare professionals with an average of 11+ years of experience in bill review. Our customized bill review technology identifies the bills that require further examination or intervention from our nurses and bill reviewers.

We also have an experienced compliance team that monitors and researches state reporting requirements to ensure that we have the most up-to-date information in our bill review system. This dedicated group oversees any process adjustments that may be needed as a result of jurisdictional and legislative changes and updates that may occur.

Quality audits enhance performance

The quality assurance team consists of data specialists whose primary objective is to improve outcomes by completing pre-payment and/or post-payment analyses to ensure compliance with state guidelines, regulations and performance guarantees. In addition, the team tracks results with a focus on education and training for our bill reviewers.

Their goal is to improve overall performance by designing audit controls focused on bill outcomes and processes, while also enhancing efficiency and financial results. All bills are audited randomly and 100% of bills over \$10,000 are audited before payment.

Sedgwick processes more than 6.9 million bills a year and half a million claims a year, and we have the largest data set in the workers' compensation industry. With our size, we can better measure performance, identify trends and create strategies to improve outcomes.

The Sedgwick difference

Our unique approach to bill review helps employers achieve the highest possible savings. Our expertise and technology enable us to provide consistent, high quality bill review services to help clients control costs and make a positive impact on their bottom line.

To learn more about our medical bill review solutions, contact:

P. 800.625.6588 **E.** sedgwick@sedgwick.com

To learn more about our integrated and customized solutions, visit [SEDGWICK.COM](https://www.sedgwick.com)