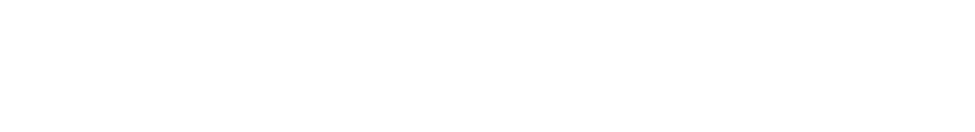
Welcome to Broadspire®

This Claim Assistant was designed to provide guidance when you need to submit a claim. We hope you find it useful and encourage you to share copies of it with others in your organization.

Your Workers Compensation

Claim Assistant



**Table of Contents**

[**What to do when an on-the-job injury occurs** 3](#_Toc45628733)

[**Reporting your claim** 4](#_Toc45628734)

[**What to expect from Broadspire** 5](#_Toc45628735)

[**Medical Management** 8](#_Toc45628736)

[**Preferred Provider Network** 12](#_Toc45628737)

[**Litigation Management** 13](#_Toc45628738)

[**Risk and Safety Consulting** 14](#_Toc45628739)

# What to do when an on-the-job injury occurs

1. Provide for immediate care  
   Call 9-1-1 if your worker requires emergency medical care. Document all relevant information:

* Location, date and time of the accident
* Description of the accident, damages and injuries
* Witness information, pictures, video, medical reports, legal papers, bills of lading, police reports, etc.
* Name, address and phone number of other involved parties

1. Report the claim  
   Promptly report the claim to Broadspire at   
   **800.753.6737**
2. Provide for ongoing care  
   Find the nearest medical provider by calling **800.800.2600** or visiting [**www.broadspireppo.com**](http://www.broadspireppo.com)   
   If your state workers compensation laws allow it, you may be able to refer your injured worker to a provider within our preferred provider network

* Help your injured worker arrange travel to a medical provider
* Follow up with them regularly to determine the nature and extent of their injury and disability status; keep in touch with them until they are discharged from medical care

# Reporting your claim

Reporting your claim is easy with Broadspire’s always-available claim intake center. Select among four simple options:

Phone: **800.753.6737**

Fax: **800.245.9927**

[nol@choosebroadspire.com](mailto:nol@choosebroadspire.com)

[www.choosebroadspire.com](http://www.choosebroadspire.com)

[**Claim Intake Page**](https://ebusiness.choosebroadspire.com/fileaclaim/)

Submit claims promptly

In order to get your injured worker the care they need as quickly as possible, it is important that you notify us of your claim right away. As soon as we receive your claim:

* We transmit the loss data to the appropriate branch claim office
* Assign your claim to an adjuster who begins working on it immediately
* Emergency claims get special, urgent attention through our Escalation Queue

Reporting your claim electronically

Submitting your claim electronically is a quick and easy alternative. To use this option:

1. Go to [**www.choosebroadspire.com**](http://www.choosebroadspire.com)
2. Under “Client self-service”, choose “File a claim”
3. Complete the applicable template under “Need To File A Claim?”

Information to have in hand

It is important for us to capture as much information as we can as close to the time of the accident as possible in order to ensure accuracy and to enable us to care for your injured worker effectively. We will need:

* Company name
* Policy number
* Your contact’s name, phone number and fax number (if available)
* Description of the accident, injury or illness
* Location, date and time of the accident
* Injured employee’s information:

- Name

- Address

- Phone number

- State in which he/she works

- Description of the employee’s current

ability to work

- All other information e.g. as location code

Where to Send New Medical Bills

Any medical bills you or your injured worker receives should be sent to us by one of the methods below.

**PAPER BILLS**

Broadspire

PO Box 14645

Lexington, KY 40512

ELECTRONIC BILLS (EDI formatted)

To route electronic bills to Broadspire, please use Payer ID TP021

Fax number: 855-429-1483

Broadspire’s standard protocol for medical bill

review and PPO applies. If you have any special provider arrangements that need to apply when we receive bills, please let us know.

# What to expect from Broadspire

We will keep you posted

We will send you written acknowledgement of your claim, including:

* Copy of the claim report
* Claim number
* Branch claim office name, address and phone number
* The appropriate First Report of Loss form for the state in which the loss occurred

Your adjuster will keep you updated

* Return phone calls within one day
* Respond to written communication within five days

Three-Point Contact Program

Broadspire has developed a three-point contact program for Other Than Medical-Only (OTMO) claims. This program is designed to establish and maintain effective communication throughout the claim resolution process.

1. Employee Contact

* Contact within 24 hours of receiving the loss report (except in cases where the injured worker has returned to work before we have received the report and would otherwise qualify as a medical-only claim)
* Voice-to-voice contact to help avoid miscommunication during the exchange of information by email, mail or voicemail
* Contact with the adjuster handling the case
* Completion of an initial investigation
* Explanation of available benefits if the claim is compensable
* The contact information of the adjuster
* Introduction to our case management program that might be used if the injury is compensable and if you have purchased those services.

In situations in which we are unable contact your injured worker by phone, we will send them a letter asking them to call us. Of course, we will continue to make reasonable efforts to reach them throughout the claim handling process.

2. Employer Contact

* Contact within 24 hours of receiving the loss report (except on medical-only claims with no compensable lost time)
* Voice-to-voice contact to help avoid miscommunication that could arise during the exchange of information by email, mail or voicemail
* A conversation to address compensability, general employee background and any employer concerns
* Introduction to our case management program that may be used if the injury is compensable and if you have purchased those services.
* An initial strategy session involving you as a valued member in our claim management efforts

3. Provider Contact

Our commitment to you

**Thorough investigation** completed within 14 days

**Return-to-work assistance** optimizing medical care to facilitate the best return to work outcome by working with you, the injured worker and their physician.

**Cost containment** multiple processes applied to contain medical, lost time, litigation and fraud costs. For detailed information regarding our medical cost containment services, visit [www.choosebroadspire.com](http://www.choosebroadspire.com)

**Prompt payment** claims owed are paid within three days of final resolution

* Contact within 48 hours of receiving the loss report on lost-time claims where medical care has been given
* Direct voice-to-voice contact with the treating physician or nurse
* Determination of an initial diagnosis
* A discussion regarding causality and any questionable aspects of the claim
* Disability prognosis
* Initial assessment of case management needs
* Introduction to our case management program that may be used if the injury is compensable and if you have purchased those services.

Other contacts

* We will acknowledge receipt of an attorney’s letter of representation within five business days of receiving it
* In cases in which case management is not needed, our adjuster will keep in touch with your injured worker throughout their leave
* For a medical-only claims, we will make voice contact with the employer and send a letter to both the employee and medical care provider within 24 hours

# Medical Management

Broadspire offers a comprehensive Medical Management program designed to help maximize medical savings and reduce loss exposure in most medical aspects of claims. This program includes:

Nurse Triage/Nurse Triage Plus

Our nurse triage program serves as the first step on the road to recovery. Registered nurses are always available, day or night to compassionately and expertly assess an employee’s injury and to guide them to the right care. This step is key to the recovery experience since it ensures that they get the care that is most appropriate to their individual needs.

Often we find that an injury can be treated with simple first aid directed by one of our nurses over the phone—thereby avoiding a claim altogether.

For those injured workers who do need hands-on medical attention, our nurses guide them to the most appropriate level of care within our network—making sure that their injury is treated effectively by the highest quality providers while decreasing costs—truly a win/win.

With Nurse Triage Plus, telemedicine physicians are always on call to quickly assist an injured worker with an injury that is more serious, but not so serious as to require a visit to an urgent care center or an emergency room. In these cases, our physicians quickly address the injured worker’s injury, making it more convenient to get taken care of and getting them on the road to recovery sooner.

Health Ticket

As soon as our Triage Nurse has pointed your injured worker in the right direction, he or she gives them a roadmap of sorts that tells them where they can get their care locally along with a $1,500 Initial Fill Authorization. We call this our Health Ticket.

The Health Ticket takes care of your injured worker’s most immediate needs and points them to our comprehensive discount provider network (including PT, OT, specialty care, DME, etc.) in order to provide the best and most affordable care. And most importantly, it clearly sets a return-to-work expectation with both the injured worker and his/her medical provider.

This key document can be 1) printed by the employer 2) sent by mail or 3) delivered by text.

1. You can log into our online self-service tool, [www.broadspireppo.com](http://www.broadspireppo.com) , click “Health Ticket,” enter information about the injured worker and click “Create a New Health Ticket.” This generates a new Health Ticket which you can give to the injured worker.
2. If the claim is compensable, the Broadspire Health Ticket can be mailed to the injured worker’s place of residence within approximately 7 days. The Health Ticket we mail to your injured worker will include their Permanent Pharmacy Card and their claim number.
3. The initial First Fill Health Ticket can also be delivered via email (or text with proper authorization) when an email address is provided for your injured worker, their supervisor or designee during the claim set up process.

Senior Nurse Review Services

Throughout your injured worker’s recovery process, our Senior Nurse Reviewer serves as an objective behind-the-scenes resource and facilitator. He or she thoroughly examines the case and skillfully orchestrates the resources needed for your injured worker’s best recovery. These highly specialized professional nurses (Registered Nurses with Advanced Case Management Certification) review client specified claims, beginning that review at the same time that our adjuster receives the claim.

Using their knowledge of clinically-proven treatment, they review all of the facts of the case and make thoughtful recommendations to the adjuster.

These recommendations may include the deployment of traditional case management, our pain management program, Peer Review Services or any of our other fully integrated specialty services.

Throughout the recovery process, our Senior Nurse Reviewers serve as internal ‘consultants’, giving guidance to the case manager and adjuster, monitoring your employee’s recovery and suggesting treatment adjustments that lead to the best outcomes.

Case Management

While your injured worker is recovering, our Case Management nurses may offer him or her individualized professional help and guidance, meeting him or her where he/her is in order to restore his life.

Involved in more complex cases, our case managers take a holistic approach, considering not only the injured worker’s physical needs, but also his/her emotional and social needs. The idea is to get your injured worker to their highest potential function as quickly and as safely as possible—to restore their life.

Multiple studies indicate that workers recover more quickly and more effectively when they are out of work for a relatively short period of time. This is why our Case Management services include not only the traditional telephonic and field case management, but also more specialized services such as our liability services, our amputation program and our Worker on Loan Program.

While there is an additional charge for these services, those costs more than pay for themselves with ROIs ranging from 6:1 to 12:1 and with 98% of our case managed injured workers returning back to their workplace. We think of it as “lives restored.”

Field Case Management

Field case managers work face-to-face with injured workers, healthcare providers and adjusters to help resolve more severe claims. Our field case management offerings includes a number of specialized services that effectively coordinate quality medical care while managing claim costs.

Telephonic Case Management

Telephonic case management is similar to field case management except that it is provided over the phone rather than in person. It is most effective in less severe cases and in cases in which travel is difficult.

Vocational Case Management

Vocational case management comes into play when an injured worker’s new physical limitations or work restrictions keep them from returning to their previous work. Our vocational case management use a comprehensive group of tools, including our Worker on Loan Program, to assess your injured worker’s skills, to provide them with a temporary assignment and to get them back to fulfilling work as soon as possible.

Catastrophic Case Management

Our catastrophic case managers jump into action to help resolve the most severe cases such as serious burns, spinal cord injuries, head trauma, amputations, or loss of vision. These experienced, highly skilled nurses, create an initial treatment plan and a long term medical plan to promote the best outcomes, taking an individualized holistic and long term perspective.

Our experts help your injured worker navigate the healthcare system from the beginning of their treatment through rehabilitation and recovery offering encouragement and compassion along the way.

By managing these cases so closely, we push for the best outcomes while avoiding unnecessary medical costs.

Our afterhours Catastrophic Case Management number is **800.596.1686**

Behavioral Health Management

Knowing that severe accidents or injuries involving loss of function often impact an injured worker’s overall wellbeing, we also offer behavioral health management. Taking a compassionate approach, our psychiatric-trained case managers work closely with your injured worker to address their mental health in order to restore them to their best life possible.

Ergonomic Services

Our master’s prepared, specially trained vocational case managers are available to carefully assess any workspace to help prevent injury. During their assessment, our expert thoroughly evaluates the work environment and work processes to uncover any risks associated with repetitive movement, vibration, excessive force, awkward positions and other factors. They then provide detailed site specific recommendations to help prevent injuries.

Similarly, these vocational professionals are able to give you individualized recommendations for how to reconfigure your workspace to accommodate an injured worker during and after his or her rehabilitation.

Medical Consultative Services

Our case manager are also available in a variety of situations for medical consultation to help clarify the medical issues on a claim as well as to simplify complex medical records and terminology. In this role they act as an important resource to make sense of the claim and expedite its resolution.

Life Care Planning

Our life care services experts take a deep dive into all of the facts of a case to accurately predict future medical costs as a foundation for setting reserves or proposing a settlement amount. This is useful in the case of a serious injury or permanent disability and serves as the foundation of longer term planning.

Pain Management and Relief Solution

We understand that ongoing pain is a significant medical issue that needs to be addressed carefully. This is why we created our pain management program to compassionately address pain while preventing drug dependency.

Taking a scientifically-proven, multi-pronged approach, we deploy early interventions such as physician and patient education along with close monitoring of cases involving pain medications. We offer alternative coping mechanisms; monitor the stages where an injured worker might become dependent and help those who do need opioids to taper off of them when the time is right.

We do all of this with the constant goal of returning your worker to their best and highest productivity.

Peer Review Services

Sometimes even an expert needs an expert; this is where our Peer Review Services come into play. In the case of more medically complex claims, our physicians act as the medical experts who provide specialized and nuanced medical knowledge and experience to our nurses and our Adjusters. Their medical-specialty-level review of these potentially costly cases support our Senior Nurse Reviewers and our Case Managers, helping to ensure a speedier and less costly resolution of these claims.

In addition to these return-to-work focused services, these specialists provide opinions called upon to help with more technical situations like:

* Causality Determinations
* Liability Reviews
* Impairment Ratings
* Return to Work Negotiations
* Treatment Plan Reviews

Medical Bill Review

Our Medical Bill Review team evaluates surgical, medical, hospital and pharmacy bills to help eliminate unwarranted charges and duplicate bills.

Importantly, our Medical Bill Review services are closely integrated with Utilization Review. This differentiates us in the market because unlike our competitors who retroactively review bills to make sure that they are coded correctly, we proactively enter Utilization Review information into our systems so that if our client is billed for unnecessary care, we deny those charges before they are charged thereby avoiding unnecessary costs to you.

Our proprietary medical bill review services maximize client savings by making sure that all charges are accurate, unduplicated, reasonable and in compliance with applicable laws.

Customer Service Support for

Providers

Our toll-free Customer Service Support for Providers is available from 8:30 am to 8:00 pm EST, Monday through Friday. All contacts are returned within 24 hours.

* **800.800.7885**
* [Provider24@choosebroadspire.com](mailto:Provider24@choosebroadspire.com)

Utilization Management

As another check to ensure that the most appropriate and cost effective care is delivered, our utilization management team is involved throughout the case management process to help certify care that is medically necessary and appropriate. The team uses nationally recognized criteria and proper jurisdictional guidelines to follow the most current standards of care.

Services include:

* Physical medicine and rehabilitation review
* Diagnostic testing review
* Durable medical equipment
* Dental review
* Psychiatric review

# Preferred Provider Network

We offer a nationwide network of more than 550,000 medical providers, 6,800 hospitals and nearly 60,000 ancillary providers to provide your injured worker with easy access to health care at cost effective rates. Because of our contracts with these providers, we are able to provide discounts from hospitals and practitioners on both a per diem and percentage basis, below the fee schedule and usual and customary rate reductions.

To find a provider in our network, visit **www.broadspireppo.com** or call **800.800.2600**.

Using our network provides several benefits to both you and to your injured worker. A study by the Workers Compensation Research Institute discovered that:

* Employees who use network providers return to health and work faster than those who use non-network providers
* Using a worker’s compensation PPO network is associated with lower medical costs compared to treatments received out-of-network
* Network utilization does not increase disability duration or income benefits costs
* Workers compensation PPO network providers use fewer services than do out-of-network providers

The Advantages of Broadspire’s Preferred Provider Network

* Our providers are worker’s compensation experts. This helps reduce medical costs
* We provide specially negotiated rates on:
  + Medical providers and hospitals
  + Medications-both retail and mail order
  + Medical equipment

Ancillary services including CT, MRI, rehabilitative physical therapy and functional

capacity evaluation

* + Translation, interpretation, transportation

We offer unique benefits

* Credentialed providers with a strong focus on a healthy return to work
* Average network savings of approximately 13.7 percent

Reminder: Direct employees to use PPO provider only where permitted by law.

Broadspire resources

* See our full list of providers at www.broadspireppo.com
* Or call **800.800.2600**
* Nominate providers: Out-of-network providers can be nominated to become Broadspire’s preferred provider network members. Providers are accepted if they meet strict selection criteria.

Please ensure that you have a current physician wall card posted if your state requires one. Current states that require wall cards are: Georgia, Pennsylvania, Tennessee and Virginia.

To request a wall card, please reach out to your Broadspire Account Executive.

Special Investigation and Fraud Detection

Our claim staff is trained to watch for and to recognize potential insurance fraud. In order to prevent fraud and the unnecessary costs associated with it, we have a program that includes:

* A dedicated number to report suspected insurance fraud 866.830.2383
* Coordination with federal, state and local law enforcement agencies in the prosecution of fraudulent insurance claims
* Regular communication between adjusters and the Special Investigation Unit (SIU) regarding investigations and status of suspected fraudulent claims
* Thorough and objective reviews of suspicious claims.   
  When the evidence supports withholding benefits, these claims are rejected and aggressively defended. When the evidence is inconclusive, we pay the claim\*

\*Our actions in some states are governed by jurisdictional requirements.

# Litigation Management

Our multi-faceted litigation management program is designed to minimize the legal costs of casualty claims. The assigned adjuster is responsible for actively managing litigated files and coordinates efforts in an effort to resolve the case quickly and cost effectively.

* Mediation or arbitration, when appropriate
* Approved attorneys to defend a case
* Directing and monitoring of defense counsel activities
* Reviewing and authorize defense attorney requests for deposition production, other discovery activities
* Perform additional investigation, as appropriate, during discovery
* Actively seek opportunities to open settlement negotiations resulting in a cost-effective resolution
* Require defense counsel’s adherence to billing and reporting guidelines
* Audit legal bills for accuracy and compliance with billing guidelines
* Negotiate hourly rates or alternative fee arrangements with outside counsel
* Use designated vendors resulting in cost savings from negotiated fees

# Risk and Safety Consulting

Along with our focus on restoring lives after an incident, we also emphasize helping you prevent accidents from happening in the first place. This is why we offer our Risk and Safety Consulting services. In partnership with Bureau Veritas, we offer unparalleled, thorough expertise in consulting, industrial hygiene, laboratory and training services.

Consulting Safety Services

Our consulting services are designed to help reduce the frequency and severity of accidents and injuries by providing site-specific recommendations. This helps to reduce your workers compensation costs and addresses such crucial areas as back injuries, behavior management, employee perceptions and compliance with company standards.   
  
We also can help your facilities with machine safeguarding reviews, accident investigations, job safety analysis, OSHA compliance reviews, OSHA citation consultation and recordkeeping analysis.

Industrial Hygiene

Our industrial hygienists offer a cost-effective approach to minimizing workplace illnesses caused by employee exposure to chemical, biological or physical hazards, such as noise and radiation.

Our industrial hygienist services include air sampling, management of exposure data, indoor air quality services, material safety data sheet preparation and analysis, and expert testimony and OSHA compliance services.

Industrial Hygiene Laboratory

This fully accredited industrial hygiene laboratory provides fast, accurate and cost-effective services including data management, automation and sample tracking.

Training

Our training programs are also available to help keep managers, supervisors and employees up-to-date on key safety and health issues, as well as new federal and state regulations. We make more than 100 courses available along with courses that we can customize specifically for you.

We are here to help

Our goal is complete satisfaction in your claims handling. Feel free to reach out to your designated Account Executive if you have any questions or concerns about the handling of your program or if you have any questions about any of the services we offer.