

Claims Kit

Leading-edge workers' compensation claims management



“How
Much
Will This
Cost?”

Less.



18%

**Claim Costs
Reduction**

Based on Industry Average*



24%

**Medical Severity
Reduction**

Over Five Years**



21%

**Average E-Mod
Reduction**

Over Four Years***

While other carriers allocate service costs to the claim,
we don't.



TeleCompCare®

24/7 nurse triage hotline with option to connect with physician via video.



Preferred Provider Networks

No charge to the claim file + 100% of savings credited to claim.

Offers database of physicians most knowledgeable in occupational medicine.



Causation Investigation

No charge to the claim file.

Helps medical providers determine whether an injury is work-related.



In-House Nurse Case Managers

No charge to the claim file.

Keep injured workers, employers, physicians and claim handlers on the same page.



Pharmacy Program

No charge to the claim file.

Proactive pharmaceutical management via myMatrixx to help prevent avoidable medical expenses and reduce pharmacy costs.



Medical Bill Review

No charge to the claim file + 100% of savings credited to claim.

Ensures we pay what we owe — nothing more, nothing less.

* Based on 2017-2021 Workers' Compensation Division data (excluding medical only) and industry data from NCCI, WCIRB (CA), NYIRB and NJCIRB.

** Excludes medical only.

*** Based on 2005-2020 policy year data. Includes accounts with an initial e-mod > 1 who have been with AF Group Workers' Compensation Division brands for at least four years.



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Claims Service Team

We understand the value of effective workers' compensation claims management. Our comprehensive team of claims professionals will assist you whenever workplace injuries occur.

Claims Representatives

- Experienced and dedicated state claims examiners located in the field who understand the legal and medical environment of their jurisdiction
- Efficiently manage caseloads to ensure an individualized and superior servicing approach is performed on each claim
- Provide a positive and consistent customer experience by following empathetic and proactive claims management practices
- Utilize extensive and advanced claims resource tools to achieve high-quality claim outcomes

Nurse Case Management Team

- Works directly with claims handlers in managing severe and complex injuries to ensure high quality care for injured workers
- Located across the country, our nurse case managers work with local providers to ensure injured workers receive timely quality care based upon evidence-based medical guidelines
- Utilizes our claims decision model in early identification of claims which benefits from nurse case management services for care and Return-to-Work
- Assesses and manages claims outcomes impacted by behavioral health issues

Corporate Medical Director

- Provides guidance and strategic direction on a wide range of medical management and cost containment initiatives, with a special focus on improving the quality of care for injured workers

Pharmacy Team

- Our internal pharmacy team consists of pharmacy nurses and pharmacists who work to ensure injured workers are receiving injury-specific medications in a timely manner
- Provides early evaluation of opioid prescriptions to ensure appropriate pain management
- Reviews pharmacy analytics to assess duplicative therapies and over utilization of opioids

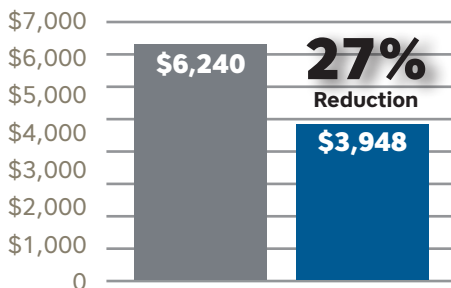
Medical Bill Review Team

- Minimizes costs through superior bill review management as indicated by recent data (Medata BI Tool figures for Accident Fund from 1/23 to 6/23)
 - 68.86% savings (includes duplicates)
 - 214,395 bills processed (all bill review fees absorbed by Accident Fund and not charged back to the claim)
 - PPO Reductions of \$9.3 million (all PPO fees absorbed by Accident Fund and not charged back to the claim)
 - \$43.5 million in duplicate charges identified and denied
- Keeping bill review in-house allows for clearer communications and better collaboration with our Claim department leading to better cost savings for policy holders

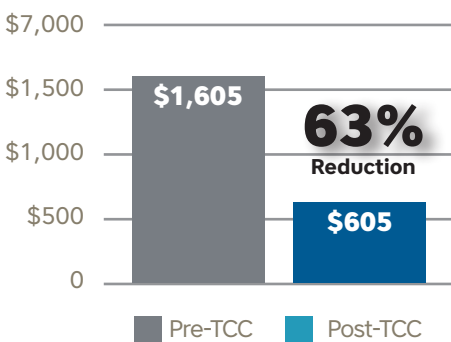


The Benefits of TeleCompCare[®]

Medical Cost per Claim



Indemnity Cost per Claim



* Long term large account of AF Group in the Auto Wholesale industry. Graphs represent a minimum of 100 closed claims.

Program overview

In 2017, AF Group introduced TeleCompCare (TCC) – a new nurse triage/telemedicine program. TCC offers an innovative solution for injured workers to get immediate, appropriate care when a workplace injury occurs. It serves as the First Notice of Loss, which alleviates the need for the manager to fill out the injury forms.

TeleCompCare is simple:

1. Injured worker calls the TCC 800-number (without having to leave work).
2. A nurse does a telephonic assessment of the injury and recommends the appropriate level of care.
3. FNOL is initiated, which starts the claim process.

Treatment Results

In 2019, 53% of injured workers received care without going to a clinic.

- 45% Self Care
- 8% Telemedicine
- 47% Referred to Clinic

Additional leading indicators

- >50% of injured workers receive care while staying at work
- >40% reduction in indemnity claims
- 86% injured worker survey satisfaction rate
- >90% of claims reported within 1- 3 days
- 100% policyholder retention in program

For more information on TeleCompCare, visit your workers' compensation carrier website or speak to your business development consultant.



AccidentFund.com/TeleCompCare

UnitedHeartland.com/TeleCompCare

CompWestInsurance.com/TeleCompCare

3CU.com/TeleCompCare

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AF Group's Digital Reporting Center Fast, Convenient, Secure

AF Group's digital reporting experience offers our policyholders access to secure, dynamic data 24/7. Accessible through our customer portals, the system was designed to provide a convenient way to access the information you need, when you need it.

Features include:



Easy, secure, self-service accessibility to comprehensive claims data



Direct claim access and ability to view public claim notes, public claim documents, upload documents, claim financials, payments and more



Policyholder direct claim reporting capabilities



Separate and distinct portal access for injured workers allowing for uploading of documents, viewing of disability check payments and communication with their assigned claim representative



Ability to identify and directly communicate with the assigned claim representative

The system is secure and works with all major browsers, including Google Chrome and Microsoft Edge. Visit our customer portal today to see all the reporting capabilities available to you.



AccidentFund.com/login



UnitedHeartland.com/login



CompWestInsurance.com/login



3CU.com/login

AF Group (Lansing, Mich.) and its subsidiaries are a premier provider of innovative insurance solutions. Insurance policies may be issued by any of the following companies within AF Group: Accident Fund Insurance Company of America, Accident Fund National Insurance Company, Accident Fund General Insurance Company, United Wisconsin Insurance Company, Third Coast Insurance Company or CompWest Insurance Company. United Heartland is the marketing name for United Wisconsin Insurance Company, a member of AF Group.

Claim Decision Tool: **AI** for Claims Analytics

Our claim decision tool utilizes artificial intelligence (AI) for predictive modeling. An analytic workstation leverages AI and natural language processing to classify workers' compensation claims and drive actionable results more accurately.

Benefits of the claim decision tool include:

- **Creates** a proactive approach to the claim review process, improving policyholder and injured worker outcomes
- **Identifies** claims with potential to have high costs and poor claim outcomes and engages with the management team early on in the claims process
- **Allows** for appropriate resources to be proactively deployed when they will have the greatest impact on the claim
- **Decreases** claim severity, improves reserve accuracy and provides better care to our injured workers, which all leads to better claim outcomes

For more information, contact your claim representative.



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 AccidentFund  UnitedHeartland  CompWest  ThirdCoast Underwriters

myMatrixx Strategic Advantages

myMatrixx combines clinical expertise, data analysis, deep regulatory knowledge, network strength and signature customer service — putting them all to work for our clients. See how our streamlined pharmacy management process takes you from a no-risk first fill to actual realized savings.



Seeing What Others Can't. Adapting When Other's Won't.



Safety



Compliance



Savings

Injury Occurs — No-Risk First Fill Program

Customizable and allows injured worker to receive up to 30 days of medication.

Point of Service — Prescriber Checks Electronic Medical Records

Health information network SureScripts unites electronic health records, pharmacy benefit managers, pharmacies and clinicians. Integration increases patient safety, medication adherence and client savings.

Claims adjudicated according to formulary, DUR and established business rules for cost and days' supply limits. State-of-the-art myPassport® portal delivers real-time authorization through a user-friendly interface. Features include single sign-on, live chat, automated and customizable authorization routing capabilities and ability to text Rx card information to injured workers.

Integrated Supply Chain Strength

Fully leveraged network represents 97% of retail pharmacies nationwide. Mail order and specialty pharmacies through parent company Express Scripts. Extended network includes more than 1600 nontraditional pharmacy providers, occupational medicine centers, TPB (e.g., HealthLift, Prescription Partners and Injury Rx) all with guaranteed discounts and electronic bill management.

- Reduced administrative burden from paper bills
- Increased network penetration
- Plan, formulary and regulatory edits adjudication

Eligibility Imported at Client's Requested Frequency

Personalized pharmacy cards provided at time of eligibility—

- Within two to three days, patient receives welcome letter with list of nearby pharmacy locations
- Pharmacy card texting capabilities

Business Intelligence

Advanced data analysis for clinically effective, evidence-based decisions. Proprietary Clinical Analytics Results Engine — CARESM — delivers advanced predictive analytics, safety risk scoring and alerts to achieve:

- Identification of patients needing clinical interventions
- Safety, compliance and savings
- Actionable, industry-specific data

Coordinated Support to Monitor Claims

Dedicated account management team includes AM, AE and clinical pharmacist. 24/7/365 live U.S.-based customer service team dedicated to workers' comp.

- Behavioral health
- Urine drug testing
- Case management
- MSA review

Clinical Oversight

Clinical pharmacists provide ongoing oversight utilizing predictive analytics and risk scoring. Injured workers receive clinically appropriate treatment while mitigating unnecessary prescriptions through customizable formularies and comprehensive clinical programs:

- Step Therapy — to ensure generic efficiency
- CARE Threshold Alerts letter program
- One Drug Review
- CASE RxSM
- Pharmacist-to-provider consultation

Bill Payment

EDI capabilities, transparency and timely payment to providers.

Actual Realized Savings

We achieve cost savings by reducing utilization. We put a clinical emphasis on patient safety and return to wellness. We help close complex claims, improving loss ratios and adjuster efficiency.



Working together, working for better.

myMatrixx.com



AF Group Causation

Post-Injury Fact Finders

AF Group Causation specialists are the post-injury fact finders who help medical providers determine whether an injury is work-related.

Our Causation Team:

- Conducts claimant-specific analysis of job tasks, and occupational and non-occupational risk factors to assess the correlation to the mechanism of injury
- Provides objective findings to independent medical examiner (IME) or treating physician to give an accurate perspective of the job functions in accordance with AMA guidelines
- Does not charge back fees to our policyholders for provided services
- Conducted more than 700 causation investigations in 2022 and reported more than \$23 million in loss avoidance

Our Causation team investigates several types of claims:



Ergonomic



Subrogation



**Large Loss/
Lower Extremity**



**Environmental
Disease**



Return to Work

\$23M in loss avoidance
on average each year

AF Group Causation helped customers across all AF Group Workers' Compensation Division brands avoid an average of \$23M in losses between 2019 and 2022. Figures determined based on internal calculations combining average cost of injury by state.



AccidentFund.com/Causation



UnitedHeartland.com/Causation



CompWestInsurance.com/Causation



3CU.com/Causation



How We Fight Fraud

We aggressively investigate workers' compensation fraud, working closely with employers, agents, the National Insurance Crime Bureau, outside investigative agencies and our Investigative Services Unit. While fraud occurs in a relatively small percentage of workers' compensation claims, the expense can have a devastating impact on an employer's experience and, ultimately, their insurance premium.

What is fraud?

Fraud is the deliberate deception of a material fact(s) to secure unlawful gain.

Workers' compensation fraud can be defined as:

- Reporting an off-the-job injury as an on-the-job accident.
- Reporting an accident that never happened.
- Complaining of injuries that are exaggerated or non-existent to obtain increased or continued benefits.
- Malingering, so as to avoid work when an injury is healed.
- Failing to report income from other work-related activities while drawing workers' compensation benefits.
- Making false or fraudulent statements for the purpose of obtaining workers' compensation benefits.

- Billing by physicians for services not rendered.
- False reporting of payroll figures by an employer to reduce premiums.

We work closely with our customers to investigate potential fraudulent situations and determine if there is cause for concern. If a legitimate situation does arise, we will be committed and vigilant in pursuing it to its resolution.

If you suspect fraudulent activity or have information regarding a fraudulent workers' compensation claim, call our toll-free hotline at **1-800-944-FRAUD (3728)**. Calls are confidential and can be made anonymously.

To order fraud prevention posters for your workplace or for more information, visit one of our online Resource Libraries.



AccidentFund.com/Resource-Library



UnitedHeartland.com/Resource-Library



CompWestInsurance.com/Resource-Library



3CU.com/Resource-Library

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TRANSITION2WORK®



by **ReEmployAbility**®

Return-to-Work that Connects People to a Greater Purpose

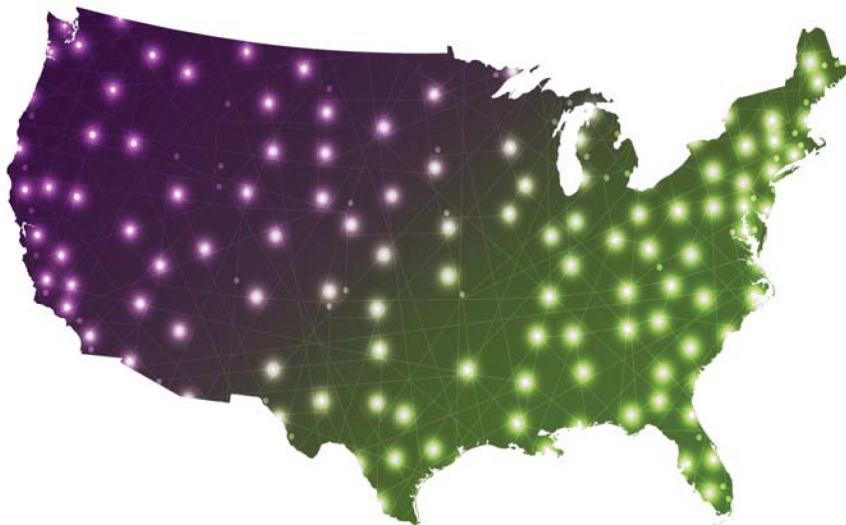
Employers can significantly reduce workers' compensation and non-occupational disability claims costs by returning injured employees to the workforce as soon as they are released to modified or light duty. ReEmployAbility is a return-to-work partner that provides the Transition2Work® program. Transition2Work secures transitional employment with a not-for-profit agency for employees when the pre-injury employer is unable to accommodate a temporary light duty work release. This program enables the employee to earn income while becoming reacquainted with the work experience following a period of disability. Transition2Work can be considered an extension of an employer's existing return to work program, retaining the employee's status with their company by providing a continuation of wages.

Experienced, Trusted, Preferred

Employers can use the Transition2Work program as needed to supplement their internal return-to-work program. ReEmployAbility secures the not-for-profit opportunity, sends the offer packet, confirms the employee's attendance, and reports on the employee's progress as they participate in the assignment. ReEmployAbility also offers remote/work-from-home and onsite assignments. Transition2Work is designed to comply with jurisdictional return-to-work legislation.

With more than **40,000 not-for-profit partners nationwide**, ReEmployAbility can quickly locate an appropriate assignment for your employee.

On average, a placement is secured in just **2 days**.



Proven Results

99%
placement success rate

2 days
average time to placement

More than \$4,100
average indemnity savings per claim



Transition2Work Program Benefits

- Provides a simple, **mutually beneficial solution** that bridges the gap between injured employees' capabilities and employers' ability to accommodate modified duty on-site
- Reduces the workers' compensation indemnity **costs** and disability claim costs that can significantly impact employers' **experience modification** and future premiums
- Potentially reduces medical costs, encourages **faster recuperation**, and **faster return to work** for the employee
- Helps employees avoid "disability syndrome," improves workplace morale, and **retains a valuable employee** who is experienced and trained for the work
- Promotes social responsibility, provides **community outreach**, and demonstrates **goodwill** by providing volunteer time to a local not-for-profit organization
- Improves the employee's sense of **value**, self-esteem, and provides social reintegration and an established **work routine** while healing
- Provides **meaningful work** and exposes the employee to new experiences that create **transferrable skills**
- **Available nationwide, complies** with state and federal employment regulations, and helps employers provide consistency in return to work programs for occupational and non- occupational disabilities



Trust the Return to Work Experts

With over a decade of creating innovative solutions for the workers' compensation industry, ReEmployAbility is the nation's largest provider of specialty early return-to-work services and transitional employment programs. The Transition2Work program offers employers a turnkey, cost-effective solution to modified light duty assignments, that reduces claim costs while giving the injured worker time to heal.

ReEmployAbility helps you control the rising costs of workers' compensation and disability claims, while connecting people to a greater purpose so they can have a better life. Ask your Claims Professional about how Transition2Work can help your injured worker get back to work faster.



Toll Free (866) 663-9880 | info@reemployability.com | www.ReEmployAbility.com

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AccidentFund

UnitedHeartland

CompWest

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Taking Care of You with Real-Time Text Messaging

No one expects to get hurt on the job – and when it happens, it can feel overwhelming. Our team is just a text message away throughout your road to recovery.

1 You get injured on the job – now what?

3 Your employer will file a workers' compensation claim.

2 Let your employer know of your injury right away.

4 Then, a dedicated claims representative or nurse case manager will contact you with information on next steps and to verify your preference on communicating via text messaging.

If **yes**, you'll receive a welcome opt-in text.

If **no**, you can still reach your claims rep/nurse case manager via email or phone call.



Real-time Translation

With real-time translations, you can text with your Claims team in your preferred language.

See list of languages below.*



Quick Responses

Texting allows our Claims team to get answers to your questions quickly.



Information Sharing

Mobile communications make sharing photos and exchanging documentation simple.



Appointment Reminders

Text alerts help remind you of important upcoming appointments.



Expedited Claim Process

Shared information integrates into our system, accelerating payments and approvals.



Discreet Communications

When a quiet space isn't available for a phone call, texting allows you to keep your conversations private.

*Real-time translation in Arabic, Chinese Mandarin, English, French, German, Korean, Polish, Portuguese, Russian, Spanish, Urdu.

Each individual claim will have a dedicated text thread. Litigated claims require a written waiver from legal representatives. Standard messaging rates apply and texting only available within the United States.

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