

CLAIMS MANAGEMENT SERVICES



EFFECTIVE LOSS MANAGEMENT SOLUTIONS

PMA clients can count on us for immediate, effective response and control of their losses.

PMA's imaging system electronically files, retrieves and stores all of our claims files online, enabling us to provide fast, efficient service. Our centralized PMA Customer Service Center allows for easy reporting and efficient claims set-up.

24/7 CLAIMS SERVICE

- Prompt service during and after normal business hours
- For emergencies, our goal is to place you in immediate contact with a claims professional – even after normal business hours

REPORT CLAIMS BY FAX, INTERNET, PHONE

- Reporting options are designed for your convenience

FULL SERVICE OFFICE NEARBY

- PMA offices are located throughout our marketing territory, with associated claim servicing partners in every state
- Our professionals have extensive knowledge of state jurisdictional issues, including regulatory, medical and legal matters

QUALITY ASSURANCE

- Managed and balanced case loads
- Frequent file reviews by claims supervisors
- Ongoing quality assurance review of claims files by Corporate Claims specialists

FRAUD PREVENTION PROGRAM

- PMA operates a Special Investigations Unit to help prevent fraud
- Integrated investigation of all suspected fraud by PMA's Special Investigations Unit, trained claims professionals and independent investigators

CLAIMS MANAGEMENT

LITIGATION MANAGEMENT PROGRAM

- Cost-effective and aggressive management of litigated claims
- Litigation specialists effectively handle high exposure and complex claims
- Stringent defense counsel selection process and adherence to litigation guidelines

WORKERS' COMPENSATION CLAIMS MANAGEMENT SERVICES

THREE-POINT CONTACT PROGRAM

- PMA initiates substantive contact among injured worker, employer and medical provider within 24 hours of accident report receipt
- PMA facilitates ongoing, three-part alliance for disability management and safe return-to-work strategies

ISO CLAIM SEARCH REGISTRATION OF ALL INJURY CLAIMS

- Provides essential data to detect possible fraudulent bodily injury claims

CLAIMS INVESTIGATION SERVICES

- Detailed, timely and thorough investigation of claims

SUBROGATION

- Aggressive investigation of employee injury claims in order to identify subrogation potential and protect a client's financial interests

MEDICAL COST CONTAINMENT PROGRAM

MEDICAL CASE MANAGEMENT

- Based on two key principles—early intervention by a medical professional and our responsive claims service supported by proactive medical case management
- Three levels of case management, based on complexity of medical issue—telephonic, face-to-face by a PMA case management nurse or through our partnership with a nationally recognized specialist of catastrophic case management
- All of our disability management coordinators (DMCs) and on-site case managers (CMs) are registered nurses
- Disability management begins immediately after injury notification
- Medical issues are proactively managed to ensure safe and timely return to work
- Dual Handling Approach—our DMCs work in concert with a PMA Claims Representative—resulting in a collaboration of medical and claims expertise

CLAIMS MANAGEMENT

NATIONWIDE PREFERRED PROVIDER NETWORKS

- Comprehensive networks of approximately 4,400 hospitals and over 320,000 medical providers, including orthopedists, neurologists and physical therapists
- Providers chosen for workers' compensation expertise and are carefully credentialed
- Savings below state fee schedule, or reasonable and customary levels, can be expected when network providers are utilized

MEDICAL BILL REVIEW TEAM

PMA has a formalized, multi-layer review process:

- *Initial computer-assisted review.* PMA's Customer Service Center and medical bill repricing software review all of our medical bills for billing fraud and inaccuracies. PMA utilizes a state-of-the-art process for medical bill management that includes:
 - A fully imaged environment allowing our staff up-to-the-minute access to bills and records
 - Conversion of paper bills to electronic data through a combination of Optical Character Recognition (OCR) and Key From Image (KFI), including sophisticated data edits to ensure accurate data conversion
 - Proprietary claim handler edits
 - Seamless electronic bill transmission to medical repricing vendor, and between PMA repricing staff and the PMA Preferred Provider Network
- *Review by Nursing Professionals.* Sophisticated software isolates medical bills at high risk for coding inaccuracies and overutilization. PMA's Medical Cost Containment Team, which is staffed by experienced nursing professionals and coding specialists, also evaluates these bills.
- *Bill Repricing.* If inaccuracies are identified, a medical bill will be adjusted in accordance with state rules and repriced to fee schedule or usual and customary and then a payment (if appropriate) is sent to the medical provider.

PHARMACY BENEFITS MANAGEMENT PROGRAM

- A directly contracted pharmacy network that affords broad access for injured workers and competitive discounts for prescription drugs
- Cardless system facilitates injured worker treatment process
- Injured employees can obtain their prescriptions with no out-of-pocket expenses
- Over 50,000 pharmacies nationwide

OUT OF NETWORK PROGRAM

- For medical services performed by providers outside PMA's Preferred Provider Networks
- Potential savings below submitted charges, traditional state fee schedules or usual and customary charges with utilization of this program

RETURN-TO-WORK PROGRAMS

- PMA's disability management program focuses on transitioning an employee back to work once it is medically advisable
- We offer expert, detailed guidance on the implementation of safe and effective return-to-work programs