

Industry Trends Report

FEATURED IN THIS ISSUE:

Claims Integration for the P&C Industry

By **Shahin Hatamian**

Vice President, Product Management & Strategy, Mitchell

By **Vidya Dinamani**

Vice President, Innovation & Design, Mitchell





Industry Trends Report

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A Message from the CEO

The Challenge to Stay Connected in 2014 and Beyond

Welcome to the first 2014 issue of the *Mitchell Industry Trends Report*, Casualty Edition. We start off the year with two important articles that speak to the advantages of being in an integrated claims world. You'll find *Claims Integration for the P&C Industry* by Shahin Hatamian and Vidya Dinamani on page 4, describing how advanced systems integration is a key industry trend helping P&C insurers increase efficiency and overcome the numerous challenges in today's claims processes. In addition, Erika James, Lee Haripko, and Zack Zackrisson provide examples of how technology is driving seamless experiences with Mitchell's Provider Network Program in *Provider Network Integration* on page 9.

While new technology devices and software applications may be the spotlights of new IT initiatives for your company, it is really the networks—and how seamlessly they are connected—that drive how your staff, customers, and technology all communicate together to continuously make better business decisions. Now, more than ever, your high-performance networks must be designed to deliver the decision-relevant data you demand to increase efficiencies and drive better customer experiences. And the articles and insights in this quarter's edition may help empower you to lead the charge.

Thank you for your continued readership of the Industry Trends Report.



Alex Sun
 President and CEO
 Mitchell



Alex Sun
 President and CEO, Mitchell

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Auto Physical Damage
Edition



Claims Integration for the P&C Industry

By Shahin Hatamian

Vice President, Product Management & Strategy, Mitchell

By Vidya Dinamani

Vice President, Innovation & Design, Mitchell



Property & Casualty (P&C) insurers face numerous challenges when seeking to increase efficiencies with their business processes. Efficiency can be a concern, especially the time spent as adjusters transition from one software platform to another.

The IT department also faces additional challenges that come with supporting multiple vendors. Implementation, testing and training for multiple solutions

can be time consuming for the IT team. Managing a portfolio of disparate solutions that need to be integrated with the larger claims management system can be overwhelming for a department that is under constant pressure to contain costs with limited resources.

Advanced systems integration is one trend in the industry that provides some relief for these issues. Expanding the link between

Expanding the link between the core claims system and expert point solutions, such as medical bill review systems, and developing new applications that leverage the best of multiple applications provides clear benefits at both the organizational and user level.

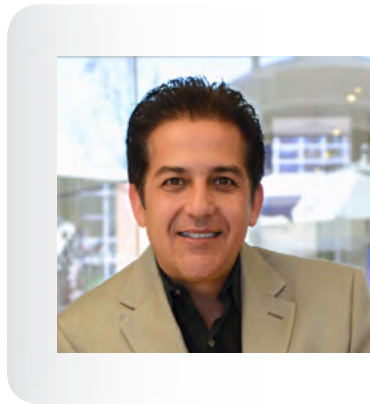
the core claims system and expert point solutions, such as medical bill review systems, and developing new applications that leverage the best of multiple applications, provides clear benefits at both the organizational and user level. These expanded claims management capabilities help to improve claims handling and the user experience through integrated data for faster, more informed decision making.

What makes claims integration unique?

In many P&C organizations, there is a desire for claims integrations in order to leverage the benefits of linking bill review with the larger claims continuum. Some P&C carriers have found a way to link expert point solutions to the larger claims systems; however this is typically not the most efficient way to maximize the applications' functions. Claims integration happens at various levels and is often comprised of piecemeal solutions that are not always the most efficient or user friendly. There are often still pain points, from both a resource and workflow perspective.

Bill review is an integral part of the claims process, although it often stands alone from the rest of the organization, with point-to-point integrations built to the workflow of the entire claim. While

About the Quarterly Feature Authors...



Shahin Hatamian

Vice President, Product Management & Strategy, Mitchell

Shahin oversees the product direction, program management, process improvements and various strategic initiatives and partnerships. Prior to Mitchell, Shahin spent nearly 20 years in senior management roles in various technology companies, most recently as VP of Product Technologies at Toshiba America. Shahin holds a BSEE and an MSEE from Rutgers University with Highest Honors, and an MBA from UC Irvine.



Vidya Dinamani

Vice President, Innovation & Design, Mitchell

Vidya has over 15 years of experience specializing in business and technology strategy development and product design, development and management. A holder of 7 US patents for software technology, Vidya earned a B.S. degree in Physics from Victoria University in Wellington, New Zealand, and an MBA from Carnegie Mellon University. She is also a certified Net Promoter Associate.

these basic integrations provide some limited data, the customer experience can be disjointed, due to the disparate nature of the various solutions.

The opportunity exists for an end-to-end solution that follows the claims all the way from the first notice of loss (FNOL) to claim closure. Advanced integration can help address these issues and create additional value by bringing all the expertise in alignment with the larger claims system and the ability to provide greater insight into the entire claim.

Important Benefits of Advanced Integration

Advanced integration has benefits from both a business and IT perspective. From a business viewpoint, workflow is an important component to help the claims process become efficient. Being able to design a single workflow that takes for granted the seamless interflow between systems enables the business leader to focus on how their business should run, without having to compromise based on costly (and often difficult to schedule) integration projects. From a system user perspective, when all the data needed to move a claim object along the workflow is immediately available, there can be a dramatic shift in helping decisions being made earlier,

getting the right claims to the appropriate person, and being able to fast-track claims based on complete knowledge. Lastly, from an IT perspective, having systems working together out of the box relieves the need to develop, or to hire external system integrators, to connect vendors and different systems together. The need for maintenance of these integrations, scheduling upgrades and testing is eliminated—allowing the IT group to focus their efforts elsewhere.

Being able to design a single workflow that takes for granted the seamless interflow between systems enables the business leader to focus on how their business should run.



When workflow integrations are pre-built, adjusters can leverage information from multiple applications through one user interface. Duplicative processes and data can be managed more effectively, or one source eliminated entirely, since applications and infrastructure will only be implemented once, rather than multiple times.

Increased automation that enables adjuster efficiency will be an additional benefit for organizations utilizing advanced integration capabilities. Some examples of how adjusters will be able to leverage the advanced integration platform include enhanced task automation capabilities, which can automate simple, routine tasks for adjusters. Combining automated tasks with an optimized claims handling resource allocation provides adjusters with the right tools to make better, more accurate decisions in a timely fashion.

Improved Customer Experience

As companies develop advanced integration solutions, they can place an increased emphasis on the user experience. Companies have the opportunity to evaluate what type of user experience they

From an IT perspective, having systems working together out of the box relieves the need to develop, or to hire external system integrators, to connect vendors and different systems together.

want to deliver, given how users will interact with the applications. An optimized experience is a highlight of advanced integration capabilities.

With an improved user experience in an integrated solution, the adjuster can access the core claims management system as well as expert point solutions from one platform. With an integrated interface, users are able to access relevant information as they process claims, when they need it. Once you have baseline information from the various components of the integrated solution, it opens up a wealth of

possibilities. Users can leverage a more robust set of data points, enabling them to make better decisions.

Designing advanced integration is a unique chance to really analyze the entire claims continuum and to view the process from an adjuster's standpoint. What information do they need, and if they had access to that information, what else could they do with it? Reviewing the possibilities provides a roadmap for the development of future features and functionality. Using one software solution, rather than multiple applications, speeds up the claims process and increases user satisfaction, offering an optimized claims handling resource section for adjusters.

The user experience also extends to the management level, as they also access the claims systems for a variety of workflow, reporting and analytics functions. Managers can have the ability to see an integrated workflow and be able to make changes more quickly and effectively, without the need to schedule with their IT groups. Reporting across systems can be done in a more real-time, self-serve fashion as systems are already integrated, exchanging



information and pointing at a single data source.

Another important component in the claims handling process involves the various provider network partners. With advanced integration and a single user interface, information about provider networks is readily available and shared between systems. Information about providers can be kept more readily up-to-date and can reduce the need for ongoing data synchronization and maintenance.

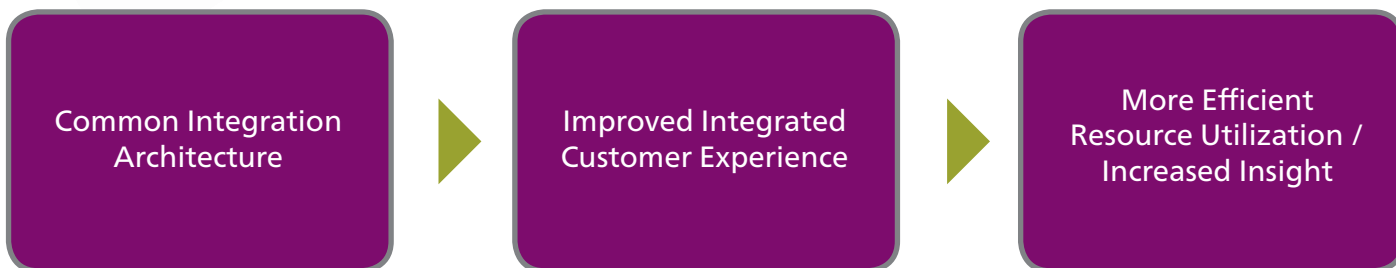
Additional Advantages

Advanced integration between expert point solutions and claims management systems significantly increase the value we provide by offering the chance to have one system of record for all

components of a claim. With all the various claim components accessible in one place, it's easier to perform analyses to identify possible leakage, as well as pinpoint potential areas for additional savings. Increased efficiency throughout the organization is a clear benefit of advanced integration—from adjusters and claims managers to IT management.

In addition, the ability to leverage indemnity data that's traditionally not captured in the bill review process can help with predictive analytics. The combination of data assets from the core claims management system and expert point solutions, such as Decision Point® and SmartAdvisor™, give P&C insurers greater insight, and in this case, the insight gained is greater than the sum of its parts.

The Benefits of Claims Integration



Provider Network Integration

By Erika James

Vice President, Client Services, Mitchell Workers' Compensation Solutions

By Lee Haripko

Senior Manager, Strategic Partners, Mitchell Auto Casualty Solutions

By Zack Zackrison

Senior Manager, Product Management, Mitchell Auto Casualty Solutions



*A standard Mitchell partner bridge is built on XML file formats and leverages Software-on-Demand technology, so that users can efficiently and quickly, often instantly, obtain the latest repricing data from **Provider Networks, Negotiation Partners, Specialty Reviewers, and other Specialty Networks.***

Technology is a great enabler that allows applications to communicate with multiple systems. At Mitchell, one example of technology facilitating these one-to-many type relationships is our Provider Network Program. There are several Provider Networks that link from software solutions such as Decision Point® and SmartAdvisor™ through integrated technology bridges.

A standard Mitchell partner bridge is built on XML file formats and leverages Software-on-

Demand technology, so that users can efficiently and quickly, often instantly, obtain the latest repricing data from Provider Networks, Negotiation Partners, Specialty Reviewers, and other Specialty Networks. At Mitchell, our Partner Solutions Team helps to reduce operational challenges by identifying the right network partners and managing all of the complexities associated with those relationships.

Integrating software solutions with Provider Networks benefits

both Property & Casualty carriers as well as medical providers. To be sure, integration is more than just a technical capability, but also a commitment to working effectively together. There are teams of dedicated specialists, including implementation, customer service, data analytics, product management and the partner

For P&C carriers, integration also offers access to more than one provider network or cost containment solution—an important consideration when using a variety of solutions to maximize medical coverage and claimant benefits.

solutions group that contribute to deliver a seamless user experience.

An integrated solution offers a unified user experience as medical bills get sent automatically to provider networks and returned repriced and ready to be finalized for payment. For P&C carriers, integration also offers access to more than one provider network or cost containment solution—an important consideration when using a variety of solutions to maximize medical coverage and claimant benefits. Rich data created as part of these integrated solutions allows for detailed analysis to insure solutions perform as expected, and that the best solutions are configured in the optimal position and geographic location. As such, performance can be monitored and improved.

By leveraging the benefits of integrated technology, Mitchell is continually delivering new solutions to our clients and to the market, allowing access to best-in-class cost containment offerings

Automated processes are also part of an integrated solution.

and maximizing the benefits. As an example, the Specialty Networks (PT, DME, DX, etc.) drive tremendous savings for services that are prospectively scheduled. However, there were times when significant savings were lost when in-network services were billed outside the network. Through our advanced technology and integration, Mitchell was able to identify this loss and deliver several partner bridges that can retrospectively convert these bills back to the network and capture savings that were previously lost.

Automated processes are also part of an integrated solution. Customers can take advantage of workflow rules to establish automated sends of eligible bills to external cost containment solutions for repricing. Business rules using workflow logic ensure

bills are routed to the appropriate solution, helping to extend customer benefits. These rules may be based on state of jurisdiction, bill type, dollar threshold, policy limit triggers, bill status and much more.

Provider network integration also lends itself to enhanced reporting capabilities. Due to built-in partner bridges, reports can be generated automatically to ensure proper performance and operational needs are met. Since prompt turnaround is critical, one example of a useful report is a partner bridge report that alerts users when a bill or bills have not been returned in the expected response time. This ensures all bills are being managed and handled in a timely manner providing insight and comfort to claims organizations.

Provider network integration also lends itself to enhanced reporting capabilities.

In this day and age, it is essential that payers have access to the right solutions in order to ensure the most cost-effective and efficient outcomes are being achieved. This can only be accomplished through advanced technology and integration. Through the power of our advanced platforms, Mitchell continues to deliver integrated solutions that expand customer access, drive the highest level of efficiency and ensure maximum cost containment for our clients.



Medical Price Index (MPI)

By Edward H. Olsen, DC, CPCU

Senior Business Process Consultant, Mitchell Auto Casualty Solutions



The National MPI remains 13% higher than the baseline of Q1 2006 despite a modest decline last quarter. The National CPI for All Services, as reported by the Bureau of Labor Statistics, remains 17%. (Source: U.S. Bureau of Labor Statistics, adjusted. Consumer Price Index—All Services—All Urban Consumers, Series CUUR0000SA0.

[Available here](#))

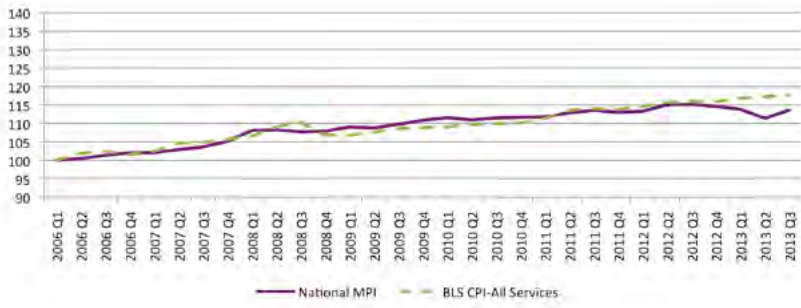
When comparing MPI results for fee schedule states, it is clear to see that the Oregon unit charge is increasing in a much more significant manner. While New York has experienced relatively flat unit charge since Q4 2010, Florida and Pennsylvania have seen increases in unit charge consistent with the Bureau of Labor Statistics CPI (BLS CPI) for all services.

Oregon has seen their unit charge increase 32%, nearly two times that of BLS CPI.

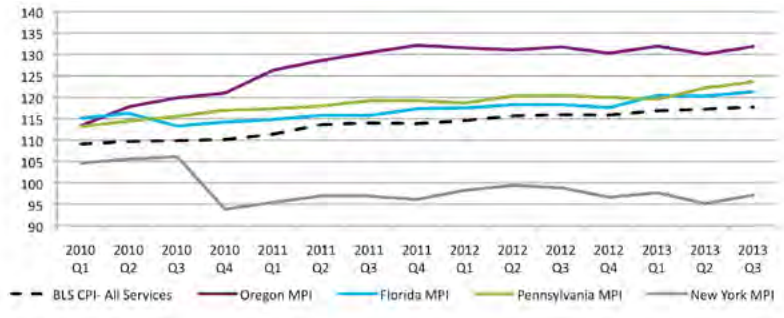
However, Oregon has seen their unit charge increase 32%, nearly two times that of BLS CPI. The rate at which unit charge is increasing in Oregon is more consistent with non-fee schedule states.

Looking to the service groups encountered in Oregon to understand the driving force behind the 32% increase in MPI, you discover that Evaluation and Management services have experienced a 92% increase in MPI. While this increase in MPI may simply reflect an increase in provider charge over time, another possible explanation is the gradual increase in level of severity due to injury type and/or upcoding.

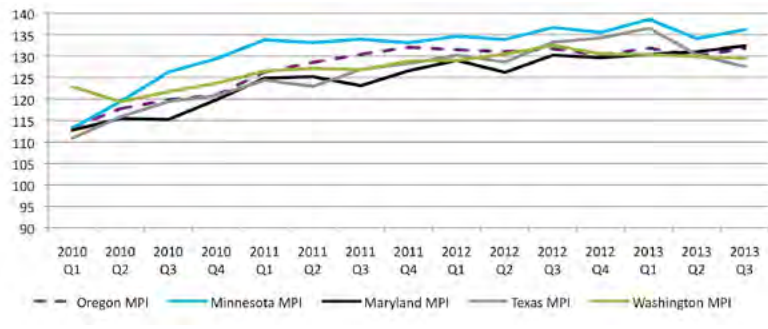
National MPI



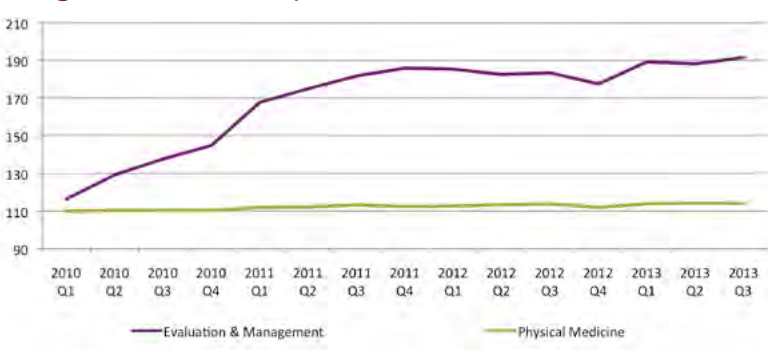
Fee Schedule State Comparison



NON-Fee Schedule State Comparison



Oregon Service Group MPI

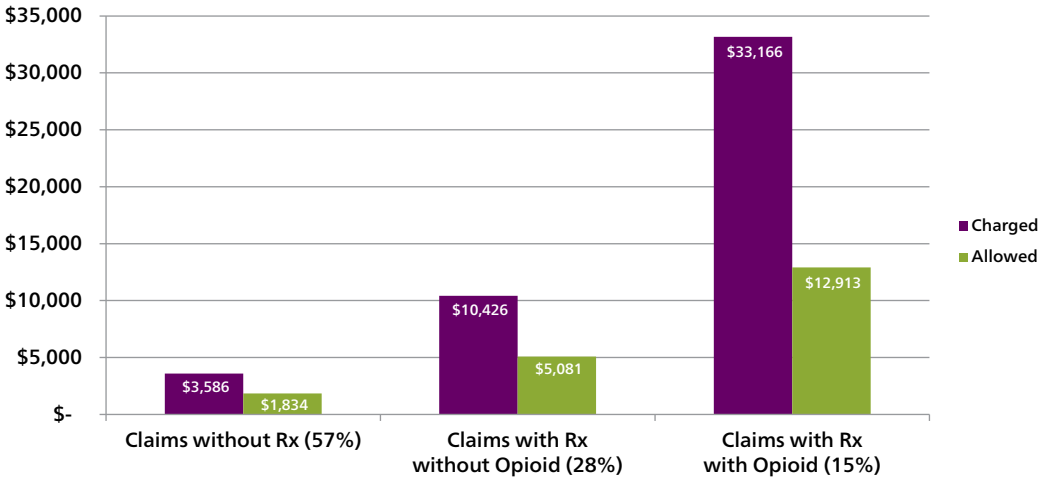


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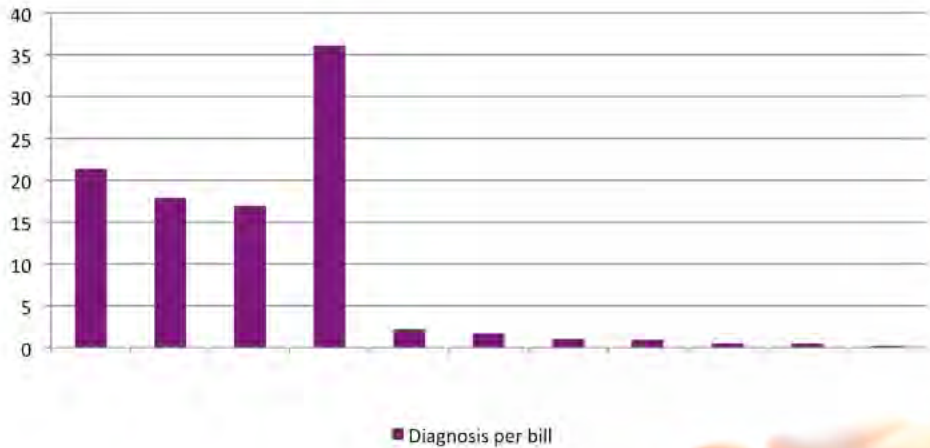
Data Insights

Charged & Allowed for Claims with and without Opioids

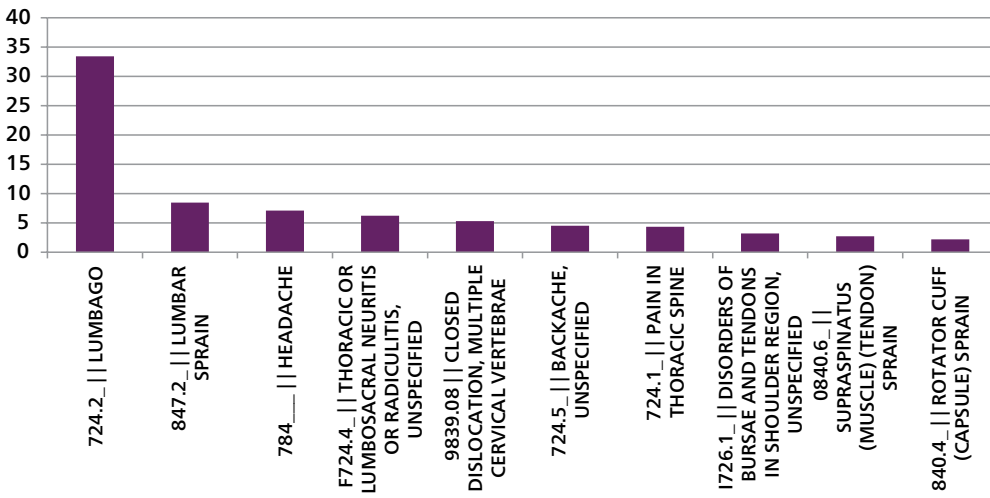


Mitchell ClaimsLab investigated the impact of prescription medication use on workers' compensation claims. The study broke claims into three categories: 1) no prescription medications used, 2) non-opioid prescription medication used and 3) opioid medication used. The graph above demonstrates the average charge on claims involving non-opioid medication is approximately three times higher than claims with no prescription medications involved. Additionally, the graph reflects the average charge of claims involving opioid medications to be more than three times higher than claims with non-opioid medications identified.

Diagnosis Per Bill

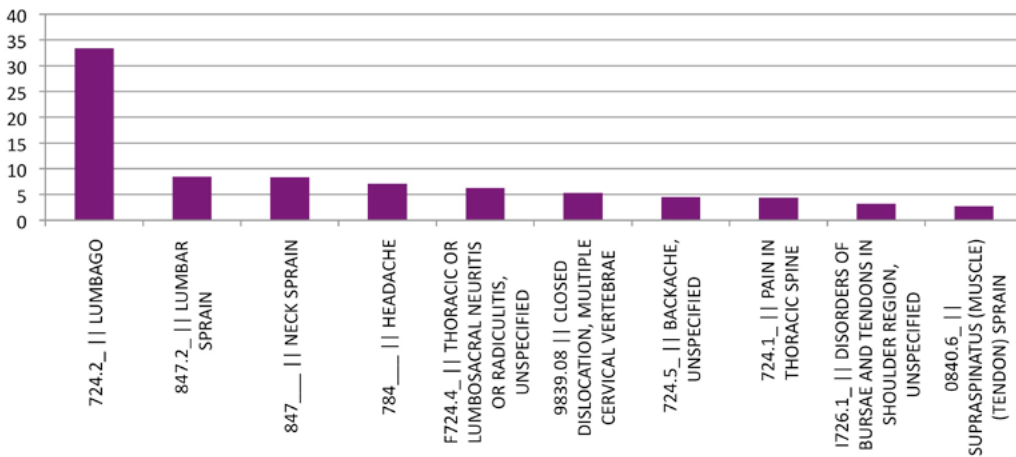


Top 10 Most Frequently Utilized Soft Tissue Diagnoses



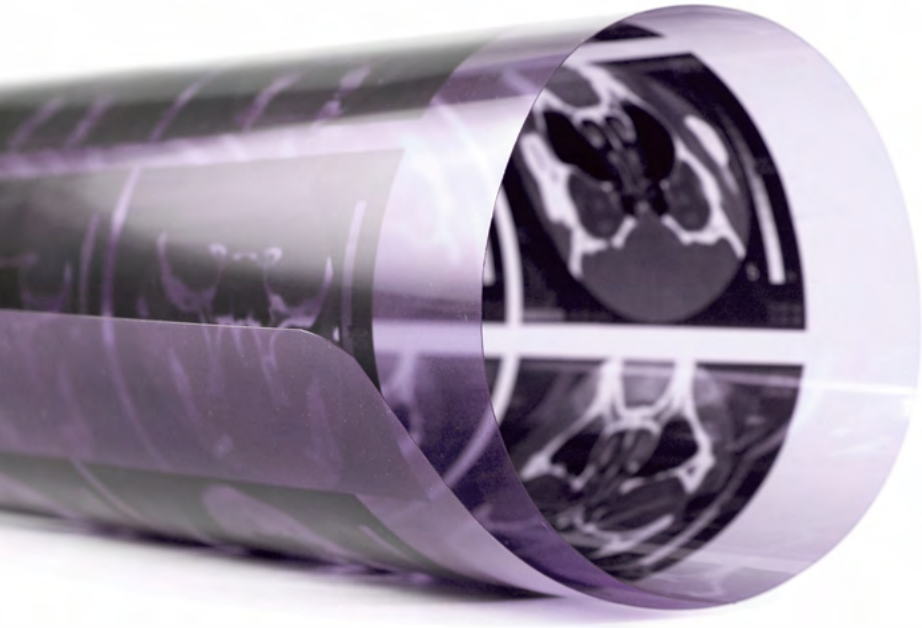
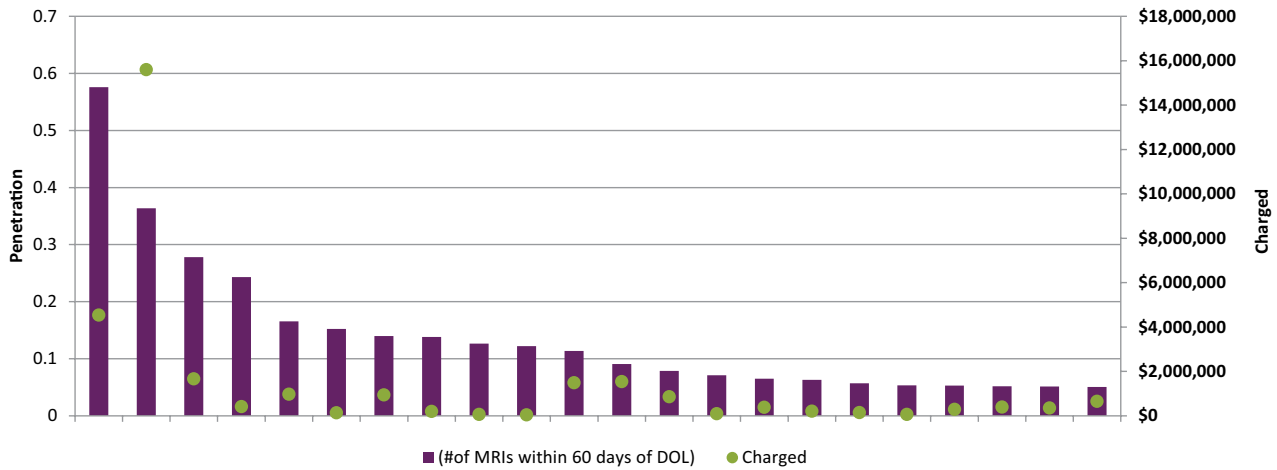
Mitchell ClaimsLab looked at 150,000 claims with date of loss in 2010 to investigate the manner in which diagnosis is used to support medical necessity. These claims included 1.5 million bills, of which 324,002 (21%) contained a single diagnosis. Bills with a single diagnosis represented the second largest category of bills based on diagnosis count. The most frequently encountered soft tissue diagnosis on these bills was lumbago (lumbar pain). Bills with four diagnosis codes made up the largest category representing 36% of the total.

Diagnosis Distribution on MRI Bills



Since Lumbago is such a vague description and was utilized so extensively, Mitchell ClaimsLab investigated the medical services most frequently associated with it. Interestingly, when Lumbago is used as the lone diagnosis, it is most likely to be seen in support of MRI services and not physical medicine as originally hypothesized. Additionally, 34% of all MRI services billed will have lumbago as its lone diagnosis.

Percent of Claims Having MRIs within 60 Days of Date of Loss



In another study, Mitchell ClaimsLab identified the percent of claims receiving MRI services within the first 60 days for each state of jurisdiction. New York leads the way with 57.6% of its claims encountering an MRI service with the first 60 days of the loss from a non-hospital facility. It is worth noting that even though Florida only saw 36.4% of its claims receive an MRI within the first 60 days, the corresponding charges were more than three times higher than New York. Florida's total charge for these MRI services was \$15.5M while New York's was \$4.5M.

Technology Impact

By Ajit Viswanathan

Senior Product Manager, Innovation & Design, Mitchell

By Scott R. Smith

Director, Professional Services Consulting, Mitchell Workers' Compensation Solutions



Advanced integration is a large, complex process that involves core claims management systems and expert point solutions. Let's explore what advanced integration might look like from a technology perspective and how specific technology advances and feature enhancements will benefit the P&C insurance industry.

Data Integration

In some cases, the transfer of data from one system to another occurs in a batch format, which sends

data flat files at standard intervals. Since data is delayed until the next scheduled transmission time, adjusters do not have access to real-time information.

One technology improvement from advanced integration is the application of a common format of data exchange so that data can be routed to the appropriate expert point solution. Advanced integration will enable real-time data transmission through web services which are used to get more

Advanced integration will enable real time data transmission through web services which are used to get more real time data and information from the claims center into the expert point solutions.

real-time data and information from the claims center into the expert point solutions. When data is received more quickly, adjusters can use that valuable information to react much faster and process claims more easily.

Data integration is also useful during the payment portion of the claim.

Data integration is also useful during the payment portion of the claim. A multi-directional data exchange flow helps to expedite paying providers, since the payment information is available much more quickly. Faster payment to medical providers helps to increase provider satisfaction and decrease payment inquiry phone calls, allowing adjusters to focus on more important tasks.

Customer Experience Enhancements

Developing a product roadmap for advanced integration also allows for an evaluation of the customer experience. Mitchell's web services are an example of how we can leverage our expertise and technology to develop solutions to meet customer needs. The technology improvements that are realized through advanced integration help to increase adjuster efficiency, empower better decisions and deliver a better customer experience.

An example is the deep integration of expert point solutions, so adjusters will be able to access a robust data set of information on one screen, eliminating the need to toggle back and forth among various applications. Having screens embedded into one application will make data

available to adjusters when they need to make decisions.

IT departments at P&C insurers are excited about using the new systems, since pre-built integration provides a new level of ease of implementation and reduced testing time. Making current systems more efficient will have a great impact to the entire organization.

Future Possibilities

There are a variety of possibilities that could be realized through advanced integration.

Developing a product roadmap for advanced integration also allows for an evaluation of the customer experience.

With improved data flow between the core claims systems and expert point solution, richer data sets will be available for both adjusters and managers. With a more robust set of data available, reporting will likely be enhanced.

One area of interest is better fraud detection, and with real-time data available, more detailed analyses will be available for review. Better fraud detection will help with a reduction in claims severity, providing a positive impact to the bottom line for P&C insurers.

One area of interest is better fraud detection, and with real-time data available, more detailed analyses will be available for review.



The Compliance Corner



Compliance in the Property & Casualty Insurance world can be a challenging endeavor, due to the ever-changing regulatory environment. At Mitchell, we recognize these challenges and provide updates and insights throughout the year. Here's a quick recap of some recent changes in the regulatory compliance arena:

Kentucky

The state of Kentucky on October 4, 2013, posted Bulletin 2013-04, which was addressed to all

insurance companies that write auto business in Kentucky. The bulletin was issued by the state to overview the Department of Insurance's expectations on how providers should be reimbursed on reparation benefit claims. The entire bulletin can be accessed from the link provided.

[Download PDF](#)

Utah

The state posted a notification stating that it has adopted rule changes effective November

Compliance in the Property & Casualty Insurance world can be a challenging endeavor, due to the ever-changing regulatory environment.

18, 2013 that adopt a new fee schedule.

- The schedule is effective January 1, 2014.
- The schedule has been revised from an RVS to an RVP fee schedule for physicians.
- The state has adopted the RVD for dental.
- The schedule can be purchased from Optum Insights.
- The state has adopted seven conversion factors to be

applied to the different sections of the RVP to determine reimbursement values.

[State's web site](#)

[Download PDF](#)

Changes to Property & Casualty Specific Claim Adjustment Reason Codes

*By: Tina Greene,
Senior Regulatory Affairs
Consultant, Mitchell Workers'
Compensation Solutions*

The November 1, 2013 publication of the Claim Adjustment Reason Code (CARC) list contains some changes to the Property & Casualty (P&C) specific codes.

Over the years, the P&C industry has received approval of CARCs for certain business needs. Over the past year there has been more added to the list for P&C use. It was requested by the Code Committee members and the ASC X12 835 workgroup members to clean up these codes and make the verbiage consistent; some codes are numbered, some begin with "W" and others begin with "Y." The

ASC X12 835 workgroup has taken all of these codes and given them a prefix of "P."

The new "P" codes became effective November 1, 2013, and the old codes will be deactivated July 1, 2014. This eight-month period where both sets of codes are valid allows time for payers, insurers and TPAs to make programming changes to accommodate these codes.

The list of old codes with the corresponding new codes can be accessed from the Washington Publishing web site at [WPC](#) for any verbiage changes.

Moving to the new codes may take some getting used to, but is a step in the right direction for consistency in the P&C industry.

If you have any questions regarding the national CARC Code Committee or codes, you may contact Tina Greene at tina.greene@mitchell.com.



Benefits of ICD-10 in Casualty Claims

By Michele Hibbert-Iacobacci

Vice President, Information Management & Client Services, Mitchell

From *Electronic Health Reporter*

Publish Date: December 3, 2013



The casualty claim arena involves evaluating and payment of claims for claimants who have suffered from an auto accident or workers' compensation injury. This side of the health payment continuum has been omitted from the Health Insurance Portability and Accountability Act (HIPAA) as a covered entity.

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A Day in the Life of a Claim: The Initiation Phase

By Vidya Dinamani

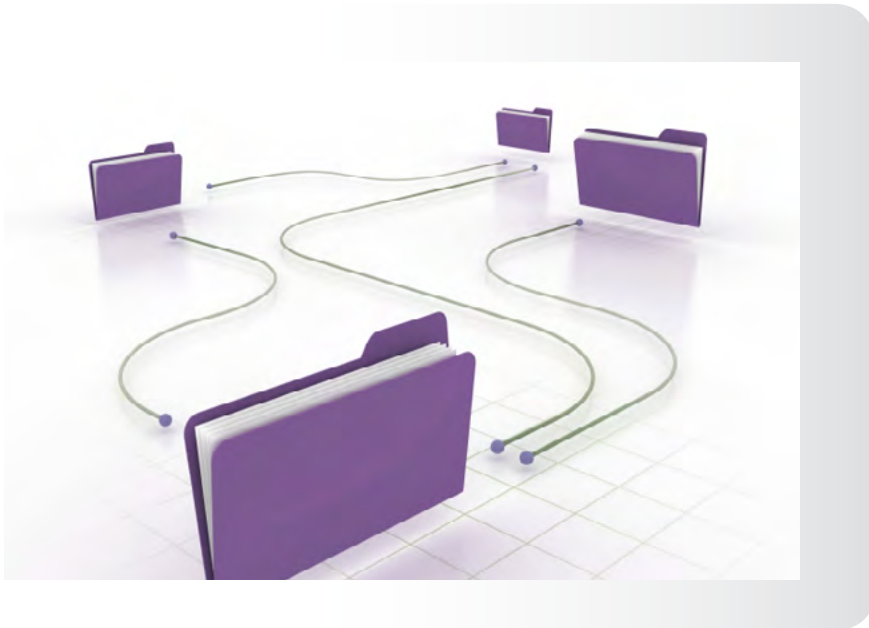
Vice President, Innovation & Design, Mitchell

By Paul Rosenstein

Vice President, Integrated Technology, Mitchell

From PropertyCasualty360.com

Publish Date: October 18, 2013



As a light turns green, a driver, whom we'll call Bob, proceeds into the intersection. Moments later, Bob is broadsided by another car, becoming one of the more than 5 million traffic accidents reported in the U.S. each year, according to National Highway Traffic Safety Administration (NHTSA) data.

Fortunately, both Bob and the other driver carry automobile

insurance. They exchange information, and each begins the process of filing a claim. This article, the first in a series of three, follows the path that Bob's claim will take during the initial phase.

[Read More](#)

5 million traffic accidents are reported in the U.S. each year.

A Day in the Life of a Claim: The Review and Processing Phase

By Vidya Dinamani

Vice President, Innovation & Design, Mitchell

By Paul Rosenstein

Vice President, Integrated Technology, Mitchell

From PropertyCasualty360.com

Publish Date: December 2, 2013



A claims manager may need to report the results of the re-inspection to various state agencies.

Once a claim has gone through the initial FNOL process, it moves on to the review and processing phase. Typically, the desk reviewer (DR) examines the damage repair estimate to ensure it is compliant with all of the business rules in place. If the DR finds any discrepancies or if the carrier is required to do so on direct repair shops, then a re-inspection may

be ordered. This can set in motion several additional processes involving more people and more reports, for example:

A claims manager may need to report the results of the re-inspection to various state agencies.

Results may also be used to confirm compliance and to ensure

that the body shop has adhered to the carrier's direct repair program guidelines, as well as repair industry standards.

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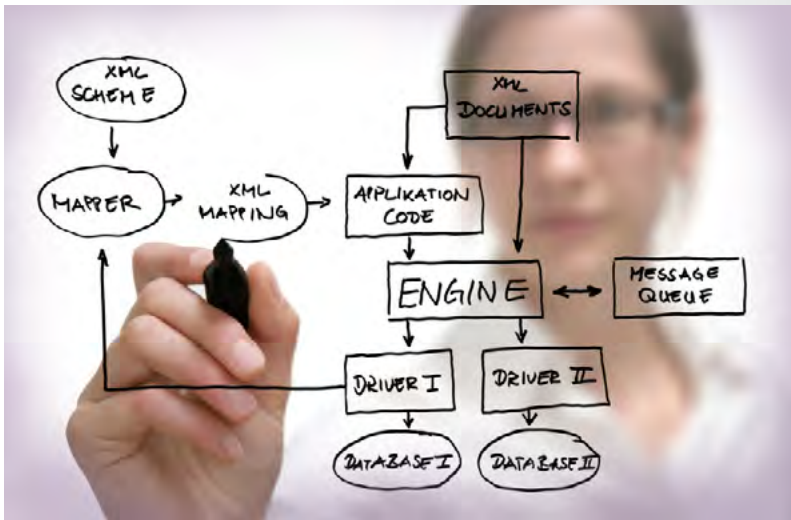
Medical Bill Review and Claims: The Devil is in the Details

By **Chris Tidball**

Director, Sales, Mitchell Auto Casualty Solutions

From *PropertyCasualty360.com*

Publish Date: November 21, 2013



Having been on the front lines of claims vendor management for a number of years, I will be the first to attest that things are not always what they seem. As much as insurers would like to commoditize many aspects of the claims procurement process, the reality is that vendor selection is far from simplistic.

From subrogation and salvage to legal counsel and private

investigators, there is often a temptation to shoot for the lowest price. But is the lowest price really the lowest price? Rather than focus on price, the focus should be on the ultimate net cost. Perhaps nowhere is this more evident than on the medical bill review front.

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As much as insurers would like to commoditize many aspects of the claims procurement process, the reality is that vendor selection is far from simplistic.

Leverage Tools Wisely to Improve Claims Outcomes

By **Chris Tidball**

Director, Sales, Mitchell Auto Casualty Solutions

From *PropertyCasualty360.com*

Publish Date: October 14, 2013



Is it possible to build a house without a hammer and nails?

Is it possible to build a house without a hammer and nails? How about producing a car without an automated assembly line? Surely it could be done with a tremendous amount of effort and some pretty substantial flaws in the end product. The same holds true for our claims organizations, where investigations, negotiations and settlements can happen, but without the right tools there are destined to be flaws.

During a recent meeting with a prominent claims leader, someone expressed that much of this particular carrier's success was derived from improved utilization of "special programs" and tools. In fact, so much emphasis is placed on tools that they have developed an entire department focused on this type of research and development.

From the earliest days of claims, a variety of tools have been used.

Initially, this consisted of nothing more than a pen and paper to document the claims adjuster's investigation. Then came cameras, Dictaphones and roller tapes. As technology has advanced, the tools have played a pivotal role in making adjusters more efficient with outcomes that are more accurate.

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When Consistency Really Doesn't Matter

By **Chris Tidball**

Director, Sales, Mitchell Auto Casualty Solutions

From *PropertyCasualty360.com*

Publish Date: September 24, 2013



Although consistency is critical to the quality of outcomes in virtually all that we do, there are times when it really doesn't matter.

For those who have read my book *Re-Adjusted, 20 Essential Rules To Take Your Claims Organization From Ordinary To Extraordinary*, it is evident early on that I am a big proponent of consistency. Although consistency is critical to the quality of outcomes in virtually all that we do, **there are times** when it really doesn't matter.

It dawned upon me this past Sunday that there are instances

when consistency (as the paramount concern) can be detrimental. As I was watching the Jacksonville Jaguars getting trounced by the Seattle Seahawks, realization set in that Jacksonville may be the most consistent team in the NFL—in a really bad way. This is a team that has consistently faltered on the front line; has consistently made poor draft choices; has had a shaky quarterback situation for at least

the past decade; and management that has struggled to put the team on the path to success.

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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 1,700 employees. The company is privately owned primarily by KKR, a leading global investment firm.

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

Mitchell in the News



Electronic Parts Procurement on the Rise

Use of electronic parts procurement methods are on the rise among collision repair shops, says Jim O'Leary, vice president of product management and repair solutions for Mitchell International. The technology has been available for years, but more shops are just jumping onboard. In fact, nearly 50 percent of Mitchell's RepairCenter shop management customers signed up to use the company's electronic ordering function through its ToolStore portal by the third quarter of 2013, up from 7 percent in the second quarter of 2012. [Read More](#)



Mitchell Releases 2014 Industry Predictions

The new year will bring a shift in operational efficiency as new technology and resources improve processes, while increased new vehicle sales and favorable financing will drive down the value of used vehicles, according to industry predictions released by Mitchell. The predictions focus on the auto repair and body, insurance, claims and payer ecosystems. The broad industry and specific predictions relate to the company's core Auto Physical Damage, Auto Casualty and Workers' Compensation divisions, including key collision-related predictions. [Read More](#)



Lean Agile: The Customer-Centric Approach to Software Development

By Mike Bishop & Robin Peters, Mitchell Auto Casualty Solutions

Technology companies using Agile development offer a variety of benefits for their customers, and ensure that the voice of the customer is truly integrated into all aspects of the software-development process. Lean Agile is a software-development methodology that emphasizes incremental and iterative development, and is a departure from the more traditional waterfall style where work is planned and performed in a sequential manner (requirements, design, implementation, verification, maintenance). Where waterfall lends itself to so called "big-bang" releases, Lean Agile favors a more rapid and flexible approach where small amounts of functionality are delivered at more frequent intervals. This allows product organizations that employ Lean Agile concepts to be more responsive to customer requirements and needs as they evolve. [Read More](#)



Toyota, Mitchell Partner to Develop New Estimating Tool

Toyota Motor Sales USA announced Monday a partnership with Mitchell International to develop a new mobile and online estimating system that would expose Toyota recommended repair procedures during the estimating process. Toyota said the new solution could reduce the time required to write an estimate by eliminating the need to reference multiple sources when repairing a Toyota vehicle. [Read More](#)

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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—the economy, 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!

Questions or comments about the Industry Trends Report may be directed to:

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