

Employer management

A*2	Either account examiner 2 (AE2, Risk) or administrative assistant 2 (AA2, S&H)
Big 3	Three key claim factors that influence an employer's workers' compensation premium: frequency, severity and lag time.
CCG	Customer care group
CCT	Customer care team
CFC	Customer focus center
CFI	Consulting for impact
Consulting for impact	Sales training given to Safety & Hygiene and risk field staff. The field consulting process includes building relationships with the customer, helping him or her discover his or her workers' compensation needs, advocating BWC's products and services to meet those needs and delivering service to impact the Big 3.
Customer care group	A group of employers identified by industry or other similar characteristics that is defined by a customer service office for assignment and management purposes.
Customer care team	A combination of employer management and injury management services staff who is dedicated to providing service to its assigned employers and injured workers.
Customer focus center	Smaller than a regular customer service office, CFCs will provide customers with another avenue to access BWC services. BWC will pilot the CFC concept in Ashtabula and Bridgeport.
EAP	Employer action plan
EM	Employer management
EM core services	Specific loss-prevention and loss-control services that most directly result in a reduction of the Big 3.
EM gatekeeper	Request handler. Staff who take initial requests or referrals (i.e., AE2, AA2 and other administrative staff) for the customer care team and employer management services. This will eventually be called the customer care coordinator.
EM high touch	The employer management activities are intense and may require many BWC experts. It also requires adequate customer commitment to follow BWC advice.
EM lead consultant	Each policy being worked by a customer care team will have a lead person responsible for coordinating the team's action plan for that customer.
EM low touch	The employer management activities are minimal. To some extent, the customer requires very little attention and interaction with a BWC field expert.

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EM medium touch	The employer management activities are less intensive but require attention by at least one BWC expert. Adequate customer commitment is required.
EM priority scale	Recommended approach for customer service offices to prioritize their employer customers by criteria that includes the Big 3, frequency, severity and lag time.
Employer action plan	A plan that outlines the action steps, goals and strategies that the customer care team and employer have agreed help the employer reduce the Big 3.
Employer management services	Customer care team members dedicated to working with employers to help them better prevent and control workers' compensation losses. Their responsibilities include developing workplace safety programs, injury prevention strategies, risk strategies, and transitional and return-to-work plans.
FSA	Field services application
Field services application	This will replace the current employer tracking application. The FSA will be the central housing location for recording all employer customer interactions, action plans and internal staff notes.
Frequency	Number of claims filed during a given year
Lag time	Amount of time between the date of injury and the date the claim was filed with BWC.
Loss control	Once an injury occurs, BWC and the injured worker's employer work together to help the injured worker return to work as safely and quickly as possible to control the number of work days the injured worker loses. These strategies include a transitional work plan.
Loss prevention	BWC and employers work together to implement safe work practices to help prevent workplace injuries and lost work time.
Severity	Number of days absent during a given year

Injury management

AA	Auto adjudication
Auto adjudication	A systematic process for determining a claim and assigning a triage level for new claims.
CCG	Customer care group
CCP	Customer care plan
CCT	Customer care team
CDS	Claims determination specialists
CDU	Central determination unit
CFC	Customer focus center
Central determination unit	The CDU team members – currently the medical-only department – will be located in the William Green Building. Claims determination specialists (CDSs) research claims and identify claims that could not be auto adjudicated. The CDU also determines claims that have no lost time, do not allege mental health conditions and do not contain a ICD-9 code (i.e., lumbar sprains/strains).
Core support services	BWC Administration, Communications, Government and Media Affairs, Finance, Human Resources, Information Technology and Office Services.
Customer care group	A group of employers identified by industry or other similar characteristics that is defined by a customer service office for assignment and management purposes.
Customer care plan	A plan that outlines the action steps, goals and strategies the customer care team will employ to bring a claim to an appropriate resolution.
Customer care team	A combination of employer management and injury management services staff who is dedicated to providing service to its assigned employers and injured workers.
Customer focus center	Smaller than a regular customer service office, CFCs will provide customers with another avenue to access BWC services. BWC will pilot the CFC concept in Ashtabula and Bridgeport.
IM	Injury management
Injury management services	Coordinated set of strategies to advance injury and illness claims efficiently from notification to successful resolution. Injury management is comprised of claims, medical and vocational rehabilitation services that promote proactive interventions rather than traditional claims handling and processing. Injury management services employ continuous assessment, triage and categorization of claims into triage levels to better identify strategies and specific interventions.
Lost-time claims	A claim filed when an employee loses eight or more calendar days from his or her job due to an industrial injury or occupational disease.
Medical-only claims	A claim filed when an employee loses seven or fewer calendar days from his or her job due to an industrial injury or occupational disease.

Injury management

Reassessment Lost-time claims previously referred to as manual triage, reassessment is the ongoing process of evaluating a claim's case management level during its life cycle.

System-to-system claim entry BWC is partnering with providers – particularly emergency rooms and urgent care centers – to build system integration for immediate FROI submission directly to BWC.

Triage A triage level initially is assigned to a claim at notification and is reassessed based on changes in data through the claim determination. The triage level is based on information gathered from the *First Report of Injury, Occupational Disease or Death*. It is assigned systematically.

Triage levels range from 0 to 4 and are based on an evaluation of the claim's complexity. Initially, the triage level is determined by ICD-9 codes and claim characteristics (e.g., medical only, lost time, death, catastrophic injuries and occupational diseases).

Triage levels are used to direct claims to either auto adjudication, the central determination unit or the claim services specialist for determination. (Determination refers to making the decision to allow or deny the claim)

It is possible for a triage level to change. For example, upon investigation, if the central determination unit discovers that, rather than a hand laceration, the injured worker has suffered an amputation, the medical claim specialist will update the claim data and the system will change the triage level to a 4 (most severe), resulting in the claim determination being the responsibility of the claim services specialist.

Note: At the time of initial determination, triage levels populate case management levels. However, triage levels do not drive ongoing assessment and claim management activities. Instead, it is the case management level that drives ongoing assessments and claim management activities.

Triage level 0 A claim will receive triage level 0 if information is missing (e.g., the claim wasn't assigned an ICD-9 code or the claim type cannot be established). Claims with triage level 0 are sent to the central determination unit with the goal of providing the missing information. Claims with triage level 0 will be reconsidered for allowance by auto adjudication after the missing information is updated.

Triage level 1 Claims assigned triage level 1 are low-severity, medical-only claims that been allowed by auto adjudication. Triage level 1 claims are minor injuries such as lacerations, abrasions or contusions.

Triage level 2 Triage level 2 claims are medical-only claims that cannot be processed through auto adjudication. These claims will be investigated and determined by the central determination unit. Triage level 2 claims are minor to moderate injuries that do not usually result in seven or more days lost from work.

Triage level 3 Triage level 3 claims are lost-time claims, which the claim services specialists will investigate, determine and manage. These claims refer to injuries/illnesses that result in lost days from work. Triage level 3 is also assigned to new claims which include a request for allowance of a psychological condition.

Triage level 4 Triage level 4 claims are claims with a high degree of severity, including catastrophic, occupational disease, amputations or death claims.

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Case management levels: Case management level assignments are ongoing. They're based on many factors that the claims services specialist, in conjunction with the other customer service team members, reviews upon assignment of the claim. These levels consider the complexity of the claim, case management strategies, and resources needed to achieve the desired outcomes, including the commitment of people, time and finances.

Case management levels range from 1 (least severe) to 4 (most severe) and are adjusted throughout the duration of the claim. Ideally, a claim will reach case management level 1. This means BWC has resolved the claim successfully and will require minimal ongoing resources throughout the life of the case. However, even resolved claims may require limited commitment of people, time and/or finances, unless the claim has been settled or the statute of limitations has expired.