



Let us help you
contain medical costs



We're here to help.

It's no secret medical fees are costly and getting more so. Based on National Council on Compensation Insurance data, medical costs currently represent nearly 60 percent of all workers' compensation costs—and are expected to continue increasing on an annual basis.

At Sentry, we understand your pain. That's why we provide medical cost-containment solutions designed to reduce the costs—direct and indirect—of your workers' compensation claims.

The results of managed care programs are important, but the fee structure of these programs also has a major impact on net costs. Our programs are transparent, and our managed care operation isn't a separate profit center.

This brochure covers the highlights of our most common programs. We also offer additional specialty programs, which can provide value in more complex claims. To learn more, contact your Sentry territory executive.

OUR STRAIGHTFORWARD APPROACH

The standard fees in our programs are transparent. They only reflect what our vendors charge us, with no additional cost or revenue built in. We believe this is the most straightforward approach.

Other insurance carriers and third-party administrators can charge fees in a variety of ways, including charging fees as a percentage of savings. These different approaches can make it challenging to compare programs. If it makes it less confusing for you, we can offer fee options that align with how our competitors charge—but with a unique approach.

If you prefer we charge fees above what our vendor fees are, we'll collect more revenue. However, to restore balance, we'll provide a reduction in your costs of the overall program. Ask your territory executive for more details if you're interested.



WE REVIEW EACH MEDICAL BILL CLOSELY

Our extensive bill review process begins as soon as we receive a bill. We review each bill to ensure it's related to a specific claim, to confirm compensability, and to eliminate duplicates. Once the manual review is complete, we enter the bill into our state-of-the-art bill review software.

To avoid hidden costs and unnecessary markups, the program checks bills for:

- Adherence to state fee schedules or usual and customary rules
- Proper utilization (number of physical therapy or chiropractic visits, use of durable medical equipment, etc.)
- Unrelated line items and services
- Partial duplicate bills, fee fractionalization, and charge unbundling

Our standard fee is a flat rate of \$1.30 per bill,* regardless of the size or type of bill. Others may charge a header fee with per line item charge or a percentage of savings, resulting in significantly increased net costs for you.

FINDING VALUE IN A PPO

We use multiple preferred provider organization (PPO) networks to help provide the best value for each region of the country. Our contracted PPO program offers:

- **Providers:** More than 784,000 providers and 5,200 hospitals nationwide
- **Tools:** Online tools to create worksite posters listing medical directories
- **Outcome-based network (OBN):** A subset of network providers identified as the most effective providers for treating and resolving work-related injuries

The fee for any PPO-related reductions is 18%* of the savings realized. However, even if a provider doesn't belong to our vendor network, the charges can still qualify for an enhanced negotiation process. This involves contacting the provider directly to negotiate further reductions. The standard fee of 18% also applies to any negotiated reductions.

HOW WE KEEP PHARMACY COSTS IN LINE

Pharmacy costs continue to grow rapidly. It's critical to have a program that not only provides discounted costs, but also has multiple levels of controls in place to minimize or avoid misuse. Highlights of our program include:

- **First fills:** Allows injured workers to get an initial prescription filled even before a decision is made on compensability. If the case is denied, there is no charge.
- **No out-of-pocket expenses:** Allows injured workers to get covered prescriptions without paying upfront; prescriptions are billed directly to the Sentry claim file.
- **Large network:** Includes more than 68,000 pharmacies, including all major chains.
- **Help desk:** Offers 24-hour assistance directly through the vendor.

*Vendor fees are subject to change.

- **Automated logic:** Identifies prescriptions that don't match typical criteria for the injury or condition. Exceptions are communicated to the Sentry claims representative with a request for approval or denial.
- **Usage analysis:** Evaluates usage with a comprehensive drug utilization review.
- **Generic usage:** Converts brand-name prescriptions to generics whenever possible, resulting in lower costs.
- **Opioid monitoring:** Uses system monitoring and has alerts in place to identify claims with potential opioid concerns to allow for early intervention.
- **Therapeutic alerts:** Triggers one or more of over 20 applicable clinical letters to the treating physician or injured employee, alerting them of our concerns about the types or quantities of medications being prescribed. This includes medications dispensed directly by a physician at their office rather than provided through a pharmacy.
- **Clinical pharmacists:** Provides Sentry claims staff with readily available assistance in complex pharmacy claims.

We use the same approach on fees for our pharmacy program. Our vendor fee is \$1 per script* and we simply pass that along—without markup—to our clients, along with the network savings.

FIND QUALITY TREATMENT IN OUR PHYSICAL MEDICINE NETWORK

Physical medicine includes treatment types such as physical therapy and chiropractic care. Our physical medicine vendor offers a network of high-quality providers plus numerous quality control and monitoring metrics to help ensure effective and efficient treatment.

Highlights of our program include:

- 87% of patients are scheduled within one business day
- 89% of injured workers are scheduled in network
- 96% of network providers are retained each year

Our efforts are successful because we:

- Pre-screen every physical medicine provider in the network
- Keep detailed records on patient outcomes and satisfaction
- Manage and resolve in-network cases in 38% fewer days than out-of-network cases
- Use clinical physical therapist oversight only as needed—with no additional costs
- Understand the value of the physical medicine network and help educate injured workers

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WE OFFER OPTIONS FOR NURSE INVOLVEMENT

We use experienced workers' compensation nurse case managers strategically—not as standard practice. We've established triggers for considering a nurse assignment. But we also have the flexibility to accommodate customer requests. We maintain our transparent approach to fees for nurse case managers. We work with contracted vendors, and only pass through the fees our vendors charge us. Used appropriately, nurse case managers can provide a great value by:

- Providing employee education and coaching
- Collaborating with employers, injured workers, and providers
- Assessing treatment requests for medical necessity using national or state guidelines
- Managing complex pharmacy situations
- Facilitating timely return to work by identifying job demands and matching the injured employee's functionality with return-to-work options

We offer several options for nurse involvement, which can be used independently or in conjunction to provide the best fit for each claim. Before a nurse is assigned, we follow account-specific communication guidelines to ensure our customer understands and concurs with a full assignment or task-specific assignment for the nurse case manager. Depending on the type of case management assignment, the nurse case manager and appropriate claim representative will develop an overall case-management strategy. This helps develop a cost-effective claim management plan and ensures the claim representative's overall management of the claim. The nursing options include:

- **Nurse Triage 24 (NT24):** Call a nurse before filing a claim to determine what level of medical treatment may or may not be necessary. A significant number of work-related injuries can be resolved through minor self-care. If a claim needs to be reported, the nurse can assist in that process. As part of our transparent approach, we'll help set up the NT24 program directly between our vendor and our client. If no claim is needed, Sentry won't be involved, which will help control costs associated with your insurance program. Customers will get billed directly by the vendor for the fees associated with this program (currently \$85 per incident*).
- **Telephonic Case Management (TCM):** A nurse case manager is assigned to help manage complex medical and return-to-work issues on claims, but does so exclusively by phone. This helps control costs due to the elimination of travel and wait time. Average tenure of a TCM nurse is eight-plus years in workers' compensation, along with an extensive clinical background.
- **Field Case Management (FCM):** When claims are complex, a nurse case manager is assigned to help manage the claim. They'll also visit with the injured worker, their medical providers, and the employer if desired.

*Vendor fees are subject to change.

Our suite of programs provides a combination of quality results with some of the lowest fees in the industry.

Let's have a conversation about how our program can help improve the total cost of risk of your workers' compensation program.



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