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The *INNOVATOR*

An MC Innovations Publication

Special points of interest:

- Claim Settlements result in significant cost avoidance
- Positive Results in Key Measures of the Program
- Direct Deposit continues to Rise
- Slip, Trip or Fall injuries are the most costly

Significant FY17 Results

It is hard to believe that we are approaching the halfway point of fiscal year 2018.

It would be an oversight to not share some of the key program results of FY17. These results are not achieved without significant contribution of our agency contacts.

Key Program Successes

Agency Advisory Council – Two program improvements were implemented as a result of input from the Agency Advisory Council. First, was the development of various injury type checklists. WCS/MCI and the Agency Advisory Council thought that a variety of checklists aimed at arming you with the most common types of information the benefit coordinator will need in order to complete their investigation might be helpful in reducing the time it takes to make a compensability decision. The following checklists were created and are available on www.covwc.com.

General Post Accident Checklist
Slip/Trip/Fall Checklist
Motor Vehicle Accident Checklist
Machinery/Equipment/Product Checklist
Chemical Exposure Checklist
Attacks/Assaults Checklist
Mold Checklist

The second improvement was aligning the occupation at time of injury field in VLW to the Job Role Table of PMIS. The Agency Advisory Council agreed unanimously that this would be a significant improvement.

Staffing of CSP (Claim Service Provider) team – The continued stabilization of the claim team has allowed for more consistent, thorough and timely claim management. During FY17 only 2 Benefit Coordinators resigned. Additionally, we are pleased to have supported the promotion of three team members during FY17.

Roadshows – Six regional roadshows were held throughout the state with 281 registered to attend. It was the first time Workers' Compensation Services rolled out a roadshow in conjunction with experts from VSDP, VRS and DOA-Payroll. Together the group explored multiple scenarios of Workers' Compensation and/or VSDP claims from start to finish, in addition to providing various program updates.

Provider Network Verification – Wellcomp, our medical bill adjudication partner, verified 4,400 network providers. Going forward, the verification process will be done on a continuous basis.

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Direct Deposit- Enrollment for direct deposit continues to grow. At the end of FY15 we had enrolled 30.9% of eligible injured workers. Enrollment is currently at 47.6%.

281 registered for this year's Roadshows!

Mail Order Program - The MCI mail order pharmacy program, aimed at increasing mail order utilization by offering incentives of 20% of the adjusted mail order savings to injured workers, resulted in total savings of $24,747.

Safety Day - FY17 marked the return of Safety Day! 86 agency representatives registered for this important day which focused on learning new strategies focusing on a safer workplace.

Subrogation Recoveries – Subrogation recoveries totaled just over $1,063,000 which is an improvement over $669,952 recovered in FY16.

Enrollment in Direct Deposit increased to 47.6%

A**gency Visits/Training –** In addition to the Roadshows and Safety Day, MCI/WCS continued to focus considerable time on visiting and training agencies. We did this primarily through snapshot surveys, FOCUS training, workers' compensation training, claim team visits and Return-to-Work Unit visits. In addition, loss control delivered 28 training classes, conducted 25 agency location surveys, 3 OSHA outreach classes and provided 14 FOCUS training sessions for 359 state employees. If you are interested in a visit please contact Penny Gough at 804-775-0702 or by email pgough@mcinnovations.com. For help with agency-specific training, please contact Kristie McClaren by email at Kristie.mcclaren@dhrm.virginia.gov or by telephone at 804-786-0362.

FOCUS loss control training for 359 employees

Provider Gateway - Medical providers can now enroll on a secure provider site to look up bill payment status.

Significant Agency Requirement Changes - WCS relaxed the requirement of providing a Wage Chart (Form 7A). Now, with the approval of WCS, an agency can submit wage information via other available methods. Additionally, agencies were advised that the Supplementary Report is no longer required, as long as the agency communicates changes in work and pay status to our benefit coordinators.

Checks for medical services issued, on average, 9 days from bill receipt

Claim Settlements - This year the program had the opportunity to initiate a pilot program which allowed for the settlement of 61 claims in the amount of $4,864,899. These settlements resulted in substantial cost avoidance to the program in the amount of $14,158,643.

Provider Search Tool - WellComp, MCI's medical bill adjudication partner, announced the release of its new and improved provider search tool supported by VIIAD. The VIIAD Compass search tool is an easy to use web-based PPO search tool directory and worksite poster tool that provides advanced search functionality.

Agency Outreach - A video introducing MCI's management team was recorded and distributed to agency contacts. This was followed up with an electronic business card of all Unit Managers/Claim Supervisors, together with an organizational chart for the claim service provider.

Key Metrics

Medical bill adjudication savings just under $12M

Significant effort has been placed on reducing the number of days it takes to make compensability decisions and on the prompt payment of medical bills. The average decision lag time for FY17 was 14 days. We also report continued strong performance in our medical bill turnaround time with an average payment lag time of 9 days compared to 11 days in FY16 and 15 days in FY15. Less than 1% of medical checks issued were more than 30 days from the date of receiving a complete and proper bill.

50,094 bills were allowed for payment by our medical bill adjudication partner with recommended payments totaling $34,108,000. This was a savings of 27.5% or $12,954,000. Since medical bill payments account for 64.5% of our overall workers' compensation costs, it is important to have effective medical cost containment strategies in place.

The WC Program administers a customer satisfaction survey of all client agencies to ensure the delivery of key program requirements under the contract. Surveys were distributed at

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the end of the fiscal year to over 350 agency representatives. Results are used to drive a model of continuous improvement in the administration of claims and are one of the key measures of our performance. We are pleased to report that overall satisfaction continues to improve. 91% of those responding rated MCI as 6 or better on a 10 point scale. We are thrilled to see that 34.5% gave us the highest rating of 10! This is a significant improvement over 19.5% rating us as 10 last year. While we are happy with the results there is always room for improvement. Analysis of your comments help guide our focus for FY18.

The annual return-to-work rate for occupational injuries is another key program measure. Once again we can report that 98% of those released to work actually returned to work. This marks the eighth consecutive year with RTW rates of either 98 or 99 percent.

Another key measure of the program compares average disability duration per claim (lost work days divided by number of claims with lost work days) which helps us measure our success in driving down the number of lost work days associated with workers' compensation claims and improve cost avoidance for the Commonwealth. Beginning in FY 15, we established a contractual stretch goal of 10% when comparing lost work days against the established benchmark. For FY17 we reduced the average number of days lost by 7.14 days or 16.33% below the established benchmark.

Since FY 2009, the program tracks cost avoidance experienced under the outsourced program by comparing spend against actuarial projections for expected spend based on experience under MC Innovations' contracts since 1998. Cost avoidance for FY17 totaled $3,179,117. The program has achieved cost avoidance over actuarial projections in this model from FY 09 through FY 17 totaling $25,967,520.

We are proud of the program's accomplishments and are eager to continuously improve our performance! Feel free to contact us to share your thoughts and priorities as we work in partnership to meet the needs of your agency and injured workers.

Average Disability Duration decreased by 7.14 days below benchmark

Cost Avoidance over $3.1M

FY17 Customer Satisfaction Score improved to 91%

Causes of Injury

Loss control consultants review worker injury statistics every year to see if there are any trends where we should be concentrating our safety and loss prevention efforts. We thought it might be useful to share this year's analysis with everyone to highlight some of the more persistent types of injuries.
Below are the causes of injury for claims reported in FY17, ranked by total incurred:

FY 2017 Top Causes – Incurred Cost of Claims		
Cause Description	Claims	Total Incurred
Fall, Slip, or Trip	1430	$8,370,230
Struck or Injured By	1984	$6,376,035
Strains	1130	$6,106,203
Miscellaneous Causes	848	$1,845,481
Motor Vehicle	300	$1,397,790
Caught In, Under, or Between	234	$608,676
Cut, Puncture, Scrape	782	$574,716
Striking Against or Stepping On	203	$440,393
Burn or Scald	218	$191,931
Rubbed or Abraded	5	$1,758
	7,134	$25,913,212

(*Causes of Injury-continued from page 3)*

Care should be taken when filing claims through Visual Liquid Web (VLW) to be as accurate as possible when selecting these codes. "Miscellaneous Causes" appears above as the 4th leading cause of accident in terms of frequency and incurred value. It's important that you try to pick a specific cause of injury from the available list that is more descriptive of the actual incident you are reporting. It will help all of us to identify accurate injury trends each year. Accurate statistics help us to devote time, effort and resources to those types of hazards that are contributing to employee injuries.

MC Innovations

Penny Gough, Managing Partner
Phone: 804.775.0702
E-mail:
pgough@mcinnovations.com

Employee Spotlight- Angela White-Jenkins

In the Spotlight

Angela has been with MCI since 2012 and has served in the capacity of Support Program Supervisor leading teams that manage both unresolved and long-term indemnity claims, to her current role of mentoring, coaching and guiding the team responsible for the management of compensable medical only claims. In this capacity she is fortunate to work with all state agencies. Angela is a 1991 graduate of James Madison University with a B.S. degree in Political Science. While at JMU Angela developed a passion for helping people, with a focus on topics such as self-government, political science and human rights.

Quick Facts about Angela:

What 3 words best describe you?
1) dedication, 2) compassion and 3) unbiased
What is the favorite part about working for MCI?
My favorite part of working for MCI is my understanding that I'm not just managing a loss, but I'm managing each agency's claim experience. Despite an agency's best efforts to create a safe work environment, accidents can happen. As a workers' compensation claim professional I'm committed to partnering with agencies, injured workers and the right medical providers to ensure employees return to work safely and quickly. It is my commitment to help minimize the impact of work-related injuries on Commonwealth employees and state agencies.
What would you do (for a career) if you weren't doing this?
As a child I never thought I would grow up to be a claims adjuster. Nor in college did I pursue a course of studies to prepare me to be a claims adjuster. Like injured workers I stumbled into workers' compensation by accident! If I were not doing this I would probably be a contestant on a reality TV show.
What is your favorite thing to do?
My favorite thing to do is to read novels.
What's the weirdest job you've ever had?
In college I worked in one of the dining facilities as a cook. All those that know me well already know that I've had more kitchen fires as the result of me trying to cook. So this is why I always give monetary donations for our office pot luck lunches!
What would you most like to tell yourself at age 13?
I would tell my younger self to view obstacles as challenges and work each day to make an impact while leaving my own personal stamp on people and projects.
Where is the best place you've traveled to and why?
Paris, France was the best place that I've traveled for various reasons. The most important that stands out to me were the monuments and architectural structure of their buildings (churches, museums, galleries, etc) which reflects the elegance and history of French architecture. And not to mention the crepes from street vendors are another reason why I enjoyed traveling to Paris.

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Got ideas for the newsletter?

Contact

Penny Gough

(Employee Spotlight-continued from page 4)

What music is on your iPhone/Android phone?
Meat Loaf – Two Out of Three Ain't Bad, (2) Tim McGraw – Don't Take The Girl, (3) Chris Stapleton Tennessee Whiskey and (4) various other genres
What is your biggest pet peeve?
My biggest pet peeve is a broken promise. As a guiding principle, I incorporated Genworth Financial' s corporate value regarding the power of a promise: "A promise alone is just words, but a promise kept is words in action."
Tell us something that might surprise us about you.
I auditioned to be a contestant on the NBC's Deal or No Deal game show hosted by Howie Mandel. Can you believe I didn't make it to the final round as a contestant? (lol)

What is the difference between drug dependence and addiction?

Article courtesy of First Script, pharmacy benefit management. The information which is provided herein is offered as a courtesy to our clients. All material is intended for information, communication and educational purposes only and is in no manner an endorsement, recommendation or approval of any information. Coventry Workers' Comp Services accepts no liability for the content of this distribution, or for the consequences of any actions taken on the basis of the information provided. You can contact First Script at ***FirstScriptNews@cvty.us.com.***

Opioids bind to and activate various opioid receptors in the body to produce a response, and these receptors are present on the surface of cells found in several places in the body. The analgesic, euphoric, and addictive effects associated with opioids are exerted primarily through receptors found in the brain and spinal cord. "Full opioid agonists" are those that bind to and activate receptors to produce increasing effects until that receptor is fully activated or a maximum effect is achieved. In this context, *physical* dependence on a substance is not the same as drug dependence or addiction, although it may be a component of each.

Physical Dependence

Physical dependence related to opioids describes the state where the body is used to seeing an opioid and has adapted accordingly. In other words, the opioid receptors have adapted to being activated repeatedly by the opioid agonist. This can occur after an opioid is used on a daily basis and can manifest in as little as one week but is more likely to result when opioids have been taken on a continuous basis for two weeks or more. Tolerance may develop after repeated administration of an opioid. When the body has adapted to regular exposure of an opioid and it is taken away, the body goes through a period of adjusting to the loss of that substance. Signs and symptoms of opioid withdrawal syndrome include diarrhea, fever, yawning, insomnia, muscle cramps and aches, watery eyes, runny nose, dilated pupils, sweating, and goose bumps.

Addiction

The American Society of Addiction Medicine (ASAM) defines addiction as a primary, chronic, neurobiologic disease of brain motivation, reward, and memory with genetic, psychosocial, and environmental factors influencing its development and manifestations. The American Psychiatric Association (APA) does not classify addiction within their Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Instead, the DSM replaced two separate disorders (substance abuse and substance dependence) with one category of "substance use disorder." This is where it can get tricky in that "dependence" on a drug may be different from "physical dependence." Generally, the terms "drug dependence" and "addiction" fall under substance use disorders and may include a component of physical dependence as part of their characteristics but also meet additional criteria.

The National Institute on Drug Abuse (NIDA) considers addiction to be related to impaired control over drug use or the impulse to use a drug despite negative consequences. NIDA also recognizes a change in brain function along with behavioral changes similar to ASAM's assertion that addiction is a chronic neurobiologic disease.

Many rely on the less scientific rule of thumb known as the "5 C's of addiction" to help determine when a condition has crossed the line into addiction: chronicity, impaired control over drug use, compulsive use, continued use despite harm, and craving. The disease of addiction is also often characterized by cycles of relapse and remission.

Regardless of the definition used, both dependence and addiction can represent very complex treatment challenges, and a multimodal approach is often required. In order to achieve positive outcomes, the physical component of opioid dependence must be addressed along with behavior modifications and any psychological components of substance use disorder.