



## **FACT SHEET**

### **About CBR**

Consolidated Benefits Resources (CBR) has been in business for 57 years. We are licensed and regulated by the Oklahoma Workers' Compensation Commission and hold a license for both Individual Self-Insured Employers and Self-Insurance Groups. We are in good standing and have been retained several times by the State WCC to assist with regulatory and claim related investigations. We maintain an active Errors and Omissions policy and are audited annually for Service Controls by Hogan Taylor. Our client makeup is a mix of self-insured employers and unbundled insurance programs for a large insurer in Oklahoma. We also handle the claims for the State of Oklahoma Self-Insurance Guaranty Fund. CBR is also licensed to service claims in Arkansas.

### **Staffing**

CBR's organizational hierarchy consists of Owner, President, Claims Director, Supervisors (3), and adjusters (9). We have a 3 to 1 adjuster to supervisor ratio. We limit our adjuster's caseload to ensure ability for proper employee/employer communication and case management. Our supervisors carry a caseload to keep them abreast of current claims issues, but no more than 50 claims and typically 25. Average experience for our full-time claims adjusters is 7 years. The CBR Claims Director manages the caseload and claim blending to ensure equitable distribution of claims and matching of skill level with difficulty level of claim.

### **Cost Containment**

CBR uses Rising Medical Services for medical bill review, utilization review, and negotiations. Savings from billed amounts from providers typically averages 69%. For Pharmacy Benefit Management, CBR uses Healthsystems (HES). HES and CBR have implemented several pharmacy alert notifications, letters, and programs to identify claims with potential for high dollar claims, and to take steps to mitigate these risks. CBR uses various Nurse Case Managers located throughout Oklahoma, typically when pre-identified triggers are met, such as morbidities, claim cost and severity of injury. CBR uses Centralink for pre-authorized DME. CBR also has contracts with other Bill Review providers for select clients, such as MCRS, who provide comparable results.

### **Claim Commencement**

New claims are submitted by online portal or via email. Entered the same business day or first thing next business day. 3-point contact (employee, employer, medical provider) are made within 24 business hours

of entry of claim into claim system. An assessment of the claim is due by Day 3, and compensability must be determined within applicable timeframes set by state law. A Supervisor will review and assess the claim at Day 10. Next Steps (plan of actions) are due by Day 4, and Day 30, and continuing every 30 days afterwards. Catastrophic claims are reviewed at case commencement by Claims Director and assessment made to escalate to a more experienced adjuster and which case management to use.

## **Diaries/Notifications**

CBR utilizes a robust diary and notification system to keep adjuster and manager abreast on important tasks/events/deadlines. Future event is entered into claims system by supervisor or adjuster or is set automatically by the claim system as a business rule based on pre-determined criteria. Diaries have a completion mandate of 24 hours. Supervisors and Claims Director have a report of outstanding and completed diaries.

## **Reserving**

CBR reserves for the most likely outcome for most claims. Full exposure be required on fatality & PTD claims. CMM claims are evaluated if there is an ongoing order, and current RX regimen to make an estimate of future exposure.

Each adjuster has reserve authority based on their title/position. Reserves over their approved amount must be approved by a supervisor or manager. CBR evaluates reserves at each new event (medical report, RTW slip, Court hearing etc.).

## **Electronic Filing Management (EDI)**

CBR is fully compliant with State of Oklahoma mandates for Electronic Filing. CBR also will build a portal for reporting claims/losses to excess carriers.

## **Litigation Management**

CBR works with the self-insured client to select their legal representation. CBR takes an active role in the litigation management, expressing goals and deadlines at the inception of the assignment. CBR will attend mediations, and work with client for fair and equitable settlement at any time during the life of the claim, if prudent and cost effective.

## **Medicare Management**

CBR has a dedicated Medicare team on staff to administer our Medicare program, which consists of Section 111 reporting, Conditional Payment demands and ORM & TPOC determination. CBR will also use third party MSA vendors for help with MSA and structured settlements. CBR reviews all claims for compliance with Section 111 mandates and works to avoid all Civil Monetary Penalties for Section 111 error threshold or reporting mistakes.

## **Return to Work Management**

CBR establishes an early goal for each Lost Time claim when the injured worker will reasonably be allowed to return to work, after discussing with client the job position and available light duty positions. If this target date is missed, an evaluation whether case management is needed, second medical opinion, or client creativity in light duty position will be made.

## **Subrogation Management**

CBR evaluates the subrogation potential of a claim at the onset. If subrogation potential exists, adjuster will work with CBR Subrogation Manager and the attorney of the client's choice to pursue and protect the rights of the client. CBR is also developing a data mining process to review claims for missed subrogation opportunities.

## **Fraud Management**

CBR evaluates the fraud potential of a claim at the onset, and periodically throughout the claim, especially during periods of TTD. CBR works closely with the Attorney General's office on fraud referrals. CBR uses several local PI firms for surveillance, and background and social media searches.

## **Excess Insurance Management**

CBR evaluates the excess insurance reporting requirements at the inception of the claim, based on pre-selected criteria of the excess carrier. Incurred amount, anticipated length of disability, Death, PTD or CMM exposure, loss of limb, heart attack or stroke, or a cancer diagnosis are examples of such criteria, regardless of whether the claim is accepted or not. CBR reports the claims to the excess carrier using the carrier's portal and forms. CBR will also monitor the claim over its lifetime to see if reaches the 50% mark if the SIR or other reporting criteria has been met. Reports, diaries, and alerts are used for this type of monitoring.

If a claim does have excess insurance penetration potential, CBR will work with the excess carrier on resolution strategies which can help mitigate the exposure to the excess carrier and client, as well as providing superior care for employee. CBR also monitors aggregate excess retentions through reports and alerts.

## **Internal Auditing**

CBR has an Internal Auditing program. The auditor reviews selected claims for adherence to CBR standards of claims handling and results. The results are shared with management and adjusters using business

intelligence tools. Component scores are also analyzed, for training opportunities for supervisors and adjusters.

## **Claim System**

CBR uses a claim system called Insurity Claims Xpress (formerly SIMS). The system is safe, secure, and fully supported by Insurity. We have access to the SQL tables, and business rule processes, to create any infinite number of risk management reports, notifications, and data feeds to external parties.

## **Analytics & Predictive Modeling**

CBR has an established Analytics program for its internal staff and external clients. Its purpose is to deliver fact-based insights to management, adjusters, and clients, and offer real data solutions, not just anecdotal, to risk management and claims handling problems.

## **Key Personnel**

CBR's key personnel are:

Hal Salisbury, owner. Owner since 2018, Hal has successfully operated several businesses, including a medical TPA. Hal has been part owner of CBR since the early 1990's.

Richard M. Fisher, President. Richard was the former Director of Insurance for the State of Oklahoma Workers' Compensation Court, for 22 years, regulating all self-insured employers, groups and TPA's in Oklahoma. Duties including determining excess insurance compliance and employer reserving adequacy. Richard has been President of CBR since 2014.

Toye Waid, Claims Director. Toye has over 20 years of experience handling/managing claims, and adeptly manages CBR's goal of uniformity and standardization of work throughout all its offices, through creative thinking, application of sound best practices for handling claims, and a no-nonsense approach to enforcing procedure.

## **Additional Information**

CBR's website is [CBRCLoud.com](http://CBRCLoud.com). Please contact Richard M Fisher for more information at 405-715-5033, 405-923-8129, or [rfisher@cbremail.com](mailto:rfisher@cbremail.com).