

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, Bridgeport and Cincinnati.
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.

Employer management

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 by an employer.
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 an injured worker is away from work.

Injury management

AA	Auto adjudication
Auto adjudication	A systematic process for determining new low-touch 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 low-touch claims that could not be auto adjudicated. The CDU also determines medium-touch claims that have no lost time, do not allege mental health conditions and do not contain a medium-touch 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, Bridgeport and Cincinnati.
High-touch claims	These are high-severity claims such as death, CAT, statutory OD, amputation/loss of use. These claims are complex and require constant intense management to resolve. They also are high cost and result in lost time.
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 touch levels to better identify strategies and specific interventions.

Injury management

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.
Low-touch claims	Simple claims that are typically low cost, highly predictable, self-limiting or easily resolved. These claims do not have an ICD code in the initial claim data. They are low severity and do not require compensation.
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.
Medium-touch claims	Claims that are of moderate complexity and less predictable. These claims are of medium severity (compensation, psychological conditions, level 2 ICD without compensation), may result in lost time and require varying degrees of management to resolve.
Reassessment	Lost-time claims previously referred to as manual triage, reassessment is the ongoing process of evaluating a claim's touch 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.
Touch levels	Touch levels are assigned to each claim upon its receipt, and the level is reassessed during its life cycle. Low-, medium-, and high-touch levels refer to a claim's severity.
Triage	A systematic process for categorizing claims to determine the appropriate touch level the claim will require for initial determination. Triage provides a tool to predict what resources will be required, and what level of investigation and initial management is needed once a new claim is filed. For employer management, triage applies to requests for services rather than claims.