

Taking care of people is at the heart of everything we do. Caring counts.®

CompManagement Health Systems' (CHS) managed care solutions simplify the claims process for our clients and their employees. We help people get the care they need, coordinating effective recovery, return to work and return to life.

At CHS, **caring counts.®**



21 YEARS
of outstanding
return-to-work
performance



\$2.4M SAVED
in prescription
costs for clients¹



NEARLY \$1M SAVED
through direct
negotiations for better
treatment options²



18.1% SAVED
in medical cost
reductions beyond
fee schedule³

compmanagement
health systems

“CHS has made
a very positive
difference for us”

“They are always
prompt, courteous
and very professional”

“Better off now
than with our
previous MCO”

“We made the right
choice”



Many employers that have selected CompManagement Health Systems (CHS) in recent years have commented on the unexpected difference they experience as a result. If you currently work with CHS, we thank you for the trust you have invested in our colleagues and our work. If CHS is not your managed care organization (MCO), I encourage you to consider our expert services, **caring counts** approach and the results we help our clients achieve.



Your MCO's ability to coordinate medical treatment and resolve workers' compensation claims has a tremendous impact on your organization's costs. We are committed to providing outstanding stewardship for our clients by helping them control medical costs and limit lost workdays. We are also focused on ensuring their injured employees receive the appropriate care to help them return to work and return to life.

Caring counts epitomizes who we are as a company and as individuals who make an impact on the lives of others every day. We are dedicated to helping employers navigate the managed care process and control costs while helping their injured employees get the medical treatment they need, so they can recover and get back to work as quickly and safely as possible. Providing our clients and their employees with this high level of service requires in-depth medical insight and an effort to look deeper for solutions.

On the following pages, you will read about our performance as well as the expertise and services that drive our success.

– Quinn P. Guist, President



about CHS

Since 1997, CompManagement Health Systems (CHS) has been a consistent and high-performing managed care organization (MCO) for Ohio employers, providing seamless solutions to help injured employees recover, and helping clients control expenses and reduce lost workdays.

We take customer service and the employer experience very seriously.

- Our growth and client retention since 2010 has been the industry best⁴
- Our high customer satisfaction level and overall performance results are driven by our communication and thoughtful focus on medical resolution and return to work

We serve a large and diverse group of employers.

- CHS serves nearly 30,000 active Ohio employers
- We have a high concentration of clients in challenging industries including:
 - Public sector – municipalities, county government, public safety, education
 - Healthcare – long-term elder care, home healthcare, medical facilities
 - Employment – Temporary and professional employment services

We take pride in providing innovation and deep resources to our clients.

- Medical director involved daily
- Versatile reports for trending analysis
- Convenient injury reporting, data access and claim updates

nearly
30,000
active clients



about CHS

We focus on early intervention, simplification and organization.

- Dedicated teams streamline communications and focus on early clarity for injury and treatment
- We help develop and execute transitional work plans

We have the expertise and resources available where you need us.

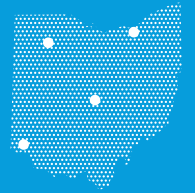
- Four offices – Dublin, Cleveland, Cincinnati and Toledo
- Local presence enhances medical provider familiarity and rapport
- More than 220 colleagues, including 60 registered nurses

CHS is here to help. We are focused on:

- Simplifying the process for employers and injured employees
- Setting early expectations for treatment and return to work
- Ensuring thoughtful engagement of physicians for best medical outcomes
- Pursuing transitional and early return-to-work opportunities
- Understanding our employers and their business challenges
- Providing clients with convenience, communication and education

4

offices



over 220
colleagues

60

registered nurses
supporting clients



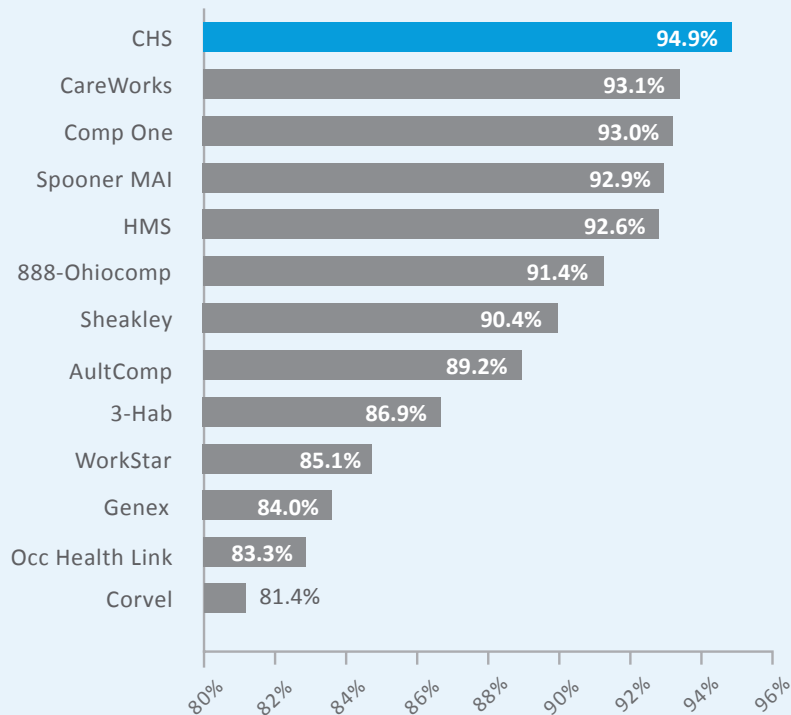


retention and growth

Client retention and business growth are powerful indicators of the work of any service organization and open enrollment results say a great deal about the credibility an MCO has earned with its client employers.

Our clients recognize the unique value of our services and remain with us at a higher rate than employers working with other MCOs. We have averaged 94.9% retention since 2014 (based on premium), which is the highest retention rate among all MCOs in Ohio.

MCO client retention rates
2014-2016 average



Based on 2014-2016 Open Enrollment Retention (BWC Data)

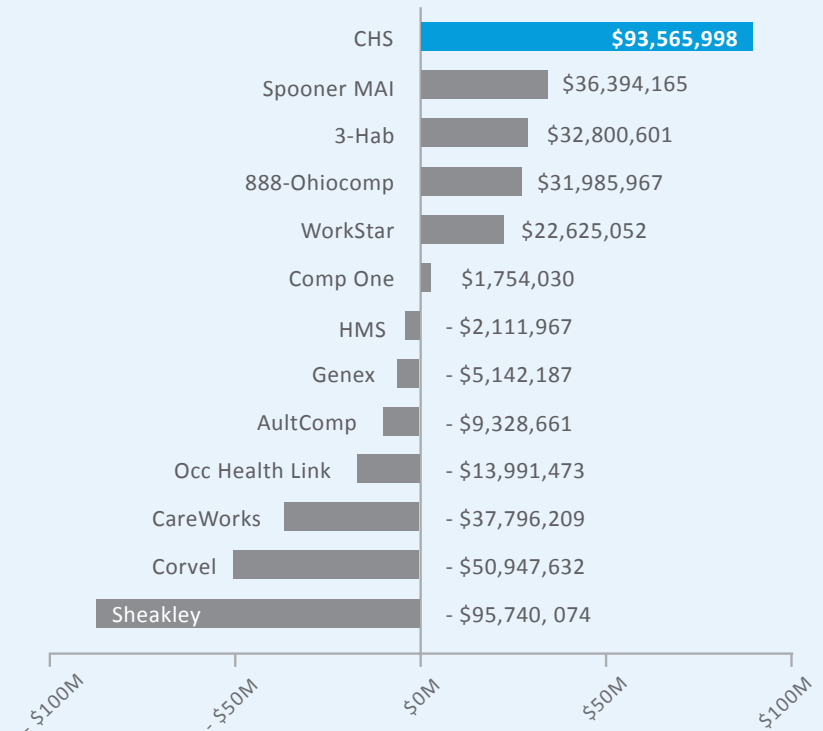


retention and growth

Over the past three open enrollment periods, CHS has experienced far greater growth than any other MCO. We have outperformed our next closest competitor by 257% since 2010 (based on employer premium).

More employers continue to choose – and stay with – CHS as their MCO partner. This consistent track record stands as the clearest testimony of the value we bring to our clients.

Open enrollment growth
2010-2016



Based on employer net premium 2010-2016 Open Enrollment Results (BWC Data)



performance and savings

When employers realize that the handling of workplace injuries today will impact their premium costs for years to come, they look for an MCO that makes a difference. CHS positions employers for success by focusing on the real cost drivers in claims. Medical management with a return-to-work focus, insightful examination of treatment trends and thoughtful scrutiny of every medical expense ensures timely, cost-effective claim resolution.

Employers appreciate the CHS team's service and expertise and benefit from the savings and results we produce in key areas. CHS has excelled in establishing trust with our clients and our retention level leads the industry. Our colleagues are dedicated to providing high-quality service that produces outstanding performance results – and employers that select CHS notice the difference.

Group discounts and rebates

Over 63% of CHS' clients qualified for discounts and rebates in 2017 through group programs that emphasize employer performance in minimizing claim costs. According to BWC data for 2017, this compares to only 38% of employers statewide. Opportunities for premium savings are enhanced when lost time and medical costs are contained.

Return to work solutions

The largest single factor that impacts claim costs and drives premiums is lost workdays. Key aspects of our return-to-work services – organizing claim details, communicating with physicians and facilitating transitional work opportunities – promote clarity throughout the process to help injured employees get back to work sooner.

“CHS is an invaluable resource... With their guidance and expertise, I have reduced the frequency and severity of injuries system wide.”

– EMILY MARTH, RISK
MANAGER, KNOX COUNTY



injury reporting and early intervention

Speed, clarity and organization are characteristics of an efficient workers' compensation program. CHS helps employers excel by offering convenient methods of injury reporting and resources to develop a sound post-injury management process. When employers respond quickly and effectively to a workplace injury, it enhances employee confidence and cooperation with policies and best practices.

Ultimately, our goal is to reduce the time away from work due to an injury. This lowers claim costs, reduces operational challenges, and benefits our clients and their employees. Preparation, organization and early medical intervention are the keys to achieving this objective.

CHS' clients are 12.5% faster in First Report of Injury (FROI) timing, significantly outperforming the state average in reporting speed, documenting and initiating claims. CHS averages **less than one day** in FROI turnaround time – more than 10% faster than the state average.⁵ The primary factors driving this include each employer's ability to efficiently manage the post-injury process and document the incident, and our ability to quickly organize the claim data and transmit it to BWC.

FROI timing

CHS clients are
12.5% faster
than average⁵

Injury to claim filing time

FROI turnaround time

CHS is
10.5% faster
than average⁵

MCO processing/claims filing time

CONVENIENT INJURY REPORTING OPTIONS



Online
www.chsmco.com



Phone
888.247.7799



Fax
800.334.4229



depth of **medical insight**

CHS goes beyond the task-driven requirements for Ohio MCOs. Our clinical approach emphasizes meaningful treatment focused on helping the employee recover. We work to avoid frustration by fostering communication between all parties and ensuring the most appropriate care is included in the treatment plan. Characteristics of CHS' medical management include:

- Emphasizing provider accountability
- Driving high-quality, efficient care for injured employees
- Removing barriers to recovery and facilitating an early return to work

Medical provider engagement

- Our clinical team routinely contacts treating physicians to negotiate more reasonably related treatments to enhance recovery, reduce delays and mitigate risk
- We help develop preferred provider networks and partnerships to meet employers' needs
- We ensure provider awareness of each employer's policies and return-to-work capabilities

Our results are tangible and visible. We compare each employee's circumstances against key data points to help predict and guide our approach to their claim, and we provide custom reports that track overall program activity and progress.



depth of **medical insight**

What do we mean by treatment negotiation?

BWC recognizes the Official Disability Guidelines (ODG), and MCOs generally approve or deny treatment based on these guidelines. But every case is different, and CHS is not afraid to challenge a status-quo approach and explore better treatment options for the employee's recovery and safe return to work. Discussing alternatives with physicians often helps:

- Shorten treatment duration
- Avoid the costs of unnecessary treatment
- Avoid delays, litigation and unpredictable hearing outcomes
- Keep all parties focused on the return-to-work goal
- Ensure more thoughtful treatment planning for a successful recovery



Dr. David Kessler CHS MEDICAL DIRECTOR

- Serves as a full-time, on-site resource for medical management
- Provides ongoing insight on clinical matters
- Consults on complex cases
- Oversees our clinical oversight and treatment negotiations
- Collaborates with specialists and healthcare organizations

nearly

\$1M
avoided

in unnecessary
medical costs





prescription **cost control**

Drug utilization review (DUR)

Prescription oversight is essential for effective medical management. Medication side effects can often delay a return to work, or even endanger employees after they have returned. Our DUR services are focused on:

- Ensuring medications are appropriate for the allowed conditions and active treatment
- Eliminating unrelated and excessive prescriptions and monitoring opioid use
- Identifying alternative, non-narcotic medications that produce fewer side effects and permit earlier return to work
- Submitting sound and well-researched DUR requests – each one is reviewed by our physician panel to ensure we facilitate the best possible outcome
- Providing convenient reports detailing medications involved in claims



DUR results

Our expertise and credibility help drive savings results in the DUR process. Since 2014, our expert team has been successful in having medications modified or terminated in **63%** of our DUR referrals, producing about **\$1.6M** in savings for our clients.¹

CRITICALLY
THOUGHTFUL
MEDICAL
MANAGEMENT



ADVANCED
TECHNOLOGY
AND EXTENSIVE
EXPERIENCE



medical **cost control**

All MCOs re-price medical bills to meet BWC fee schedule levels. CHS goes beyond BWC's fee schedule to deliver additional savings to our clients through:

- PPO network reductions
- Clinical edits on specific billed procedures
- Direct negotiations with providers on duration of treatment

Our medical treatment management system is tied directly to our billing system, ensuring that any bills submitted for medical treatment that are not pre-approved for the claim allowances are not paid. It also allows bills to be evaluated in a wider context of treatment, allowing universal billing codes to be utilized for bundling and additional savings.



Bill review savings

CHS' clients benefit from our aggressive bill review and re-pricing system. In 2017 alone, we produced over **\$19M** in medical cost reductions beyond BWC's fee schedule. This represents an additional **18.2%** in medical savings, which impacts employer premium rates.³



OUTSTANDING
return-to-work outcomes

EMPLOYER SUCCESS
with premium costs



vocational **rehabilitation**

Vocational rehabilitation (voc rehab) is a valuable resource that can help resolve complicated claims by engaging rehabilitation professionals to develop job-specific plans to help employees return to work.

Identifying good candidates

- CHS takes great care when referring injured employees for voc rehab; our clinical team selects those who are ready for the rigors of a voc rehab plan and most likely to be successful
- Placing an employee in voc rehab before they are ready can often set the claim back months, and result in additional costs, lost time and frustration

Selecting the best case management resource

- CHS does not own a voc rehab company, so we are not limited by corporate affiliations; we maintain the flexibility to utilize resources that excel in return-to-work results and cost efficiency
- We track each case manager's outcomes to ensure injured employees are working with the highest quality providers

“CompManagement performs so well for us in every business aspect, we made the right decision and moved all our business under one umbrella.”

— HIRA DEVITO,
PRODUCE PACKAGING

“When we were considering an MCO change in 2014, we were told about CHS’ different, more thoughtful approach. But not until we experienced their work on a complicated claim did it truly make sense.”

— MICHAEL P. ZIRKLE, BS,
CST, CSM, TRI-AMERICA
CONTRACTORS, INC.



technology and **reporting**

viaOne®

viaOne is our convenient, online system that offers real-time access to claim information. Clients can view details on claim status, treatment, payments, providers and more. With viaOne, our clients can:

- Set **alerts** that include notifications related to key claim developments
- Identify **watch list** claims for the most relevant issues
- Access and download **reports**
- Easily search notes and documents

Reports

CHS collects and catalogs a tremendous volume of claim data, allowing us to customize reports for analysis. We also have a variety of standard reports that offer a wealth of information to help clients respond to compliance requests and meet business requirements. Some of our standard reports include:

- Prescription utilization
- Claims activity and status updates
- Claim counts and lost workdays
- Stewardship and injury trending
- Medical savings and provider activity

“We had been reluctant to make an MCO change for many years, and now that I’ve seen the difference I wish we would have made this change much earlier.”

— JIM LINTZ, SCIOTO COUNTY

“From their account executive to our nurse case managers, they always answer all my questions in a timely manner. I know I can trust their expert advice when a question arises.”

— BARB BISH, HR COORDINATOR,
FINDLAY CITY SCHOOLS

“Competent, friendly
and always willing
to help”

“My CHS team
has made my
job much easier”

“We have been, and
continue to be, very
satisfied with their
services”

compmanagement
health systems

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¹ CHS' DUR referral and results tracking as of February, 2018 | ² CHS Treatment Negotiations, 2017 | ³ CHS Medical Savings Tracking, 2017 Payments | ⁴ BWC Open Enrollment Results Data, 2014-2016 | ⁵ BWC MCO Summary 1/8/2018, and CHS post-appeal data for 2017

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