

Mitchell **Capabilities Overview**



Mitchell **Auto Casualty Solutions**
Professional Services



Empower Superior Injury Claims Handling

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

This is especially true when it comes to the handling of bodily injury claims and leading claims handling organizations know that comprehensive, consistent and accurate injury management is crucial to the handling of injury claims and critical to achieving, maintaining and advancing claims handling success.

Ever advancing medical inflation, increasing utilization, changing customer demands, uncertainty in the medical insurance coverage market, a stringent legal and regulatory environment and continuing soft market concerns all combine to create an environment in which it can become increasingly difficult for property casualty insurers to consistently handle injuries arising out of 1st and 3rd party automobile claims in a prompt, fair, cost effective and service sensitive manner.

The Mitchell Auto Casualty Solutions Professional Services Team can help.

The Mitchell Auto Casualty Solutions Professional Services Team consists of highly trained and experienced medical professionals who provide a breadth and depth of medical review to more than 30,000 first and third party injury claims each year across the United States. This team was designed for and is specifically aligned to serve the needs of first and third party automobile and general liability claims organizations.

The Mitchell Auto Casualty Solutions Professional Services Team can be engaged on a per bill, per group of bills or per claimant basis and provides timely, competent, professional and comprehensive medical evaluation services in three broad areas; Code Review; Nurse Review; and Peer Review.

Code Review

Code Review involves the review of specific codes and coding elements—such as high level office visits and modifiers—contained in a specific medical billing or group of medical billings. Code review was created to specifically address the needs of 1st party injury claims handlers and was designed to ensure that the bill makes sense from a billing accuracy perspective. Standard service level turn-around time for code review is two (2) business days and the results of the code review are succinctly detailed in the diary notes of DecisionPoint® for the claim handler's convenience. The code review process also includes preferred provider organization (PPO) and/or voluntary provider network (VPN) repricing per individual client's contracts with these networks. Code review provides for a straight-forward, fast and fact-based method to ensure billing accuracy.

Nurse Review

Nurse review provides for an additional valuable layer of billing and medical treatment evaluation for first and third party injury claims. All nurse reviews include a code review. The nurse professional then undertakes an examination of current and prior billings, DecisionPoint diary notes, medical documentation and other injury specific information—such as injury description, diagnosis, treatment and type duration and pattern of treatment—and prepares a written summary of findings.

For first party claims these findings are entered as a diary note in DecisionPoint. Third party findings are detailed within a stand-alone written document called an Injury Claim Summary (ICS). Designed specifically for the needs of third party claims handlers, the ICS provides a comprehensive assessment of appropriateness and relatedness of medical treatment to the injury. When the ICS is complete an automated email notification is forwarded to the claim handler who then reviews the ICS via the client's document management system or other client specific electronic means.

Nurse review evaluates key areas and type and duration of treatment including, but not limited to:

- Sub-acute and Residential treatment
- Inpatient hospital billings
- Psychotherapy
- Dental
- Acupuncture
- Chiropractic
- Physical therapy
- Alternative medicine
- Relatedness of the diagnoses and treatment to the claim injuries
- Overall treatment patterns—date of loss to first service date, timing of service dates, gaps in treatment, timing and duration of treatment, etc.
- Medical necessity of indicated modifiers such as, SEMG, massage therapy, manipulative therapy, and physical medicine testing
- Utilization management review
- Peer review and/or independent medical exam (IME) recommendations

To further aid the claims handler in executing prompt, fact-based claims handling evaluations and decisions as well as providing detailed reviews and recommendations the nurse reviewers activate the DecisionPoint bill line overrides that are in support of their findings. The claims handler, of course, maintains control of claim payment decisions and can accept all, some or none of the identified DecisionPoint bill overrides.

Standard service level turn-around time for nurse review is two (2) business days for 1st party injury claims and ten (10) business days for 3rd party claims.

Peer Review

Peer review is the most comprehensive and detailed review provided by Mitchell's Auto Casualty Solutions Professional Services team. Peer review is a claim based review and includes all services provided within code review and nurse review with the addition of:

- Relationship of medical diagnosis and treatment of injury to indicated claim related injuries
- Appropriateness and medical necessity of treatment plan proposed, being undertaken or completed
- Short term and/or long term disability requirements
- Necessity for selected level of care facility inclusive of necessity of part-time or full-time attendant care

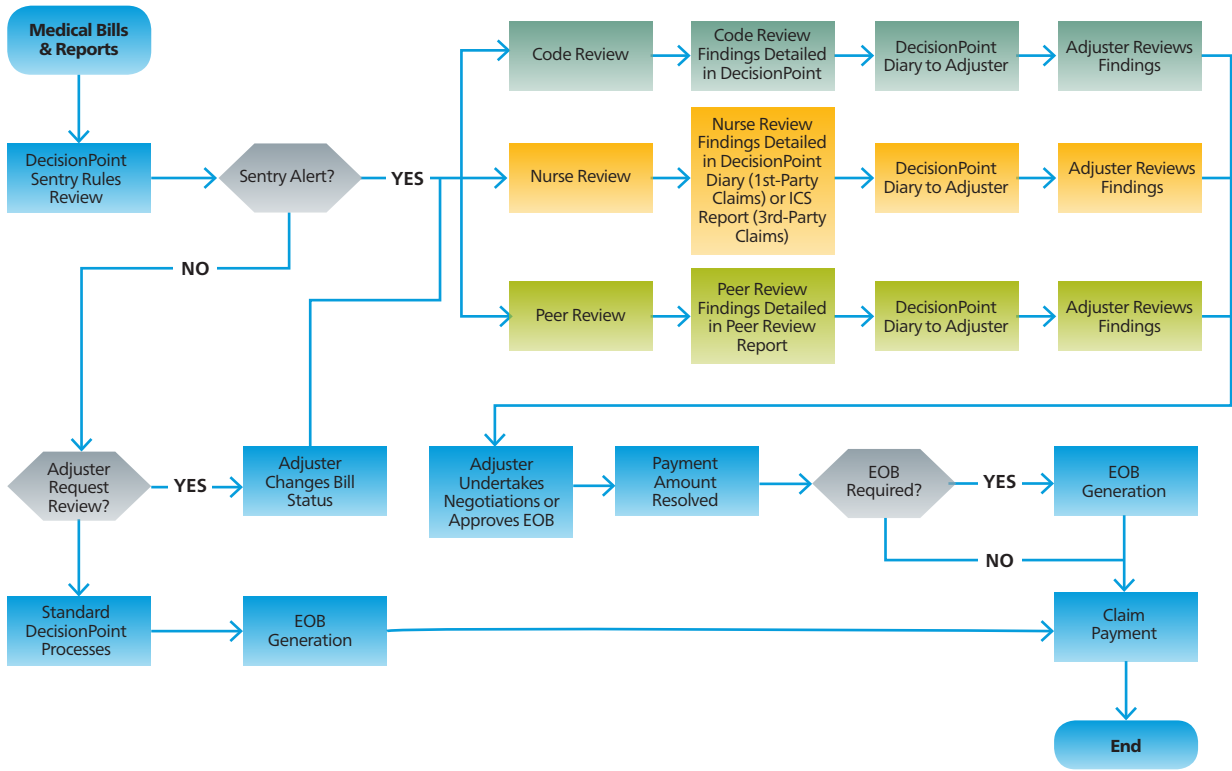
Peer review services are completed in coordination with leading independent nationwide medical review firms encompassing more than 2,200 highly qualified physician reviewers. All peer reviewers are board certified in their specialty, are actively practicing and hold unrestricted licenses to practice medicine in a wide variety of medical specialties.

Standard service level turn-around time for peer review is fourteen (14) business days.

An Automated and Efficient Process

Client specific DecisionPoint Sentry™ Rules constantly sample injury claim data and execute alerts and recommended review actions to the injury adjusting team for their approval. To maintain adjuster efficiency these alerts may also be programmed to execute the recommended review action automatically without the need for adjuster approval. These alerts within DecisionPoint direct bills to Nurse Review. Should an adjuster wish to request review services outside of programmed Sentry rules, they can easily accomplish this by simply changing bill status inside DecisionPoint.

Mitchell Auto Casualty Solutions Professional Services Workflow



The Impact

The goal of any world class injury claims handling organization is to do their best to enable the appropriate care and treatment for the injured party. In addition to assisting the injured party to return to health, this process helps ensure that the right amount is being paid for the injured party's treatment, for the right reasons and by the right entity – fairly and promptly. The Mitchell Auto Casualty Solutions Professional Services Team is a valuable resource to assist in these efforts and the team routinely finds inaccuracies in presented medical billings ranging from 8 to 12 percent (and well beyond in some jurisdictions) above those identified by automated medical billing evaluation programs. The team is a valuable, committed resource to Mitchell clients in helping them understand their book of claims and assisting them towards constantly improving injury claims handling.

The Team

The Mitchell Auto Casualty Solutions Professional Services Team consists of highly experienced medical professionals. All Nurse Reviewers are required to be Registered Nurses with at least three (3) years of hands-on clinical experience. The team averages 10 years of clinical experience as well as an average of 10 years experience in medical utilization review and/or medical bill review. Members of this team have earned and maintain a wide variety of professional certifications including Certified Legal Nurse Consultant (CLNC), American Academy of Professional Coders (AAPC) Certified Coder as well as certifications granted by The American Board of Quality Assurance and Utilization Review Professionals (ABQAURP). All Mitchell Auto Casualty Solutions Nurse Reviewers are required to successfully complete all annual continuing education mandated by their individual licenses and certifications.



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