Casualty **Edition**

Industry Trends Report

mitchell

Volume Five Number Two Q2 2016 Published by Mitchell International

years of
(m)powering
better outcomes

mitchell

Industry Trends Report

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Volume Five Number Two

A Message from the CEO

Celebrating 70 Years of Empowering Better Outcomes

Alex Sun
President and CEO, Mitchell

Welcome to the Q2 Edition of the 2016 Mitchell Auto Physical Damage *Industry Trends Report*. As you can see from our cover, we're celebrating a big milestone this year. In preparation for this issue, I sat down with the team to talk about what this occasion means for us, our customers and the industry. While Mitchell has gone through many changes, one thing has remained constant throughout our 70 years—our commitment to empowering better outcomes for our customers. It was what drove Glenn Mitchell to start the company, and it continues to be our driving force today.

As always, we have another interesting feature article this quarter. In *Drug Dilemmas: What Your Pharmacy Program Should be Doing for You*, author Mitch Freeman examines the issues of physician dispensing and opioid abuse. Mitch provides a comprehensive overview noting key legislation, regulation and background details that have played a role in creating these challenging problems facing the industry. Mitch offers recommended best practices for leveraging data and communication for an effective program to successfully prevent, manage and solve these two drug therapy issues.

Before I sign off, I encourage you to take a moment to reflect on the important work your companies, and you, have done over the years to shape the industry and enable better outcomes for your own customers. I am incredibly grateful for the opportunity to work with the talented partners and customers that have been on this journey with us. Thank you for reading this special edition of the *Industry Trends Report*.

Alex Sun
President and CEO
Mitchell

View the **Auto Physical Damage Edition**

Celebrating

70

mitchell

est. 1946

years of (m)powering better outcomes

1940—Glenn Mitchell, Founder

This year marks Mitchell's 70th anniversary.

When Glenn Mitchell first founded the company, he used his technical knowledge, repair expertise, and ability to connect pieces of information in order to simplify complex processes. Ultimately, he created a better way of doing business and better outcomes for his customers.

Mitchell remains committed to finding new ways to bring value to our customers—whether through expanding product and service offerings or by adopting new technology innovations. Today, with

continued focus on technology, connecting and expertise, what was once a mom-and-pop shop has grown to be one of the largest technology providers to the Property & Casualty insurance industry. And whether it's through strategic industry partnerships that connect our clients to the value chain, new solutions within our existing markets, or those that extend our impact to other areas of the claims process, we look forward to finding new ways to bring value to our customers.

In recognition of this milestone, we asked President and CEO, Alex Sun, a few questions about how Mitchell has changed over the years and what his strategy and vision are for the company.

Alex Sun, President and CEO

1971

1976

How has Mitchell remained true to its roots, and how has it evolved over the years?

Looking back at how Mitchell started 70 years ago, and where we are today, I love how Mitchell has remained true to its roots and evolved over time through bringing in technology and connecting the supply chain.

70 years ago, the company was founded by Glenn Mitchell, and what he did was use his technical expertise in repairing a vehicle and connected that with information that was available in the marketplace at that time. He was one of the fathers of creating an entire industry.

Since that time, we've leveraged that core value of expertise by bringing it forward, and added to it by bringing in technology to automate tasks and embracing the supply chain to create connectivity solutions. Ultimately, what we've done over the years is create value and stay relevant to our customers through the delivery of good information, expertise, technology, and connectivity.

What has fueled Mitchell's success over the years?

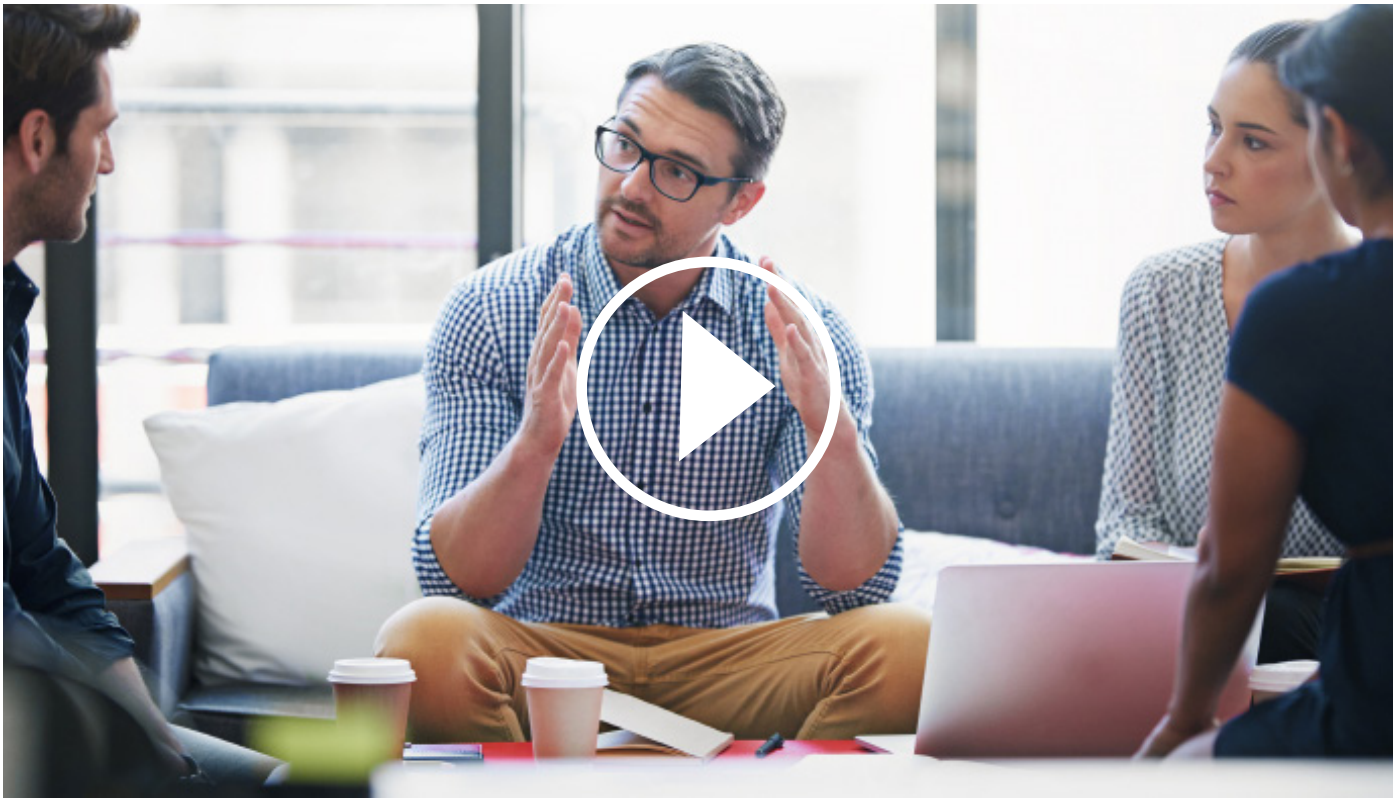
When I think about what's fueled Mitchell's success over the years, the first thing that comes to mind are our customers. Our clients do very important work and are absolutely passionate and committed about their purpose in the world. That, in turn, fuels our ability to develop very strong and trusted relationships with them, because we recognize the importance of the work they do and the important

EXPERTISE

role we play in fulfilling their mission. So for me, it's really about our customers and what they do, and the people that we have, and the passion that we have for serving them well.

What's also really contributed to the company's success is this desire to remain relevant to the success of our customers. We define success as an ability to find other ways to continue to add value in the process of handling an auto physical damage claim, a worker's compensation claim, or an auto injury claim. Over the course of the last few decades, Mitchell has done a very good job of identifying those areas within the claims process, depending on the line of coverage, and finding opportunities to bring automation, expertise, or some sort of connectivity solution to make that process more efficient and fair for our customers and their end customers.

The last thing I would say is that the foundational element of our success is our people. We have a great culture of people who are passionate about what they do, love the work that our customers do, and are really focused on innovation and bringing insights and valuable information to the marketplace and to our customers.



You've been CEO for almost nine years—what is your strategy going forward?

As I enter my ninth year as CEO of Mitchell, one of the things that gives me comfort is the fact that our strategy fundamentally has remained consistent. We really think about it in three critical strategic building blocks. The first is, what are the solutions that we want to deliver to market? What adds the greatest value? What allows our clients to deliver better outcomes to their clients and for their constituents?

The second is, are we using the right mix of technologies to make the consumption of solutions and products faster, easier, better?

And then, lastly, do we have the right culture, the right people in the organization who are committed to the innovation and responsiveness that the market and our clients expect from us?

From a product standpoint, one of the things that we focus on is this notion of one-stop shop. Today, we believe that buyers of technology, whether they are consumers or enterprises, want fewer, more strategic relationships. Our view of the world is that we need to become more of a one-stop shop for cost-containment solutions in the P&C claims process.

We believe that it is really important to make the consumption of our solutions easier, faster, and better. We think of it in the form of enabling technology. Can we create a single delivery platform to make the implementation and the maintenance of those technologies easier? And then, do we have the right business technology framework that allows us to bring data across the organization together, given all the aspects of the claims process that we touch, to provide really interesting and insightful information on what drives claims performance for an organization.

That's a very exciting part of our strategy, but the underlying technology is the even more exciting piece. That's because one of the things we focus on is making the whole greater than the sum of the parts—essentially taking these collections of products and services, and through the use of technology, be it integration or data, creating a set of capabilities in which the combined use of these solutions yields a better outcome than the individual use of any of those products on their own.

"Today, we believe that buyers of technology, whether they are consumers or enterprises, want fewer, more strategic relationships. Our view of the world is that we need to become more of a one-stop shop for cost-containment solutions in the P&C claims process."

In the end, none of this would be possible without having the right culture. We believe very strongly in having a definitive way to deliver products and services to the marketplace—and that is what we refer to as The Mitchell Way.

DELIVERING SOLUTIONS

ENABLING TECHNOLOGY

STRONG FOUNDATION

What is your vision for the future of Mitchell?

Looking forward, I don't think there's ever been a more exciting time for Mitchell and for our customers. We're going to stay true to our strategic commitment of delivering great solutions, expanding our capability, and delivering it with world-class technology. The interesting thing about the world now is that technology advancements are creating a better capability for us to be even more innovative. And we continue to find other areas within the claims process value chain, whereby developing that capability in-house, we can create a-whole-is-greater-than-the-sum outcome for our clients.

"We're going to stay true to our strategic commitment of delivering great solutions, expanding our capability, and delivering it with world-class technology."

When you look back at changes in the industry, what amazes you the most?

As a technology provider to the P&C claims market, what amazes me most is the breadth of technology and service solutions that currently exists in the marketplace. There is such a large and complicated set of processes to handle a claim, whether it's an auto claim or a workers' comp claim. It is astounding how many different solutions an insurance company, and even the value chain, needs to use to service the needs of a vehicle owner or injured party.

What are the most interesting and exciting things about being a part to the P&C industry today?

What most excites me about being a technology supplier to the insurance industry is just the sheer amount of transformation that is happening. There is an incredible need from our customers for us to provide technology that allows for their business models to evolve. Equally important, there are so many technologies available to us to create those new and interesting solutions.

For example, both the automotive repair and workers' compensation industries are going through very compelling transformations. The needs of their clients are rapidly evolving and what it takes to be competitive going forward requires a compelling vision of how one uses technology to win in the marketplace. By either creating more compelling consumer experiences, delivering dramatically more efficient and effective processes, or gaining even better insights into what drives operational performance, technology is the core enabler to each of these existential strategic themes. Be it a focus on consumer digital capabilities, better decisioning/predictive engines, or much greater integration amongst next-generation systems, there has never been a more interesting time to be a technology provider to this industry.

In next quarter's issue, read Alex's thoughts on some of the impactful industry trends he's following closely.

Mitchell International Headquarters

"There has never been a more interesting time to be a technology provider to this industry."

Drug Dilemmas: What Your Pharmacy Program Should be Doing for You

By Mitch Freeman
Chief Clinical Officer, Mitchell

In the last six months, the issues of physician dispensing and opioid abuse have hit the headlines outside the workers' compensation industry.

When it comes to challenges in workers' compensation pharmacy, the industry trends are surprisingly similar year after year. In the last six months, the issues of physician dispensing and opioid abuse have been in the national spotlight. High profile arrests for physician-dispensed kickbacks and the White House's announcement of $1.1 Billion in funding to treat and prevent opioid abuse illustrate that these important issues are on the minds of leaders across the country and not just in the workers' compensation industry.

These are challenging problems to tackle; however insights from data, impactful communication, and effective programs provide the industry the opportunity to improve outcomes for all.

Physician Dispensing

Physician dispensing has been a challenge for the industry for more than a decade. In the past few years, it has taken on greater importance due to declining reimbursement rates for medical services and the rise of opioid abuse.

The challenge begins with mismatched incentives. Most physicians intend to do no harm and have a genuine interest in making sure their patients are not in pain. However, they are also being pressured financially by the Affordable Care Act. According to *CNN Money*, reimbursement rates for Medicare have dropped anywhere from 35-40 percent. Considering half of physicians are in private practice and may be more sensitive to reimbursement changes, it makes

office dispensing an attractive source of revenue to offset those declining rates.

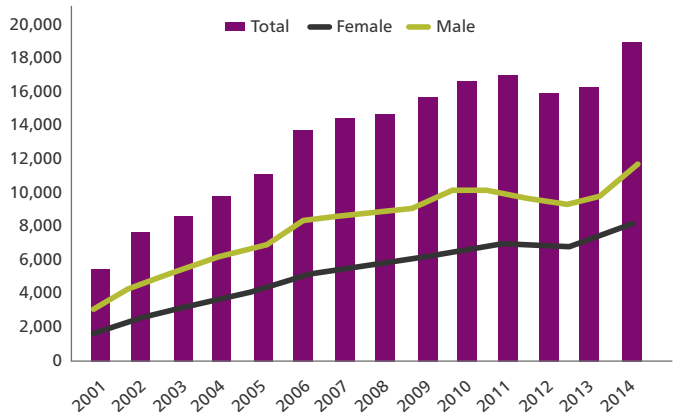
However, it costs insurers. The Workers' Compensation Research Institute (WCRI) found physician dispensing results in a 17 percent higher average total claim cost. WCRI found for example, "injured workers in Florida, Georgia, Illinois, and Maryland paid physicians on average $4-to-$7 for a pill of ranitidine (Zantac), when they could have bought it at Walgreens for 33 to 42 cents, depending on the strength and quantity." Medications may also be overprescribed. For example, an opioid may be prescribed when ibuprofen would help the patient manage their pain without the danger of addiction.

Insurers also need to be aware of up-charging and suspicious prescription patterns. In late 2015, the owner of Comprehensive Rx pled guilty to multiple anti-kickback violations for paying physicians and money laundering. Court documents revealed emails between the company and the physician including, 'on or about April 14th of 2014, Dr. Ruan sent an email to Manfuso… "You mentioned last week that you were concerned that Zofran got expensive. The price did go up a bit, but, it's still a very profitable medication to dispense!"'

In addition to up-charging, physician –dispensed medications often bypass the formulary controls and best practices that have been put in place by insurers and PBMs (Pharmacy Benefits Managers). This by-pass of the PBMs reduces their visibility into therapy trends and circumvents risk controls until much later in the life of the claim. One individual physician may be prescribing safely and well within limits for example, but the patient may 'doctor-shop' to get a similar medication within the same period. If these interactions are happening at the doctors' offices, then it may not be until at least a month later (when the bills are reviewed) that the insurer would be able to see a potential pattern of abuse. Without the oversight, there may be little or no opportunity to both identify destructive patterns and intervene to help a patient.

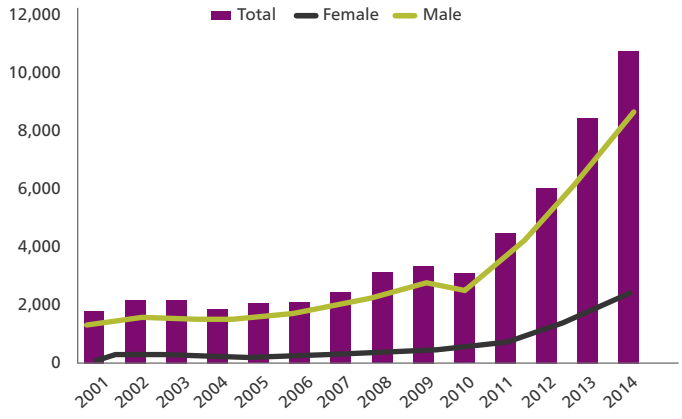
National Overdose Deaths

Number of Deaths from Prescription Opioid Pain Relievers



Source: National Center for Health Statistics, CDC Wonder

Number of Deaths from Heroin



Source: National Center for Health Statistics, CDC Wonder

Best Practices

1. Regulatory Support

There has been some progress on the regulatory front when it comes to physician dispensing. However, the results have yet to have the desired impact. WCRI found that the Florida law restricting physician dispensed medication did not significantly impact the number of physician-dispensed medications. Rather, it moved physicians to prescribe medications with fewer restrictions. According to WCRI author Richard A. Victor, M.D., "specifically, nonsteroidal anti-inflammatory medications (e.g., ibuprofen)—from 24.1 percent to 25.8 percent, and the percentage receiving weaker (not banned) opioids increased from 9.1 percent to 10.1 percent. The findings from this study raise a concern that a significant proportion of pre-reform physician-dispensed strong opioids may not have been necessary, which means injured workers in Florida could have been put at greater risk for addiction, disability or work loss, and even death. Now policymakers might want to consider reforms that limit the use of physician dispensing in addition to reforms aimed at limiting the prices of physician-dispensed drugs."

2. Communications and Monitoring

Regulatory solutions are often not ideal in that they can be slow to materialize and may have unintended consequences. Another avenue to combat physician-dispensed medication on later fills is to employ a data-driven approach. By leveraging access to available medical data, physicians who are major drivers of cost and utilization can be identified. Targeted physician communication programs can be effective in dissuading a network physician from continuing to dispense. Additionally, risk behaviors such as doctor shopping may also be able to alert both the physician and the insurer about a problem they had yet to identify.

Additionally, an integrated Bill Review and PBM offering, where allowed, can provide formulary controls and risk monitoring to all prescriptions, including physician dispensed medications. If high risk prescribing behavior is identified through bill review, then regardless of where the drugs are dispensed, appropriate intervention can be made much earlier in the claim.

Opioid Abuse

Opioid abuse has been an ongoing health challenge. However, recent spikes in abuse and overdoses have catapulted the topic into the public eye. The U.S. Centers for Disease Control and Prevention stated in January that, "there is a need for continued action to prevent opioid abuse, dependence and death."

According to the CDC Guideline for Prescribing Opioids for Chronic Pain, there were a "record number of drug-related deaths in 2014, with 61% from some kind of opioid." In February 2016, The White House announced $1.1 billion in funding measures to address prescription opioid abuse including opioid prescriber training and a Prescription Drug Monitoring Program expansion to 49 states. The report noted that an, "estimated 20 percent of patients presenting to physician offices with non-cancer pain symptoms or pain-related diagnoses receive an opioid prescription." There are 12 main recommendations or 'best-practices' that highlight physician and patient communication and common sense steps for prescribing these medications. **Click here for the report and guidelines.**

Awareness of the issue of opioid abuse has also prompted legislators to create closed workers' compensation formularies in many states. Nebraska is currently looking into a closed formulary, California is targeting 2017, and Tennessee's plan goes into effect in August 2016.

Best Practices

1. Systems and Monitoring

A good first step in managing opioids is to have a robust and connected system that provides the necessary visibility into what medications claimants are being prescribed. Early intervention and the ability to apply formulary controls should begin at first fill at the point-of-sale whenever possible.

Systems should be in place to flag/alert claims handlers immediately for prior authorization control, support step therapy, and let them appropriately manage the claim with access to prescription data. Some systems are also utilizing risk scoring reports and predictive modeling to identify patterns of behavior such as 'doctor-shopping' that are warning signs of unhealthy behavior.

2. Policies and Programs

Once claims are identified that require intervention, policies and programs should be implemented to provide support through the decision to intervene and the optimal course for intervention. Coordinating with internal teams and external partners to set up multidisciplinary groups can be effective as well as working directly with claimants on goal setting, pain management, and abuse prevention strategies. A triage and support team can have a positive impact on the overall claim cost but more importantly on the life of your claimant.

Summary

Opioid abuse and physician dispensing are very serious problems that often stem from positive intentions – to help injured workers feel better faster. However, the unintended consequences can be dire. To successfully prevent, manage, and solve drug therapy issues, three general capabilities are required: effective communications with all parties, visibility into all aspects of the claim data, and having the right programs in place to effectively, efficiently, and successfully intervene in the claim.

About the Quarterly Feature author…

By Mitch Freeman,
Chief Clinical Officer, Mitchell

Mitch Freeman is the Chief Clinical Officer for Mitchell International, Pharmacy Solutions. Prior to joining Mitchell, Freemen was the CEO of First Coast Health. He has a wealth of industry expertise and leadership in the workers' compensation industry including the chief sales and marketing officer of PMSI, vice president of sales at Ameritox, vice president and general manager for Express Scripts, and president of pharmacy services for MSC. Freeman is a frequent guest speaker and author and is a graduate of Florida A&M University where he received his doctorate of pharmacy.

Workers' Compensation Medical Price Index

By Ed Olsen
Sr. Business Process Consultant, Mitchell Casualty Solutions Group

This quarter we are introducing the Medical Price Index for workers' compensation claims.

This quarter we are introducing the Medical Price Index for workers' compensation claims. The methodology used for this index is consistent with that used for the auto casualty index. It is believed that this will provide a fair comparison of provider charge behaviors seen in both coverage types. Since this is the first exposure of the index to workers' compensation claims, we felt a brief review of methodology was in order.

The MPI looks at charge data on a quarterly basis associated with those medical procedure codes most commonly billed by providers on the CMS-1500 form (professional paper claim form) for dates of service beginning in the first quarter of 2006. The CMS-1500 form is the standard claim form used by a non-institutional provider or supplier to bill Medicare carriers and durable medical equipment regional carriers (DMERCs) when a provider qualifies for a waiver from the Administrative Simplification Compliance Act (ASCA) requirement for electronic submission of claims. The identified codes were categorized by their prevailing service type into one of eight service group baskets: Emergency Service, Evaluation and Management (E&M), Major Radiology, Minor Radiology, Nerve Testing, Physical Medicine, Major Surgery or Pain Management.

To ensure the integrity of the data, only Mitchell production bill data was included in the MPI, test data and provider bills originally reviewed by a system other than DecisionPoint® or SmartAdvisor™

were excluded from the MPI data set. Additionally, the presence of a CPT code modifier (Level 1) may greatly impact the amount billed-by and paid-to a provider for the service rendered. Therefore, data from the identified service group procedures were excluded when they were billed with one or more CPT modifiers. Finally, data for those service group procedures denied by the insurer were excluded from the MPI data set. This approach was taken so as not to artificially skew the results by including charged data for billed procedures that were identified as duplicate, not claim related, or were deemed not covered by the workers' compensation insurer.

Almost immediately you start to see interesting differences and similarities between the workers' compensation index and auto casualty index. While the national auto casualty index keeps pace with CPI for all services as reported by the Bureau of Labor Statistics, the workers compensation index has experienced half the increase in unit charge. National CPI for All Services, as reported by the Bureau of Labor Statistics, is down 0.5% in Q4 2015 but remains at 119.44, or 19% higher than the Q1 2006 result. The national workers' compensation MPI increased 0.87% to 109.1. While the national CPI for all services has increased 19.4% since Q1 2006 the workers compensation MPI has increased 9.1%. (Source: U.S. Bureau of Labor Statistics, adjusted. Consumer Price Index- All Services- All Urban Consumers, Series CUUR0000SA0. **Available here**.)

- Charges associated with physical medicine services experienced a 0.5% increase in Q4 2015. This increase brings the total units cost change for physical medicine since Q1 2006 to 2.82%, significantly below the National CPI for All Services reported by the Bureau of Labor Statistics. This is nearly identical to the result seen in the auto casualty index of 3.4%. Recall that the physical medicine MPI is looking strictly at unit charge while holding utilization constant. No significant changes in technology to deliver physical medicine services have been discovered that might influence the unit charge of these services. Additionally, the various workers compensation fee schedules may be holding the provider unit charge fairly constant.

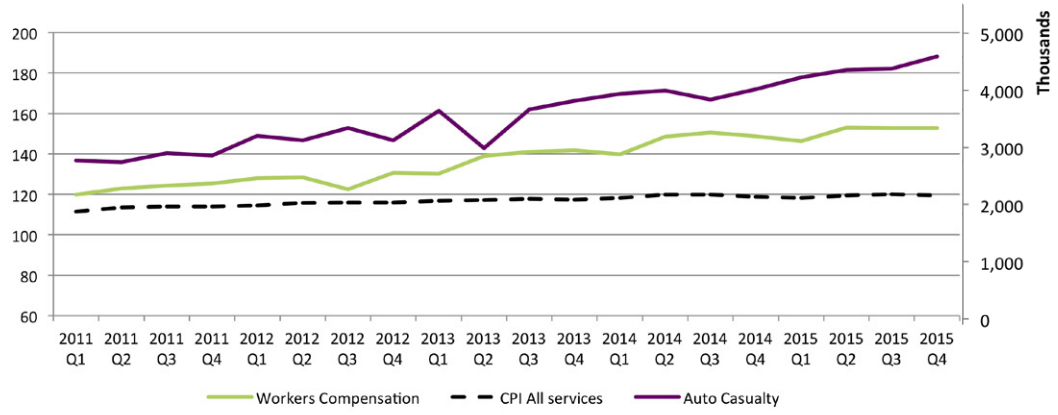
- Contrary to the trend in unit cost of Major radiology services in the auto casualty market, the unit cost experienced by workers' compensation claims for this service group is down 2.6% since Q1 2006. In Q4 2015, the major radiology MPI for workers' compensation decreased 2.88% to settle at 97.4.

- The unit cost for evaluation and management services increased 1.56% in Q4 2015 bringing the workers compensation index to 128.66. Again, this 28.66% increase in unit charge for evaluation and management services in the workers' compensation market is somewhat consistent with the 23.4% increase seen in the auto casualty market.

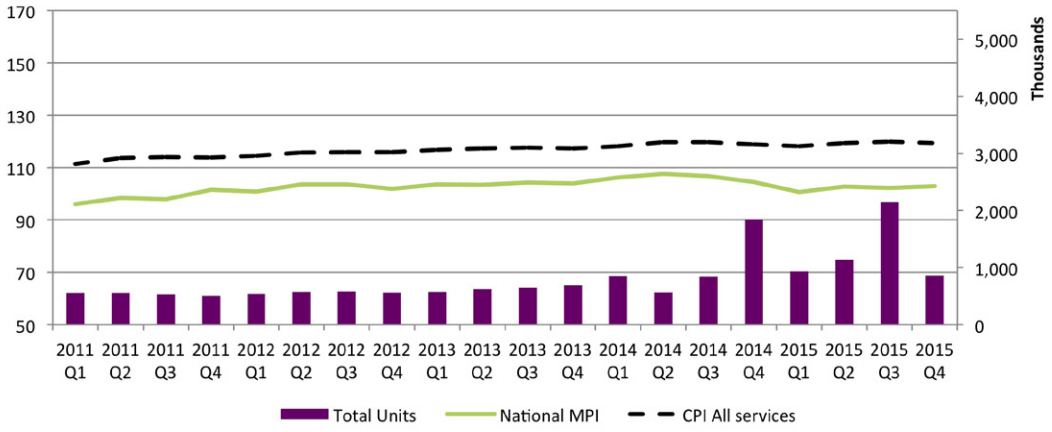
- Just as in the auto casualty market, the unit charge for professional services in the emergency room has experienced dramatic increases in unit charge. While the workers compensation index for emergency room professional services remained virtually unchanged in Q4 2015, the index reflects a 52.69% increase since Q1 2006. The 52.69% increase is not as dramatic as the 88.3% increase seen in the auto casualty market but it is still more than double the increase seen in the CPI for All Services reported by the Bureau of Labor Statistics.

Workers' Compensation Medical Price Index

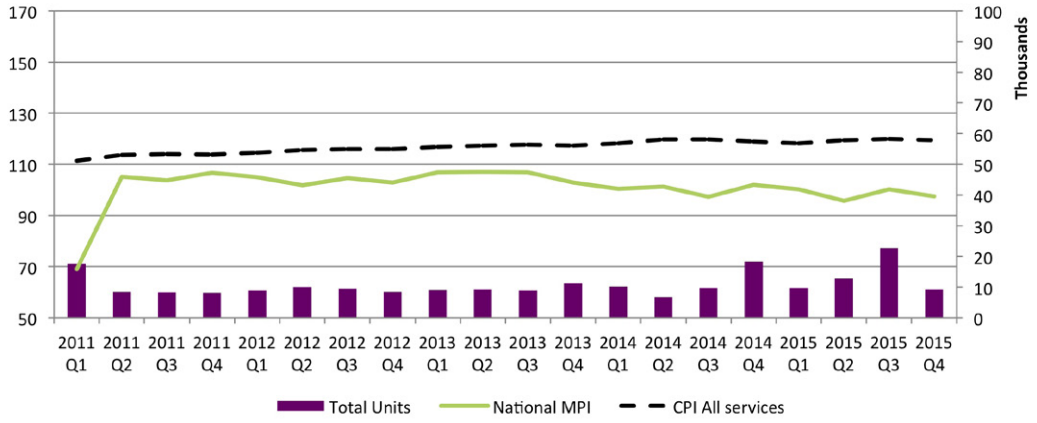
Emergency Room MPI



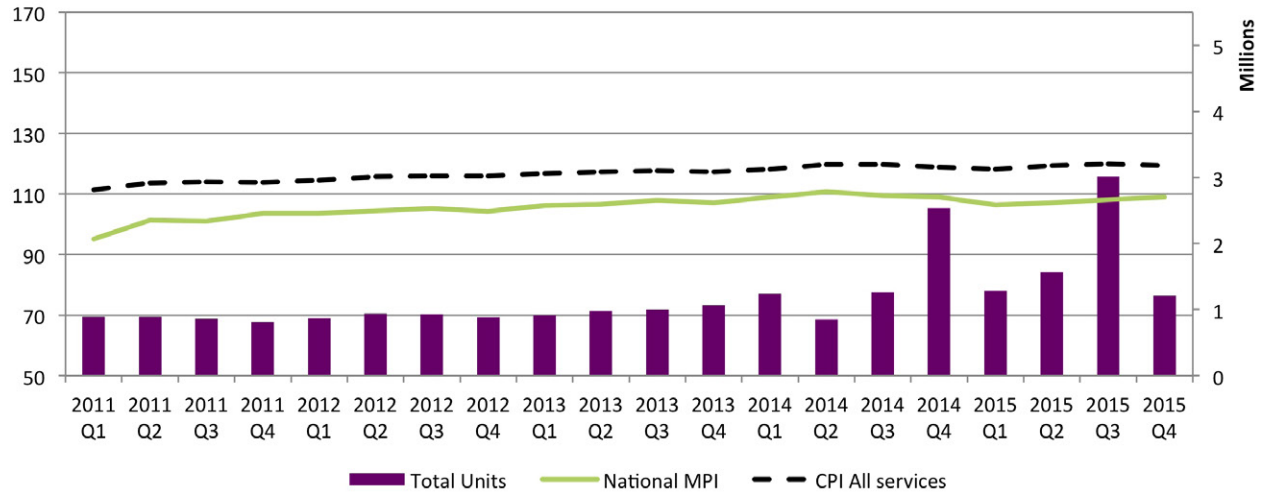
Physical Medicine MPI



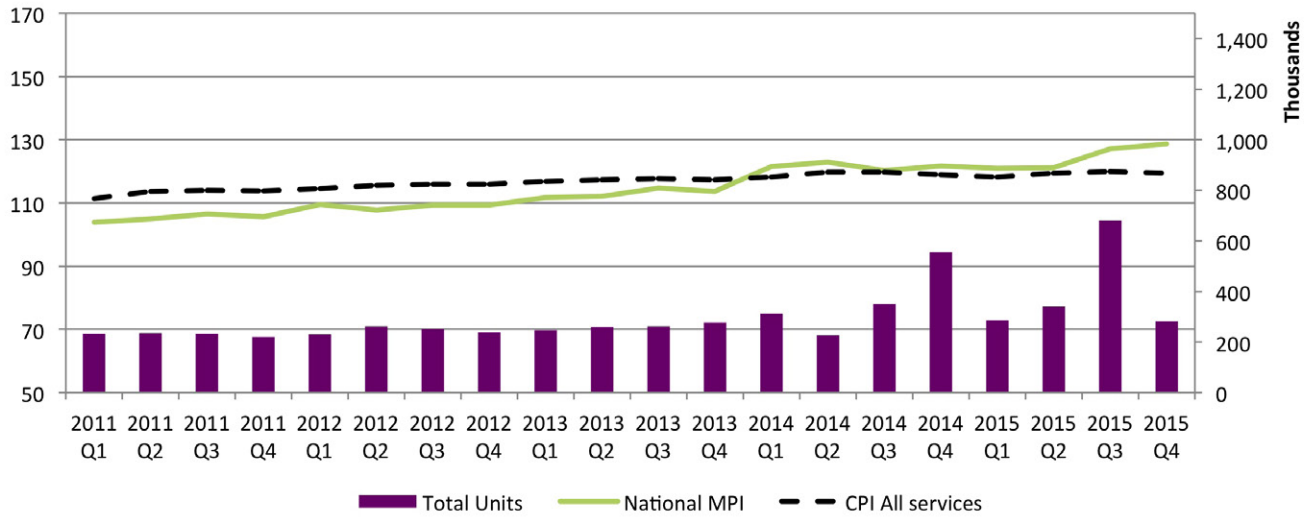
Major Radiology MPI



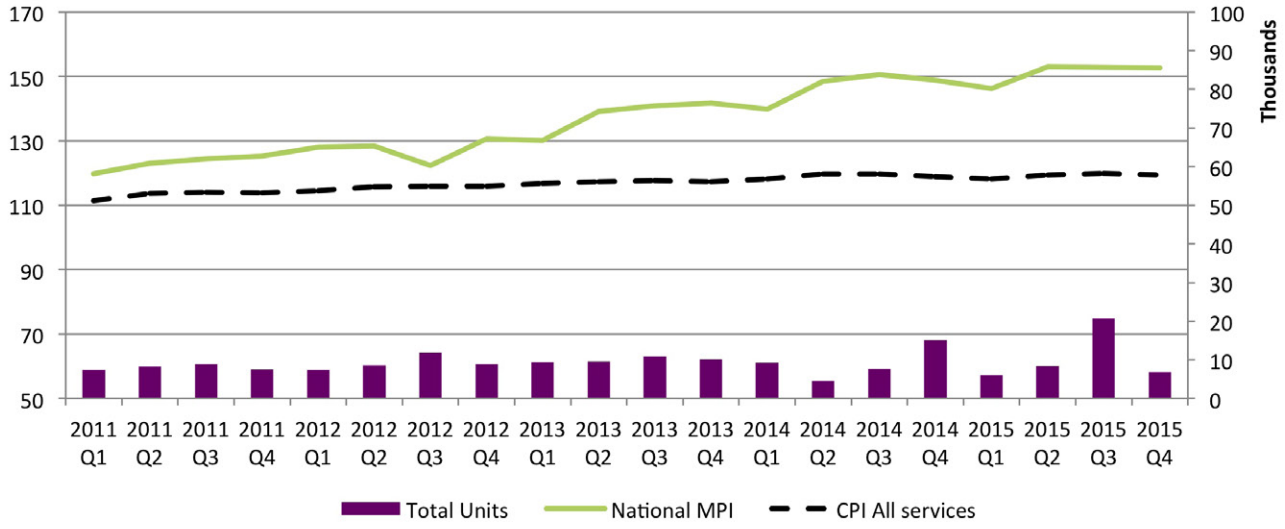
National MPI



Evaluation & Management MPI



Emergency Room MPI



Auto Casualty Medical Price Index

By Ed Olsen
Sr. Business Process Consultant, Mitchell Casualty Solutions Group

The National MPI remained virtually unchanged in Q4 2015 remaining at 117.9.

The National CPI for All Services, as reported by the Bureau of Labor Statistics, is down 0.5% in Q4 2015 to 119.44. The National MPI remained virtually unchanged in Q4 2015 remaining at 117.9. Since Q1 2006 the MPI has increased 17.9% while the National CPI for All Services increased 19.4%. (Source: U.S. Bureau of Labor Statistics, adjusted. Consumer Price Index- All Services- All Urban Consumers, Series CUUR0000SA0. **Available here**.)

- Charges associated with physical medicine services experienced a 0.24% decrease from Q1 2006 in Q4 2015, which is a 3.4% decrease for the total units cost change for physical medicine, significantly below the National CPI for All Services reported by the Bureau of Labor Statistics. Recall that the physical medicine MPI is looking strictly at unit charge while holding utilization constant. No significant changes in technology to deliver physical medicine services have been discovered that might influence the unit charge of these services..

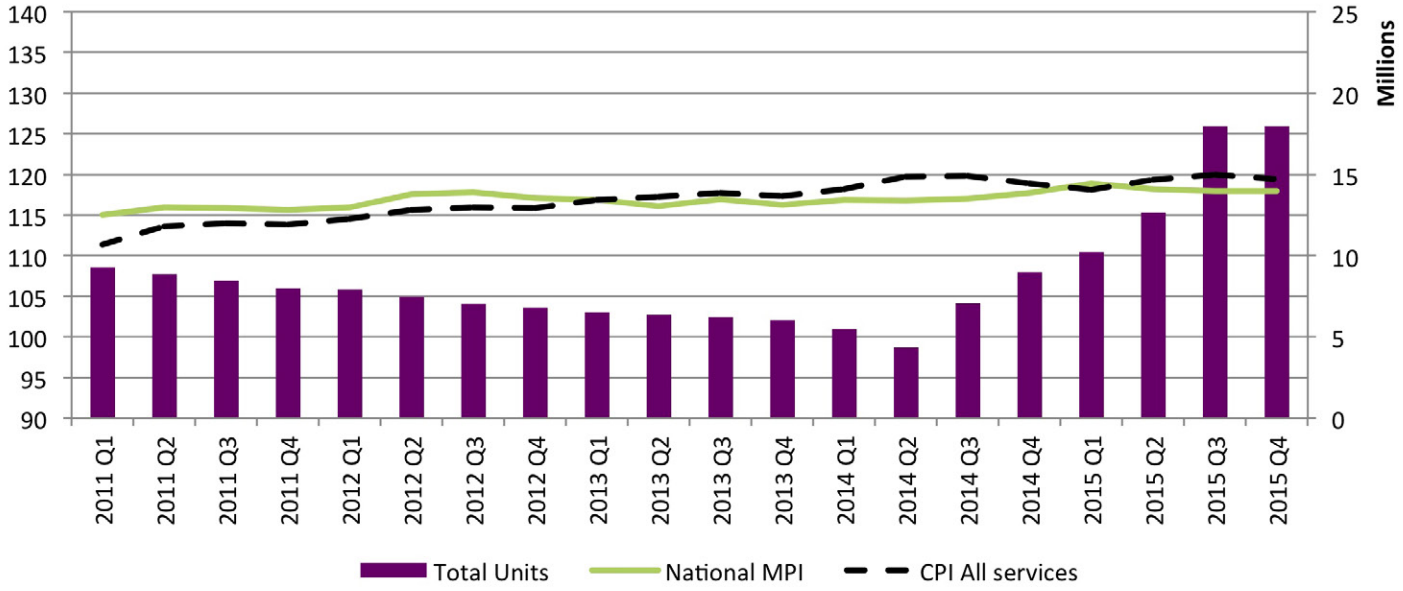
- The unit cost for major radiology services continued to trend downward in Q4 2015, decreasing 0.95% from the previous quarter. Since its peak in Q4 2013, major radiology services have decreased 5.4% settling at 123.93 in Q4 2015.

- The unit cost for evaluation & management services decreased 0.44% in Q4 2015. This negligible change has had little impact on the overall trend in unit cost associated with evaluation and management services. Since Q1 2011, evaluation and management services have only experienced a 0.6% decrease in unit charge. However, since Q1 2006 evaluation and management services have seen unit charge increase 23.4% as reflected by the index value 123.4.

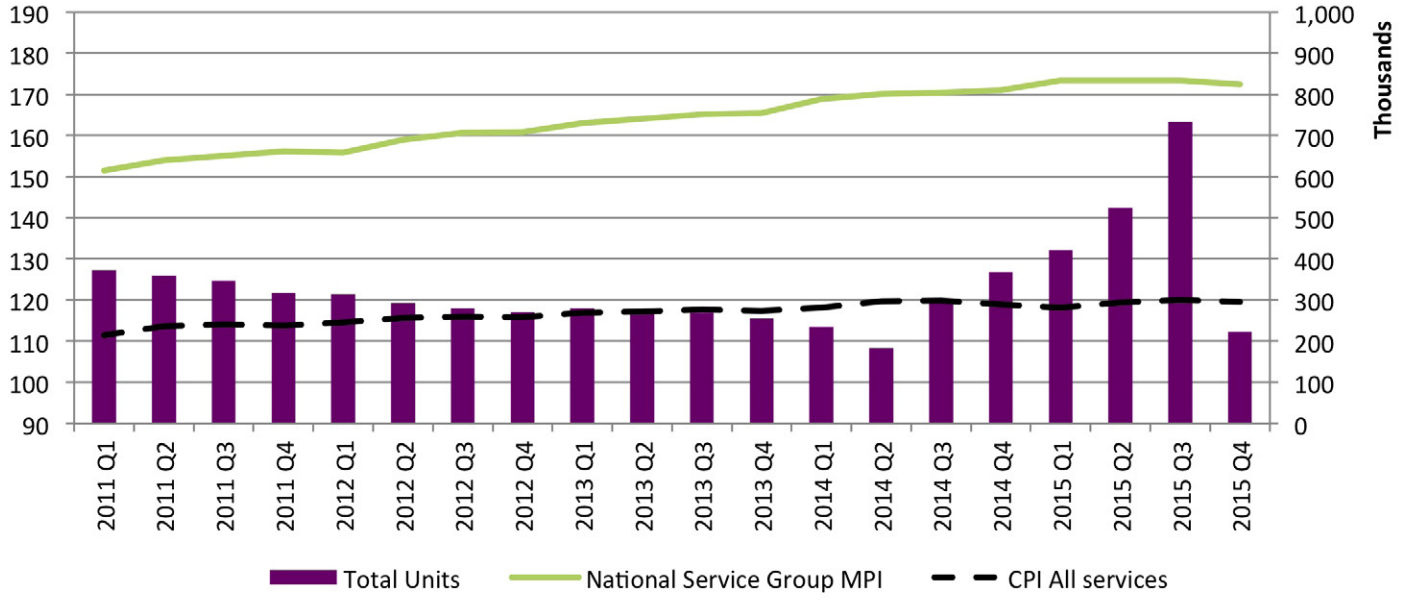
- The unit charge for professional services in the emergency room continues to dominate the conversation dealing dramatic increases in unit charge. In Q4 2015, professional services in the emergency room experienced a 6.14% increase which is the sixth largest increase in unit charge since Q1_2006 and the single largest increase since Q2 2014.

Auto Casualty Medical Price Index

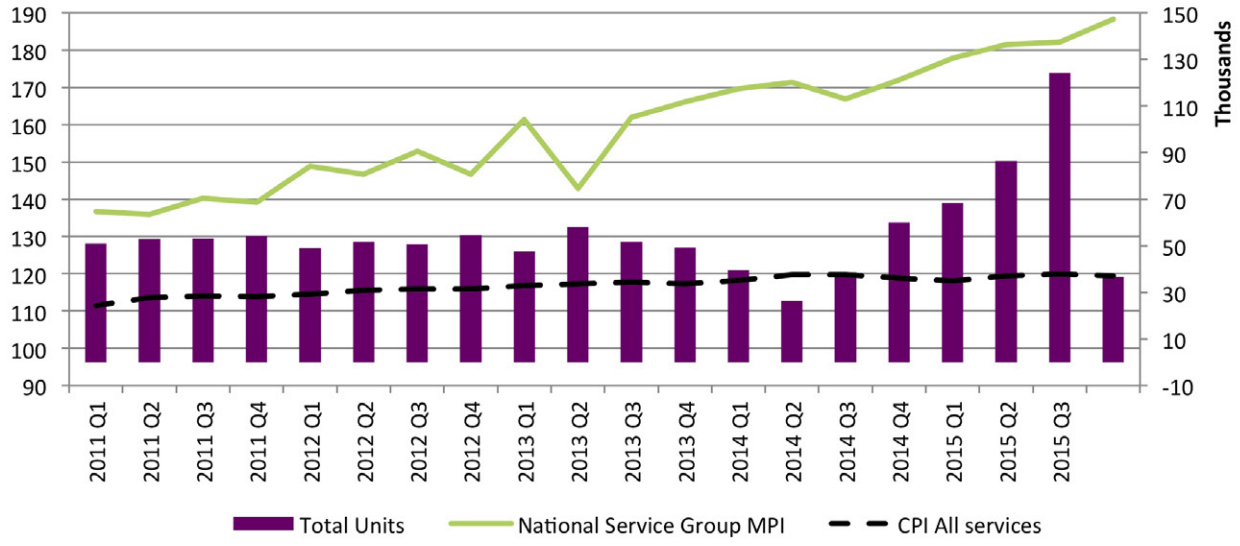
National MPI



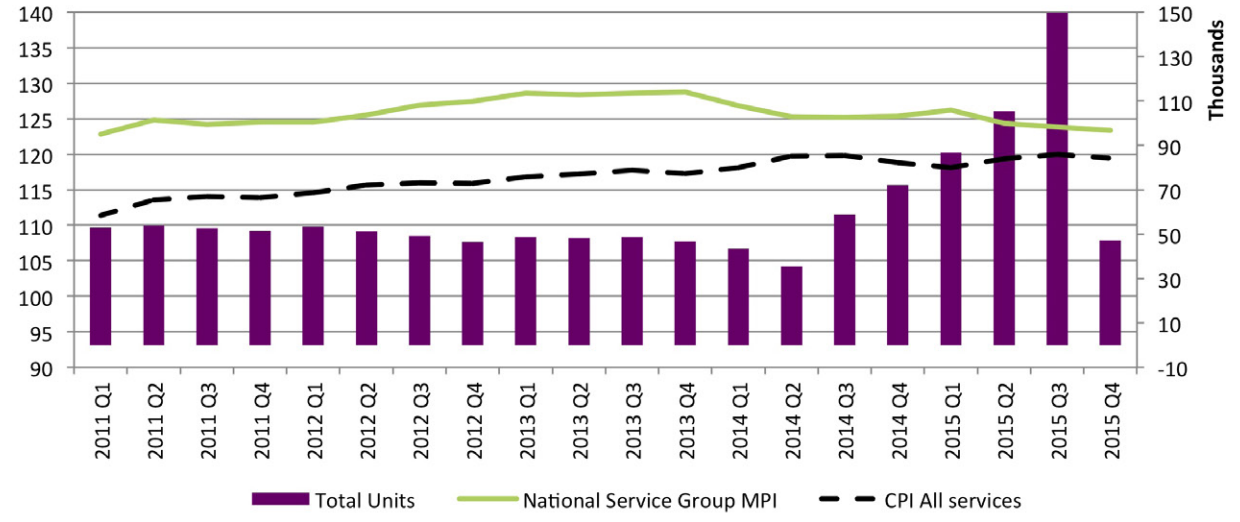
Evaluation & Management MPI



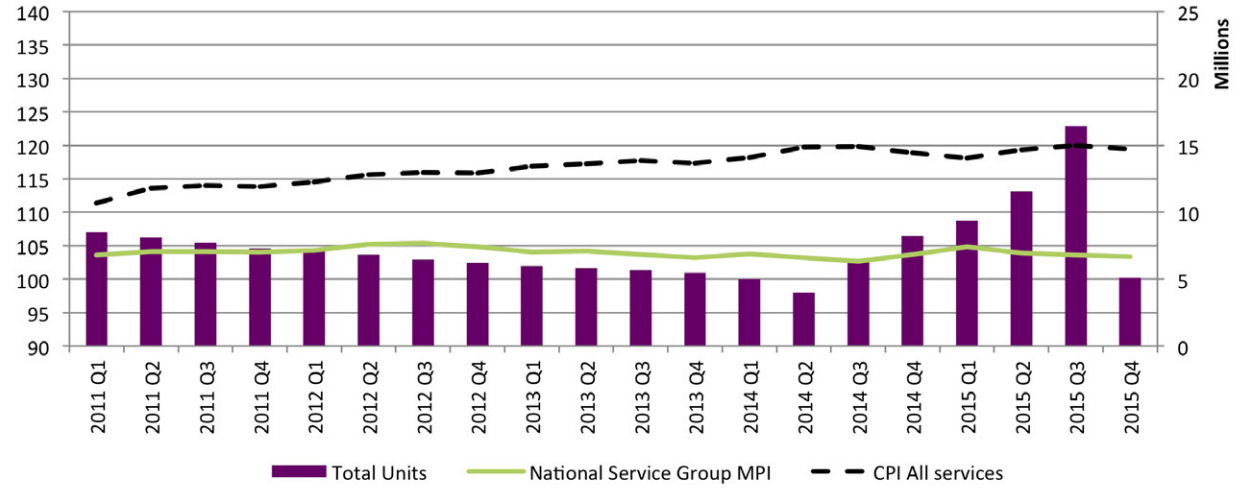
Emergency Room MPI



Major Radiology MPI



Physical Medicine MPI



The Compliance Corner

ICD-10: How's it Going

By Michele Hibbert-Iacobacci, CMCO, CCSP
Vice President, Information Management & Support, Mitchell Casualty Solutions

The great news is that our latest statistics demonstrate there are no states in P&C that have provider adoption rates less than 80 percent.

The first quarter of 2016 is now behind us and Mitchell is preparing ICD-10 key performance indicator (KPI) metrics information for our customers and industry by the end of April. KPI's are providing insight into the adoption and value of the classification system for the casualty segment and will provide insurers with actionable operating statistical insight.

Adoption statistics for ICD-10 transitioned providers billing in Property and Casualty (P&C) calculated the week ending March 26th 2016 was at 90 percent. We last reported results from the week ending November 6th, 2015 and saw an ICD 10 transitioned provider adoption rate of 86.4 percent. Based upon these statistics, P&C providers transitioning to ICD-10 coding claims are progressing very well. Bills received from outside the US from foreign countries for car accidents cases are also coming in with ICD-10 codes so the progression of use is positive.

The great news is that our latest statistics demonstrate there are no states in P&C that have provider adoption rates less than 80 percent. In comparison, we reported last November in 2015 we had 7 states that below the 80 percent ICD transitioned providers adoption expectation. The P&C industry is very pleased with the individual state results as it does demonstrates an overall focus on ICD-10 compliance. Although the mix of providers may be different, the overall adherence to ICD-10 is trending similarly to the healthcare industry.

The P&C industry is very pleased with the individual state results as it does demonstrates an overall focus on ICD-10 compliance.

Mitchell's provider "Specialty" analysis previously demonstrated that chiropractic specialists improved from 37 percent to 17 percent non-compliance for ICD 10 in our latest statistics. For general practitioners, non-compliance with ICD-10 improved from 12 percent to 7 percent. Lastly, the next highest non-compliant specialty was physical therapist at 10 percent and now the statistics are demonstrating 4 percent still using ICD-9. All in all, great results in adoption of ICD-10 in the P&C market with 31 percent improvement in the top 3 specialties since November 2015.

What do we attribute to the improvements? Time, education of providers and exposure to payment rejects – basically corrective actions and resubmissions that have taken place.

In P&C the KPI categories are very similar to the health side. Mitchell's KPI metrics will include (but not limited to); Denial statistics, duplicate submissions, overall timelines, claim open timelines and severity of injuries which can be cost related and/or timeline of treatments with utilization in P&C.

For P&C ICD-10 transitioned providers, the early results last year were positive and the statistics we are observing today are even more promising. We also know the focus for Property and Casualty should not be on the transitional aspects to ICD-10, rather the value it can bring to our industry in communicating information and improving our customers' ability to pay accurately and determine what is owed on claims more efficiently.

ICD-10's Impact to the Workers' Compensation Industry

By Tina Greene
Senior Regulatory Affairs Consultant, Mitchell

By Sherry Wilson
Jopari Solutions Executive Vice President and Chief Compliance Officer

When the ICD-10 requirements were released, there were concerns about what would happen if states didn't make changes.

Published March 28, 2016
From: ICD-10 Montitor

By Oct. 1, 2015, only 21 states had aligned their worker's compensations regulations to match ICD-10 requirements. When the ICD-10 requirements were released, there were concerns about what would happen if states didn't make changes. Now, those 29 states that haven't adapted yet are being impacted in different ways.

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12 Keys to Rein in Bodily Injury Severities

By Christopher Tidball
Senior Director, Casualty Solutions Consultant, Mitchell

In order to help manage bodily injury severities, adjusters should focus on a few key pieces to help them with their investigation.

Published March 1, 2016
From: www.propertycasualty360.com

Bodily injury severity and frequency are rising quickly, making it difficult for insurers to determine the fairest price on claims. In order to help manage bodily injury severities, adjusters should focus on a few key pieces to help them with their investigation, such as viewing police reports and studying the accident scene.

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Mitchell empowers clients to achieve measurably better outcomes. Providing unparalleled breadth of technology, connectivity and information solutions to the Property & Casualty claims and Collision Repair industries, Mitchell is uniquely able to simplify and accelerate the claims management and collision repair processes.

As a leading provider of Property & Casualty claims technology solutions, Mitchell processes over 50 million transactions annually for over 300 insurance companies/claims payers and over 30,000 collision repair facilities throughout North America. Founded in 1946, Mitchell is headquartered in San Diego, California, and has approximately 2,000 employees. The company is privately owned primarily by KKR, a leading global investment firm.

For more information on Mitchell, visit **www.mitchell.com.**

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Industry Trends Report

The Industry Trends Report is a quarterly snapshot of the auto physical damage collision and casualty industries. Just inside—industry highlights, plus illuminating statistics and measures, and more. Stay informed on ongoing and emerging trends impacting the industry, and you, with the Industry Trends Report!

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