

Mitchell **Capabilities Overview**



Mitchell **Auto Casualty Solutions**
Network Optimization



Empower Maximum Extension of Policyholder Benefits in Injury Claims Handling

Property and casualty insurance carriers are continually looking for ways to improve adjuster efficiency, increase cost effectiveness and accelerate superior injury claims handling.

Superior injury claims handling is –first and foremost- about assisting the injured party to the best possible resolution of their claim related injuries. Leading carriers recognize the quality, service, cost and extension of benefit advantages that leading Voluntary Provider Network (VPN) and Out-of-Network (OON) service providers can deliver to injured parties when these providers’ expert services are integrated into their injury claims handling processes.

Since the benefit opportunities that can be achieved can vary dramatically by regional, jurisdictional and medical services provided; the secret rests within finding the correct optimized solution that’s specifically tuned for your book of first and third party injury claims.

Mitchell Auto Casualty Solutions Can Help

In partnership with leading medical networks and Mitchell NHQ Negotiation Services, Mitchell Auto Casualty Solutions has created a Network Optimization offering for Mitchell Decision Point® clients. This offering delivers fully automated and integrated medical provider network tiering and out-of-network negotiation services to Decision Point clients. Far from a one size fits all solution, the Mitchell Auto Casualty Solutions (ACS) team works closely with each of our clients to select the best network by state, in the right tiered order, including an out-of-network solution to enable them to offer their injured party customers the impressive medical access, provider quality and extension of benefits advantages that the appropriately optimized solution can deliver.

An Optimized Multiple Tier Model to Deliver Maximum Benefit Opportunity

Most carriers using provider networks in their injury claims handling only utilize a single tier network model. Within this model if the injured party treats with a medical provider who does not happen to be in-network, they do not have the opportunity to receive the additional benefits that are delivered from in-network provider use.

A single tier model can deliver substantial benefit

In 2011, Mitchell Auto Casualty Solutions’ expert analytics team examined more than four million medical bills from across the United States representing over \$4 billion dollars in provider charges. Within individual single tiered network environments this study:

- Determined that 31 percent of the bills and 32 percent of the charges were in-network; and
- Identified an additional \$71 per bill benefit that could be achieved across the 4.1 million bills analyzed.*

An optimized multiple tier model delivers even more benefit

This expert team then analyzed the exact same set of bills within the ACS Provider Network Optimization offering. The results were impressive and:

- Determined that 47 percent of the bills and 49 percent of the charges were in-network within this optimized multi-tiered environment;
- Identified a 44 percent improvement beyond the results delivered from the single tier analysis; and
- Delivered a per bill benefit opportunity of \$102 when compared to the 4.1 million bills analyzed—an increase of \$31 per bill.*

***Note:** in each of these examples the improvements discussed are post the completion of Decision Point’s comprehensive medical bill review adjudication processes and are over and above those that would be delivered by Decision Point alone.

ACS Knows that not All Providers are In-Network

Mitchell's world-class network partners are continuously expanding the depth and breadth of provider penetration. However not all providers are in-network. In fact, even for carriers that have fully optimized their voluntary network programs, more than 50% of provider charges are not in network and only receive the benefits of bill review alone.

To enable the maximum benefit capture for injured parties and to address the significant amount of medical charges from providers who do not participate in a voluntary network, the Network Optimization offering also provides additional optimization potential through **Mitchell NHQ Negotiation Services**, a fully integrated out-of-network provider negotiation service. This process is seamless and transparent to the injured party and:

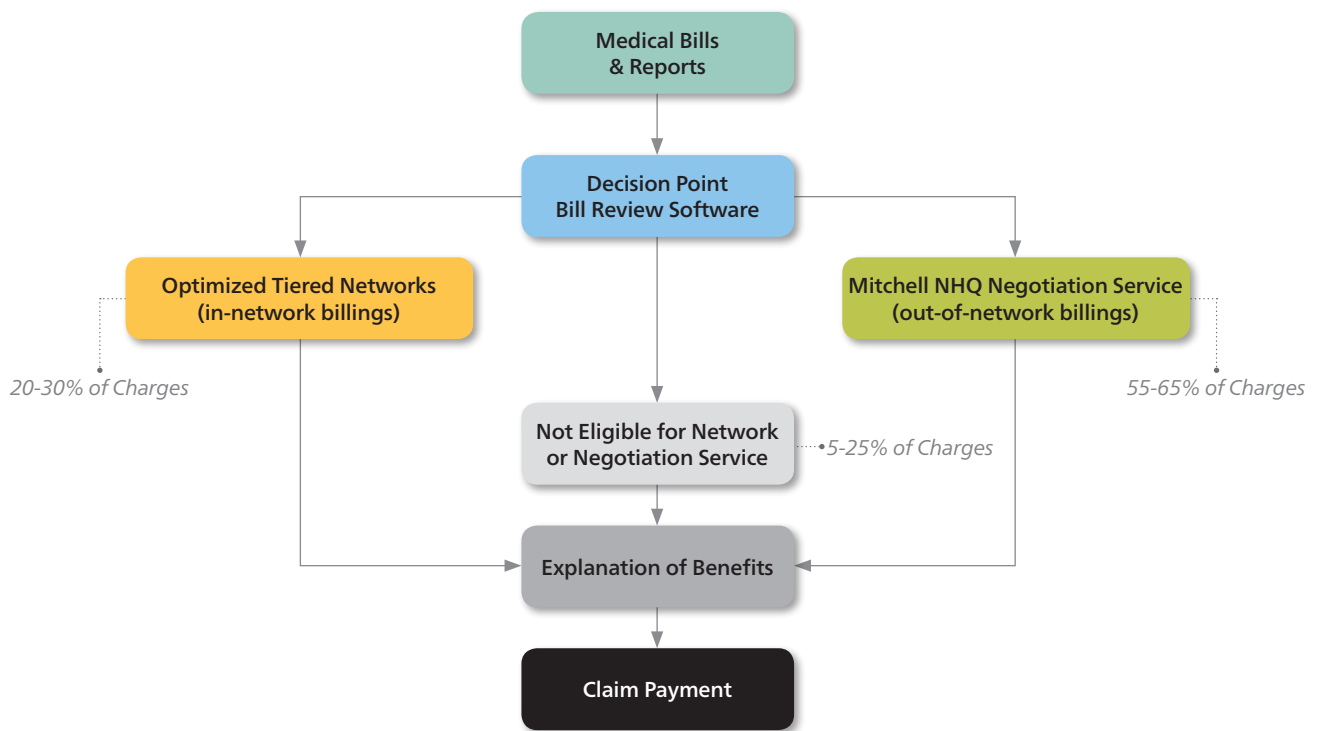
- Is available on a wide variety of medical billings, including:
 - o Inpatient Hospital
 - o Outpatient Hospital—including Emergency services
 - o Ambulatory Surgery Center
 - o Long Term Care (LTC)
 - o Professional service fees;
- Offers assistance around the widest range of medical charges eligible for negotiation, from a minimum threshold as low as \$500 and upwards to provide the maximum opportunity for benefits extension;
- Provides full 50-state provider negotiation services for property casualty injury coverages, inclusive of Personal Injury Protection (PIP) and Medical Payments;
- Results in a full and final settlement of provider charges—successful negotiations result in a signed settlement agreement between payer and provider;
- Promotes and reinforces harmonious relationship with medical providers through prompt payment of medical charges upon final settlement;
- Ensures a timely turnaround time, with average resolution of the negotiation process within 1.5 business days;
- Removes balance billing concerns from the insurer and injured party; and
- Can deliver impressive results - full year 2011 50-state results identified additional benefit opportunity increase of more than 15 percent (with individual jurisdictional results up to 36.2 percent) on a per bill basis, depending on the type and size of the bill under negotiation.*

***Note:** In each of these examples the improvements discussed are post the completion of Decision Point's comprehensive medical bill review adjudication processes and are over and above those that would be delivered by Decision Point alone.

A Seamless and Automated Process

To achieve the maximum benefit of integrating provider network and out-of-network negotiation services into injury claims handling, the process of getting medical billings to these networks must be simple and straightforward. This has been an ongoing issue and forces some carriers into the unenviable position of needing to balance the benefits delivered from offering VPN and out-of-network negotiation services to injured parties against the cost and complexity of getting the medical billings to them for their review. Unfortunately in some cases claim adjuster time and skill-set were simply considered too valuable to be spent on non-automated, not integrated medical billing review processes; a lose/lose situation for carrier and injured party alike.

ACS realized that the solution to this dilemma was to enable full access to the benefits of these services without time-consuming manual processes. The ACS Network Optimization Solution is a seamless, automated solution that is fully integrated within Mitchell Decision Point.



An Evolving and Advancing Delivery of Value

The Mitchell Auto Casualty Solutions team stands ready to assist you in the immediate pursuit of the real and sustainable benefit opportunities that our Provider Optimization solution can deliver.

The process is simple and straightforward and starts with our expert team leading an analysis of your received medical billings resulting in:

- A network optimization recommendation that is specifically designed to deliver maximum benefit opportunity to your injured party customers;
- Detailed Decision Point configuration actions including—but not limited to—jurisdiction, region, claims handling office, medical specialty, type of medical service provided and service date parameters as well as those recommended to accelerate automated workflow opportunities; and
- A solution that is customized to deliver maximum benefit specific for the types of injury claims you handle.

Upon your approval, these recommendations are then integrated into your existing Decision Point automated decision workflows.

ACS recognizes that effective medical benefits management is a constantly evolving priority. To assist in ensuring an accelerated and ever-expanding benefit opportunity delivery to your injured party customers our Network Optimization solution includes a quarterly review of your specific provider optimization configuration by our analytics team – including billing volumes, provider and provider charge network penetration rates, benefit opportunity delivered, Decision Point configurations and any recommended changes.



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