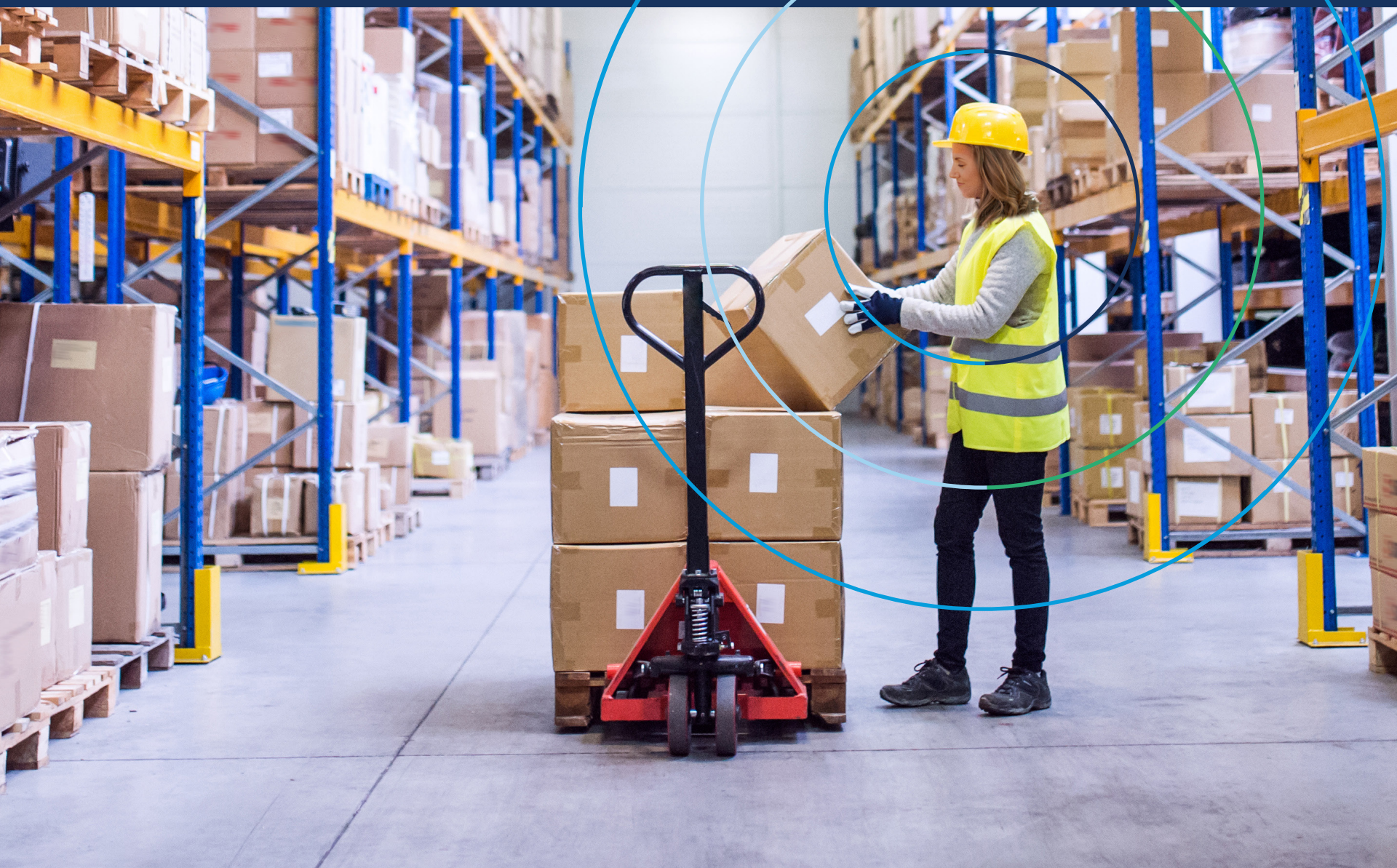


INTEGRATED MANAGED CARE SERVICES



The power of **one**



We make sure injured employees have access to the medical resources they need, listening to their concerns, showing compassion, and being there to help at every turn.



One platform.
One team.
One goal.

Using the power of one to improve outcomes for injured employees.

When an employee is injured on the job, there are multiple requirements, details and steps for the employer, the employee and their medical providers to complete. It can be overwhelming.

That's why we believe in the power of one. One technology platform, one team and one goal – all designed to streamline the process and help injured employees return to work and life as quickly and safely as possible.

And while we focus on our goal, we never forget that at the center of all we do is a person facing an injury or illness. Our efforts must support not just valuable employees, but individuals with their own needs, concerns and hopes. When an employee is injured, they may be feeling uncertain about their job, their ability to pay bills, their health and their future. We treat them with respect and offer a helping hand during a time of need.

Sedgwick's integrated managed care services provide a personal connection with the injured employee, beginning with the first conversation and continuing throughout their recovery. Our outcome-focused approach includes identifying top-performing providers, coordinating the claims process, and using clinicians, physicians, pharmacists and other specialists to help as injured employees recover.



Employee care solutions

- Clinical consultation/nurse triage
 - Telemedicine
- Telephonic case management and surgery nurse services
- Field case management and crisis care program
- Utilization review
- Physician advisor/peer review
- Return to work management
- Transitional work placement
- Behavioral health
- Prescription drug management
 - Pharmacy utilization review
 - Complex pharmacy management

Review and support services

- Medical bill review
- Provider benchmarking
- Medical and specialty networks
 - Outcomes, quality-based network
 - PPO, MCO, MPN and HCN
 - Pharmacy benefit management
- Physical medicine and rehabilitation network
- TelePT network
- Ancillary care network
 - Durable medical equipment (DMEPOS)
 - Diagnostic imaging
 - Home health (RN/LPN/HHA)
 - Translation and language
 - Transportation and travel support

One connection. When an injured individual reaches out to Sedgwick, our clinical consultation and nurse triage experts ensure they are quickly linked with the right care, valuable support and resources to help them stay engaged throughout the process.





Clinical consultation/nurse triage

Our 24/7/365 clinical consultation/nurse triage solution helps employees receive safe, appropriate care at the time of injury. Sedgwick’s registered nurses make a personal connection, answering questions, offering reassurance, and providing injury evaluation and care instructions. Our nurses use industry-proven guidelines to recommend first aid/self-care, telemedicine or in-person care with a local provider associated with the highest quality treatment outcomes.

The results:

28%

lower average incurred costs

12%

fewer claims with lost time



Telephonic case management

Sedgwick’s telephonic case management program includes a collaborative process that begins with the first notice of injury. Our experienced nurse case managers are highly skilled in monitoring and consulting to guide occupational injury care and they access guidelines to manage treatment utilization. The nurses ensure treatments are medically appropriate, necessary and successfully move injured employees down the path of recovery.

Savings results:

\$6,900

average indemnity savings per case

14%

lower average medical incurred



Surgery nurse services

Our surgery nurse solution helps injured employees facing surgery to be better prepared physically and mentally, and to confidently steer themselves toward a faster recovery. A specialized surgery nurse engages the employee with a pre-habilitation/rehabilitation model designed to prepare their mind and body before surgery to improve the outcome and recovery. The nurse will assess the employee’s health literacy and education regarding their surgery, provide lessons to improve physical strength, and monitor them before and after surgery.

Average results:

14%

lower physical therapy costs

27%

faster return to work



Field case management

We provide field case management services for injuries that are more severe or complex. On-site nurses are available to accompany the injured employee to medical appointments and can discuss a return to work strategy with the provider based on the functional ability of the employee.

The results:

\$6,600

average savings per full case

\$1,500

average savings per task case



Crisis care

Our crisis care program provides 24/7 resources to assist employers and claims professionals with violent workplace events, catastrophic injuries and complex clinical situations. One call to our crisis care hotline provides access to a crisis care nurse, who will deploy the appropriate resources including mental health experts, field case managers, physician advisors and specialized medical equipment experts.



COLLABORATIVE CARE



Utilization review

Our utilization review nurses examine treatment requests where allowable by law. This team of registered nurses can validate or negotiate the necessity, setting, frequency, intensity and duration of care. Key client benefits include:

- Lower medical expenses by reviewing treatment requests before the onset of care
- Education and training of medical providers to ensure consistent application of utilization protocols
- Increased penetration into the networks and engagement of a physician advisor when appropriate

If the requested treatment falls outside of the medical guidelines, the nurse will engage a physician advisor who will consult with the treating provider on alternative strategies and clarify return to work goals.



Physician advisor/peer review

Our physician advisors are called in to support key decisions that can significantly impact a claim. They enhance the utilization review process and provide medical and pharmaceutical expertise to ensure clients and their injured employees stay on the right path to achieve the best possible outcomes. Integrating both in-house advisors and trusted network partners, we offer the advantages of a streamlined workflow, consistent procedures and built-in system options for easy referrals.



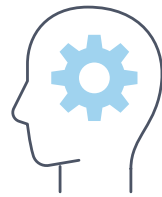
Return to work management

Our claims examiners, nurses and return to work specialists provide immediate and continual return to work management strategies that match individual claim circumstances and complexity. The examiner always leads the coordination process, and our return to work specialists work with treating providers and help employees and clients understand restrictions, durations, and modified or light duty jobs.



Transitional work placement

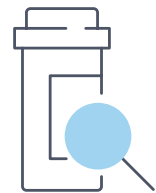
We offer transitional work placement as an alternative solution for employers that are unable to provide modified duty positions for injured employees. Our return to work specialists identify temporary work opportunities with not-for-profit organizations in the employee's community and oversee the transitional duty process. The program helps employees stay productive and active during their recovery and employers see a reduction in lost time and medical costs.



Behavioral health

Our behavioral health specialists serve as patient advocates and provide the expert assistance needed to identify and address psychosocial barriers to ease the return to work process. Our specialists offer clinical expertise, guidance and support for injured employees and those with mental stress claims. They can also help identify additional problems within a claim that need to be addressed. Behavioral health specialists can make an impact on claims involving trauma, mass casualty and catastrophic incidents, assaults and robberies, or when psychosocial flags are noted such as drug abuse, financial difficulties, family or relationship challenges, stress or fear about returning to work.





Prescription drug management

Pharmacy costs have skyrocketed in recent years. To control expenses, Sedgwick’s pharmacy benefit management (PBM) network combines an automated claim-specific formulary, utilization edits and aggressive workers’ compensation discounts. In addition to the PBM network, Sedgwick’s team of nurses, pharmacists and physicians provides continuous prescription drug management with pharmacy utilization review (UR) and complex pharmacy management services.

In an era of growing concern over the misuse of pain medications, we continue to achieve positive results for our clients. Our pharmacy program is restoring lives by helping injured workers achieve a safe, healthy recovery through intervention, weaning, pain management support and drug safety education. Since the program’s inception, more than 97,000 opioid scripts have been avoided.

Taking critical steps to ensure drug safety

Our pharmacy utilization review nurses receive alerts when requests for potentially inappropriate medications meet pre-determined rules. These specially trained nurses contact the prescribing physician to establish an alternate treatment strategy or engage a pharmacist or pharmacy physician advisor.

The resolution time is less than four hours, ensuring the injured employee has an alternate medication – or a taper and wean strategy – that is safe and appropriate for the injury type.

Program results:



Medical bill review and network solutions

Our expert bill review and provider network management teams, backed by customized technology, allow us to achieve the highest possible savings for our clients. To further drive down medical spend, we use clinical nurse reviews, out-of-network negotiations and specialty repricing solutions. Our program includes access to high quality PPO networks and ensures the best care and cost reductions. The way we process information through our integrated, connected system offers key benefits in speed, accuracy, savings and regulatory compliance.

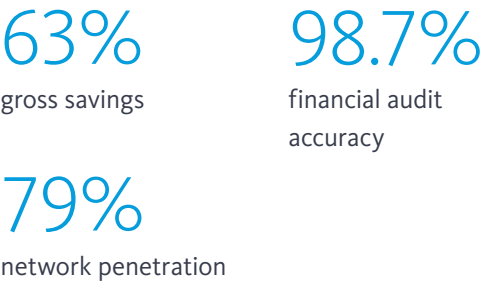
In addition, through our ancillary care network, we connect injured employees with a wide array of products and services to help them on the road to recovery. We manage requests for durable medical equipment, home health, diagnostic imaging translation and language services, and transportation and travel support.

Provider benchmarking

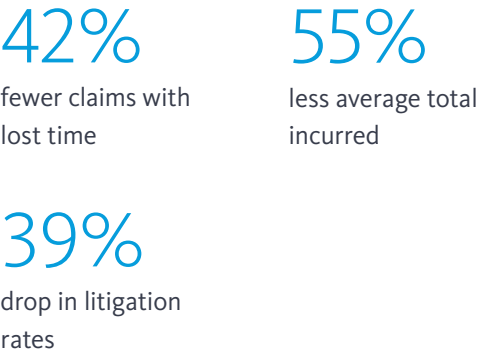
Sedgwick’s five-star provider benchmarking program helps us build superior networks to ensure quality care for injured employees and drive positive results for clients. When possible, employees are matched with local providers with the highest scores. In fact, nearly 77% of them are treated by our five-star providers.



The results:



The results:



Sedgwick's proprietary claims management system is the foundation for our approach to better care and outcomes. Our advanced technology is designed to support and enhance the workflow of examiners and it includes the most flexible, efficient and user-friendly technology in the industry today. The real-time connectivity built into the system allows our examiners and nurses to quickly exchange claims information.



ViaOne

Sedgwick's viaOne suite of tools provides clients with access to real-time information in our claims management system. Through a secure website, clients can track and analyze their claims information, set system alerts and more. With viaOne's personalized, visual dashboards, users determine the path and depth of data they see, and can toggle from the aggregate, graphical view down to the individual claim level. ViaOne includes a user-friendly reporting tool that provides claims and managed care reports all in one place. Users also have access to an analytical platform to easily identify and visualize claims and managed care performance trends and outcomes.



MySedgwick

With mySedgwick, our online self-service tool, clients can see which employees are off work at any time and injured employees can view claim details, easily update information and keep the process moving forward. MySedgwick allows employees to confirm return to work dates, securely interact with their claims professional, request a call from their assigned nurse case manager, report new claims, sign up for direct deposit, search for a medical provider specializing in occupational injuries in select states, securely upload claim or medical documents, complete medical authorization and medical history release forms, and more.

Integrating intervention for better outcomes

Our decision optimization technology and our preemptive utilization review techniques are integrated into our process, allowing us to quickly identify when nurse case managers should intervene. Using Sedgwick's decision optimization rules, clients see a 7% decrease in average indemnity incurred and an 8% decrease in average medical incurred.



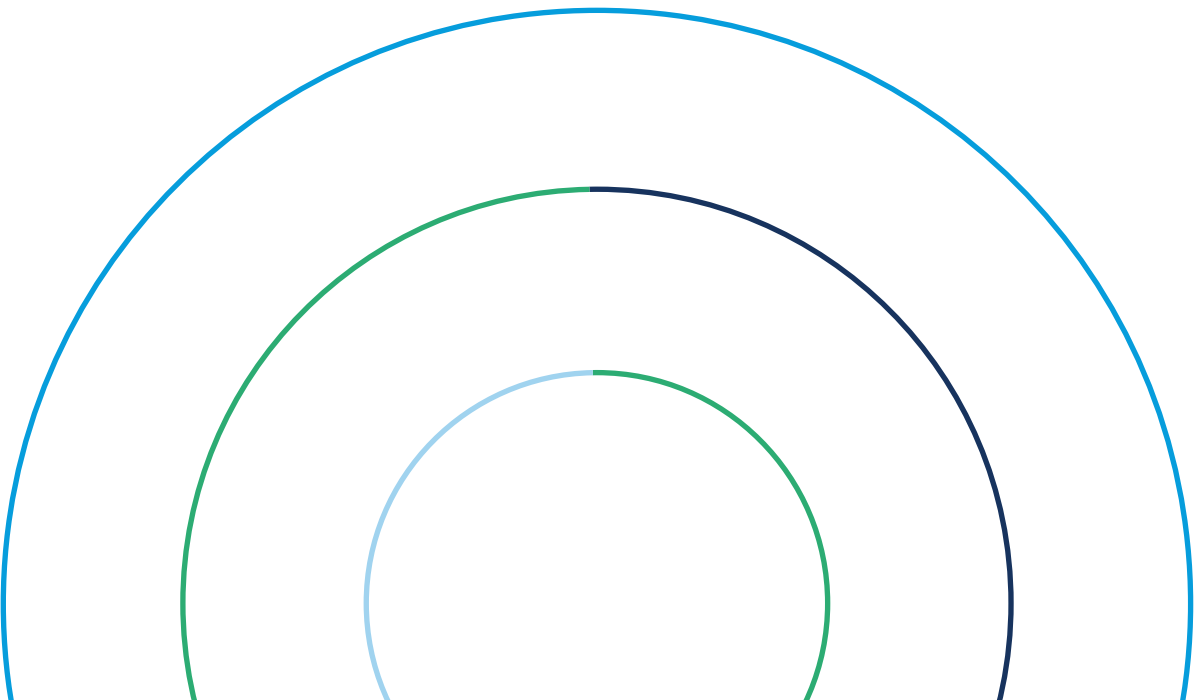
Supportive, collaborative care focused on the individual is good for employees' well-being and has proven to be effective in improving outcomes. We've seen the results of our integrated approach and we believe you will, too.

Every day, thousands of people turn to Sedgwick when faced with a life-changing moment. They work for global brands that want to provide the best coverage for the people they value most. They are big and small business owners who need to get things back on track. And they are employees and consumers who need to know that they're protected. When those people contact us, we're going to do what we do best. We're going to take care of them when they need it most, helping them get back on their feet, back on the road, back to business as usual – because caring counts.

Moving from an unbundled program to an integrated claims and managed care program under one administrator improves performance results:

Clients that use our integrated managed care services reduce overall claims costs by:

10% to 13%





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