



2023 WORKERS' COMPENSATION BENCHMARKING STUDY

CLAIMS MANAGEMENT
OPERATIONAL STUDY

Claiming the Future

Views from Frontline Talent













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Rising Medical Solutions

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Table of Contents

Preface	i
Study Advisory Council	ii
Acknowledgments	iii
Introduction	1
Methodology	2
Executive Summary	3
Study Findings	6
 Survey Participant Demographics	6
 Prioritizing Core Competencies	11
 Talent Development & Retention	21
 Impact of Technology & Data	33
 Medical Performance Management	38
Conclusion	43
Contact	43
References	44
Appendices	47
 Appendix A Survey Participant Demographics	47
 Appendix B Prioritizing Core Competencies	54
 Appendix C Talent Development & Retention	62
 Appendix D Impact of Technology & Data	78
 Appendix E Medical Performance Management	83

Preface

About the Study

The Workers' Compensation Benchmarking Study is a national research program that examines the complex forces impacting claims management in workers' compensation today. The study's mission is to advocate for the advancement of claims management by providing both quantitative and qualitative research that allows organizations to evaluate priorities, hurdles, and strategies amongst their peers. Conceived by Rising Medical Solutions (Rising), the study's impetus evolved from various conversations Rising had with industry executives about the gap in available research focusing on how claims organizations address daily operational challenges.

Today, the ongoing study program is a collaboration of workers' compensation leaders who represent diverse perspectives and share a commitment to providing meaningful information about claims management trends and best opportunities for advancement. Recognizing the need for an unbiased approach, the study is guided by an independent Principal Researcher and an Advisory Council of industry experts whose involvement is critical to maintaining a framework that produces impartial and compelling research.

About the Study Director & Publisher, Rising Medical Solutions

Rising is a national medical cost containment and care management company serving payers of medical claims in the workers' compensation, auto, liability, and group health markets. Rising spearheaded the study idea and leads the logistical, project management, industry outreach, and publication aspects of the effort. For study inquiries, please contact Chief Experience Officer & Study Program Director Rachel Fikes at wcbenchmark@risingms.com.

About the Principal Researcher & Study Report Author, Denise Zoe Algire, MBA, RN, COHN-S/CM, FAAOHN

Denise Zoe Algire is the Director of Health for Albertsons Companies. She is a nationally recognized expert in workers' compensation, healthcare, and integrated disability management. She is board certified in occupational and environmental health and is a fellow of the American Association of Occupational & Environmental Health Nurses. Bringing more than 25 years of industry experience, her expertise includes claim operations, medical management, enterprise risk management, and healthcare practice management.

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Study Advisory Council

Essential to the study program and research is its Advisory Council. Comprised of nearly 20 workers' compensation executives, the Council has, over the years, represented national and regional carriers, employers, third party administrators, state funds, governmental entities, and industry consultancies.

Since 2013, their varied perspectives have guided the study's continued efforts to examine some of the most significant operational challenges facing claims organizations today. From the formation of research strategies to the interpretation of results, the Council has provided critical expertise throughout this endeavor.

Among those distinguished advisors we thank for their time and commitment are:

- [Denise Zoe Algire](#) | Director of Health | **Albertsons Companies**
- [Paul Kearney](#) | Chief Claims Officer | **AF Group**
- [Robert Biltz](#) | Vice President, Claims | **AmTrust Financial Services**
- [Tyrone Spears](#) | Chief, Workers' Compensation Division | **City of Los Angeles**
- [Daniel Labezius](#) | Senior Vice President, Claims & Medical Care Management | **Eastern Alliance Insurance Group**
- [Thomas Stark](#) | Regional Vice President, Commercial Lines | **Encova Insurance**
- [Helen Weber](#) | Assistant Vice President, Head of Medical Strategy | **The Hanover Insurance Group**
- [Adam Seidner, MD](#) | Chief Medical Officer | **The Hartford**
- [Victoria Kennedy](#) | Vice President, Workers' Compensation | **Linea Solutions**
- [Jaclyn Tiger](#) | Senior Director, Claims, Workers' Compensation | **Markel**
- [Matthew Harmon](#) | Senior Vice President, Claims | **The MEMIC Group**
- [Michele Lewis](#) | Medical Services Director | **Montana State Fund**
- [Molly Flanagan](#) | Assistant Vice President, Workers' Compensation Claims | **Nationwide**
- [Brigitte Hamilton](#) | Vice President of Claims | **SAIF**
- [Marcos Iglesias, MD](#) | Vice President, Chief Medical Director | **Travelers**
- [Sharon DelGuercio](#) | Senior Manager, Workers' Compensation | **Walt Disney World Resort**
- [Brian Trick](#) | Senior Director, Employee Health & Claims Services | **Wegmans Food Markets**

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- [Dan Reynolds](#) | Editor-in-Chief, Risk & Insurance
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- [William Wilt, FCAS, CFA](#) | President, Assured Research
- American Association of State Compensation Insurance Funds (AASCIF)
- California Self-Insurers Association (CSIA)
- International Association of Industrial Accident Boards and Commissions (IAIABC)
- Illinois Self-Insurers Association (ISIA)
- Montana Self-Insurers Association (MSIA)
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- Ohio Self-Insurers Association (OSIA)
- Washington Self-Insurers Association (WSIA)
- WorkCompCentral.com
- WorkCompCollege

Introduction

At the core of every workers' compensation claim is a frontline claims professional shaping the injured employee's journey towards recovery. These claims professionals, with their expertise, empathy, and efficiency, have long been the cornerstone of effective claims management. Yet, despite their pivotal role in driving positive outcomes, their collective voices are rarely the subject of industry-wide analyses.

For only the second time in the study's history, and the first time since the COVID-19 pandemic reshaped our work environment, the 2023 Workers' Compensation Benchmarking Study turns its focus to these essential professionals.

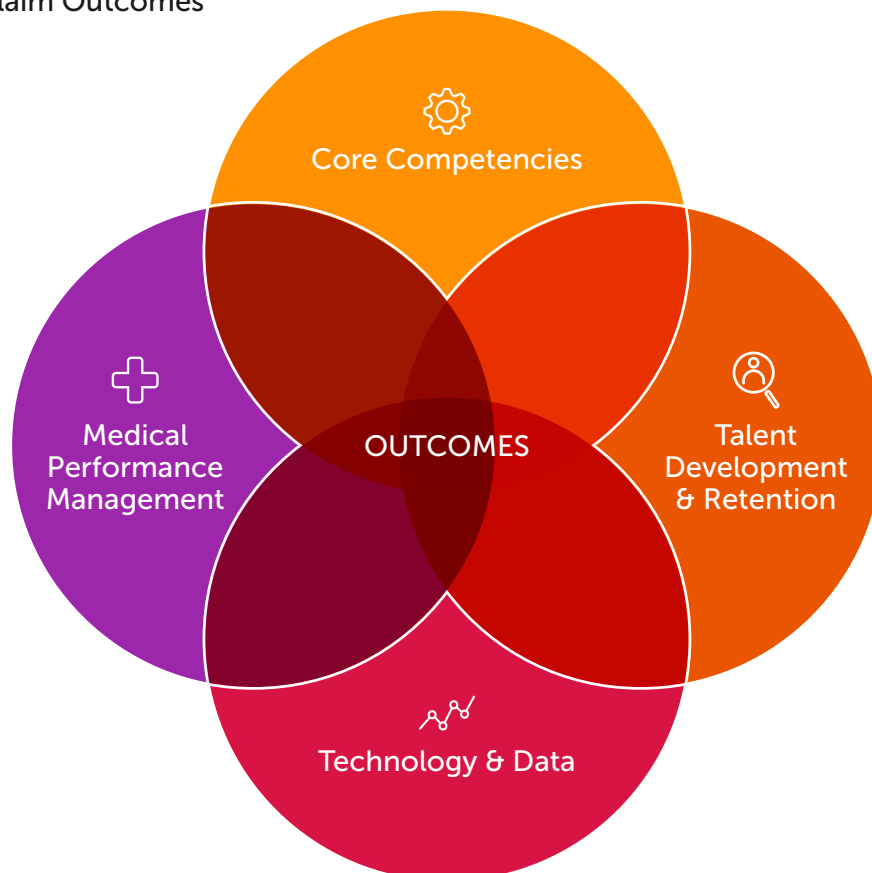
In this year's report we present a comprehensive examination of insights gathered from over 1,300 frontline claims professionals, offering unmatched research into the evolving landscape of modern claims management.

Building on the foundation laid by previous studies, our 2023 Report compares frontline participants' perspectives to those of the claims executives surveyed in prior years. Moreover, it quantifies the challenges, motivations, and experiences of claims professionals in our post-pandemic world. This dual approach offers a 360-degree view of industry claim operations, bridging the gap between leadership vision and on-the-ground realities.

Frontline claims professionals, with their expertise, empathy, and efficiency, have long been the cornerstone of effective claims management. Yet, despite their pivotal role in driving positive outcomes, their collective voices are rarely the subject of industry-wide analyses.

As in prior studies, this year's research includes a thorough exploration of four (4) study indexes, culminating in a 2023 Report that serves as a reflection of our current state and a roadmap for future innovation. By amplifying the voices of those at the forefront of claims and care, we equip organizations to better address the challenges and opportunities of talent retention, technology integration, outcomes management, and employee recovery.

4 Major Drivers of Claim Outcomes



Methodology

The study focus was guided by facilitated think-tank sessions with the Advisory Council Members and led by the Principal Researcher. The 2023 survey targeted frontline claims professionals who directly handle and adjudicate claims (i.e., claims adjuster, claims examiner, claims associate or similar role). Additionally, some organizations utilize nurse case managers to manage both claims and medical management functions. Claims leaders, including supervisors, managers, directors and executives, were excluded from survey participation. Overall, the Study Report is based on the survey results of **1,388** respondents, including frontline claims professionals and nurse case managers from every major type of workers' compensation payer organization.

The research was conducted using a confidential, online survey tool. The survey tool structure and questionnaire were developed by the Principal Researcher. The survey questions were organized across the Study's four (4) indexes: Prioritizing Core Competencies; Talent Development & Retention; Impact of Technology & Data; and Medical Performance Management, as well as Participant Demographics.

The survey included a total of **43** questions: 6 questions for Demographics, 10 for Prioritizing Core Competencies, 19 for Talent Development & Retention, 4 for Technology & Data, 3 for Medical Performance Management, and 1 open-ended question for comments. The survey contained partially categorized and closed-ended questions, including dichotomous, rank order scaling, Likert scale, multiple choice, constant sum, and random order question sets in order to reduce response bias. Where comparisons are made, the survey results are compared to prior study research, not to specific respondents or organizations.

Survey invitations were directed to frontline claims professionals through direct email invitations, as well as various industry channels. All direct email invitations included an opt-out link, allowing recipients to remove themselves from study communications. The results are presented as average responses of the entire group of participants. No individual or organization who participated in the study is identified.

The survey was open for a total of 92 days from November 1, 2023, to January 31, 2024. Participants could exit the survey at any point during the questionnaire and were given the option to receive a copy of the Study Report in exchange for completing the survey.

Responses Received

- **1,410** completed responses
- **22** responses were excluded
(participants who did not meet the survey target audience, i.e., vendors/service providers, attorneys, medical providers)
- **302** incomplete responses, where the survey was started but not completed
(incomplete responses were excluded from the study results)
- Average response time to complete the survey was **12** minutes

Denise Zoe Algire, the Principal Researcher, completed the data validation and analysis, as well as authored this Study Report.

Executive Summary




Since 2013, the Workers' Compensation Benchmarking Study has surveyed more than 4,900 claims leaders and frontline claims professionals on their top operational priorities, challenges, and opportunities, as well as their strategies for improving claim outcomes. The 2023 study reprises the 2019 survey questions and is thus the first survey targeting frontline claims professionals since the pandemic, quantifying the industry's progress and trends over the past four (4) years. The study continues to build a credible profile of successful claims organizations by adding an expanded set of differentiating practices. These operational best practices were identified in prior research among **higher performing organizations, defined as those payers with a claims closure ratio of 101 percent or greater** – a common industry benchmark used as an overall indicator of operational performance.

The study report includes a visual key for readers to quickly identify data trends from prior study reports as well as *what* strategies are identified as *high performance differentiators*, with varying degrees of distinction amongst peer organizations. The study examines data trends from the 2019 and 2023 survey results, as well as *similar* or *different* perspectives between frontline claims professionals and claims leaders.

The 2023 survey's 1,388 responses identify trends across a diverse group of claims organizations. The participants include insurance carriers, third party administrators, employers, governmental entities, as well as risk pools and state funds/mutual funds.

Icon Key


Data Trend between Frontline Survey Results:

-  Increase
-  Decrease
-  Consistent
-  Mixed Results
-  New Question / No Trend

Level of Differentiation between High Performers & Lower Performers:

-  Modest
-  Moderate
-  Major

Claims Leader & Frontline Staff Comparison:

-  Similar Perspective
-  Different Perspective

The results identify the following industry trends and opportunities:

Participant Demographics

- **Higher indemnity caseloads increase.** The results indicate that 53 percent of participants report indemnity claims caseloads that are at 125 or less, a decrease from the prior study results of claims leaders. Additionally, the data shows a modest increase in caseloads that are 151 or greater with 26 percent reporting higher average indemnity caseloads. *The Effects of Adjuster Caseloads*—a two-year case study—outlines a maximum caseload of 111 for a claims professional to effectively execute claims best practices and outcomes (Kern, 2019). Governmental entity and state fund/mutual fund participants report higher average indemnity caseloads. Historical study data indicates higher performing organizations report lower overall caseloads.
- **Demographics show a positive talent trend.** The results reflect that 30 percent of respondents have five (5) years or less experience in workers' compensation claims adjusting, and 51 percent have 10 years or less experience, a moderate increase from the 2019 study, indicating a positive trend in attracting and retaining new talent.

Prioritizing Core Competencies

- Top core competencies most critical to claim outcomes remain consistent.** The results reflect a continued industry view of frontline claims professionals' priorities. Consistent throughout the study years, claims leaders and frontline staff rank disability/return-to-work (RTW) management and medical management in the top three (3) capabilities most critical to claim outcomes. However, frontline claims professionals consistently rank compensability investigations as the most important. The top capabilities are intrinsically linked since proactive medical management impacts the quality of care an injured worker receives, as well as timely return-to-work and ultimate claim resolution.
- Utilizing systems to drive best practices increases.** The results show 80 percent of organizations are utilizing systems to direct and manage best practices, a notable improvement from prior study results. The study reflects an increase across most systems/tools to drive best practices, with state fund/mutual fund and insurance carrier companies being more likely to leverage multiple systems and tools. Historical study data demonstrates higher performing organizations are much more likely to utilize workflow automation, predictive analytics, and prescriptive analytics than lower performing peers.
- Administrative and regulatory compliance burden still an issue.** The data shows a modest decline in participants that report spending 30 to 40 percent or more of their time on regulatory compliance and administrative tasks compared to the prior study results. Yet, nearly half of claims professionals, or 46 percent, report spending 30 to 40 percent or more on administrative tasks, and 23 percent allocate 30 to 40 percent or more of their time on regulatory compliance. Excessive focus on internal and/or external compliance and administrative tasks to the detriment of other objectives such as communicating with injured workers and key stakeholders, proactive coordination of healthcare services and RTW will negatively impact claim outcomes. Organizations should determine which administrative tasks and/or regulatory compliance activities can and should be automated.

Talent Development & Retention

- Remote work improves productivity and morale, but team dynamics may suffer.** Frontline claims professionals rank a remote work option as the most important benefit that could impact employment decisions. The results show remote work does not negatively impact productivity, with 97 percent reporting either no impact or improved productivity, an increase from the 2022 results of claims leaders. Similarly, 94 percent report either no impact or improved impact on employee morale. However, like claims leaders, frontline claims professionals report a greater effect on team dynamics with 14 percent reporting a negative impact in this area.
- Investment in training improves.** The 2023 results show that 72 percent of organizations provide training for new hire claims staff with minimal to no experience, a notable increase from the results of the 2019 survey of frontline claims professionals. Higher performing organizations are more likely to offer new hire training for claims staff. Additionally, 87 percent report ongoing skills training and development, a slight increase from the 2019 survey of frontline claims professionals, and a notable increase from the most recent survey of claims leaders in 2022.
- Knowledge of advocacy-based, injured worker-centric claims models increases.** The results reflect a modest increase in frontline claims professionals' knowledge of advocacy-based, worker-centric claims models from the 2019 survey, with 39 percent reporting awareness. State fund/mutual fund participants report a higher awareness of advocacy models. Given the significant industry focus on advocacy-based, worker-centric models, there continues to be a disconnect between theory and practice.
- Defined career path for frontline claims professionals increases.** The results show 54 percent of organizations offer a career path with growth opportunities to frontline staff, an improvement from 2019 results, and consistent with the most recent survey of claims leaders in 2022. Historical study results show an upward trend, indicating organizations are prioritizing career paths as an important talent strategy. However, there is still work to be done, with almost half not offering formalized career paths.

Impact of Technology & Data

- **Strategies to improve claims professional efficiency needs better integration.** The 2023 results show an increase in the number of systems frontline claims staff utilize in the daily management of claims, with 55 percent reporting they use five (5) or more systems, an increase from 42 percent in the 2019 survey of frontline professionals, clearly demonstrating the need for efficiency improvements. Higher performing organizations are much more likely to invest in strategies to improve claim efficiencies, as well as leverage multiple technology initiatives.
- **Utilizing analytics to manage claims increases.** The 2023 data shows that 72 percent of frontline claims professionals use analytics to manage claims effectively. That's an increase from prior study results of claims leaders in 2022, as well as the survey of frontline staff in 2019.

Medical Performance Management

- **Medical management programs most critical to claim outcomes remain consistent.** Aligned with the prior survey responses of frontline professionals, the 2023 results show frontline staff report nurse case management, utilization review, and return-to-work services as the top medical management capabilities most critical to claim outcomes. Similarly, since the study launched in 2013, claims leaders consistently rank nurse case management, return-to-work services, and nurse triage as the top three (3) medical management programs most critical to claim outcomes.
- **Return-to-work/patient functional outcomes continue to rank as the most important measure of provider quality.** Consistent with prior study results, 48 percent of frontline staff identify return-to-work/patient functional outcomes as the *most* important measure of provider quality. Additionally, using evidence-based care is recognized as an important measure. Frontline claims professionals are integral to ensuring injured workers receive optimal care. Measuring provider outcomes is a necessary step to safeguard and improve the quality of care injured workers receive.



Survey Participant Demographics

About the Survey Participants

The study targeted frontline workers' compensation claims professionals who directly handle and adjudicate claims. In most organizations, claims functions are performed by claims professionals with titles such as claims adjuster, claims examiner, and claims associate. In some organizations, claims adjudication is performed by nurses who directly manage both claims and medical management functions. Claims leaders, including supervisors, managers, directors and executives, were excluded from survey participation. The study includes **1,388 participants**, with claims professionals representing the largest respondent population followed by nurse case managers (see Figure 1). Similar to the 2019 results, the participants are predominately indemnity/lost time claims professionals, representing 86 percent of respondents (see Figure 2). The survey responses include participation across industry sectors, with insurance companies representing the greatest participation by organizational type, followed by third party administrators (TPAs) (see Table 1).

Figure 1

Survey Question: *Role / Level of Responsibility:*

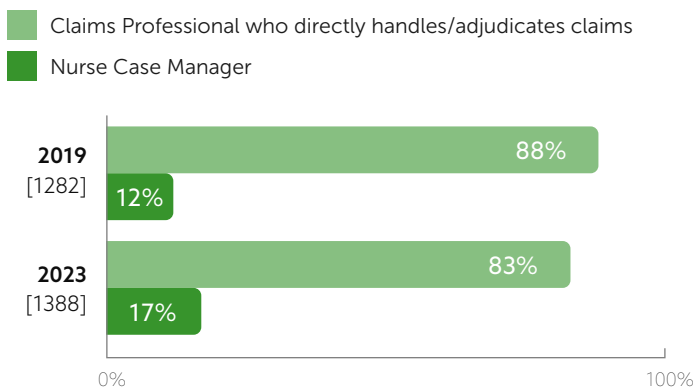


Figure 2

Survey Question: *Role / Claims Caseload Mix Is Predominantly:*

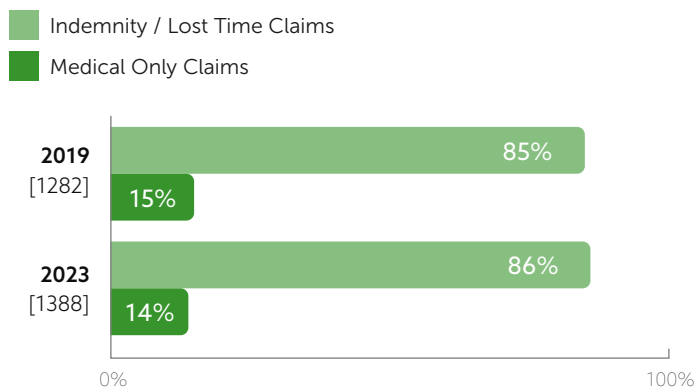


Table 1

Survey Question: *Organizational Type:*

Answer	2019	2023
Total	1282	1388
Insurance Company	40%	74%
Third Party Administrator	40%	11%
Self-Insured Employer	10%	5%
State Fund / Mutual Fund	4%	5%
Governmental Entity	3%	3%
Insured Employer	2%	1%
Risk Pool	1%	1%
Reinsurance or Excess Insurance Company	-	< 1%
Other	< 1%	< 1%

Data Trend between Frontline Survey Results:

- Increase
- Decrease
- Consistent
- Mixed Results
- New Question / No Trend

Level of Differentiation between High Performers & Lower Performers:

- Modest
- Moderate
- Major

Claims Leader & Frontline Staff Comparison:

- Similar Perspective
- Different Perspective

Participant Demographics—Key Performance Benchmarks

To garner a deeper understanding of claims operational challenges and offer additional areas for organizations to benchmark performance, the demographics section includes average lost time and medical only caseloads, participant years of experience in workers' compensation claims adjusting as well as participant age cohort. Claim closure ratio results from prior study research is referenced throughout the study to differentiate claims practices in *higher performing organizations*.

Claim Caseloads

The workers' compensation industry often considers caseloads when evaluating program effectiveness and claims professionals' productivity. The optimal caseload per claims professional is not set in stone. Instead, it depends on many factors including case complexity, administrative support levels for claims professionals, supervisory oversight/span of control, claims system efficiencies, experience and technical acumen, as well as the authority delegated to claims professionals. Other considerations include jurisdictional requirements, medical only to indemnity claims ratio and future medical claims to active indemnity claims.

High caseloads can negatively impact injured worker care and benefit delivery, as well as claim outcomes and employer loss costs. While optimum caseloads depend on internal and external factors, research shows lower caseloads have a significant impact on claim results. *The Effects of Adjuster Caseloads*—a two-year case study—outlines a maximum caseload of 111 claims per lost time claims professional to effectively execute claims best practices and outcomes (Kern, 2019). The case study demonstrates an accident year closure rate improvement of 75 percent with lower caseloads (Kern, 2019).

The 2023 results indicate 53 percent of respondents report indemnity claims caseloads that are 125 or less. This is consistent with the 2019 study results. The more recent results reflect a modest increase in caseloads that are 151 or greater with 26 percent reporting higher average indemnity caseloads (see Table 2). Governmental entity and state fund/mutual fund participants report higher average indemnity caseloads with 73 and 51 percent reporting caseloads of 151 or greater (see Table 3). Historical study results show higher performing organizations report lower overall caseloads (Algire D. Z., 2022).

Tables 2 & 3

Survey Question: *What is your average caseload?*

Responses Segmented by Role / Claims Caseload Mix

Answer (# of cases) count	2019		2023	
	Indemnity Claims	Medical Only Claims	Indemnity Claims	Medical Only Claims
< 80	1096 14%	186 28%	1119 24%	189 36%
80 - 100	12%	8%	13%	9%
101 - 125	27%	17%	16%	10%
126 - 150	24%	10%	21%	6%
151 - 175	10%	9%	13%	3%
176 - 200	5%	3%	5%	7%
> 200	5%	19%	8%	29%
Unknown	3%	6%	\	\

\ Not an answer option in this study year

2023 Responses Segmented by Organization Type & Role / Indemnity Claims Caseload Mix Only

Answer (# of cases) count	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
< 80	884 29%	1 100%	137 3%	56 7%	19 32%	11 9%	59 12%	29 3%	3 100%
80 - 100	15%	-	5%	14%	21%	18%	2%	10%	-
101 - 125	15%	-	23%	18%	10%	28%	20%	7%	-
126 - 150	21%	-	33%	16%	11%	27%	15%	7%	-
151 - 175	12%	-	22%	16%	26%	9%	7%	4%	-
176 - 200	4%	-	7%	16%	-	-	2%	14%	-
> 200	4%	-	7%	13%	-	9%	42%	55%	-

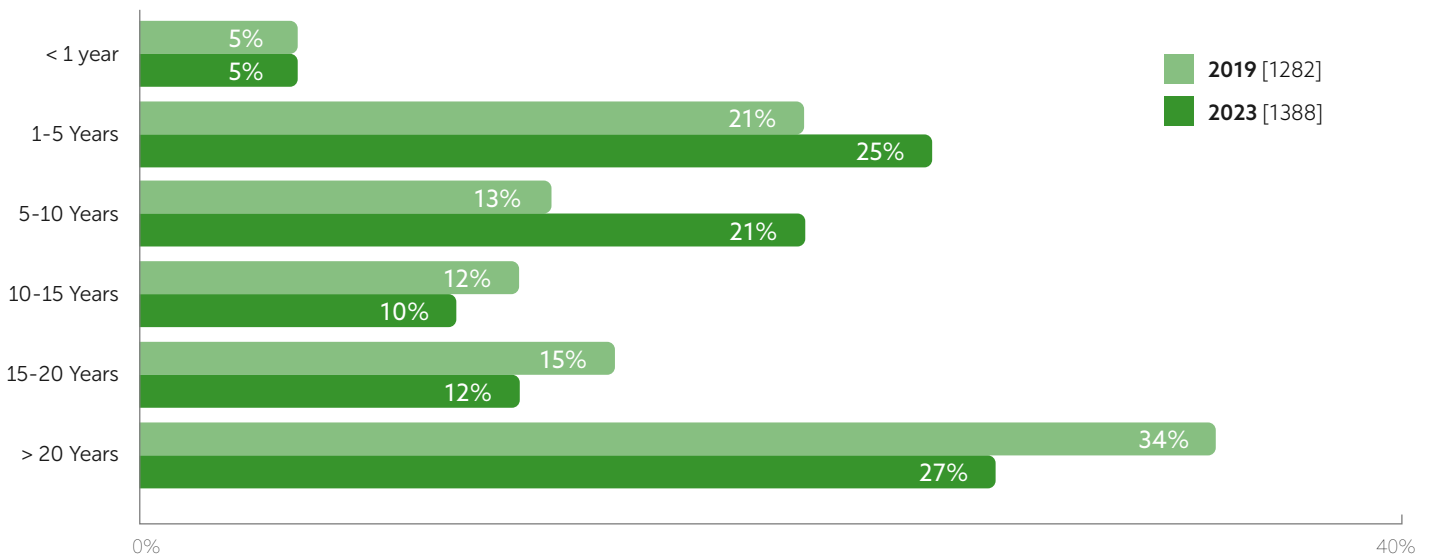
Participant Years of Experience

Given the significance of talent development and retention in claims organizations, the study includes years of experience in workers' compensation claims adjusting as well as a new benchmark, age cohort. The data points are utilized throughout the study to provide organizations with a deeper understanding of preferences, areas of opportunity, as well as training needs by participants' years of experience.

The results reflect that 30 percent of respondents have five (5) years or less experience in workers' compensation claims adjusting, a modest increase from the 2019 results. Additionally, 51 percent of responses have 10 years or less experience, a moderate increase from the 2019 study, indicating a positive trend in attracting and retaining new talent to the industry (see Figure 3). State fund/mutual funds, governmental entities, and insurance companies represent a larger percentage of new entrants to workers' compensation claims (see Table 4).

Figure 3 & Table 4

Survey Question: *How many years of experience do you have in workers' comp claims adjusting?*



2023 Responses Segmented by Organizational Type

Answer (# of cases)	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
count	1031	2	151	65	21	11	69	35	3
< 1 year	6%	-	2%	5%	5%	-	1%	-	-
1-5 Years	26%	50%	20%	14%	29%	9%	38%	40%	33%
5-10 Years	21%	-	20%	12%	19%	9%	29%	20%	-
10-15 Years	10%	-	7%	14%	5%	9%	6%	12%	-
15-20 Years	12%	-	12%	17%	14%	27%	9%	14%	-
> 20 Years	25%	50%	39%	38%	28%	46%	17%	14%	67%

Participant Age Cohort +

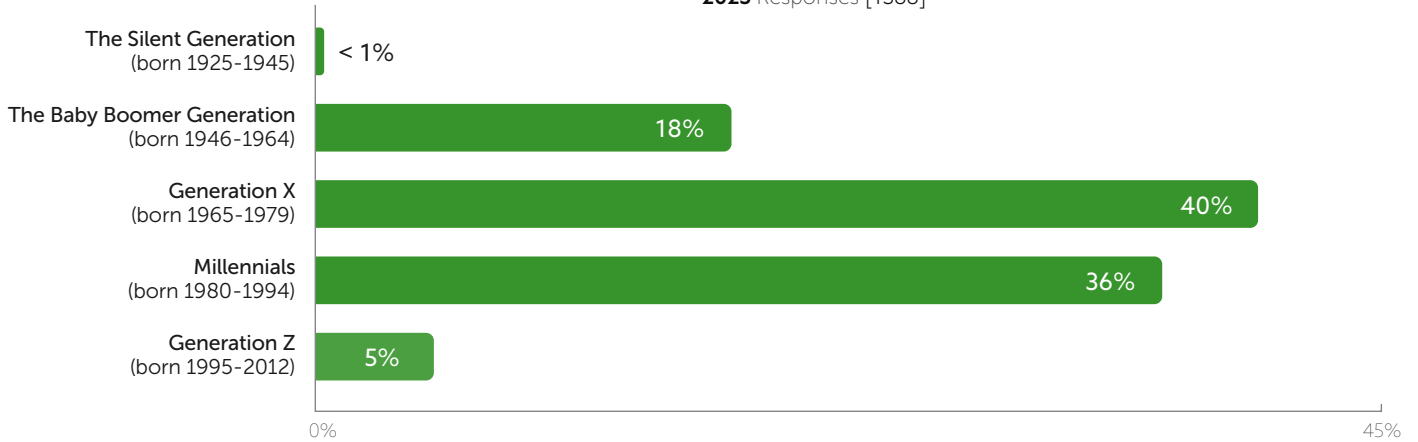
For the first time in history, there are five (5) generations in the workplace: The Silent Generation, Baby Boomers, Generation X, Millennials, and Generation Z. The study results include responses from all five (5) generations. According to the Bureau of Labor Statistics, the median age for the insurance industry is 44.0, which is also the oldest age in the Millennial cohort (U.S. Bureau Of Labor Statistics, 2024).

The results reflect that Generation X and Millennials account for 76 percent of the responses (see Figure 4). Additionally, Millennials represent a larger percentage of new talent with 53 percent of responses, on average, having 10 years or less experience (see Figure 5).

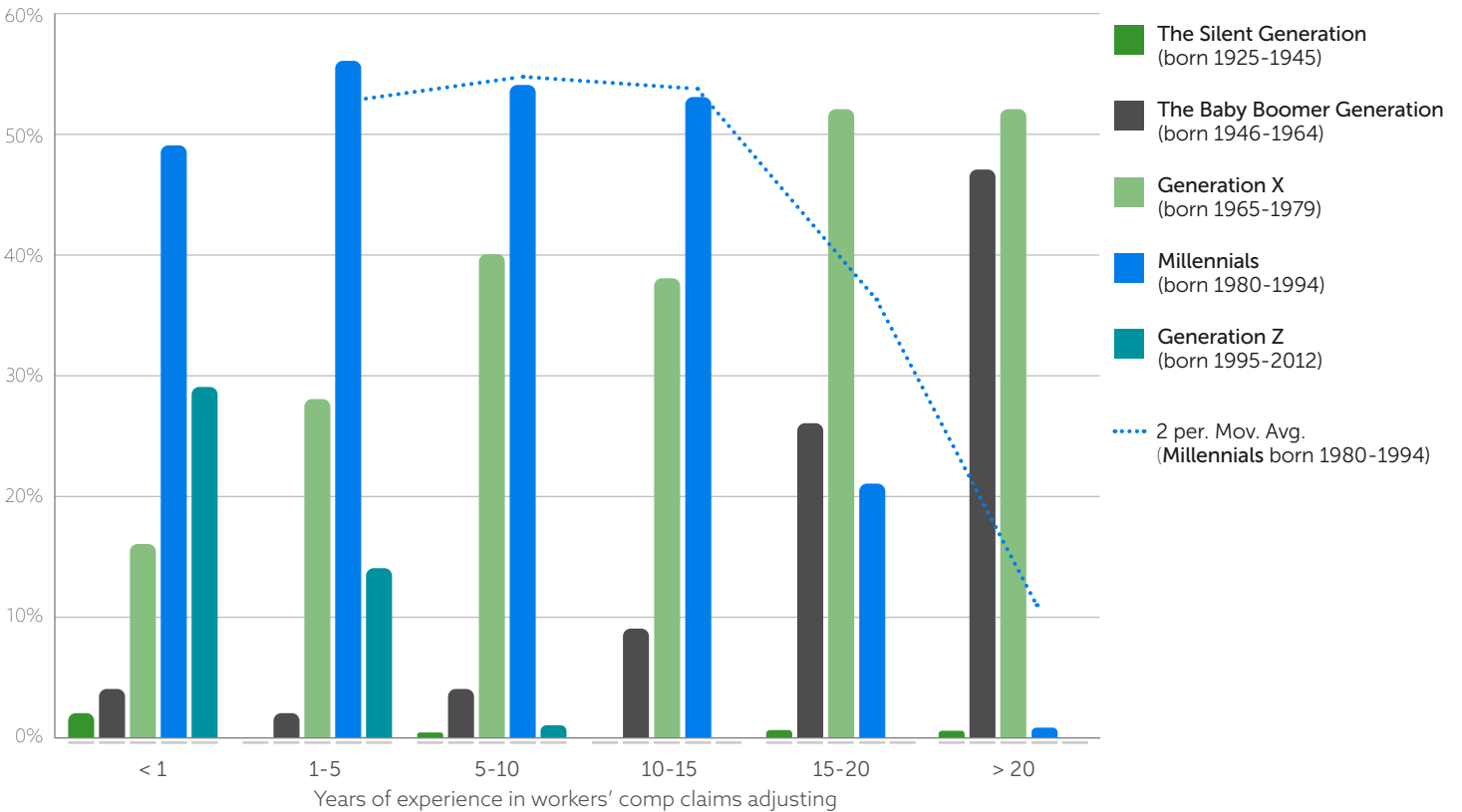
Figures 4 & 5

Survey Question: *To better understand the unique and similar work motivations of different age cohorts, please select the generation with which you belong/associate?*

2023 Responses [1388]



2023 Responses Segmented by Years of Experience in Workers' Compensation Claims Adjusting



Appendix A Index—Survey Participant Demographics

For more information on all survey question results and additional benchmark analyses related to this focus area, please refer to the below tables and figures in [Appendix A](#).

- A-1:** Role / Level of Responsibility
Segmented by Years of Experience in Workers' Compensation Claims Adjusting
Segmented by Generation
Segmented by Organization Type
- A-2:** Role / Claims Caseload Mix
Segmented by Organization Type
- A-3:** Organization Type
- A-4:** Years of Experience in Workers' Compensation Claims Adjusting
Segmented by Organization Type
- A-5:** Average Claims Caseloads
Segmented by Role / Claims Caseload Mix
Segmented by Years of Experience in Workers' Compensation Claims Adjusting
Segmented by Organization Type
Segmented by Organization Type & Role / Indemnity Claims Caseload Mix Only
- A-6:** Generation
Segmented by Years of Experience in Workers' Compensation Claims Adjusting
Segmented by Organization Type



Operational Challenge

Prioritizing Core Competencies

Core competencies—key abilities that drive claim outcomes and organizational value

A critical component of a claims organization's financial success is the *effectiveness* of claims management execution. Claims are the single largest expenditure for insurance companies and present the greatest opportunity to reduce workers' compensation program costs for employers and/or the entities that administer claims on behalf of employers. Therefore, successfully managing claims is one of the most effective tactics to reduce loss costs and drive profitable growth. Core competencies—the collective skills, abilities, and expertise required to manage claims effectively—are the framework *ultimately* responsible for driving performance execution and claim outcomes.

This area of the report explores *what* organizations consider core competencies, as well as *how* best practices and outcomes are defined, measured, and executed. The 2023 study examines the perspective of frontline claims professionals, the similarities and/or differences from prior survey research with claims leaders and frontline claims professionals, as well as *what* strategies are identified as *high performance differentiators*, with varying degrees of distinction amongst peer organizations.

Top core competencies most critical to claim outcomes

The 2023 results reflect a stable industry view of frontline claims professionals' priorities. Consistent with the 2019 survey results, frontline claims professionals rank compensability investigations, disability/return-to-work (RTW) management and medical management as the top three (3) capabilities most critical to claim outcomes. Throughout the study years, both frontline and claims leader participants rank disability/RTW management and medical management among the top three (3) capabilities most critical to claim outcomes (Algire D. Z., 2022). Although the 2022 study reflects the same top three (3) core competencies as prior claims leader surveys (Algire D. Z., 2022), frontline claims participants consistently rank compensability investigations as the most important (see Tables 5 & 6).

Table 5
Top 3 Core Competencies Most Critical to Claim Outcomes

Rank	2019	2022	2023
count	1282	388	1388
1	Compensability Investigations	Disability / RTW Management	Compensability Investigations
2	Disability / RTW Management	Medical Management	Disability / RTW Management
3	Medical Management	Claims Resolution	Medical Management

YYYY Claims Leaders / YYYY Frontline Claims Professionals

Key Considerations

What do frontline claims professionals consider top core competencies impacting claim outcomes?

What systems/tools do frontline claims professionals believe are effective for managing claims within best practices?

How do frontline claims professionals define a good claims outcome, and what are the greatest obstacles to achieving desired outcomes?

Do frontline claims professionals receive incentives/penalties to drive claims best practices and achieve outcomes?

Data Trend between Frontline Survey Results:

-  Increase
-  Decrease
-  Consistent
-  Mixed Results
-  New Question / No Trend

Level of Differentiation between High Performers & Lower Performers:

-  Modest
-  Moderate
-  Major

Claims Leader & Frontline Staff Comparison:

-  Similar Perspective
-  Different Perspective

Compensability Investigations ranked #1

Compensability determination is an important function of claims management and a key component of technical skills training for frontline claims professionals. Within the traditional claims model, claims professionals initially *investigate* claims to determine if the injured worker is legally entitled to benefits. Most claims are compensable; however, not all are. To be compensable, an injury must arise out of and in the course of employment (AOE/COE). Regulations and case law in each jurisdiction define which conditions and under what circumstances injuries and diseases are occupationally related and therefore compensable under workers' compensation statutes.

The impact of compensability investigations on claim outcomes, if not executed correctly, is significant. According to a Lockton study of over 200,000 claims, 67 percent of originally denied claims are converted to paid claims within a year and cost on average 55 percent more than the original claim. The Lockton study also found substantial differences in litigation, with 71 percent of denied claims litigated compared to 27 percent for accepted claims, leading to worker mistrust and loss of productivity (Risk & Insurance, 2018). This should give organizations pause to consider when more formal compensability investigations are actually needed, and the hidden cost to claims from unnecessary frictional delays. As such, compensability investigations are an area many organizations reflect on in terms of advocacy-based, worker-centric claims models and the initial customer experience for injured workers.

Disability/RTW management ranked #2

Disability and return-to-work (RTW) management is an essential core competency of claims management and outcomes. Many industry studies support the benefits of early return-to-work for both the injured worker and employer. In claims where an injured worker is losing time from work, it is in the best interest of all stakeholders to return the injured worker to work in some capacity as soon as possible.

Return-to-work programs have a positive impact on both employers and employees, including reduced workers' compensation costs and improved employee outcomes. According to a study on return-to-work outcomes for Federal Employees in the Office of Workers' Compensation Disability Management Program completed by Summitt, claims action or inaction has the strongest association with claim outcomes (Summit Consulting, 2018). Claims with timely and proactive assessment of RTW ability throughout the claim lifecycle, including employee engagement in the RTW process, are strongly associated with favorable outcomes (Summit Consulting, 2018). Prior study research examines *what* initiatives organizations are leveraging to address RTW obstacles. The results reflect worker-centric approaches as top strategies. Nearly half— 43 percent—report engaging injured workers in identifying RTW abilities, a critical component of successful disability management, and 56 percent leverage dedicated resources to facilitate RTW with all key stakeholders (Algire D. Z., 2020).

Medical management ranked #3

Since the study launched in 2013, medical management has consistently ranked as one (1) of the top three (3) core competencies most critical to claim outcomes. The medical care an injured worker receives can be a significant driver and determinant of injured worker and claim outcomes. This, in turn, impacts claim costs. NCCI estimates that the average medical lost time claim severity for Accident Year 2023 will be two (2) percent higher than Accident Year 2022, and notes the increase in severity is driven by a decrease in the volume of the lost-time claims, rather than a change in the volume of medical loss dollars (NCCI, 2024). Medical severity issues, such as the aging workforce, mental health, obesity and diabetes, all have a significant impact on outcomes and how claims professionals manage claims. As medical factors continue to dominate total claim costs, study results show an aligned industry focus, from frontline claims professionals to claims leaders, on medical performance management.

Table 6

Survey Question: *Please identify the top three claims core competencies most critical to claim outcomes, with 1 being the "highest priority" and 3 being the "lower priority."*

Answer	Rank	Weighted Score
Compensability Investigations	1	2138
Disability / RTW Management	2	1836
Medical Management	3	1751
Claim Resolution / Settlement Strategy	4	1205
Case Reserving	5	536
Oversight Governance / Compliance	6	262
Fraud & Abuse Detection	7	223
Litigation Management	8	217
Vocational Rehabilitation	9	92
Bill Review	10	68

Note: Participants selected the top 3 core competencies from a list of 10 options

*"Claims with timely and proactive assessment of RTW ability throughout the claim lifecycle, including employee engagement in the RTW process, are strongly associated with favorable outcomes."
(Summit Consulting, 2018)*

Aligning top core competencies with claims management priorities

Managing claims successfully requires astute time management skills, industry expertise, and the ability to leverage diverse resources. To be effective, organizations should align core claim activities, performance and outcome measures, as well as support resources/tools to ensure frontline claims staff focus on activities with the greatest impact.

The 2023 study examines where claims professionals spend their time in relation to claims core competencies identified as most critical to claim outcomes. Similar to prior study results, frontline claims professionals indicate they spend more time on medical management and disability/RTW management (see Tables 7 & 8). Although frontline claims professionals continue to rank compensability investigations as one (1) of the top three (3) core competencies critical to claim outcomes, the results show claims professionals spend more time on claims resolution and settlement strategy. This change in ranking may signal organizations are more focused on an advocacy-based, worker-centric claims model. Additionally, resolving and/or closing claims requires proactive case identification strategies throughout the claim lifecycle to ensure claims are resolved at the first opportunity. If a claim is litigated, its settlement and litigation management strategy should focus on dispute resolution early and proactively to achieve claim closure as quickly and economically as possible.

Table 7
Top 3 Core Competencies Where Claims Professionals Spend Most of Their Time

Rank	2019	2023
	1282	1388
1	Medical Management	Medical Management
2	Compensability Investigations	Disability / RTW Management
3	Disability / RTW Management	Claim Resolution / Settlement Strategy

Table 8

Survey Question: *Considering the following core competencies, please identify the top three areas where you spend most of your time, with 1 being the "greatest amount of time" and 3 being "less time."*

Answer	Rank	Weighted Score
Medical Management	1	2135
Disability / RTW Management	2	1670
Claim Resolution / Settlement Strategy	3	1282
Compensability Investigations	4	1235
Litigation Management	5	554
Case Reserving	6	488
Reviewing and/or responding to Oversight Governance / Compliance requirements	7	479
Bill Review (reviewing and/or approving bills/invoices)	8	333
Fraud & Abuse Detection	9	76
Vocational Rehabilitation	10	76

Note: Participants selected the top 3 core competencies from a list of 10 options



Using systems to drive best practices

Analytics help claims organizations target and proactively apply resources to higher risk claims from the outset, improving resource efficiencies and claim outcomes. Organizations use tools such as predictive modeling and prescriptive analytics to find patterns and outliers in data, as well as to recommend the optimal next steps/interventions to manage claims. "Predictive modeling helps put the right claim into the right process and assign the right resources at the right time—enabling claims teams to deliver the attention that complex claims require and minimize over management of routine claims" (The Hartford, 2022).

Workflow automation leverages predictive tools and claims data to ensure consistency in execution and to drive desired outcomes. Workers' compensation claims are affected by numerous indicators, including jurisdictional differences, injured worker demographics, socioeconomic factors, employment, medical conditions, as well as current and prior injuries. These various factors, including structured and unstructured data from internal and external sources, coupled with claim and medical transaction data, are the baseline for predictive modeling tools.

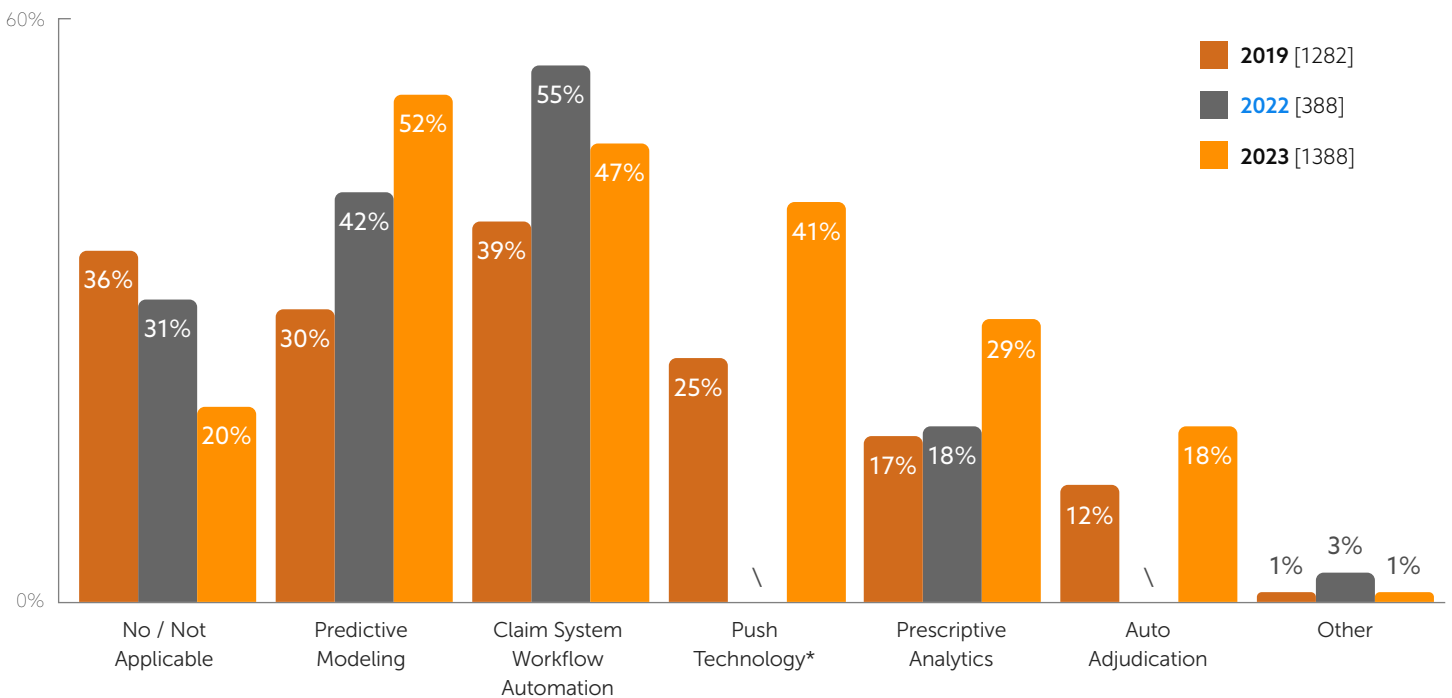
Predictive and prescriptive technologies have become increasingly important as key decision support tools in the management of workers' compensation claim outcomes. Using these tools allows organizations to quickly identify and strategically intervene in claims with a probability to incur high claim costs, litigation, and other key drivers of claim severity.

The 2023 study results demonstrate that 80 percent of organizations are utilizing systems to direct and manage best practices, a notable improvement from prior study results. The study reflects an increase across most systems/tools to drive best practices (see Figure 6). State funds/mutual funds and insurance companies are more likely to leverage multiple systems and tools (see Appendix B-3 for results by organizational type).

Historical study data demonstrates higher performing organizations are much more likely to utilize workflow automation, predictive analytics, and prescriptive analytics than lower performing peers, as reported in the 2022 Workers' Compensation Benchmarking Study 10-Year Industry Report Card (Algire D. Z., 2022).

Figure 6

Survey Question: *Does your organization utilize any of the following systems to direct or manage tasks within best practices?*



Note: Participants were able to select more than one answer for this question

YYYY Claims Leaders / YYYY Frontline Claims Professionals

\ Not an answer option in this study year

*e.g., information automatically sent to injured workers or key stakeholders

Impact of systems and analytics on driving claims best practices ⬆

Claims organizations are looking for ways to leverage systems and technology, including analytics, to improve operational performance and utilize resources more effectively. The study examines *what* systems/tools organizations utilize to manage claims within best practices, as well as the *effectiveness* of these tools from the perspective of frontline claims professionals (see Table 9). The results reflect an overall increase in confidence in the systems organizations employ compared to the 2019 results. However, predictive modeling continues to be rated as the least effective system/tool by frontline staff, which could indicate a need for training on the capabilities and benefits of the tool. Less experienced frontline claims professionals with five (5) years or less of experience in workers' compensation claims demonstrate a lower overall confidence in analytics to help manage claims within best practices, indicating a good opportunity to upskill newer entrants to the profession as well as ensure claims talent are leveraging systems and tools to manage claims effectively.

Table 9

Survey Question: *How effective are the following systems/tools in managing claims within best practices? Select all that apply. (Conditional Question for those who selected one or more systems/tools in in Figure 6)*

2019 [818] **2023** [1106]

Answer	% of Sub-Sample Responses					
	Very Effective		Somewhat Effective		Not Effective	
	2019	2023	2019	2023	2019	2023
Push technology (e.g., information automatically sent to injured workers / key stakeholders)	37%	47%	55%	50%	8%	3%
Claim System Workflow Automation	38%	43%	56%	55%	6%	3%
Prescriptive Analytics (used to determine the best solutions/activities to achieve desired outcomes)	36%	33%	55%	59%	9%	8%
Auto adjudication	29%	31%	60%	64%	11%	5%
Other	33%	31%	61%	46%	6%	23%
Predictive Modeling (statistical model of future probability of claim development)	19%	27%	62%	61%	19%	13%

Note: Participants were able to select more than one answer for this question



Impact of administrative and regulatory compliance requirements

Workers' compensation is regulated on a state-by-state basis and is greatly impacted by regulatory requirements that vary across jurisdictions. Therefore, a certain time allocation for regulatory compliance activities is anticipated for frontline claims professionals. However, how much is too much? The results show a modest decline in participants that report spending 30 to 40 percent or more of their time on regulatory compliance and administrative tasks compared to the prior study results (see Figures 7 & 8). Yet, nearly half of claims professionals, or 46 percent, report spending 30 to 40 percent or more on administrative tasks, and 23 percent allocate 30 to 40 percent or more of their time on regulatory compliance. Excessive focus on external and/or internal compliance and administrative tasks to the detriment of other objectives (i.e., communicating with injured workers and key stakeholders, proactive coordination of healthcare services and RTW, strategic and tactical claims management) will negatively impact claim outcomes. Organizations should determine which administrative tasks and/or regulatory compliance activities can and should be automated. The time and attention of claims professionals, and other key partners like clinicians, should be allocated to higher-level tasks and more strategic responsibilities.

Figure 7

Survey Question: *What percentage of your time do you spend on compliance activities to meet external regulatory requirements? (i.e., mailing / filing state forms, sending compliance letters, etc.)*

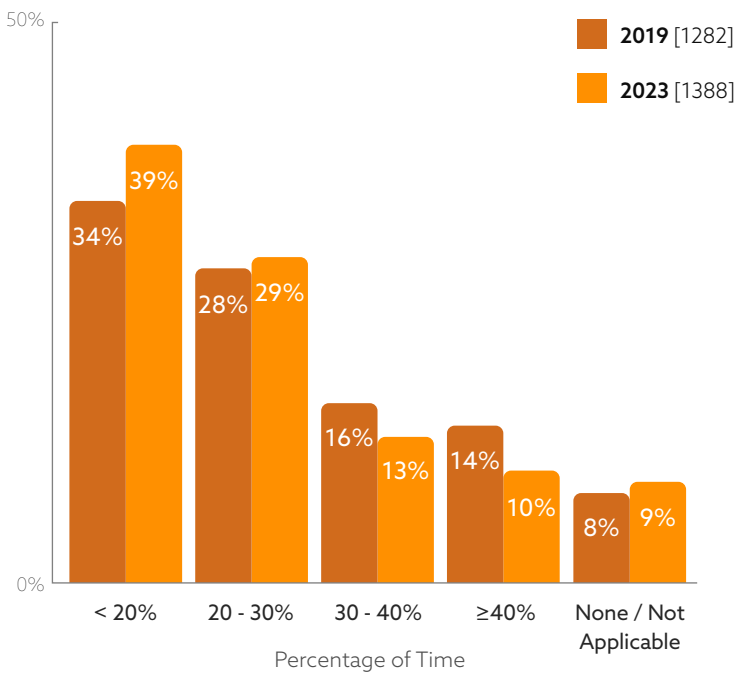
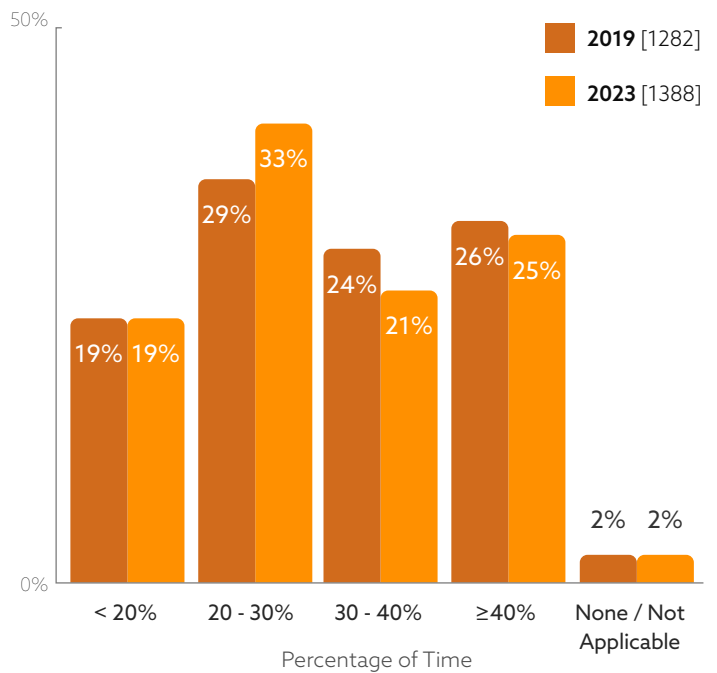


Figure 8

Survey Question: *What percentage of your time do you spend on administrative tasks? (i.e., letters, data collection, internal claims system administrative requirements, etc.)*



Leveraging risk/reward strategies to improve outcomes

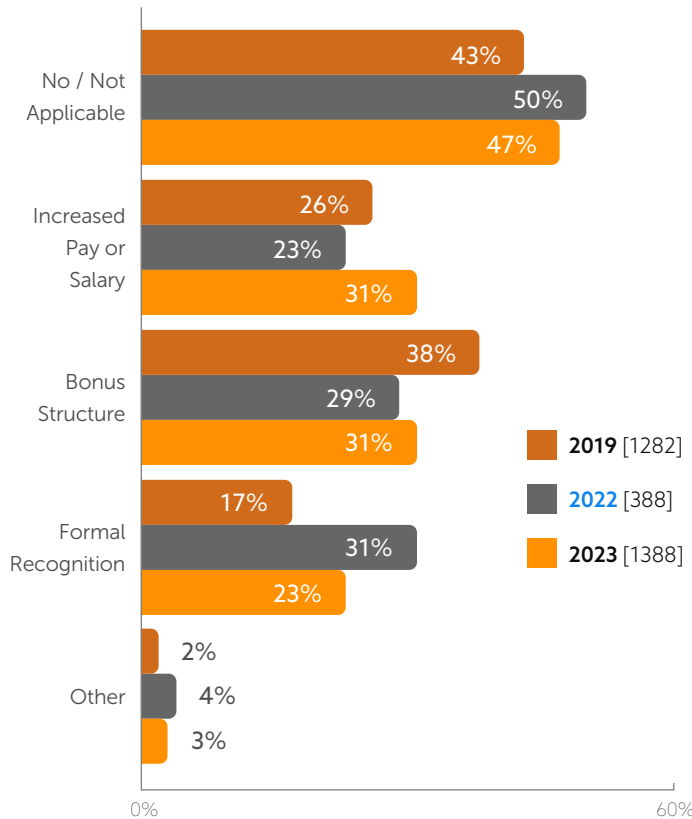
Rewarding good outcomes and penalizing poor performance is a common practice used in many businesses to achieve desired results. Incentives and penalties play an important role in driving human capital results. Organizations may face challenges and limitations depending on labor union contracts, company culture, and human resource practices. Many times, organizations do not know how to operationalize such metrics. Risk/reward systems should align Key Performance Indicators (KPIs) with desired outcomes and motivate employees to achieve results. Performance-based strategies should provide significant incentives (rewards and penalties) tied to achieving desired outcomes. Rewards and penalties are two sides of the same coin. Both can influence behavior and create a powerful incentive to improve performance. Performance-based strategies must be balanced. Incentives without the threat of penalties can lead to complacency, while penalties without rewards can lead to frustration and disengagement. Incentives and penalties should affect daily behavior and focus on near-term goals and objectives.

The 2023 results reflect a modest decline in the percentage of organizations that leverage incentives and penalties from the prior survey of frontline claims professionals and reflect a similar perspective to the most recent study of claims leaders in 2022 (see Figures 9 & 10). The 2023 data shows insurance companies are more likely to incentivize frontline claims professionals to meet best practices, with 61 percent reporting one or more incentives. Self-insured employers, risk pools and governmental entities are least likely, with more than 80 percent of respondents reporting no incentives (see Appendix B-6 for results by organizational type).

Historical study results show that higher performing organizations are much more likely to harness performance-based strategies with staff, as well as with vendor partners (Algire D. Z., 2022).

Figure 9

Survey Question: *Do you receive incentives for meeting claims best practices/performance measures? Select all that apply.*

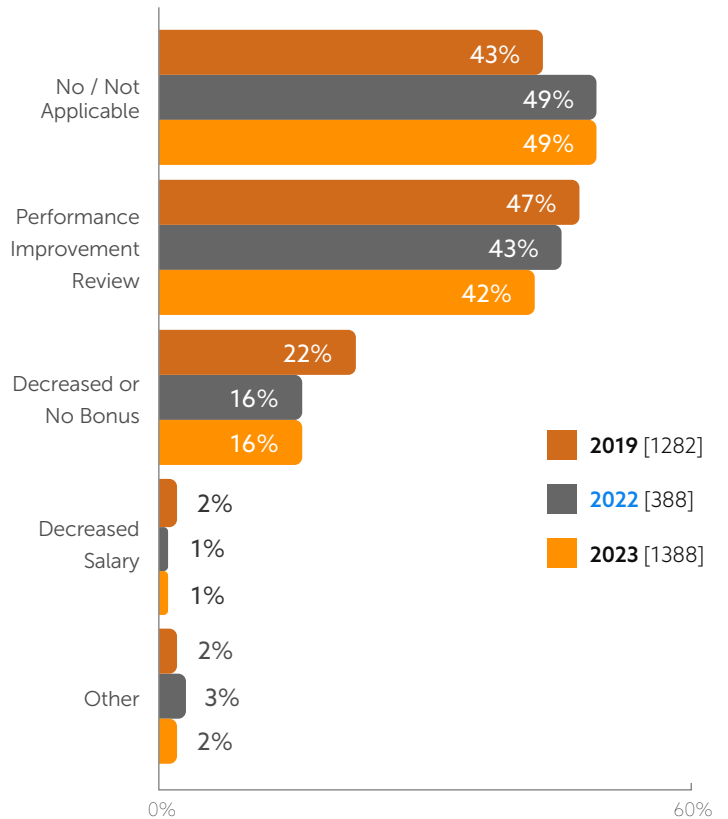


Note: Participants were able to select more than one answer for this question

YYYY Claims Leaders / YYYY Frontline Claims Professionals

Figure 10

Survey Question: *Do you receive penalties when claims best practices/performance measures are not met? Select all that apply.*



Note: Participants were able to select more than one answer for this question

YYYY Claims Leaders / YYYY Frontline Claims Professionals

Worker-centric view in defining successful claim outcomes ↔ =

Organizations are under constant pressure to achieve performance targets and ensure the claims department supports and advances organizational goals. Defining good outcomes is dependent on several factors. First, the context and level of the outcomes must be determined, including the individual or professional level (i.e., injured worker, claims examiner, nurse, provider, risk manager, attorney), and/or organizational level (i.e., company, business unit or department). KPIs are utilized at both the individual and organizational levels as *quantifiable* metrics that reflect how well an individual, department, or organization achieves its goals and objectives.

The 2023 study examines claim outcomes from the perspective of frontline claims professionals, with participants demonstrating a worker-centric view of claim outcomes and how they define success. Consistent with the prior study results of frontline claims professionals, participants rank an employee's return to the same or better pre-injury functional capabilities and return-to-work achieved by anticipated outcome as the top two (2) most important claim outcomes.

The 2023 survey results reflect frontline claims professionals have an aligned perspective on outcomes with claims leaders surveyed in 2016 (see Table 10).

Table 10

Survey Question: *How do you define a good claims outcome? Please rank in the order of greatest importance, with 1 being the "most important" and 5 being of "lower importance."*

Answer	Rank			Weighted Score
	2016	2019	2023	
count	492	1282	1388	
Employee return to the same or better pre-injury functional capabilities	1	2	1	5363
Return-to-Work (RTW) achieved by anticipated outcome	2	1	2	5138
Maximum Medical Improvement (MMI) / Permanent & Stationary achieved by anticipated outcome	4	3	3	4055
Claims closure / resolution achieved by anticipated outcome	3	4	4	3998
Lack of litigation	5	5	5	2266

YYYY Claims Leaders / YYYY Frontline Claims Professionals

Greatest obstacles to achieving claim outcomes

The study identifies both the *drivers* of optimal claim performance, as well as the *obstacles* to desired claim outcomes. Identifying barriers to optimal claim outcomes should be a key organizational strategy—comparable to components of the well-known business strategy tool, the "SWOT analysis" (i.e., strengths, weaknesses, opportunities, threats). The study examines the greatest obstacles to achieving desired claim outcomes from the perspective of frontline claims professionals. Consistent with prior study results, the 2023 survey participants identify litigation, lack of return-to-work (RTW) options, and psychosocial issues and/or other co-morbidities as the top three (3) greatest obstacles to achieving desired claim outcomes (see Table 11). Additionally, study results demonstrate frontline staff have a similar view as claims leaders on the top barriers to successful claim results (Algire D.Z., 2016).

Table 11

Survey Question: *What are your greatest obstacles to achieving desired claim outcomes? Please rank the top three in the order of the greatest impediment, with 1 being the "greatest obstacle" and 3 being the "lower obstacle."*

Answer	Rank			Weighted Score
	2016	2019	2023	
count	492	1282	1388	
Litigation / Applicant Attorney involvement	3	2	1	1514
Lack of RTW option / accommodation	2	1	2	1420
Psychosocial issues and/or other co-morbidities	1	3	3	1148
Late injury / claim reporting	5	4	4	938
Lack of good employee / employer relationship	4	5	5	769
Lack of time to proactively communicate with stakeholders (i.e., employee, employer, providers)	6	6	6	682
Employee doesn't understand the workers' comp system	8	7	7	670
Access to quality care	10	9	8	494
Jurisdictional / geographic differences (i.e., regulatory limitations)	9	8	9	483
Legalese statutory requirements	7	10	10	210

Note: Participants selected the top 3 obstacles from a list of 10 options

YYYY Claims Leaders / YYYY Frontline Claims Professionals



Litigation/Applicant Attorney involvement ranked #1

Litigation is a recognized risk factor in workers' compensation claims, and a common indicator used in predictive modeling tools. The cause and effect of litigation are closely linked to the predictors of successful return-to-work and ultimate claim costs. Employees are more likely to seek legal representation when there is poor communication or lack of trust with the employer and/or claims administrator. A WCRI study, "Avoiding Litigation: What Can Employers, Insurers, and State Workers' Compensation Agencies Do," found that injured workers are much more likely to seek attorneys when they feel threatened, or perceive their employment is in jeopardy as a result of the injury and/or their supervisor does not think the injury is legitimate. The claims process is another unintended driver of litigation. Injured workers may perceive their claim is denied due to statutory legalese documentation or delays in payment or communication that the worker may perceive as a denial (WCRI, 2010). This underscores the value of an advocacy-based, worker-centric claims model and the importance of quickly identifying and intervening in claims with a probability to incur litigation, and other key drivers of claim severity.



Lack of RTW option/accommodation ranked #2

Many stakeholders play a role in the RTW process; however, the employer and employee are critical to success. Employers often struggle with identifying modified duties. Prior study research identifies training employer/frontline supervisors on the significant company and human value of stay-at-work/return-to-work, as well as how to communicate with injured workers. The study also recommends organizations include such training in new hire core competencies (Algire D. Z., 2021). Claims management practices can also have a significant impact on the health and experience of injured workers. A national cross-sectional study involving 10,946 workers identified a strong association between worker experience in the claims process and RTW outcomes. Having a positive claims experience was strongly associated with RTW after accounting for injury, worker, claim, and employer factors (Collie A. S., 2019). To successfully facilitate this objective, it is important that all stakeholders—particularly employers and claims organizations—understand the importance of work to injured worker wellbeing. In addition to financial needs, work adds meaning and purpose to life and is an important source of individual identity.



Psychosocial issues and/or other co-morbidities ranked #3

It is well established in prior industry research that co-morbidities are associated with higher claim severity and delayed recovery (NCCI, 2012). Co-morbid conditions are coexisting medical conditions (i.e., diabetes, hypertension, obesity, depression) that are not necessarily compensable in a work-related injury, however, may impact treatment and recovery (Iglesias M. , 2019). A recent WCRI study that analyzed more than 720,000 open and closed claims with more than seven (7) days of lost time from 32 states shows 71 percent of high-cost claims have one (1) or more co-morbidities, more than double that of non-high-cost claims (WCRI, 2024).

Over the last several years, there has been increasing awareness of the important role of mental health on global well-being. Mental illnesses are among the most common health conditions in the United States, with nearly one (1) in four (4) US adults living with a mental illness (CDC, 2024). The National Institutes of Health (NIH) outlines that nearly half of Americans surveyed report recent symptoms of anxiety or depression, with the overall rate of anxiety, depression, and substance use disorders increasing significantly since the beginning of the pandemic (NIH, 2023).

Psychosocial factors (barriers) to functional recovery, such as pain catastrophizing, fear avoidance, and perceived injustice, are not a diagnosis or mental health disease and are not work-related—however, can have a significant impact on recovery and overall claim costs.

The impact of psychosocial risk factors on workers' compensation claims is well-established. It's important to note that psychosocial factors (barriers) to functional recovery, such as *pain catastrophizing, fear avoidance, and perceived injustice*, are not a diagnosis or mental health disease and are not work-related, however, can have a significant impact on recovery and overall claim costs. Identifying and mitigating these risk factors can lead to better claim outcomes (Iglesias M. , 2018). Prior study research identifies higher performing claims organizations are much more likely to leverage programs and resources to identify and manage psychosocial risk factors.

Appendix B Index—Prioritizing Core Competencies

For more information on all survey question results and additional benchmark analyses related to this focus area, please refer to the below tables and figures in [Appendix B](#).

- B-1:** Ranking of Core Competencies Most Critical to Claim Outcomes

- B-2:** Ranking of Core Competencies Frontline Staff Spend the Most Time On

- B-3:** Systems Used to Direct or Manage Tasks within Best Practices
Segmented by Organization Type

- B-3.1:** Effectiveness of Systems in Managing Claims within Best Practices

- B-4:** Time Spent by Frontline Staff on Compliance Activities
Segmented by Organization Type

- B-5:** Time Spent by Frontline Staff on Administrative Tasks
Segmented by Organization Type

- B-6:** Use of Staff Incentives to Achieve Best Practices / Performance Measures
Segmented by Organization Type

- B-7:** Use of Staff Penalties When Best Practices / Performance Measures Aren't Met
Segmented by Organization Type

- B-8:** Ranking of Most Important Claims Outcomes

- B-9:** Ranking of Greatest Obstacles to Achieving Desired Claims Outcomes



Operational Challenge

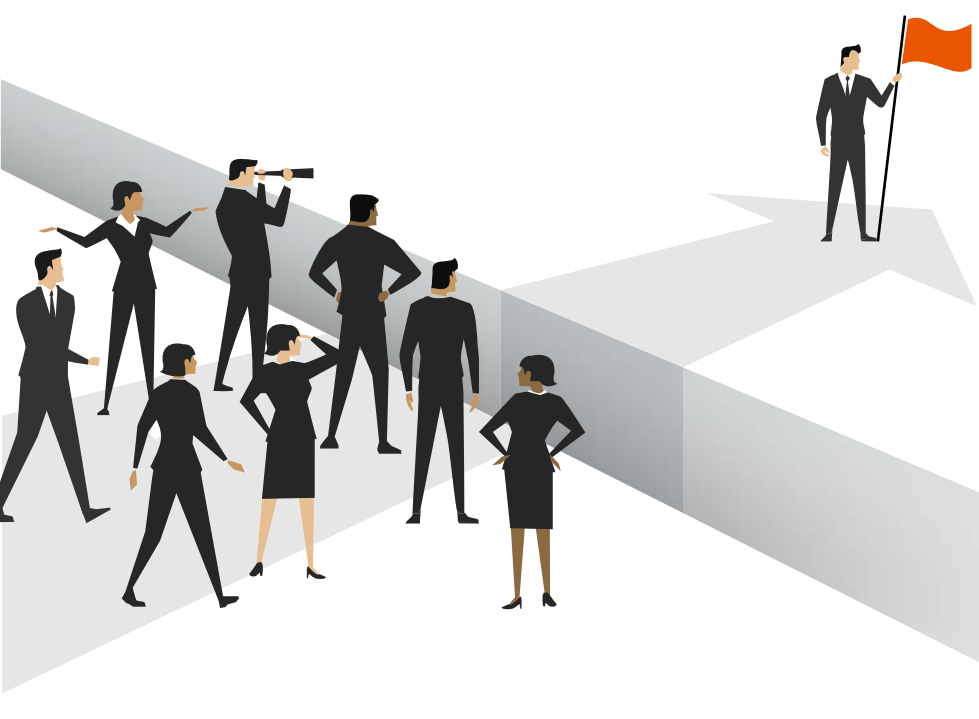
Talent Development & Retention

The talent gap—the industry’s greatest threat

The talent supply and demand imbalance remains one of the most pressing challenges for claims organizations. The talent gap is the industry’s greatest threat to innovation, growth, and profitability as well as reputational risk if claims are not managed effectively. Talent is critical to an organization’s success; yet, according to a recent report from The Jacobson Group and Ward, the ability to hire talent is significantly more difficult compared to prior years, with the greatest challenges in technology, claims, and underwriting roles (The Jacobson Group and Ward, 2023).

A key driver of the talent gap is the age of the industry workforce. According to the U.S. Bureau of Labor Statistics, the percentage of insurance professionals 55 and older increased 74 percent over the last 10 years (U.S. Bureau Of Labor Statistics, 2022). Another challenge is attracting potential Millennial and Gen Z candidates to the industry. Both are digital natives and prioritize working for organizations that are innovative, diverse, and philanthropic—none of which the insurance industry is well known for (PwC, 2018). By 2025, Millennials are projected to account for an overwhelming majority of the labor force with Gen Z close behind. “The combined influence of Millennials and Gen Z will dramatically transform the workplace” (Timmes, 2022). Leaders that examine their company’s talent value proposition and actually incorporate the needs of these two (2) generations will have a clear competitive advantage. The study data shows Millennials and Gen X account for 76 percent of the survey responses (see Figure 4 in the Demographics section).

This area of the study provides an opportunity for organizations to benchmark *how* industry peers invest in talent development and retention. The 2023 study examines the perspective of frontline claims professionals, the similarities and/or differences from prior survey research with claims leaders and frontline claims professionals, as well as *what* strategies are identified as *high performance differentiators*, with varying degrees of distinction amongst peer organizations.



Key Considerations

How has the COVID-19 pandemic influenced work options and preferences for frontline claims professionals?

How are organizations investing in training and development?

How are organizations leveraging advocacy-based, worker-centric programs, and what is the perception of frontline claims professionals?

What benefits are most important to frontline claims professionals?

Data Trend between Frontline Survey Results:

- Increase
- Decrease
- Consistent
- Mixed Results
- New Question / No Trend

Level of Differentiation between High Performers & Lower Performers:

- Modest
- Moderate
- Major

Claims Leader & Frontline Staff Comparison:

- Similar Perspective
- Different Perspective




Claims operational model—what frontline claims professionals value most

Traditionally, a physical presence in the workplace is perceived as a measure of productivity. The COVID-19 pandemic transformed that perception, with most organizations realizing employees can be productive working remotely. Consistent with the prior study, claims professionals identify remote work options as one of the most valued benefits that could influence current and/or future employment considerations (see Tables 12 & 13). The Harvard Business Review outlines in a case study that the next workforce generation demands it all: flexible schedules, diversity, engagement, autonomy, and a meaningful connection with employers as well as the company purpose (Mankins, Garton, & Schwartz, 2021).

The 2023 study examines what operational model organizations are currently using. The results show 86 percent are working in a hybrid model, with a mix of in office and remote work (see Figure 11). The data shows that self-insured employers are more likely to offer full-time remote work options (see Appendix C-1 for results by organizational type). In prior study research with claims leaders, 77 percent report changing their operational design as a result of employee sentiment, with higher performing organizations much more likely to offer greater flexibility compared to lower performing peers (Algire D. Z., 2022).

Figure 11

Survey Question: *What operational model is your organization currently using?*

-  Full-time remote work from home
-  In office model with claims staff working in regional and/or corporate offices
-  Hybrid model mixing in office and remote work

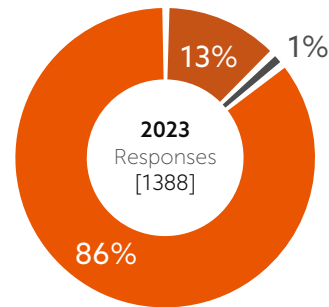


Table 13

Survey Question: *Of the following benefits, which are most important to you and/or could influence your employment decision with current or future employers? Please rank the top three in order of importance, with 1 being the "most important" and 3 being "less important."*

Answer	Rank		Weighted Score
	2019	2023	
count	1282	1388	
Work from home option	1	1	3171
Bonus / Profit sharing	2	2	1966
Four-day work week or other alternative scheduling arrangement	3	3	1700
Flextime for exercise during the workday	4	4	372
Recognition / rewards for industry designations (i.e., AIC, CPCU, CRM)	5	5	328
Wellness programs	7	6	224
Tuition reimbursement	8	7	155
Professional membership dues and/or conference fee reimbursement	6	8	149
Time to participate in community outreach programs	10	9	134
Gym memberships	9	10	129

Note: Participants selected the top 3 benefits from a list of 10 options

Impact of remote work on productivity, morale, and team dynamics

Participants report that remote work does not negatively impact productivity, with 97 percent reporting either no impact or improved productivity, an increase from the 2022 results of claims leaders. Similarly, 94 percent report either no impact or improved impact on employee morale. However, like claims leaders, frontline claims professionals report a greater effect on team dynamics with 14 percent reporting a negative impact in this area (see Table 14). Historical study research shows higher performing organizations are more likely to recognize and report a negative impact of remote work on team dynamics (Algire D. Z., 2022).

According to an *Insurance Journal* article with multiple industry executive interviews, organizations saw increasing productivity with remote work; however, companies are experiencing a “negative impact on innovation—everything that requires teamwork and brainstorming” (Howard, 2022).

Additionally, a largescale study of more than 60,000 U.S. employees at Microsoft over the first six (6) months of 2020 shows that company-wide remote work causes collaboration to become more static, siloed, and less interconnected (Yang, et al., 2022). The study notes a decrease in synchronous communication and an increase in asynchronous communication, which may make it more difficult for employees to acquire and share new information across the organization.

The future state should consider the impact of operational models on team dynamics. The most effective implementation of hybrid work includes deliberately minimizing the impact on employees that are not working remotely; “for example, organizations should consider implementation of hybrid work in which certain teams come into the office on specified days, or in which most or all workers come into the office on select days and work remotely otherwise” (Yang, et al., 2022).

Table 14

Survey Question: *How has remote work from home impacted the claims operation productivity, morale, and team dynamics?*

2022 [388] **2023** [1388]

Answer	No Change		Improved/Positive Impact		Decreased/Negative Impact	
	2022	2023	2022	2023	2022	2023
Impact on Productivity	50%	28%	37%	69%	13%	3%
Impact on Morale	23%	26%	66%	68%	11%	6%
Impact on Team Dynamics	44%	46%	16%	40%	40%	14%

YYYY Claims Leaders / YYYY Frontline Claims Professionals

Investing in new hire training

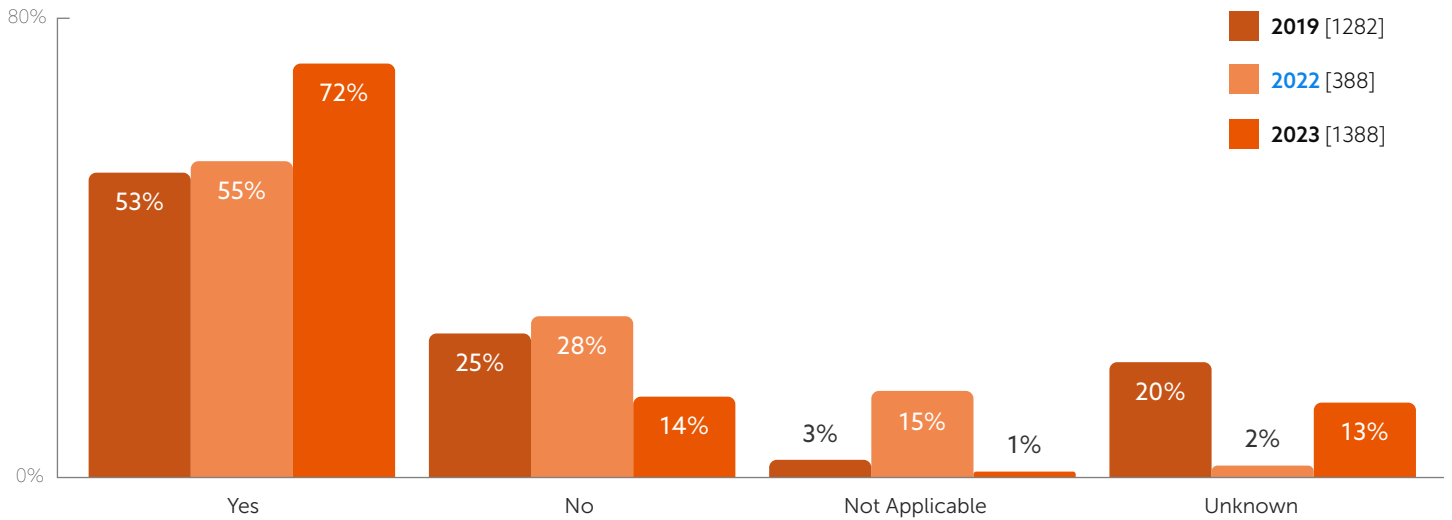
The 2023 results reflect that 72 percent of organizations provide training for new hire claims staff with minimal to no experience. That’s a notable increase from the results of the 2019 survey of frontline claims professionals as well as the most recent survey of claims leaders (see Figure 12). Frontline staff report a higher confidence in new hire training programs, with 69 percent indicating that the training prepares new claims staff to carry a caseload, a notable improvement from the prior survey of frontline claims professionals (see Figure 13).

Historical study results show organizations that have a new hire training program are investing more time in the training programs. The 2022 results show, of those organizations who do conduct new hire training, 34 percent report the program includes more than 100 hours of dedicated training (Algire D. Z., 2022). Given the well-known industry talent shortage, which will only intensify, organizations without a training program should examine strategies to quickly deploy training options.

Higher performing organizations are more likely to offer new hire training for claims staff, as reported in prior study results (Algire D. Z., 2022).

Figure 12

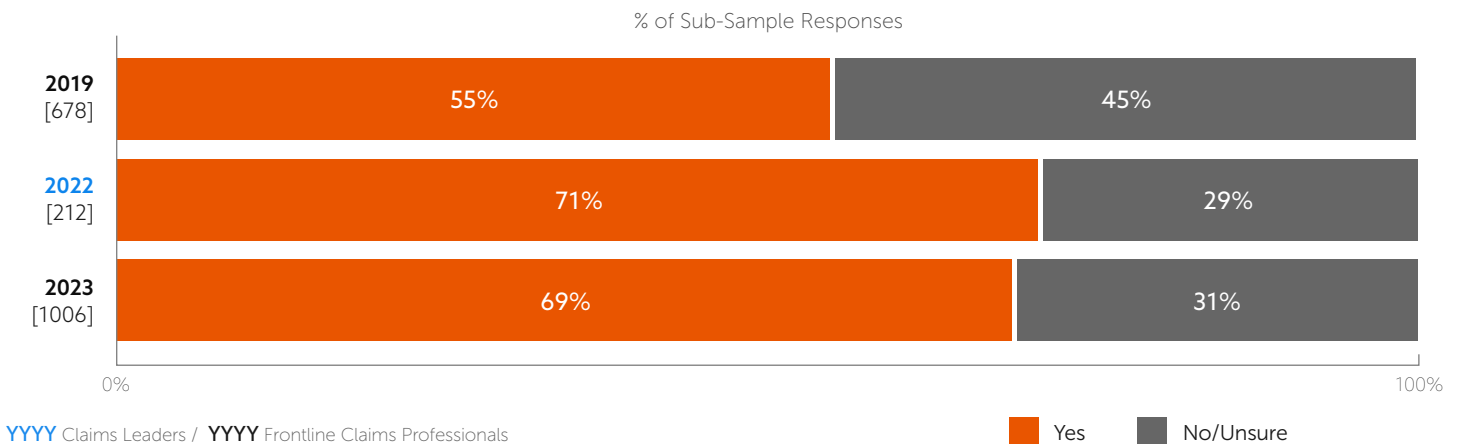
Survey Question: *Does your organization have a formal training program for new hire claims staff with little to no experience?*



YYYY Claims Leaders / YYYY Frontline Claims Professionals

Figure 13

Survey Question: *Overall, do you believe completion of the new hire training program prepares new claims staff to carry a case load? (Conditional Question for those who answered "Yes" in Figure 12)*



YYYY Claims Leaders / YYYY Frontline Claims Professionals

Investing in ongoing claims staff training

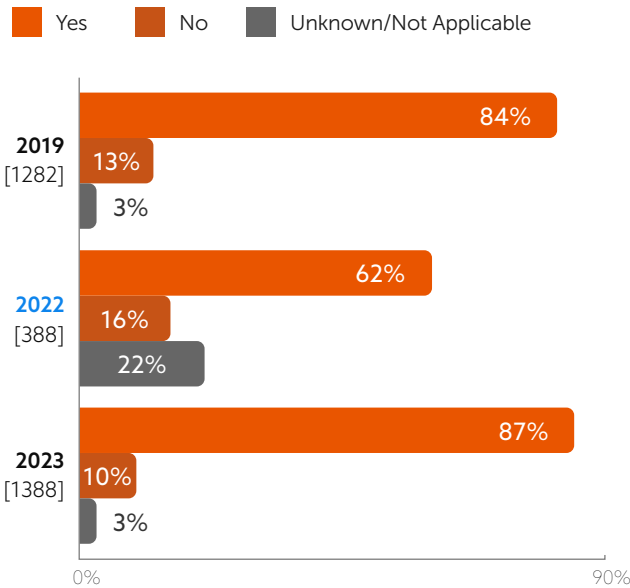
With the growing skills gap and challenge attracting new entrants into the industry, organizations must be more diligent to retain the staff they have. Meeting the demand for new and rapidly changing skills, due primarily to increasing claim complexity and industry innovation, underscores this need. The 2023 results show 87 percent of frontline claims professional receive ongoing skills training and development, a slight increase from the prior survey of frontline claims professionals in 2019, and a notable increase from the most recent survey of claims leaders (see Figure 14).

The study identifies the primary reasons frontline professionals do not receive ongoing training. The results show time constraints and a lack of perceived business need as the primary factors (see Table 15). To remain competitive, organizations need to balance business needs and invest in continued training and development of claims staff. Training and development should be viewed as an investment rather than an expense. Investing in continuing education allows staff to hone existing skills and develop new ones, as well as provides the organization with a talent pool of technically superior claims professionals, thus improving claim outcomes and financial results.

Historical study results show higher performing organizations are much more likely to provide ongoing training and development for claims staff (Algire D. Z., 2022).

Figure 14

Survey Question: *Does your organization provide you with ongoing skills training and development?*



YYYY Claims Leaders / YYYY Frontline Claims Professionals

Table 15

Survey Question: *What is the primary reason for not receiving ongoing skills training and development? (Conditional Question for those who answered "No" in Figure 14)*

Answer	% of Sub-Sample Responses		
	2019	2022	2023
count	162	63	136
Time constraints / too busy managing claims	38%	22%	46%
Not a perceived need	30%	37%	21%
Budget limitations	10%	14%	9%
Other	21%	27%	24%

Table 16

Survey Question: *On average, how often do you participate in skills training and development? (Conditional Question for those who answered "Yes" in Figure 14)*

Answer	% of Sub-Sample Responses		
	2019	2022	2023
count	1075	240	1207
Monthly	43%	12%	43%
Quarterly	37%	43%	35%
Twice a year	11%	18%	9%
Annually	6%	20%	7%
Less than once per year	3%	7%	6%

Soft skills training, critical to advancing worker-centric models

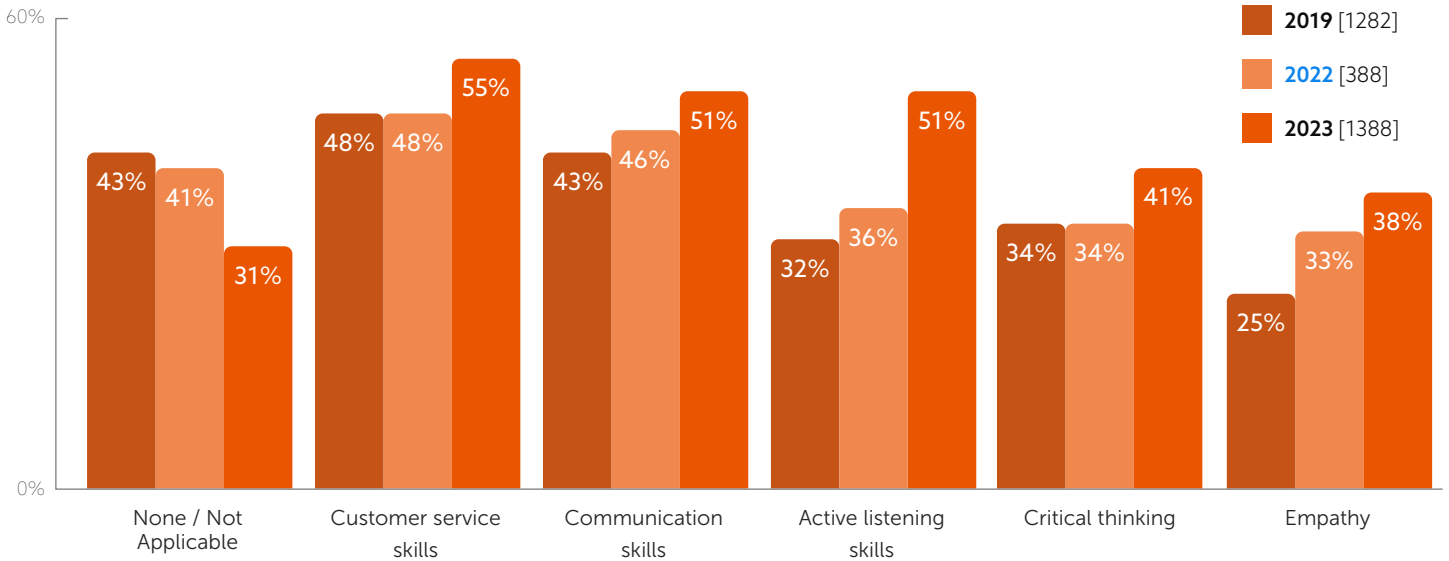
To be effective, claims professionals need more than traditional training focused on legal/regulatory compliance and financial controls. They must be skilled communicators and adaptable to cultural differences. The study examines the soft skills claims professionals need to excel in their demanding role, such as communication skills, active listening, and empathy. Skillful communicators listen with full attention to concerns, adapt their communication based on each personality style, and manage conflict in a way that all parties experience a satisfactory outcome. Additionally, they understand multigenerational and cultural differences and adjust accordingly. According to a whitepaper published by Hi Marley, the level of empathy demonstrated by a claims team is the primary driver of customer retention and the largest difference in an organization's customer satisfaction rating (Snyder, Kim, & Patel, 2022).

The 2023 results indicate that 69 percent of organizations include soft skills training for frontline claims professionals, an improvement from prior study results. The data shows an increase across all areas of training, however, only 38 percent report receiving training on empathy—a critical skill when assisting people who are injured (see Figure 15). Although the results show an increase in frontline claims professionals' opinion that they receive enough applicable training to do their job effectively, less than 50 percent report they greatly agree, indicating an opportunity for organizations to examine ongoing training needs (see Figure 16).

Historical study results show higher performing organizations are much more likely to leverage training across multiple soft skills, including customer service, active listening, communication skills, and empathy (Algire D. Z., 2022).

Figure 15

Survey Question: *Does your organization provide you training in any of the following areas? Select all that apply.*

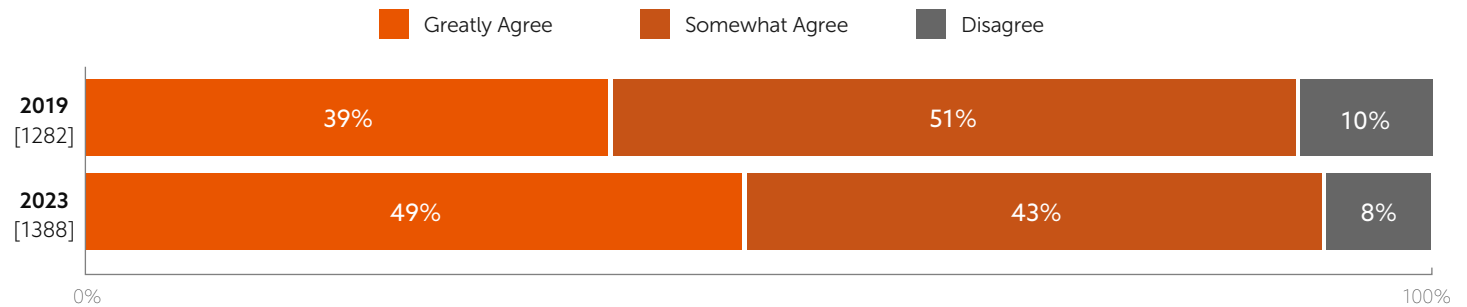


Note: Participants were able to select more than one answer for this question

YYYY Claims Leaders / YYYY Frontline Claims Professionals

Figure 16

Survey Question: *In your opinion, do you receive enough applicable ongoing training and development to effectively do your job?*



Defined career path for claims professionals

The workers' compensation sector needs to change the public perception of the industry and build awareness of its multidisciplinary opportunities. Developing career paths provides claims organizations the opportunity to strategically promote the profession, as well as ensure long-term talent commitment. From the employee perspective, a career path provides a structure to enhance their skills and knowledge that can lead to mastery of their current role, as well as promotions to new or different positions. According to the Society of Human Resource Management, implementing career paths can also impact the entire organization by improving morale, career satisfaction, motivation, as well as company financial results and productivity (Society of Human Resource Management, 2021). In a global insurance industry report, McKinsey & Company outlines that organizations can attract new talent by refining their employee value proposition, including emphasizing employees' ability to gain exposure to a diverse set of roles, industries, geographies, and functional areas through defined, cross-functional career paths (Ebert, et al., 2023).

The 2023 results show that 54 percent of organizations offer a career path with growth opportunities to frontline claims professionals, an improvement from 2019 results, and consistent with the most recent survey of claims leaders in 2022 (see Table 17). Historical study results show an upward trend, indicating organizations are prioritizing career paths as an important talent strategy. However, there is still work to be done, with almost half not offering career paths. A major differentiator—historical study results show higher performing organizations are much more likely to offer career paths, representing a clear competitive advantage for those that do (Algire D. Z., 2022).

Table 17

Survey Question: *Does your organization offer a formal career path program with growth opportunities for claims staff?*

Answer	2019	2022	2023
count	1282	388	1388
Yes	40%	54%	54%
No	35%	39%	24%
Unknown	26%	7%	22%

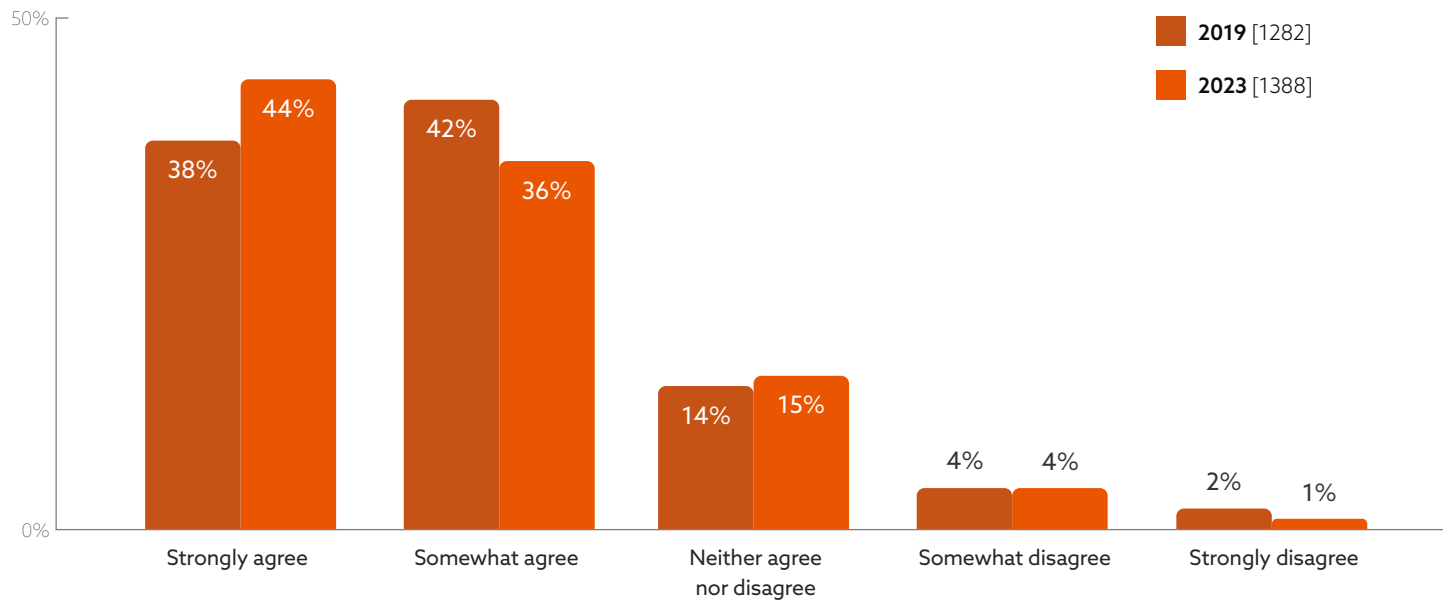
YYYY Claims Leaders / YYYY Frontline Claims Professionals

Frontline claims professionals view on job meaningfulness

Purpose at work is the intrinsic sense of fulfillment that employees gain from doing work that has meaning. Research shows meaningfulness is more important than pay and rewards, opportunities for promotion, and working conditions. Employees who experience work as meaningful are more engaged, committed, and satisfied (Lysova, 2023). The 2023 results show that 44 percent of frontline claims professionals strongly agree to finding meaning in their job, an increase from 38 percent in the 2019 survey (see Figure 17).

Figure 17

Survey Question: *Overall, do you find your job meaningful?*



Knowledge of advocacy-based, worker-centric claims model

The workers' compensation industry continues to promote the value of advocacy-based, worker-centric claims models, defined as an *employee-centric, customer service claims model that focuses on employee engagement during the injury recovery process, removes adversarial obstacles, makes access to benefits simple, builds trust, and holds organizations accountable to metrics that go beyond cost containment.*

The claims process and injured worker experience can have a material impact on claim outcomes (Collie, Sheehan, Lane, Gray, & Grant, 2019). Advocacy-based, worker-centric claims models put the injured workers' needs first—understanding that not only are they recovering from an injury, but they must also navigate through the complex workers' compensation claims process. The study initially examined the use of advocacy-based claims models with claims leaders in 2016, and with frontline claims professionals in 2019.

To gain a better understanding of the industry's awareness of advocacy-based worker-centric models, the study examines if frontline participants know what an advocacy-based claims model is. This survey question is independent of other questions to reduce bias. The 2023 results reflect a modest increase in frontline claims professionals' knowledge of advocacy-based worker-centric claims models from the 2019 survey, with 39 percent reporting awareness (see Figure 18) and state fund/mutual fund participants reporting a higher awareness (see Table 18). Even with this modest improvement, a stark difference exists between claims leaders and frontline staff results (see Figure 18). Given the significant industry focus on advocacy-based, worker-centric models, there continues to be a disconnect between theory and practice. Advocacy-based worker-centric claims models will require a concerted effort and commitment to change longstanding industry and organizational practices.

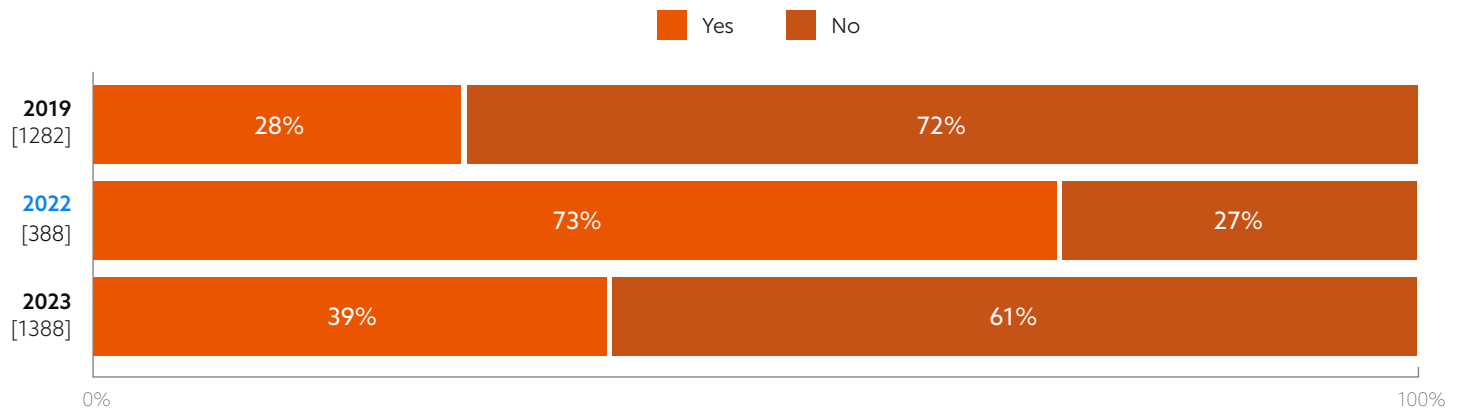
Historical study results show higher performing claims organizations are much more likely to be aware of advocacy models, compared to lower performing peers (Algire D. Z., 2022).

Advocacy-Based Worker-Centric Claims Model

An employee-centric, customer service claims model that focuses on employee engagement during the injury recovery process, removes adversarial obstacles, makes access to benefits simple, builds trust, and holds organizations accountable to metrics that go beyond cost containment.

Figure 18 & Table 18

Survey Question: *Do you know what an advocacy-based claims model is?*



YYYY Claims Leaders / YYYY Frontline Claims Professionals

2023 Responses Segmented by Organizational Type

Answer	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
count	1031	2	151	65	21	11	69	35	3
Yes	38%	-	43%	29%	38%	45%	51%	46%	-
No	62%	100%	57%	71%	62%	55%	49%	54%	100%

Leveraging advocacy-based, worker-centric claims models

The results show that 28 percent of participants have already implemented an advocacy-based, worker-centric claims model, an increase from prior survey of frontline claims professionals in 2019, yet notably lower than what claims leaders report. Consistent with the prior survey of frontline claims professionals, most report *unknown*—unaware if their organization has an advocacy-based, worker-centric claims model (see Table 19). Given the key role of frontline claims professionals in the daily management of claims, they should be included in the design and implementation of advocacy models.

Prior study research and industry publications indicate leading claims organizations are proponents of advocacy-based, employee-centric approaches. Historical study results show higher performing claims organizations are much more likely to leverage advocacy-based models, with 60 percent having already implemented the model (Algire D. Z., 2022).

Table 19

Survey Question: *Has your organization considered implementing/adopting an advocacy-based, injured worker-centric claims model?*

Answer	2019	2022	2023
count	1282	388	1388
Yes, already implemented	18%	47%	28%
Yes, will likely implement within the next 1 to 3 years	3%	10%	2%
Considering, but no specific implementation plans	3%	13%	3%
No, not considering	4%	15%	3%
Unknown	72%	15%	64%

YYYY Claims Leaders / YYYY Frontline Claims Professionals

Implementing advocacy model initiatives

For organizations that report implementing an advocacy-based, worker-centric claims model, the study examines what specific strategies are employed. The data shows mixed results across multiple strategies from the prior survey of frontline claims professionals. Consistent with the most recent survey of claims leaders, the 2023 results show revamping injured worker communications as the most common strategy implemented. The data shows a different perspective in other key strategies. Of note, 65 percent of claims leaders indicate a cultural shift, including organizational support and leadership buy in for advocacy-based program strategies, compared to 24 percent of frontline claims professionals (see Table 20).

Historical study results show higher performing organizations are much more likely to implement multiple worker-centric initiatives, including a major differentiator, claims professional training on empathy and other soft skills (Algire D. Z., 2022).

Table 20

Survey Question: *What advocacy-based, injured worker-centric claims model initiatives have you implemented? Select all that apply. (Conditional question for those who answered "Yes, already implemented" in Table 19)*

Answer	% of Sub-Sample Responses		
	2019	2022	2023
count	233	181	394
Revamped injured worker communications including education about the claims process	46%	77%	65%
Implemented technology tools or apps	\	50%	59%
Focused claims adjuster training on empathy and/or other soft skills	50%	74%	47%
Emphasis on WC as a benefit delivery system versus a claims adjudication system	47%	61%	34%
Dedicated injured worker advocates in addition to the claims examiner	37%	39%	28%
Cultural shift within your organization supporting an advocacy model including leadership buy in	39%	65%	24%
Other	5%	8%	3%

Note: Participants were able to select more than one answer for this question

\ Not an answer option in this study year

YYYY Claims Leaders / YYYY Frontline Claims Professionals

Advocacy-based, worker-centric claims models and employee engagement—key talent strategy

The 2023 results show participants value advocacy-based claims models as a key claims talent strategy. Participants continue to rank employee engagement as the greatest potential impact on claims talent retention, followed by transforming the image of the claims' profession (see Table 21). Employee engagement, a leading indicator of job satisfaction, should be a strategic business objective. Engaged employees lead to higher performance and organizational success, as well as higher employee retention. "When employees see and appreciate how their individual work helps advance organizational goals they support and find meaningful, they will be more engaged, motivated, and perform at a high level to drive organizational performance" (Mazor, 2021).

Table 21

Survey Question: *Considering an advocacy-based injured worker-centric claims model, how could it most impact claims talent development and retention strategies? Please rank the top three strategies in the order of greatest potential impact, with 1 being the "greatest impact" and 3 being the "lower impact."*

	Rank			Weighted Score
	2019	2022	2023	
count	1282	388		1388
Employee and/or injured worker engagement	1	1	1	3069
Transform the image of the claims profession	2	5	2	1828
Elevate the social factors and meaningful work of claims professionals	4	3	3	1176
Improve organizational reputation and/or social image	3	4	4	1160
Connect claims talent strategy to organizational mission or customer service model	5	2	5	1095

Note: Participants selected the top 3 areas of impact from a list of 5 options

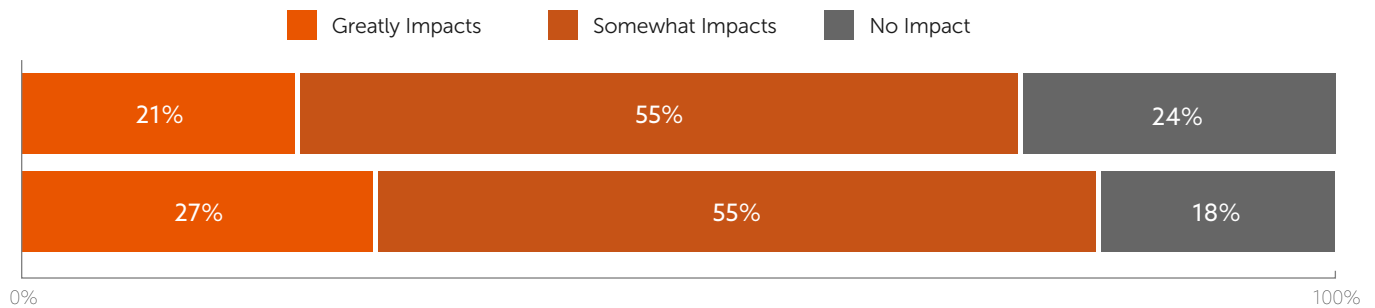
YYYY Claims Leaders / YYYY Frontline Claims Professionals

Advocacy-based, worker-centric claims models—impact on claim outcomes

The 2023 results show frontline claims professionals, overall, believe advocacy models have a positive effect, with 82 percent reporting the model greatly impacts or somewhat impacts claim outcomes—a modest increase from the 2019 results (see Figure 19). Generation Z participants report a higher opinion compared to other generational groups (see Table 22).

Figure 19 & Table 22

Survey Question: *In your opinion, will/does an advocacy-based claims model positively impact claim outcomes?*



2023 Responses Segmented by Generation

Answer	The Silent Generation (born 1925-1945)	The Baby Boomer Generation (born 1946-1964)	Generation X (born 1965-1979)	Millennials (born 1980-1994)	Generation Z (born 1995-2012)
count	5	253	559	498	73
Greatly impacts	20%	26%	24%	30%	33%
Somewhat impacts	80%	52%	54%	56%	56%
No impact	-	22%	22%	14%	11%

Appendix C Index—Talent Development & Retention

For more information on all survey question results and additional benchmark analyses related to this focus area, please refer to the below tables and figures in [Appendix C](#).

- C-1:** Post-Pandemic Operational Model
Segmented by Organization Type
- C-2:** Impact of Remote Work on Productivity, Morale, and Team Dynamics
- C-3:** Provision of Formal Training Program to New Hire Claims Staff
Segmented by Organization Type
- C-3.1:** Confidence Level in the Training Program to Prepare New Hire Claims Staff for a Caseload
Segmented by Years of Experience in Workers' Compensation Claims Adjusting
Segmented by Organization Type
- C-4:** Provision of Ongoing Skills Training & Development Programs for Frontline Staff
Segmented by Organization Type
- C-4.1:** Frequency of Ongoing Skills Training & Development Participation by Frontline Staff
Segmented by Years of Experience in Workers' Compensation Claims Adjusting
- C-4.2:** Primary Reason Frontline Staff Do Not Receive Ongoing Skills Training & Development
- C-5:** Provision of Soft Skills Training to Frontline Staff
Segmented by Organization Type
- C-6:** Confidence Level in Ongoing Training & Development to Perform Job Effectively
Segmented by Years of Experience in Workers' Compensation Claims Adjusting
Segmented by Organization Type
- C-7:** Provision of Benefits to Frontline Staff, Outside of Salary & Standard Benefits
Segmented by Organization Type
- C-8:** Ranking of Benefits Most Important to Frontline Staff
- C-9:** Provision of a Formal Career Path Program
Segmented by Organization Type
- C-10:** Assessment of Job Meaningfulness
Segmented by Years of Experience in Workers' Compensation Claims Adjusting
Segmented by Generation
Segmented by Organization Type

- C-11:** Primary Reason Frontline Staff Would Leave Current Job
Segmented by Generation
- C-12:** Knowledge of Advocacy-Based Claims Models
Segmented by Years of Experience in Workers' Compensation Claims Adjusting
Segmented by Organization Type
- C-13:** Prevalence of Advocacy-Based Claims Models
Segmented by Organization Type
- C-13.1:** Advocacy-Based Claims Model Initiatives
- C-14:** Impact Rating of Advocacy-Based Claims Models on Claim Outcomes
Segmented by Years of Experience in Workers' Compensation Claims Adjusting
Segmented by Generation
Segmented by Organization Type
- C-15:** Ranking of How Advocacy-Based Models Could Impact the Claims Profession



Operational Challenge

Impact of Technology & Data

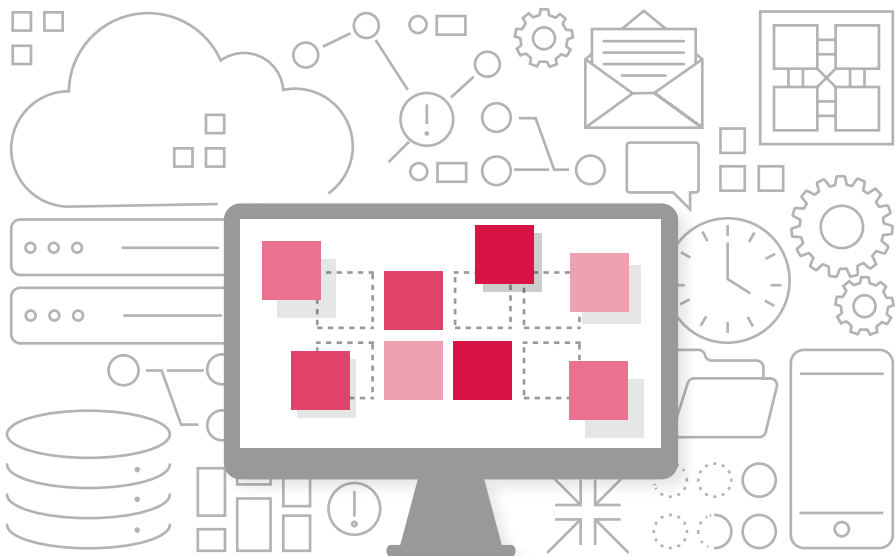
Investing in technology capabilities—manual workflow remains a challenge

Technology and managing data from multiple systems remain major areas for improving the claims process and outcomes. The industry continues to be transformed by technological advancements—from artificial intelligence and predictive technology, to the use of multiple data sources to enhance customer engagement and experience. Most notably, the industry is focused on improving claims management through leveraging business process improvement, workflow automation, and proactive analytics to determine which claims are likely to result in larger losses. Key initiatives include using mobile apps to improve loss avoidance and mitigation, investing in claims systems to improve claims/customer service, as well as operationalizing predictive analytics.

Manual workflows from multiple systems remain major challenges. Industry influencers socialize the perception of *transformation*, yet actual innovation is still a concept. Industry executive Rory Yates notes “despite all the talk of transformation, the inconvenient truth is much of what’s been accomplished is nothing more than Band-Aids.” To achieve true transformation, organizations need to invest in an ecosystem future with new technology that will rapidly advance digitization and automation to support better customer service, reduce claims leakage, and leverage data to reduce risk (Yates, 2023).

Organizations that invest now in technology capabilities with an end-to-end digital experience for injured workers, customers, and other stakeholders will have a clear competitive advantage.

This area of the study focuses on *how* frontline claims professionals leverage technology to enhance operations and impact claim outcomes. The 2023 study examines the similarities and/or differences from prior survey research with frontline claims professionals in 2019 and claims leaders in 2022, as well as *what* strategies are identified as *high performance differentiators*, with varying degrees of distinction amongst peer organizations.



Key Considerations

How do claims professionals utilize data to impact/manage claims?

How are advanced analytics, such as artificial intelligence and predictive modeling, used by frontline claims professionals?

What tools do frontline claims professionals need to improve their job/efficiency?

Has technology improved frontline claims operations?

Data Trend between Frontline Survey Results:

- Increase
- Decrease
- Consistent
- Mixed Results
- New Question / No Trend

Level of Differentiation between High Performers & Lower Performers:

- Modest
- Moderate
- Major

Claims Leader & Frontline Staff Comparison:

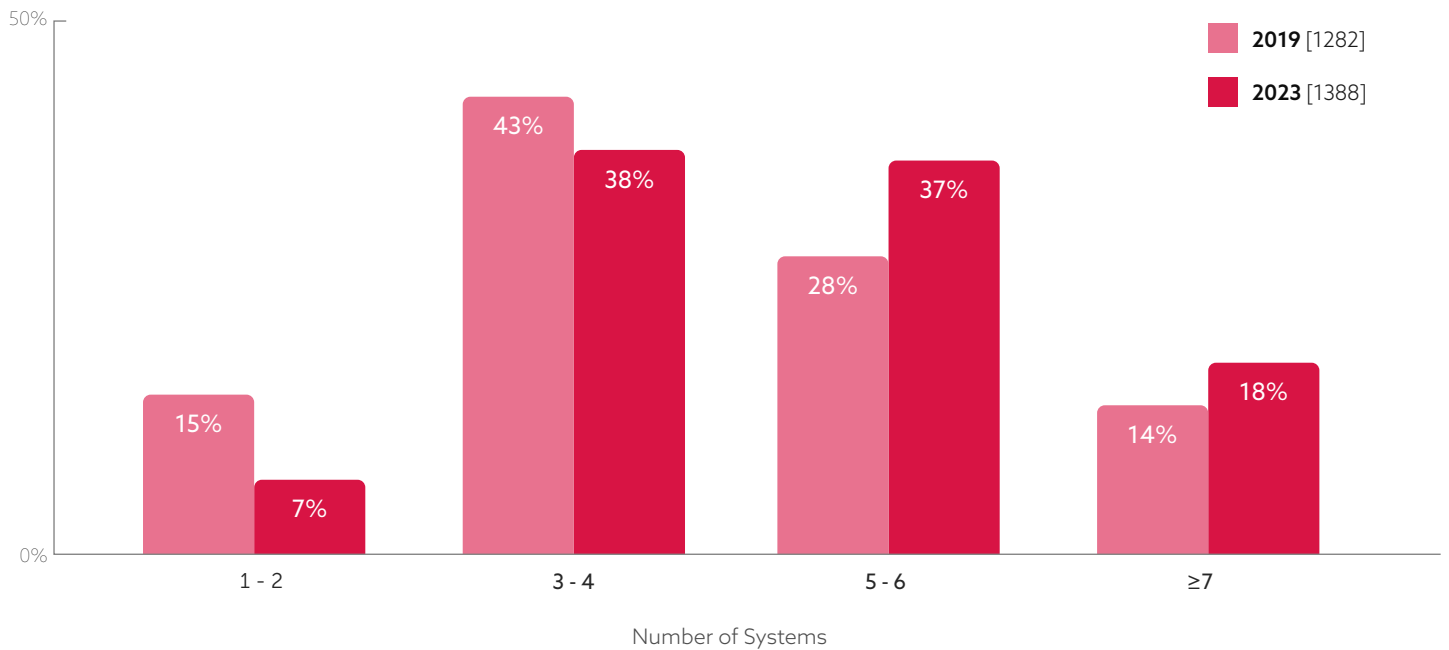
- Similar Perspective
- Different Perspective

Claims management efficiency opportunities

The study research examines industry initiatives to improve frontline claims management efficiencies, including streamlining workflow, systems integration, and minimizing administrative tasks. The 2023 results indicate an increase in the number of systems frontline staff utilize in the daily management of claims, with 55 percent reporting they use five (5) or more systems (see Figure 20).

Figure 20

Survey Question: *Including internal and external programs/systems, how many systems do you utilize in the daily management of claims?*



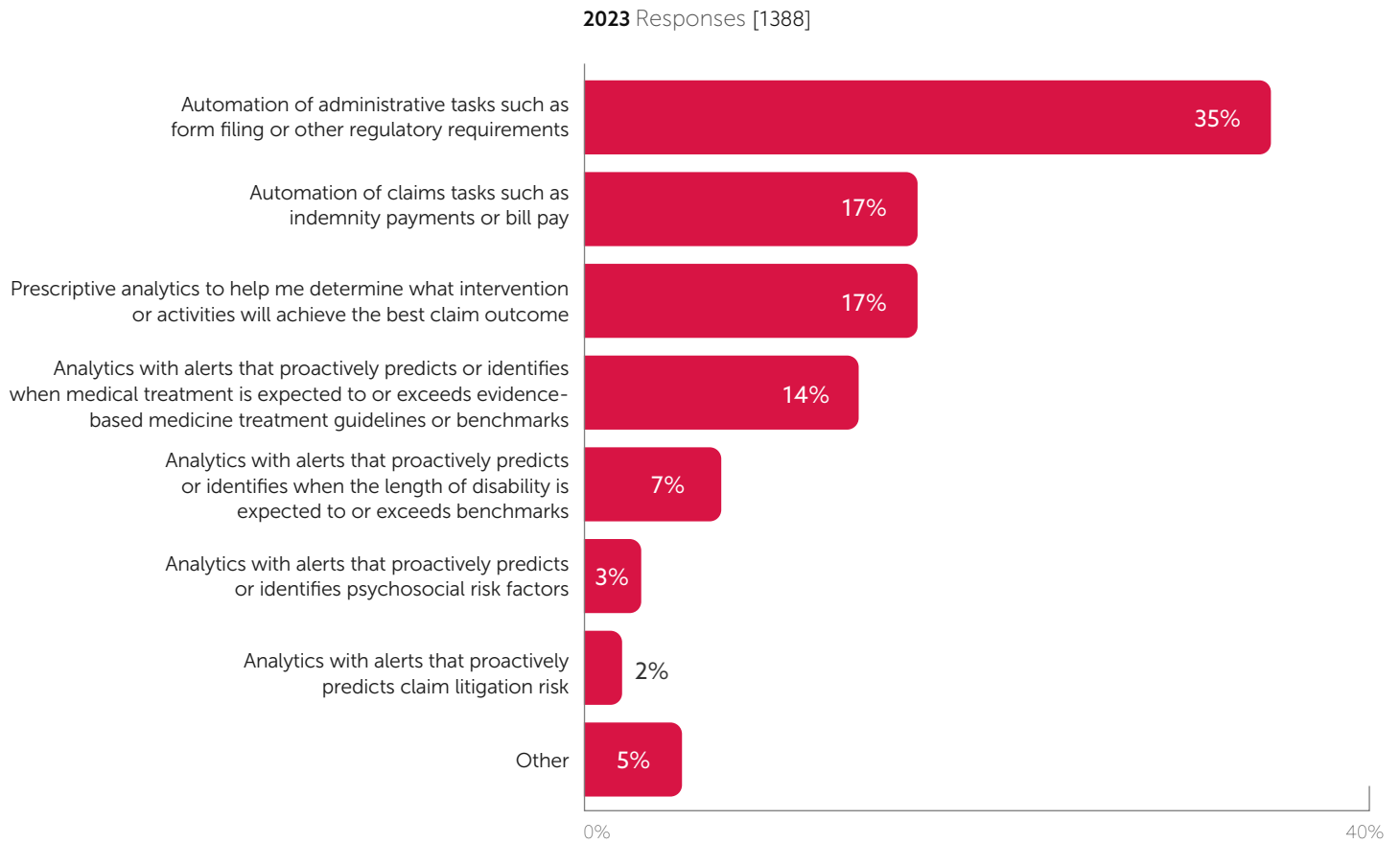
From the frontline—technology solutions that would be most valuable

Many organizations tout the use of analytics. However, success is dependent on *execution*—how the systems and/or data are leveraged to manage claims. The study examines what artificial intelligence (AI) or analytics are most helpful to frontline claims professionals. The results identify automation of administrative tasks or regulatory requirements as the most valuable to frontline staff by a large margin (see Figure 21). Given that nearly half of claims staff are spending 30 to 40 percent or more of their time on administrative tasks, this result aligns with a critical frontline need, despite AI and technology’s ability to aid with much more complex claims processes.

Artificial intelligence (AI) is technology that enables computers to simulate human learning, comprehension, problem solving, decision making, creativity and autonomy. The workers’ compensation industry collects a large amount of structured and unstructured data, where natural language processing can be applied with significant insights into worker sentiment. Utilizing advanced artificial intelligence and machine learning technologies can enable tools to predict injuries, streamline administrative claims processing, facilitate return-to-work programs, and enhance fraud detection mechanisms. “By leveraging large datasets and complex algorithms, these technologies offer invaluable insights into risk assessment and mitigation strategies, leading to improved claim outcomes and cost savings for employers” (Zanke, 2022).

Figure 21

Survey Question: *What technology, artificial intelligence (AI), or analytics solution would be **most** helpful to you in managing claims?*



Operationalizing analytics

Analytics can help manage claims resources more effectively, including pre-loss mitigation. Predictive models, for example, allow claims organizations to forecast what might happen in the future based on historical data, such as frequency and severity or other high-risk claim indicators.

While predictive modeling is an alerting mechanism, prescriptive analytics offer intelligence on the “next best action,” ensuring timely execution of specialty resources (The Hartford, 2022). Analytics can provide multiple strategic insights for claims organizations; however, success is dependent on execution. If analytics simply “alert” but don’t drive operational action, they are nothing more than an annoyance or waste of valuable resources.

The 2023 data shows that, overall, 72 percent of frontline claims professionals are using analytics to manage claims effectively, an increase from the prior study results of claims leaders in 2022 as well as the prior survey of frontline claims professionals in 2019 (see Table 23). Still, less than half are utilizing any one (1) category of these fundamental analytics. Organizations that integrate analytics into claims systems with real-time workflow automation and alerts for claims staff will see more favorable claim outcomes. Historical study results show higher performing organizations are more likely to integrate analytics into claims systems and leverage multiple data detection methods (Algire D. Z., 2022).

Table 23

Survey Question: *What ways do you utilize technology or analytics (i.e., analysis of data or statistics) to manage your claims? Select all that apply.*

Answer	2019	2022	2023
count	1282	388	1388
None / Not Applicable	35%	35%	28%
Identify medical treatment or utilization outside of Evidence-Based Medicine Guidelines such as ODG or MDGuidelines	45%	24%	49%
Identify RTW or disability durations outside of Evidence-Based Medicine Guidelines	41%	25%	42%
Predict or detect claims severity	37%	35%	35%
Fraud detection	25%	15%	27%
Predict or detect litigation	19%	22%	12%
Other	\	\	1%

Note: Participants were able to select more than one answer for this question

\ Not an answer option in this study year

YYYY Claims Leaders / YYYY Frontline Claims Professionals

Technology and training enhancements

Similar to the prior results, most frontline claims professionals, 86 percent, indicate that one or more tools are needed to effectively do their jobs (see Table 24). Nearly half, 47 percent, indicate claim system upgrades and/or advancements are needed, with an even greater need expressed by governmental entity and state fund/mutual fund participants (see Appendix D-4 for results by organizational type). Many organizations are constrained by legacy systems, which could limit data analytics and hinder productivity. Given the significant financial investment in claims systems, making changes requires a greater degree of assessment and planning than other needs identified by frontline claims professionals. Additionally, the results indicate 38 percent of participants need jurisdictional-specific training. There are many external resources available to claims organizations for jurisdictional training on regulatory issues/changes and case law decisions, including defense counsel firms.

Table 24

Survey Question: *What tools, training, and/or technology could help you do your job better? Select all that apply.*

Answer	2019	2023
count	1282	1388
None / Not Applicable	10%	14%
Claim system upgrade or advancements	54%	47%
Administrative support	51%	43%
Jurisdictional specific legal medical and/or case law training	42%	38%
Tools to communicate with injured workers and other claims stakeholders such as mobile apps or text messaging options	34%	29%
Data and/or metrics to manage claim activities	24%	22%
Tools to communicate better with my teammates	\	8%
Other	5%	3%

Note: Participants were able to select more than one answer for this question

\ Not an answer option in this study year

Appendix D Index—Impact of Technology & Data

For more information on all survey question results and additional benchmark analyses related to this focus area, please refer to the below tables and figures in [Appendix D](#).

- D-1:** Number of Systems Frontline Staff Use in Daily Claims Management

- D-2:** Assessment of Most Helpful Technology, Artificial Intelligence, or Analytics in Managing Claims
Segmented by Generation

- D-3:** Nature of Analytics Use
Segmented by Organization Type

- D-4:** Assessment of Tools / Training that Could Improve Job Performance
Segmented by Generation
Segmented by Organization Type



Operational Challenge

Medical Performance Management

Medical performance management essential to long-term success

Since the study launched in 2013, claims leaders and frontline claims professionals have ranked medical management as one (1) of the top three (3) core competencies most critical to claim outcomes. The medical care an injured worker receives can be a significant driver and determinant of worker and claim outcomes. This consistent ranking reflects the convergence of two (2) primary factors: national healthcare and workers' compensation medical severity.

National healthcare spending, totaling 4.8 trillion dollars in 2023, remains a major cost driver for American businesses. National healthcare spending growth is expected to outpace that of the gross domestic product (GDP) during the coming decade, resulting in a health share of GDP that reaches 19.7 percent by 2032 (up from 17.3 percent in 2022). National health expenditures are projected to have grown 7.5 percent in 2023 (Office of the Actuary CMS, 2023).

The substantially higher cost of healthcare in the U.S. does not result in better outcomes than other developed countries. The recently released report from Organisation for Economic Co-operation and Development (OECD) Health Statistics 2022 shows the U.S. performs worse than many other countries in common health metrics such as preventable mortality (defined as causes of death that can be avoided through effective public health and primary prevention interventions), infant mortality, and unmanaged diabetes (OECD, 2022). The cost and quality of healthcare in the U.S. is one of the most significant issues facing employers and consumers.

In the workers' compensation sector, NCCI estimates that the average medical lost time claim severity for Accident Year 2023 will be two (2) percent higher than Accident Year 2022, and notes the increase in severity is driven by a decrease in the volume of the lost-time claims, rather than a change in the volume of medical loss dollars (NCCI, 2024).

There are many macroeconomic factors contributing to the escalating cost of healthcare. Key drivers are medical inflation, the aging workforce, and obesity. The U.S. obesity rate is higher than other developed countries, with two (2) out of three (3) adults classified as overweight or obese and one (1) out of three (3) classified obese (OECD, 2022).

Critical to overcoming these challenges is a more integrated, holistic focus on medical performance management. This includes examining internal resources and vendor partnerships to ensure a meaningful and intentional scrutiny of healthcare quality.

This area of the study focuses on *how* frontline claims professionals leverage medical management resources to enhance operations and impact claim outcomes. The 2023 study examines the similarities and/or differences from prior survey research with frontline claims professionals in 2019 and the most recent survey of claims leaders in 2022, as well as *what* strategies are identified as *high performance differentiators*, with varying degrees of distinction amongst peer organizations.






Key Considerations

What medical management programs do frontline claims professionals prioritize as having the greatest impact on claim outcomes?


How is provider quality measured, and from the perspective of frontline staff, what is the most important metric?

With the significant impact of medical factors on claims, are frontline claims professionals effectively equipped with ongoing training in this high priority core competency?

Data Trend between Frontline Survey Results:

-  Increase
-  Decrease
-  Consistent
-  Mixed Results
-  New Question / No Trend

Level of Differentiation between High Performers & Lower Performers:

-  Modest
-  Moderate
-  Major

Claims Leader & Frontline Staff Comparison:

-  Similar Perspective
-  Different Perspective

Medical management programs most critical to claim outcomes

Consistent with the prior survey of frontline claims professionals, the 2023 results identify nurse case management, utilization review, and return-to-work services as the top medical management capabilities most critical to claim outcomes. Similarly, since the study launched in 2013, claims leaders consistently rank nurse case management, return-to-work services, and nurse triage as the top three (3) medical management programs most critical to claim outcomes (see Tables 25 & 26).

The challenge of managing medical severity and disability durations in workers' compensation has been a catalyst for integrating medical management programs and resources within traditional claims models. During the 2018 study's focus group research exercise, industry executives examined how organizations leverage medical management resources such as nurse case management, return-to-work services and triage, as well as disruptive ways to deploy these programs. Industry executives report that utilizing nurse case management along with 24-hour nurse triage as a *standard best practice*, as well as leveraging clinical resources throughout the claim lifecycle, has made a significant impact on claim outcomes (Algire D. Z., 2018).

Historical study data shows higher performing organizations are more likely to leverage resources across the medical management programs ranked most critical to claim outcomes, with more than 90 percent of organizations utilizing nurse case management and 78 percent, on average, leveraging nurse triage and return-to-work services (Algire D. Z., 2022).

Tables 25 & 26

Survey Question: *Please rank in the order of impact the top three medical management programs you believe are most critical to claim outcomes, with 1 having the "greatest impact" and 3 having "less impact."*

Rank	2019	2022	2023
1	Nurse Case Management	Nurse Case Management	Nurse Case Management
2	Return-to-Work Services	Return-to-Work Services	Utilization Review
3	Utilization Review	Nurse / Claims Triage	Return-to-Work Services

YYYY Claims Leaders / YYYY Frontline Claims Professionals

	Rank			Weighted Score
	2019	2022	2023	
count	1282	388	1388	
Nurse Case Management	1	1	1	2901
Utilization Review	3	5	2	1329
Return-to-Work Services	2	2	3	1226
Nurse / Claims Triage	4	3	4	850
Bill Review	5	4	5	591
Physician Case Management	7	8	6	430
Pharmacy Benefit Manager / Network	6	6	7	373
Peer Review	9	10	8	301
Company Developed / Owned Provider Network	8	7	9	261
Outsourced / Leased Provider Network	10	9	10	66

Note: Participants selected the top 3 medical management programs from a list of 10 options

YYYY Claims Leaders / YYYY Frontline Claims Professionals



Nurse case management ranked #1

The increasing complexity of claims and medical severity is a catalyst for integrating medical management resources within traditional claims models. The strategic use of clinical resources, with nurses working collaboratively with frontline claims professionals, is now an industry standard. Prior research demonstrates leveraging clinical resources *effectively* throughout the claim lifecycle can have a significant impact on outcomes. Likewise, the substantial impact of nurse case management on claim outcomes is demonstrated in a large study completed by Summitt, showing nurse case management services are highly associated with more favorable return-to-work outcomes (Summit Consulting, 2018).



Return-to-work services ranked #2

Effective return-to-work (RTW) programs are critical to claim outcomes. One of the most important factors in successful resolution of claims is timely return-to-work. As frontline claims professionals are key to successful RTW program execution, they must proactively communicate with injured workers, employers, medical providers, and RTW service providers when engaged.

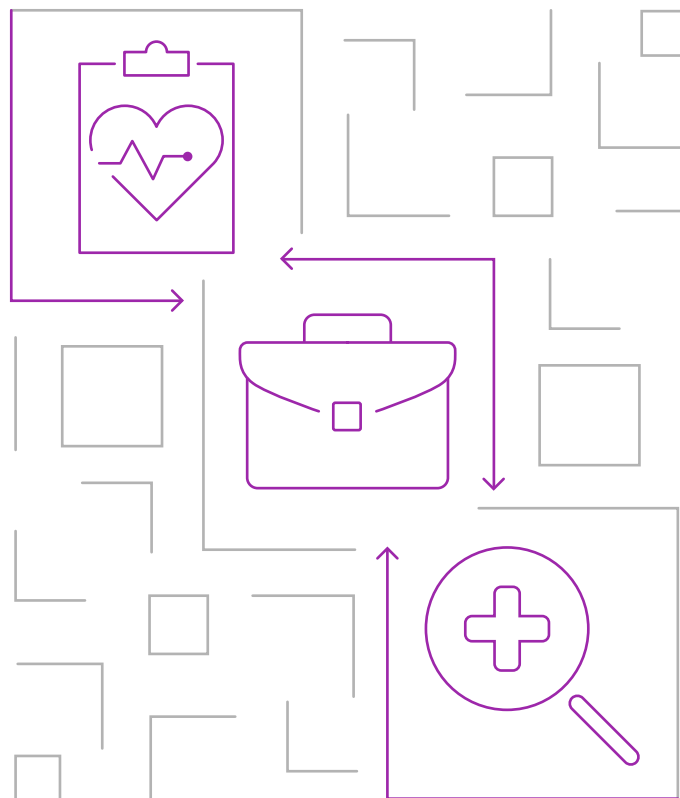
Successful programs include ongoing training and awareness for all stakeholders in the job accommodation process, active communication and engagement of employees in RTW (i.e., early contact when workers are initially off work, continued contact during post-return and stay-at-work phases of RTW), and leveraging employee functional *abilities* with medical providers. In an American College of Occupational and Environmental Medicine (ACOEM) joint guidance document, stakeholders outline that evaluating and optimizing patient function should be a central focus of all clinical encounters. "To improve the quality of patients' lives and well-being, there must be more focus on the use of functional outcome measurements including participation in work, home life, and society—all major elements of a patient-centered model" (Mueller, et al., 2020).

Disability management requires proactive communication. When communication barriers occur, such as language/cultural differences or lack of understanding of organizational practices and policies, it can contribute to RTW delays. In a study published by the Journal of Occupational Rehabilitation, communication bottlenecks are centered around frontline claims professionals and employee supervisors. Inconsistent communication across organizations contributes to avoidable disability days (Jetha, 2019).



Utilization review ranked #3

Utilization review (UR) in workers' compensation varies significantly by jurisdiction. In some states, claims administrators are required by law to have a UR program. Additionally, many states require accreditation of UR programs. URAC, an accreditor of healthcare organizations, defines UR as "the evaluation of the medical necessity, appropriateness, and efficacy of healthcare services, procedures, and facilities under the provisions of the applicable health benefits plan." Although, many see UR as a cost containment strategy, the purpose is to ensure timely and appropriate medical services based on evidence-based medicine (EBM) and to reduce the risk of harm to patients. Harm is defined as physical or psychiatric injury resulting from, or contributed to, by healthcare services that result in the need for additional monitoring, treatment or hospitalization, or that worsens the condition(s), increases disability, or causes death (Agency for Healthcare Research and Quality, 2019); (WAC, 2012).



Medical management—critical training needs

Considering the impact of medical factors on claim outcomes, the study includes additional research to assess training needs in key areas of medical management for frontline claims professionals. Similar to the prior results, the 2023 data shows, on average, 29 percent of participants do not receive adequate training. Claims professionals indicate the greatest training needs are in understanding psychosocial risk factors and mental health issues as well as understanding diagnostic tests or reports (see Table 27). Frontline claims professionals with less than five (5) years of experience demonstrate significantly higher training needs across all key areas.

Table 27

Survey Question: *In your opinion, have you received adequate training in medical management in the following areas?*

2019 [1282] **2023** [1388]

	Strongly Agree		Somewhat Agree		Neither Agree nor Disagree		Somewhat Disagree		Disagree	
	2019	2023	2019	2023	2019	2023	2019	2023	2019	2023
Evaluating medical treatment	40%	42%	36%	34%	14%	12%	7%	8%	3%	4%
Interpreting diagnostic tests or reports	31%	33%	35%	34%	19%	16%	10%	12%	5%	5%
Identifying co-morbidities	38%	43%	35%	32%	17%	15%	7%	7%	3%	3%
Understanding psychosocial risk factors and mental health issues	31%	35%	34%	31%	19%	17%	11%	11%	5%	6%

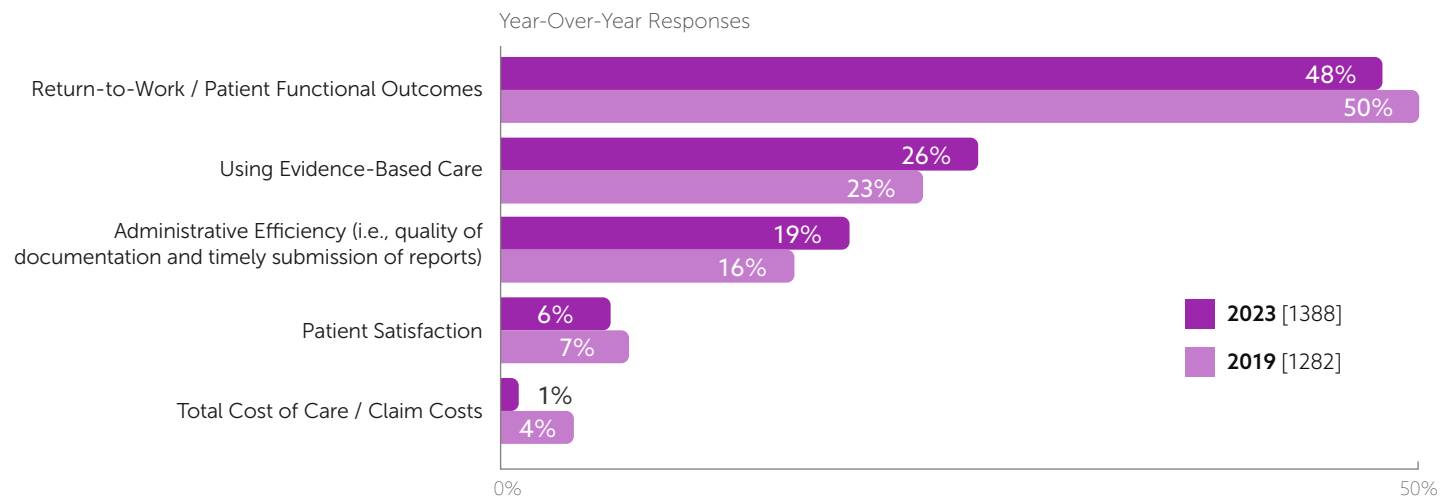
Provider quality—key metrics

Quality healthcare is defined by the Institute of Medicine as care that is “safe, effective, patient-centered, timely, efficient, and equitable” (Institute of Medicine, 2001). Healthcare quality in work-related injuries, however, is not consistently understood or measured. Claims professionals, especially those who are less experienced, may revert to administrative efficiency and communication ease as a proxy for clinical quality. Healthcare best practices, including the treatment for workers’ compensation injuries and illnesses, are based on evidence-based medicine guidelines and should have functional recovery as a primary goal. Accordingly, meaningful indicators are in concordance with evidence-based practice guidelines and effective disability management.

Measuring provider outcomes is a necessary step to improving the quality of care for injured workers. Similar to the prior study results, 48 percent of frontline claims professionals identify return-to-work/patient functional outcomes as the most important measure of provider quality. Additionally, using evidence-based care is recognized as an important measure by frontline claims professionals (see Figure 22). Historical study results of claims leaders indicate higher performing organizations are more likely to leverage return-to-work/patient functional outcomes across multiple metrics to assess provider outcomes (Algire D. Z., 2022).

Figure 22

Survey Question: *What is the **most** important measure of medical provider quality?*



Appendix E Index—Medical Performance Management

For more information on all survey question results and additional benchmark analyses related to this focus area, please refer to the below tables and figures in [Appendix E](#).

E-1: Ranking of Medical Management Programs Most Critical to Claim Outcomes

E-2: Assessment of Training Received in Medical Management

E-3: Assessment of the Most Important Measure of Medical Provider Quality
Segmented by Organization Type

Conclusion

Since its inception, the Workers' Compensation Benchmarking Study has conducted research for, *and with*, claims leaders and practitioners to provide organizations with a means for evaluating strategic aspects of their claim operations alongside industry peers.

From its initial identification of widespread claims challenges/opportunities in [2013](#) and [2014](#), to the [2015](#) study's "solutions roadmap" for future advancement, to identifying how and what high performing claims organizations are doing differently than lower performing peers in [2016](#) and [2017](#), to examining progressive medical management strategies in [2018](#), to surveying frontline claims professionals for the first time in [2019](#), to determining how claims leaders are responding to the perspectives of frontline claims professionals in [2020](#), to investigating high priority industry challenges and operational transformation in [2021](#), to delivering a 10-year industry report card in [2022](#), the annual Report continually reveals the cumulative intelligence of the workers' compensation claims community.

In 2023, the study surveyed frontline claims professionals for the second time in its history and the first time since the COVID-19 pandemic reshaped our work environment. The 2023 research not only compares frontline participants' perspectives to those of claims executives surveyed in prior years, it also quantifies the challenges, motivations, and experiences of claims professionals in our post-pandemic world. This dual approach offers a 360-degree view of modern claims management, bridging the gap between leadership vision and on-the-ground realities.

Contact

We welcome your reaction to the 2023 Workers' Compensation Benchmarking Study. Please let us know if you find the study useful, have questions about the research, or would like to participate in future studies by contacting Rachel Fikes, Chief Experience Officer & Study Program Director, at Rising Medical Solutions: wcbenchmark@risingms.com.

To request copies of any of our prior years' reports, please go to:

<https://www.risingms.com/research-knowledge/workers-compensation-benchmarking-study/request-report/>

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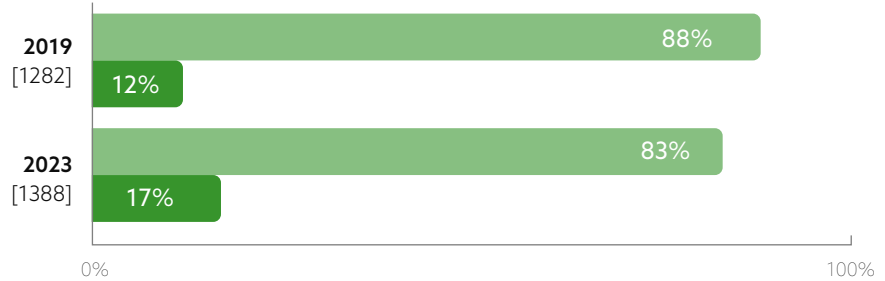


Appendix A Survey Participant Demographics

1 Your Role / Level of Responsibility:

- Claims Professional who directly handles/ adjudicates claims (i.e., Claims Adjuster, Claims Examiner, Claims Associate, or similar role)
- Nurse Case Manager

Year-Over-Year Responses



2023 Responses Segmented by Years of Experience in Workers' Compensation Claims Adjusting

Answer	count	< 1 Year	1-5 Years	5-10 Years	10-15 Years	15-20 Years	> 20 Years
Claims Professional who directly handles/adjudicates claims	1147	5%	25%	19%	10%	12%	29%
Nurse Case Manager	241	5%	30%	31%	8%	11%	15%

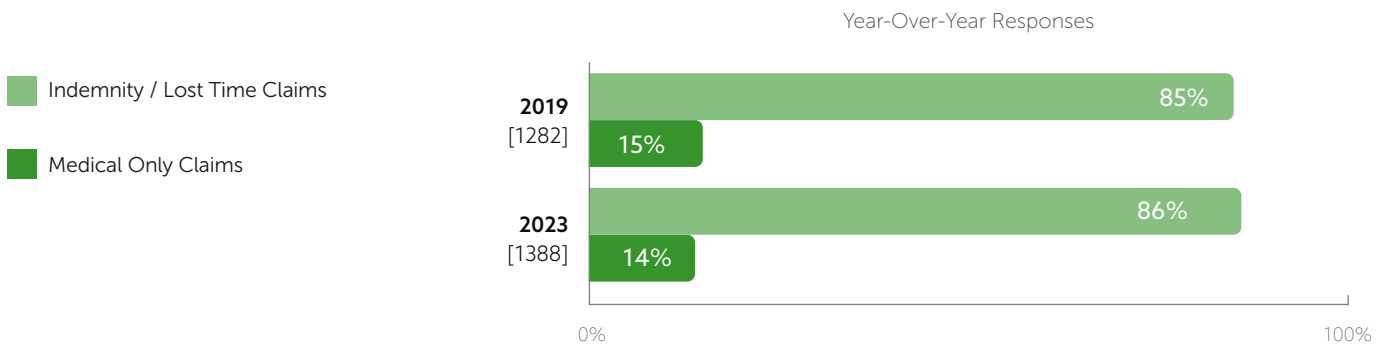
2023 Responses Segmented by Generation

Answer	count	The Silent Generation (born 1925-1945)	The Baby Boomer Generation (born 1946-1964)	Generation X (born 1965-1979)	Millennials (born 1980-1994)	Generation Z (born 1995-2012)
Claims Professional who directly handles/adjudicates claims	1147	<1%	17%	40%	37%	6%
Nurse Case Manager	241	1%	24%	41%	31%	3%

2023 Responses Segmented by Organization Type

Answer	count	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
		1031	2	151	65	21	11	69	35	3
Claims Professional who directly handles/adjudicates claims		78%	50%	99%	95%	76%	100%	99%	100%	67%
Nurse Case Manager		22%	50%	1%	5%	24%	-	1%	-	33%

2 Your Role / Claims Caseload Mix Is Predominantly:



2023 Responses Segmented by Organization Type

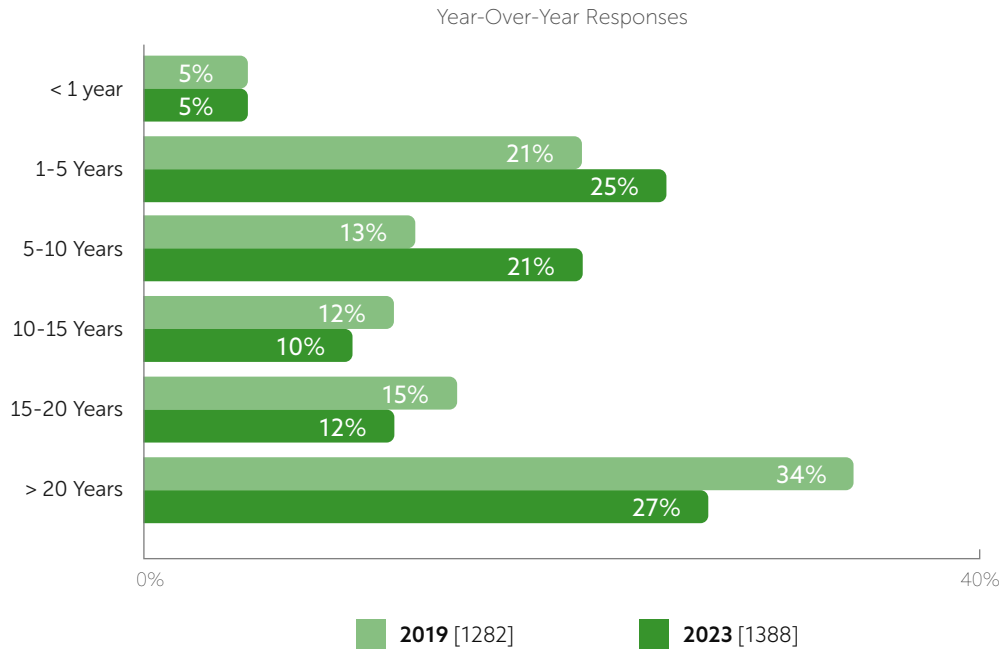
Answer	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
count	1031	2	151	65	21	11	69	35	3
Indemnity / Lost Time Claims	86%	50%	91%	86%	90%	100%	86%	83%	100%
Medical Only Claims	14%	50%	9%	14%	10%	-	14%	17%	-

3 Organization Type:

Year-Over-Year Responses

Answer	2019	2023
count	1282	1388
Insurance Company	40%	74%
Third Party Administrator	40%	11%
Self-Insured Employer	10%	5%
State Fund / Mutual Fund	4%	5%
Governmental Entity	3%	3%
Insured Employer	2%	1%
Risk Pool	1%	1%
Reinsurance or Excess Insurance Company	-	< 1%
Other	< 1%	< 1%

4 How many years of experience do you have in workers' comp claims adjusting?



2023 Responses Segmented by Organization Type

Answer	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
count	1031	2	151	65	21	11	69	35	3
< 1 year	6%	-	2%	5%	5%	-	1%	-	-
1-5 Years	26%	50%	20%	14%	29%	9%	38%	40%	33%
5-10 Years	21%	-	20%	12%	19%	9%	29%	20%	-
10-15 Years	10%	-	7%	14%	5%	9%	6%	12%	-
15-20 Years	12%	-	12%	17%	14%	27%	9%	14%	-
> 20 Years	25%	50%	39%	38%	28%	46%	17%	14%	67%

5 What is your average caseload?

Year-Over-Year Responses

Answer (# of cases)	2019	2023
count	1282	1388
< 80	16%	26%
80 - 100	12%	12%
101 - 125	25%	15%
126 - 150	22%	19%
151 - 175	10%	12%
176 - 200	4%	5%
> 200	7%	11%
Unknown	4%	\

\ Not an answer option in this study year

Year-Over-Year Responses Segmented by Role / Claims Caseload Mix

Answer (#of cases)	2019		2023	
	Indemnity Claims	Medical Only Claims	Indemnity Claims	Medical Only Claims
count	1096	186	1119	189
< 80	14%	28%	24%	36%
80 - 100	12%	8%	13%	9%
101 - 125	27%	17%	16%	10%
126 - 150	24%	10%	21%	6%
151 - 175	10%	9%	13%	3%
176 - 200	5%	3%	5%	7%
> 200	5%	19%	8%	29%
Unknown	3%	6%	\	\

\ Not an answer option in this study year

2023 Responses Segmented by Years of Experience in Workers' Compensation Claims Adjusting

Answer (# of cases)	< 1 Year	1 - 5 Years	5 - 10 Years	10 - 15 Years	15 - 20 Years	> 20 Years
count	69	355	289	137	166	372
< 80	54%	29%	30%	20%	24%	16%
80 - 100	16%	13%	13%	15%	12%	10%
101 - 125	7%	11%	14%	18%	15%	21%
126 - 150	10%	17%	21%	23%	16%	22%
151 - 175	3%	13%	10%	14%	10%	14%
176 - 200	3%	4%	3%	4%	8%	7%
> 200	7%	13%	9%	6%	15%	10%

[5 cont'd] What is your average caseload?

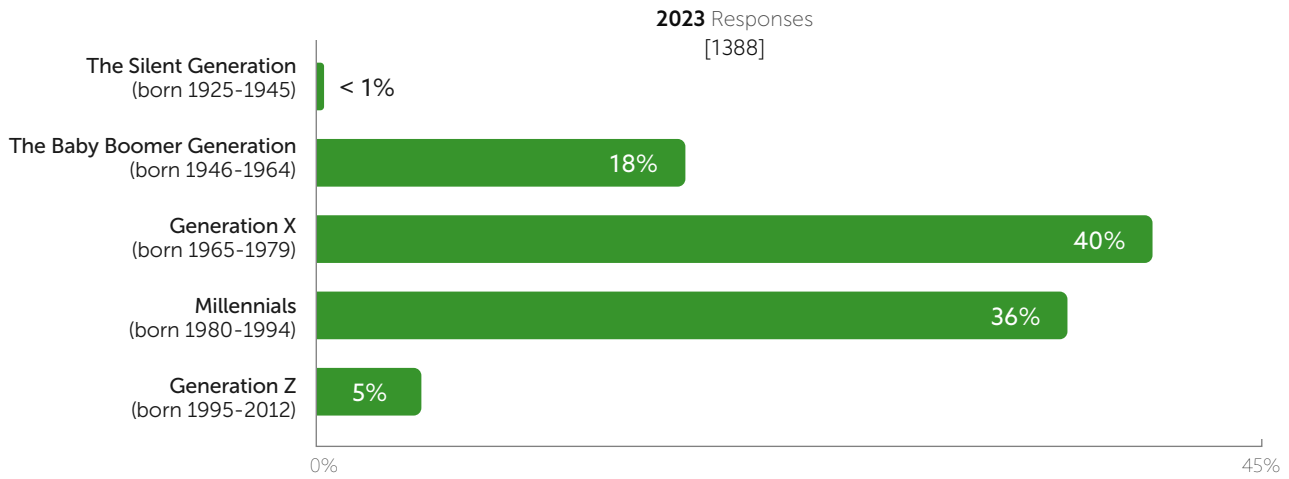
2023 Responses Segmented by Organization Type

Answer (# of cases)	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
count	1031	2	151	65	21	11	69	35	3
< 80	31%	100%	3%	12%	29%	9%	10%	8%	100%
80 - 100	14%	-	6%	15%	19%	18%	3%	11%	-
101 - 125	13%	-	22%	17%	9%	27%	26%	9%	-
126 - 150	19%	-	30%	16%	14%	28%	13%	6%	-
151 - 175	11%	-	21%	14%	24%	9%	6%	6%	-
176 - 200	4%	-	8%	15%	-	-	1%	11%	-
> 200	8%	-	10%	11%	5%	9%	41%	49%	-

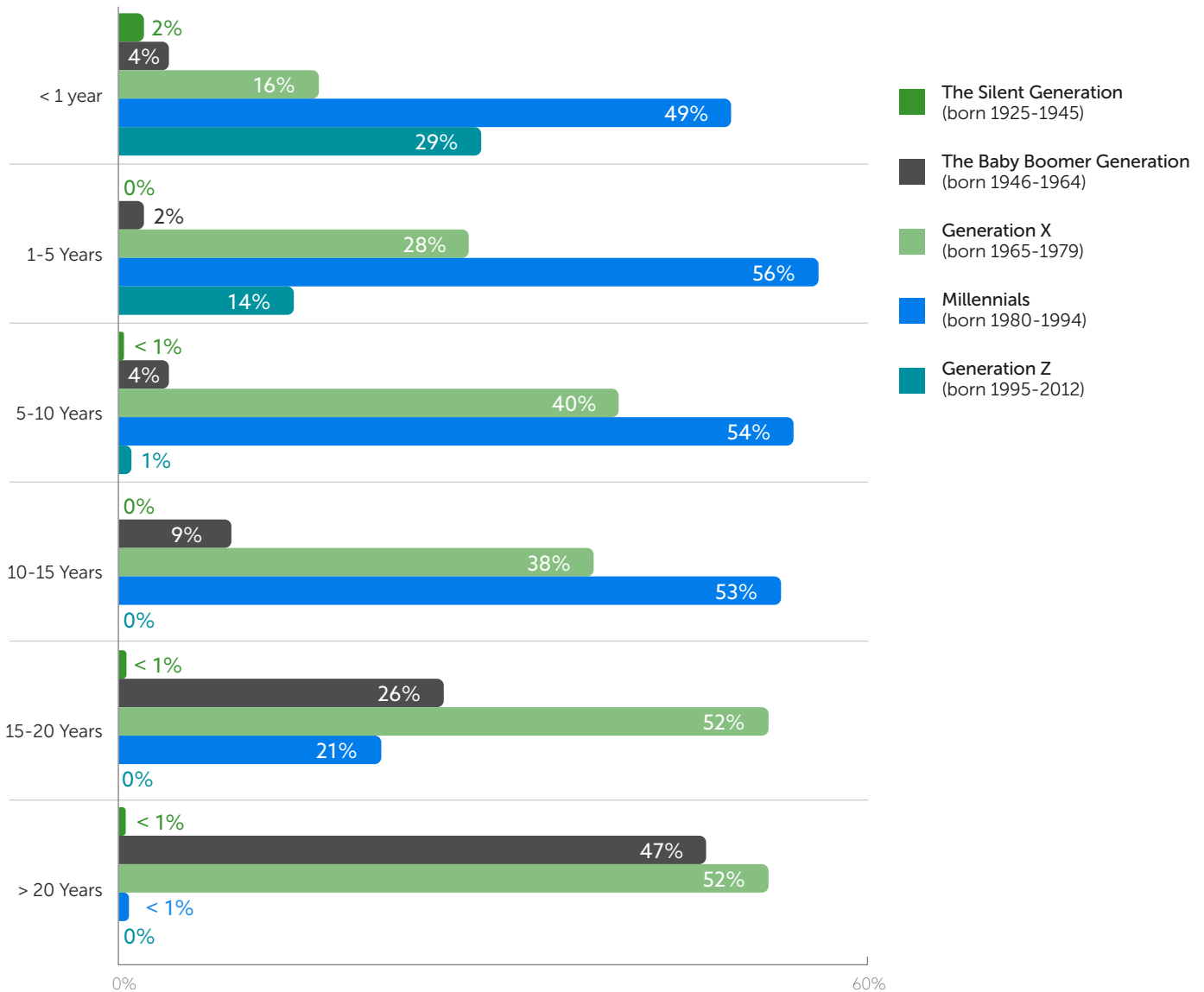
2023 Responses Segmented by Organization Type & Role / Indemnity Claims Caseload Mix Only

Answer (# of cases)	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
count	884	1	137	56	19	11	59	29	3
< 80	29%	100%	3%	7%	32%	9%	12%	3%	100%
80 - 100	15%	-	5%	14%	21%	18%	2%	10%	-
101 - 125	15%	-	23%	18%	10%	28%	20%	7%	-
126 - 150	21%	-	33%	16%	11%	27%	15%	7%	-
151 - 175	12%	-	22%	16%	26%	9%	7%	4%	-
176 - 200	4%	-	7%	16%	-	-	2%	14%	-
> 200	4%	-	7%	13%	-	9%	42%	55%	-

6 To better understand the unique and similar work motivations of different age cohorts, please select the generation with which you belong/associate.



2023 Responses Segmented by Years of Experience in Workers' Compensation Claims Adjusting



[6 cont'd] To better understand the unique and similar work motivations of different age cohorts, please select the generation with which you belong/associate.

2023 Responses Segmented by Organization Type

Answer	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
count	1031	2	151	65	21	11	69	35	3
The Silent Generation (born 1925-1945)	<1%	-	-	1%	-	-	-	-	-
The Baby Boomer Generation (born 1946-1964)	17%	50%	25%	31%	9%	18%	18%	9%	-
Generation X (born 1965-1979)	39%	50%	41%	48%	52%	36%	36%	51%	33%
Millennials (born 1980-1994)	37%	-	29%	20%	29%	46%	42%	40%	67%
Generation Z (born 1995-2012)	6%	-	5%	-	10%	-	4%	-	-



Appendix B

Prioritizing Core Competencies

- 1 Please identify the top three claims core competencies most critical to claim outcomes, with 1 being the "highest priority" and 3 being the "lower priority."

Year-Over-Year Responses

Rank	2019	2022	2023
count	1282	388	1388
1	Compensability Investigations	Disability / RTW Management	Compensability Investigations
2	Disability / RTW Management	Medical Management	Disability / RTW Management
3	Medical Management	Claims Resolution	Medical Management

YYYY Claims Leaders / YYYY Frontline Claims Professionals

2023 Responses

Answer	Rank	Weighted Score
count	1388	
Compensability Investigations	1	2138
Disability / RTW Management	2	1836
Medical Management	3	1751
Claim Resolution / Settlement Strategy	4	1205
Case Reserving	5	536
Oversight Governance / Compliance	6	262
Fraud & Abuse Detection	7	223
Litigation Management	8	217
Vocational Rehabilitation	9	92
Bill Review	10	68

Note: Participants selected the top 3 core competencies from a list of 10 options

2 Considering the following core competencies, please identify the top three areas where you spend most of your time, with 1 being the "greatest amount of time" and 3 being "less time."

Year-Over-Year Responses

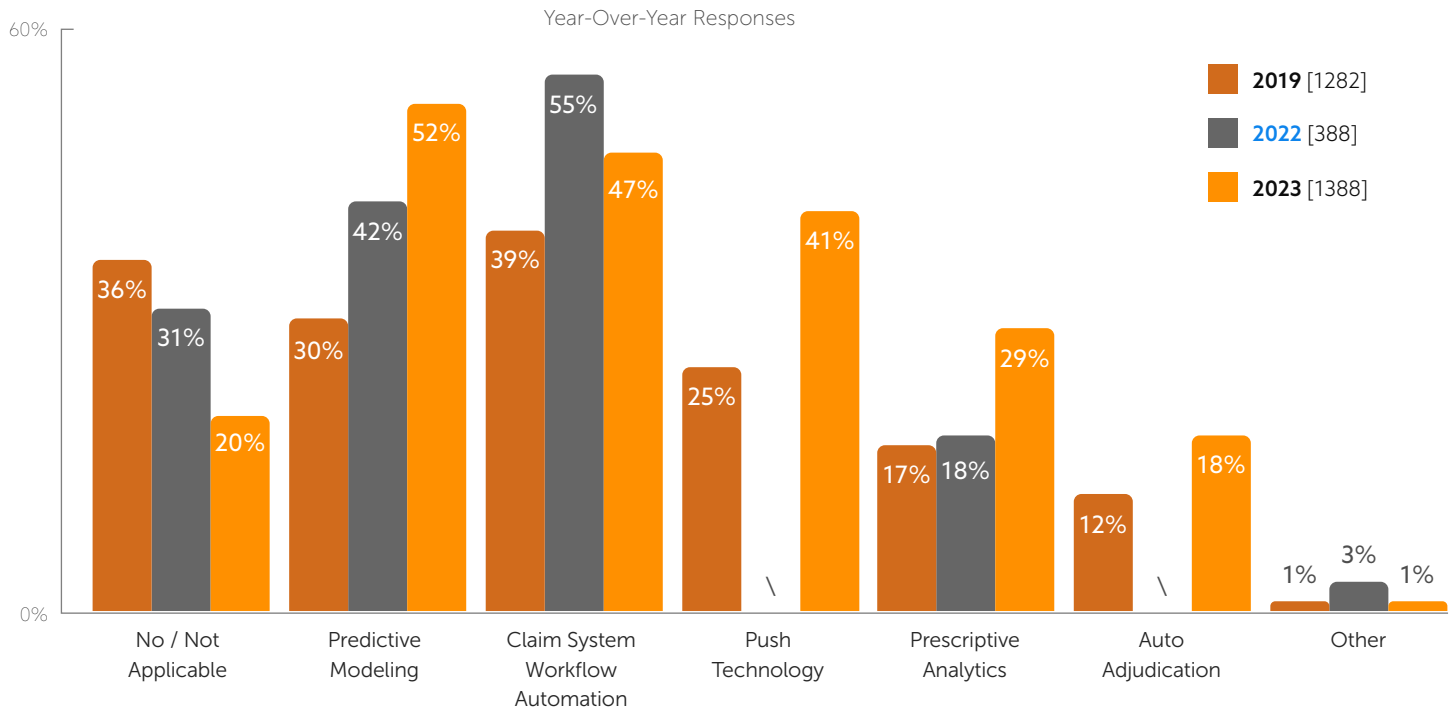
Rank	2019	2023
count	1282	1388
1	Medical Management	Medical Management
2	Compensability Investigations	Disability / RTW Management
3	Disability / RTW Management	Claim Resolution / Settlement Strategy

2023 Responses

Answer	Rank	Weighted Score
count	1388	
Medical Management	1	2135
Disability / RTW Management	2	1670
Claim Resolution / Settlement Strategy	3	1282
Compensability Investigations	4	1235
Litigation Management	5	554
Case Reserving	6	488
Reviewing and/or responding to Oversight Governance / Compliance requirements	7	479
Bill Review (reviewing and/or approving bills/invoices)	8	333
Fraud & Abuse Detection	9	76
Vocational Rehabilitation	10	76

Note: Participants selected the top 3 core competencies from a list of 10 options

3 Does your organization utilize any of the following systems to direct or manage tasks within best practices? Select all that apply. (if no, select "No / Not Applicable")



Note: Participants were able to select more than one answer for this question

\ Not an answer option in this study year

YYYY Claims Leaders / YYYY Frontline Claims Professionals

2023 Responses Segmented by Organization Type

Answer	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
count	1031	2	151	65	21	11	69	35	3
No / Not Applicable	17%	-	30%	48%	43%	45%	10%	31%	67%
Predictive Modeling (statistical model of future probability of claim development)	60%	100%	34%	14%	29%	36%	32%	9%	-
Claim System Workflow Automation	49%	50%	42%	43%	38%	36%	32%	43%	33%
Push technology (information automatically sent to injured workers / key stakeholders)	47%	-	26%	15%	33%	18%	32%	29%	-
Prescriptive Analytics (used to determine the best solutions / activities to achieve desired outcomes)	34%	50%	24%	8%	19%	-	12%	14%	-
Auto adjudication	16%	-	7%	3%	-	9%	81%	40%	-
Other	1%	-	2%	2%	-	-	-	-	-

Note: Participants were able to select more than one answer for this question

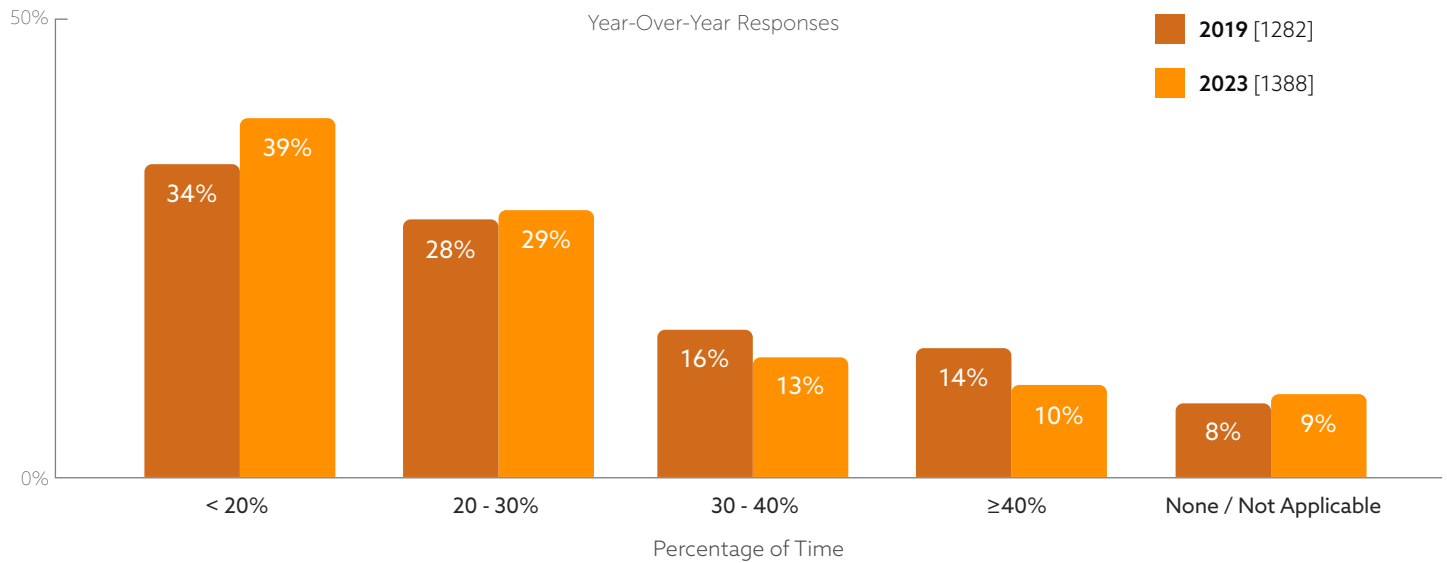
Conditional Question for those who selected **one or more systems / tools** in Question 3

3.1 How effective are the following systems / tools in managing claims within best practices?

Year-Over-Year Responses Answer	% of Sub-Sample Responses					
	Very Effective		Somewhat Effective		Not Effective	
	2019	2023	2019	2023	2019	2023
Push technology (information automatically sent to injured workers / key stakeholders)	37%	47%	55%	50%	8%	3%
Claim System Workflow Automation	38%	43%	56%	55%	6%	3%
Prescriptive Analytics (used to determine the best solutions / activities to achieve desired outcomes)	36%	33%	55%	59%	9%	8%
Auto adjudication	29%	31%	60%	64%	11%	5%
Other	33%	31%	61%	46%	6%	23%
Predictive Modeling (statistical model of future probability of claim development)	19%	27%	62%	61%	19%	13%

Note: Participants were able to select more than one answer for this question

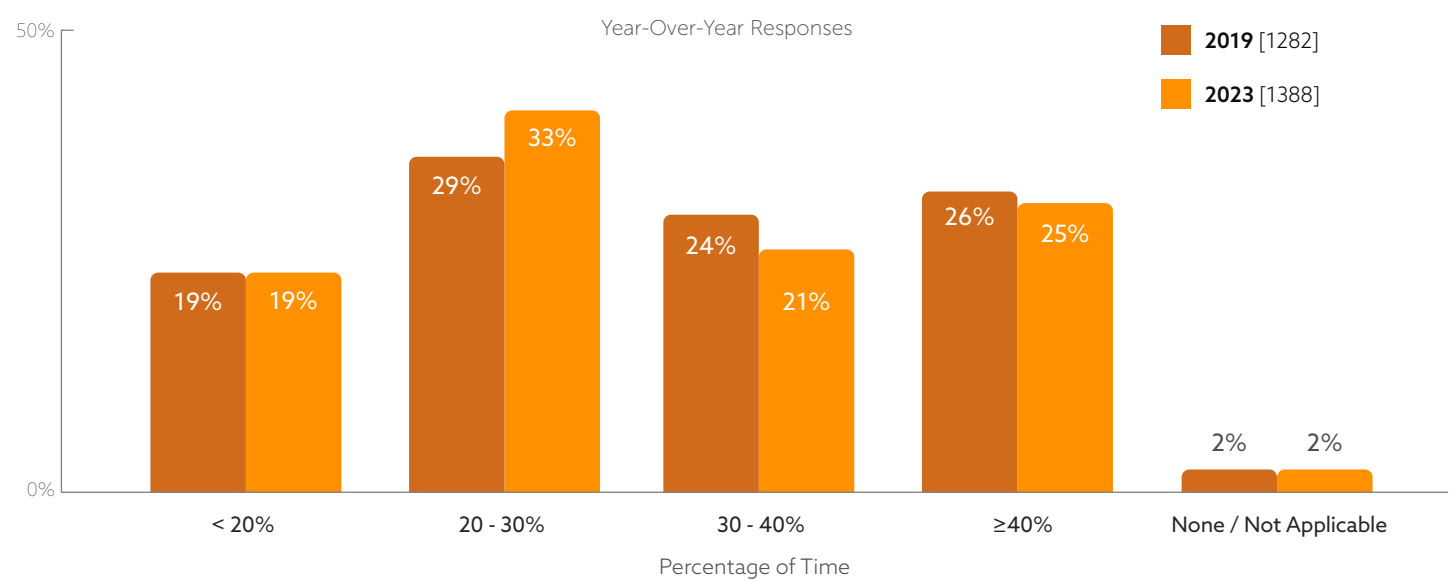
4 What percentage of your time do you spend on compliance activities to meet external regulatory requirements? (i.e., mailing / filing state forms, sending compliance letters, etc.)



2023 Responses Segmented by Organization Type

Answer	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
count	1031	2	151	65	21	11	69	35	3
< 20%	41%	50%	33%	34%	48%	55%	42%	23%	67%
20 - 30%	28%	-	38%	34%	29%	27%	16%	23%	33%
30 - 40%	12%	-	13%	15%	5%	9%	17%	17%	-
≥ 40%	9%	-	13%	14%	9%	9%	17%	29%	-
None / Not Applicable	10%	50%	3%	3%	9%	-	8%	8%	-

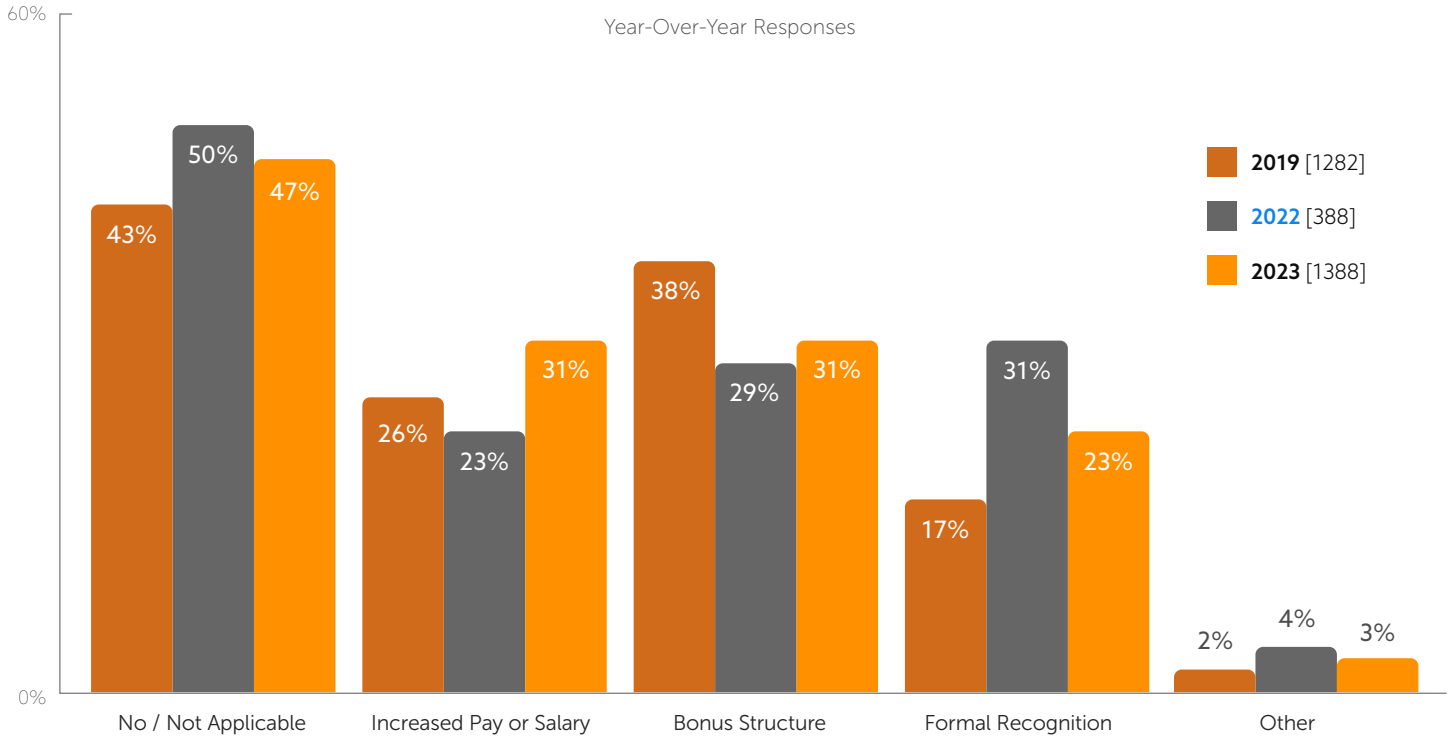
5 What percentage of your time do you spend on administrative tasks? (i.e., form letters, data collection, internal claims system administrative requirements, etc.)



2023 Responses Segmented by Organization Type

Answer	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
count	1031	2	151	65	21	11	69	35	3
< 20%	19%	-	21%	22%	14%	9%	17%	23%	-
20 - 30%	32%	50%	32%	35%	29%	18%	36%	26%	100%
30 - 40%	23%	-	22%	15%	14%	18%	12%	14%	-
≥ 40%	24%	50%	25%	28%	43%	46%	33%	34%	-
None / Not Applicable	2%	-	<1%	-	-	9%	2%	3%	-

6 Do you receive incentives for meeting claims best practices / performance measures?
Select all that apply. (if no, select "Not Applicable")



Note: Participants were able to select more than one answer for this question

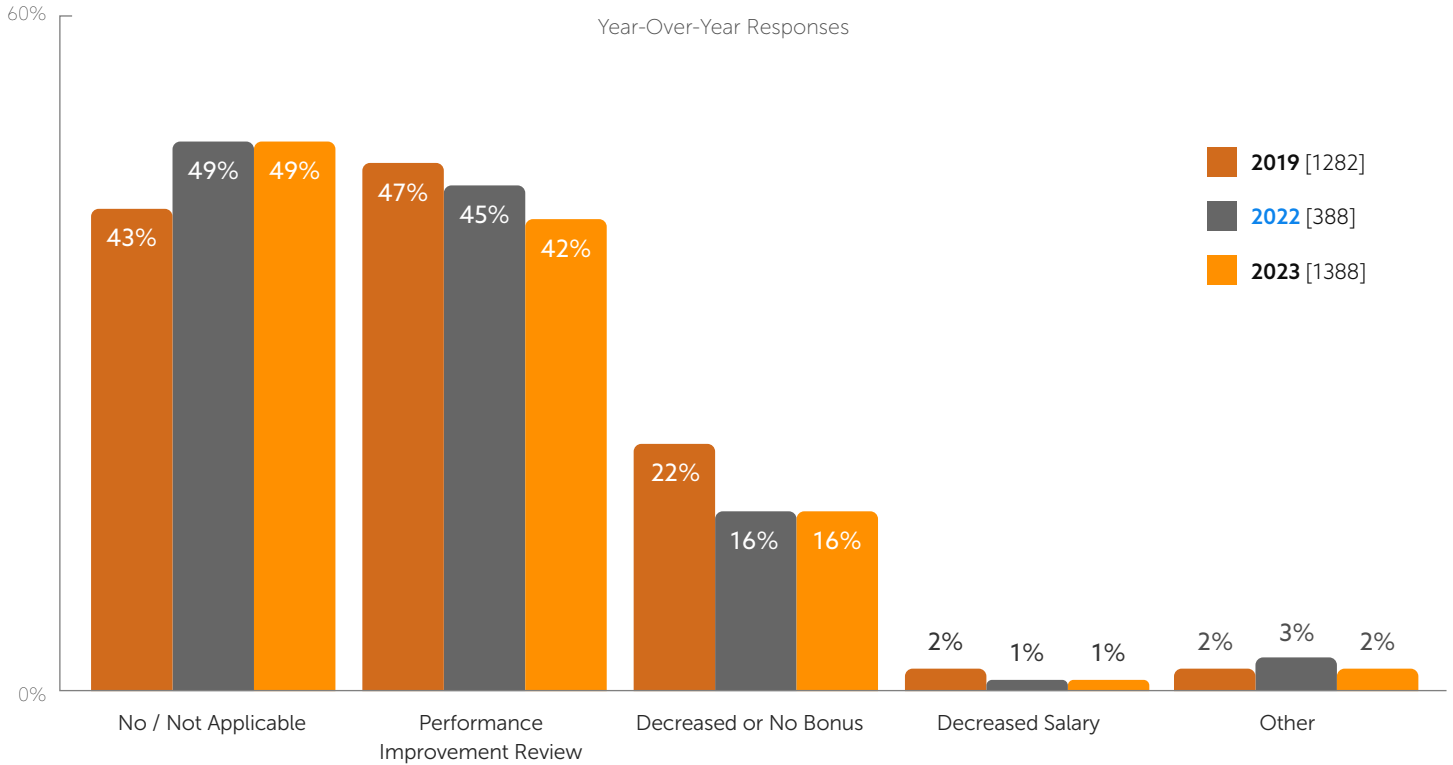
YYYY Claims Leaders / YYYY Frontline Claims Professionals

2023 Responses Segmented by Organization Type

Answer	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
count	1031	2	151	65	21	11	69	35	3
No / Not Applicable	39%	50%	57%	82%	38%	91%	75%	94%	100%
Increased Pay or Salary	36%	50%	23%	9%	48%	-	16%	3%	-
Bonus Structure	38%	50%	15%	6%	43%	-	10%	3%	-
Formal Recognition	26%	-	21%	3%	14%	9%	12%	-	-
Other	3%	-	5%	3%	5%	9%	1%	-	-

Note: Participants were able to select more than one answer for this question

7 Do you receive penalties when claims best practices / performance measures are not met?
 Select all that apply. (if no, select "Not Applicable")



Note: Participants were able to select more than one answer for this question

YYYY Claims Leaders / YYYY Frontline Claims Professionals

2023 Responses Segmented by Organization Type

Answer	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
count	1031	2	151	65	21	11	69	35	3
No / Not Applicable	47%	50%	48%	68%	48%	91%	52%	66%	67%
Performance Improvement Review	44%	50%	43%	25%	43%	9%	43%	29%	-
Decreased or No Bonus	18%	-	13%	6%	24%	-	9%	-	33%
Decreased Salary	1%	-	1%	-	-	-	1%	-	-
Other	2%	-	5%	5%	-	-	3%	6%	-

Note: Participants were able to select more than one answer for this question

8 How do you define a good claims outcome?
Please rank in the order of greatest importance, with 1 being the "most important" and 5 being of "lower importance."

Year-Over-Year Responses Answer	Rank			Weighted Score
	2016	2019	2023	
count	492	1282	1388	
Employee return to the same or better pre-injury functional capabilities	1	2	1	5363
Return-to-Work (RTW) achieved by anticipated outcome	2	1	2	5138
Maximum Medical Improvement (MMI) / Permanent & Stationary achieved by anticipated outcome	4	3	3	4055
Claims closure / resolution achieved by anticipated outcome	3	4	4	3998
Lack of litigation	5	5	5	2266

YYYY Claims Leaders / YYYY Frontline Claims Professionals

9 What are your greatest obstacles to achieving desired claim outcomes? Please rank the top three in the order of the greatest impediment, with 1 being the "greatest obstacle" and 3 being the "lower obstacle."

Year-Over-Year Responses Answer	Rank			Weighted Score
	2016	2019	2023	
count	492	1282	1388	
Litigation / Applicant Attorney involvement	3	2	1	1514
Lack of RTW option / accommodation	2	1	2	1420
Psychosocial issues and/or other co-morbidities	1	3	3	1148
Late injury / claim reporting	5	4	4	938
Lack of good employee / employer relationship	4	5	5	769
Lack of time to proactively communicate with stakeholders (i.e., employee, employer, providers)	6	6	6	682
Employee doesn't understand the workers' comp system	8	7	7	670
Access to quality care	10	9	8	494
Jurisdictional / geographic differences (i.e., regulatory limitations)	9	8	9	483
Legalese statutory requirements	7	10	10	210

Note: Participants selected the top 3 obstacles from a list of 10 options

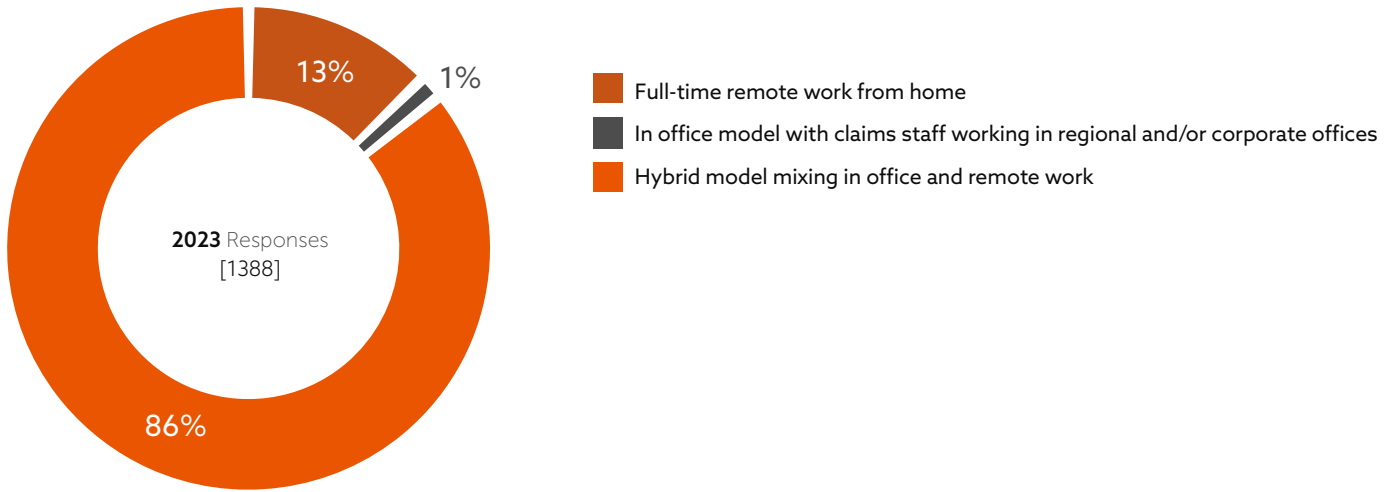
YYYY Claims Leaders / YYYY Frontline Claims Professionals



Appendix C

Talent Development & Retention

1 What operational model is your organization currently using?



2023 Responses Segmented by Organization Type

Answer	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
count	1031	2	151	65	21	11	69	35	3
Full-time remote work from home	12%	-	15%	25%	14%	9%	9%	3%	33%
In office model with claims staff working in regional and/or corporate offices	1%	-	4%	12%	5%	-	-	-	-
Hybrid model mixing in office and remote work	87%	100%	81%	63%	81%	91%	91%	97%	67%

2 How has remote work from home impacted claims operation productivity, morale, and team dynamics?

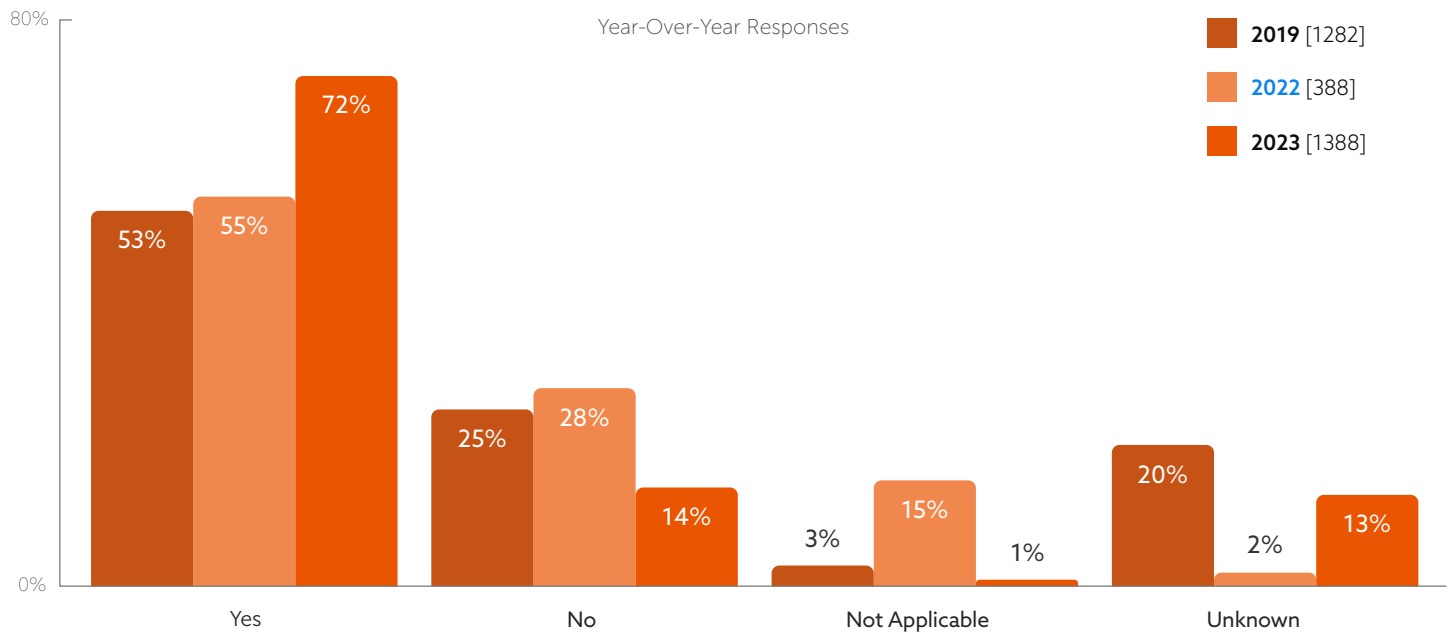
2022 [388] 2023 [1388]

Year-Over-Year Responses

Answer	No Change		Improved/ Positive Impact		Decreased/ Negative Impact	
	2022	2023	2022	2023	2022	2023
Impact on Productivity	50%	28%	37%	69%	13%	3%
Impact on Morale	23%	26%	66%	68%	11%	6%
Impact on Team Dynamics	44%	46%	16%	40%	40%	14%

YYYY Claims Leaders / YYYY Frontline Claims Professionals

3 Does your organization have a formal training program for new hire claims staff with no experience to minimal experience?



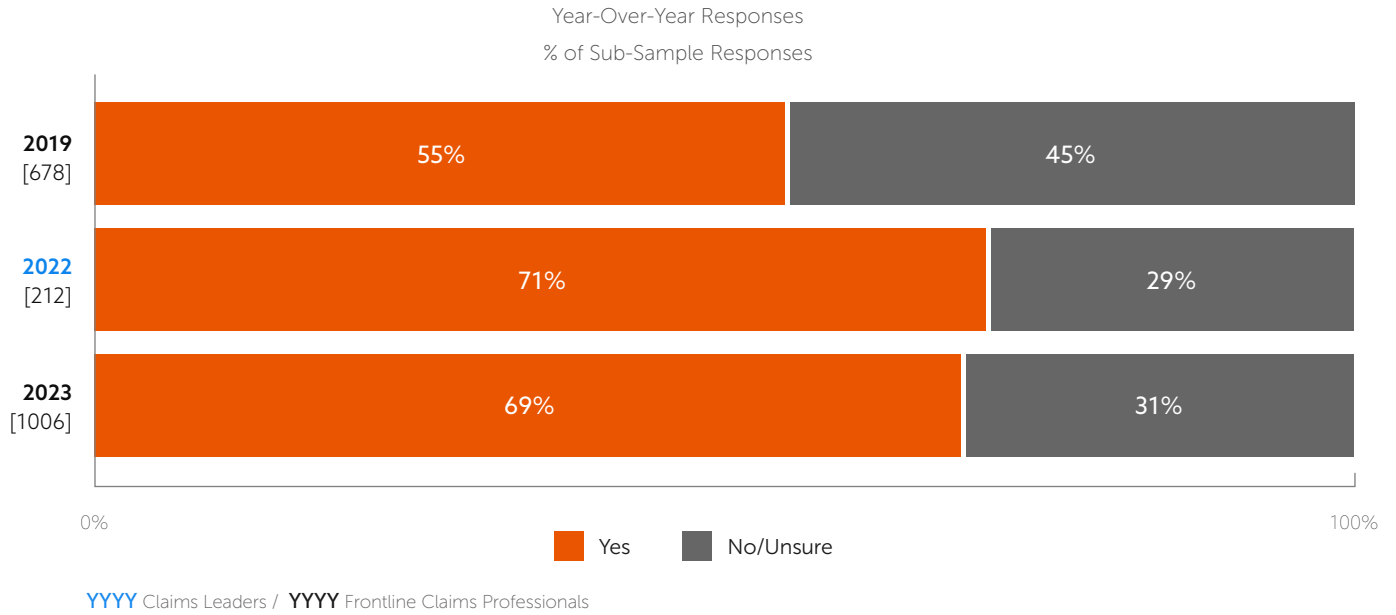
YYYY Claims Leaders / YYYY Frontline Claims Professionals

2023 Responses Segmented by Organization Type

Answer	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
count	1031	2	151	65	21	11	69	35	3
Yes	77%	100%	60%	36%	48%	18%	97%	46%	33%
No	10%	-	19%	46%	29%	82%	1%	40%	67%
Not Applicable	1%	-	1%	6%	9%	-	-	-	-
Unknown	12%	-	20%	12%	14%	-	2%	14%	-

Conditional Question for those who selected "Yes" in Question 3

3.1 Overall, do you believe completion of the new hire training program prepares claims staff to manage claims?



2023 Responses Segmented by Years of Experience in Workers' Compensation Claims Adjusting

% of Sub-Sample Responses

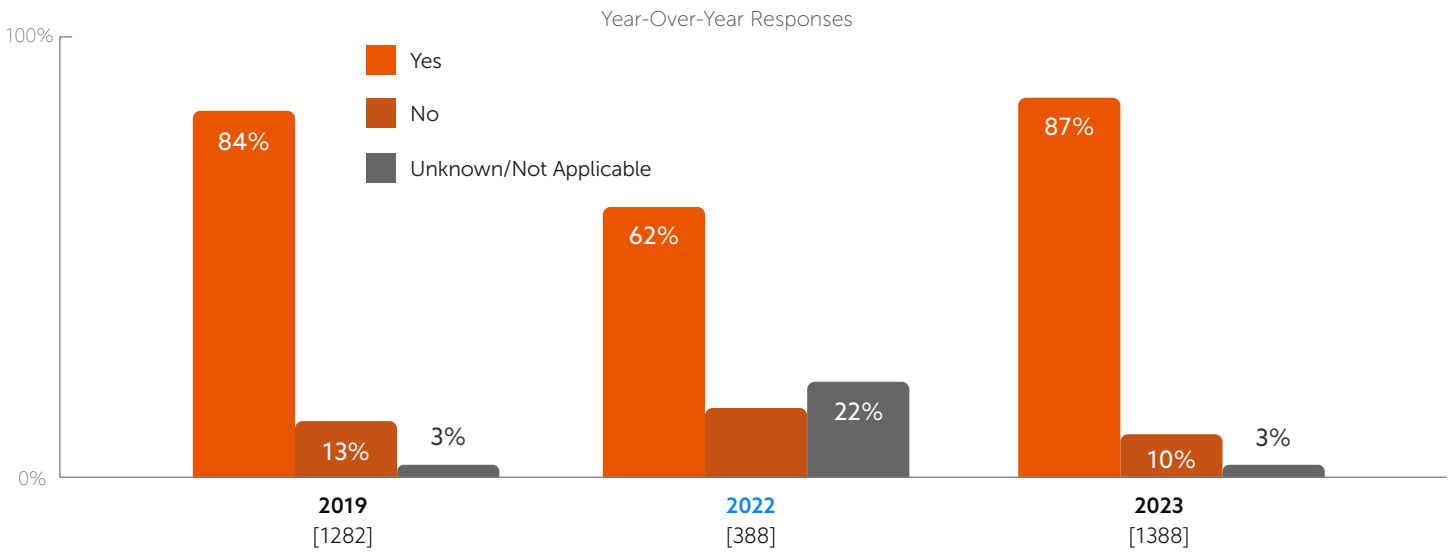
Answer	< 1 Year	1-5 Years	5-10 Years	10-15 Years	15-20 Years	> 20 Years
count	62	283	199	92	107	263
Yes	81%	72%	71%	65%	61%	66%
No	11%	19%	15%	14%	18%	16%
Unsure	8%	9%	14%	21%	21%	18%

2023 Responses Segmented by Organization Type

% of Sub-Sample Responses

Answer	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
count	795	2	90	23	10	2	67	16	1
Yes	68%	50%	70%	65%	80%	50%	78%	75%	100%
No	17%	50%	13%	13%	20%	50%	12%	13%	-
Unsure	15%	-	17%	22%	-	-	10%	12%	-

4 Does your organization provide you with ongoing skills training and development?



YYYY Claims Leaders / YYYY Frontline Claims Professionals

2023 Responses Segmented by Organization Type

Answer	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
count	1031	2	151	65	21	11	69	35	3
Yes	90%	100%	82%	75%	81%	55%	77%	69%	33%
No	8%	-	12%	19%	14%	45%	17%	20%	33%
Unknown/Not Applicable	2%	-	6%	6%	5%	-	6%	11%	34%

Conditional Question for those who selected "Yes" in Question 4

4.1 On average, how often do you participate in skills training and development?

Year-Over-Year Responses

Answer	% of Sub-Sample Responses		
	2019	2022	2023
count	1075	240	1207
Monthly	43%	12%	43%
Quarterly	37%	43%	35%
Twice a year	11%	18%	9%
Annually	6%	20%	7%
Less than once per year	3%	7%	6%

YYYY Claims Leaders / YYYY Frontline Claims Professionals

[4.1 cont'd] On average, how often do you participate in skills training and development?

2023 Responses Segmented by Years of Experience in Workers' Compensation Claims Adjusting

Answer	% of Sub-Sample Responses					
	< 1 Year	1-5 Years	5-10 Years	10-15 Years	15-20 Years	> 20 Years
count	66	308	251	122	138	322
Monthly	63%	50%	40%	34%	38%	40%
Quarterly	31%	34%	35%	42%	38%	32%
Twice a year	2%	7%	8%	8%	14%	12%
Annually	2%	6%	9%	10%	5%	8%
Less than once per year	2%	3%	8%	6%	5%	8%

Conditional Question for those who selected "No" in Question 4

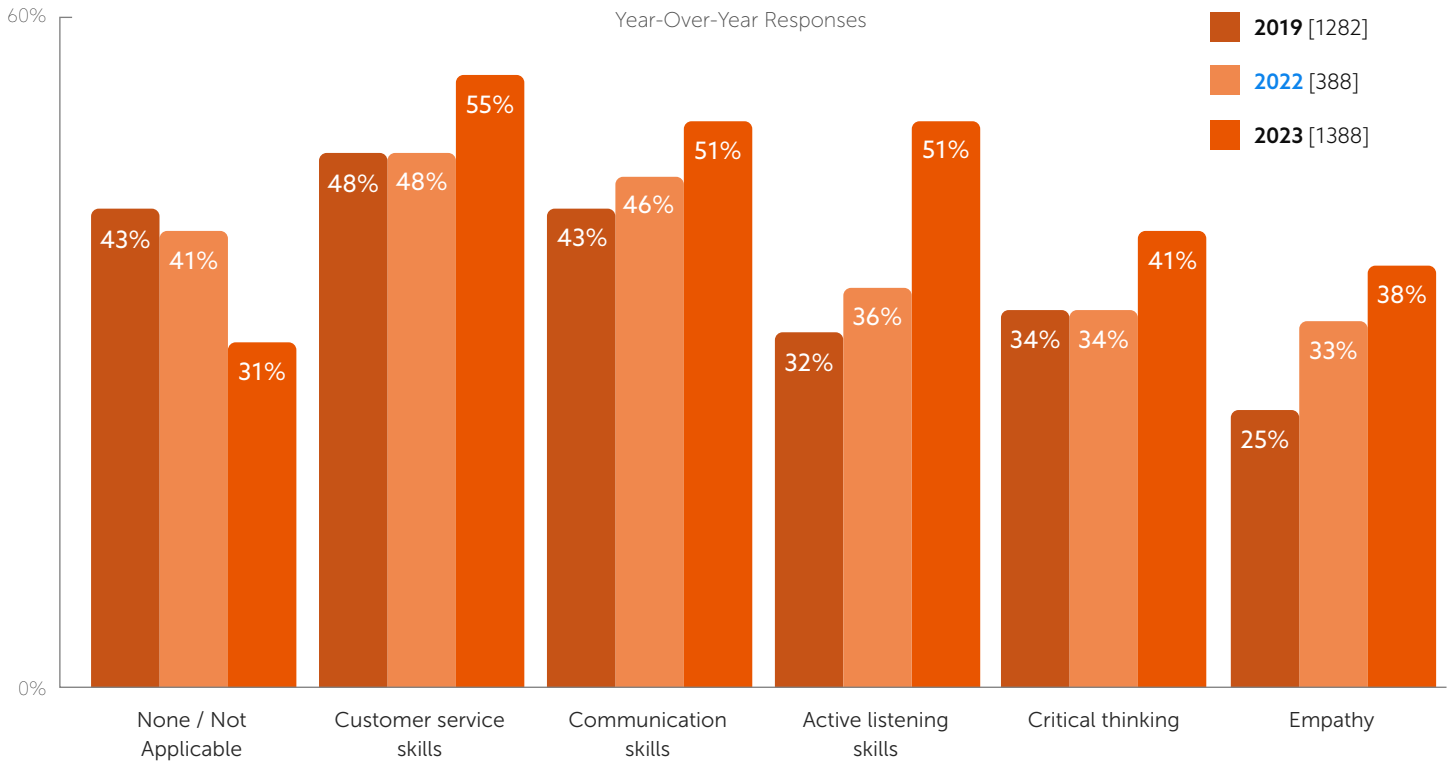
4.2 What is the primary reason for not receiving ongoing skills training and development?

Year-Over-Year Responses

Answer	% of Sub-Sample Responses		
	2019	2022	2023
count	162	63	136
Time constraints / too busy managing claims	38%	22%	46%
Not a perceived need	30%	37%	21%
Budget limitations	10%	14%	9%
Other	21%	27%	24%

YYYY Claims Leaders / YYYY Frontline Claims Professionals

5 Does your organization provide you training in any of the following areas?
 Select all that apply. (If no, select "None / Not Applicable")



Note: Participants were able to select more than one answer for this question

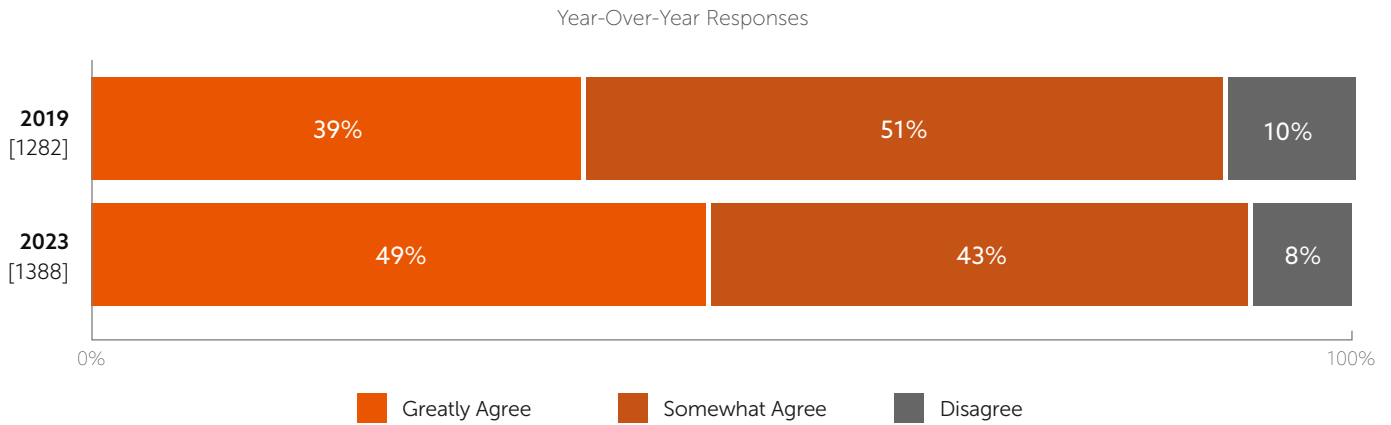
YYYY Claims Leaders / YYYY Frontline Claims Professionals

2023 Responses Segmented by Organization Type

Answer	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
count	1031	2	151	65	21	11	69	35	3
None / Not Applicable	27%	50%	43%	45%	52%	73%	28%	54%	33%
Customer service skills	58%	50%	42%	45%	29%	18%	68%	29%	33%
Communication skills	54%	50%	39%	37%	33%	18%	61%	34%	67%
Active listening skills	44%	50%	25%	38%	24%	27%	54%	26%	67%
Critical thinking	55%	50%	34%	35%	38%	-	57%	29%	33%
Empathy	41%	50%	25%	32%	24%	9%	43%	17%	67%

Note: Participants were able to select more than one answer for this question

6 In your opinion, do you receive enough applicable ongoing training and development to effectively do your job?



2023 Responses Segmented by Years of Experience in Workers' Compensation Claims Adjusting

Answer	< 1 Year	1-5 Years	5-10 Years	10-15 Years	15-20 Years	> 20 Years
count	69	355	289	137	166	372
Greatly agree	54%	44%	43%	45%	52%	60%
Somewhat agree	43%	46%	47%	48%	40%	35%
Disagree	3%	10%	10%	7%	8%	5%

2023 Responses Segmented by Organization Type

Answer	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
count	1031	2	151	65	21	11	69	35	3
Greatly agree	52%	100%	46%	37%	48%	45%	44%	23%	-
Somewhat agree	42%	-	41%	49%	38%	55%	49%	48%	100%
Disagree	6%	-	13%	14%	14%	-	7%	29%	-

7 Other than salary and standard benefits, what benefits do you currently receive?
 Select all that apply. (if none, select "None / Not Applicable")

Year-Over-Year Responses

Answer	2019	2023
count	1282	1388
Work from home option	59%	79%
Wellness programs	60%	56%
Time for staff to participate in community outreach programs	31%	41%
Bonus / Profit sharing	51%	37%
Tuition reimbursement	39%	31%
Stock options	30%	17%
Four day work-week or other alternative scheduling arrangement	14%	14%
Recognition / rewards for industry designations (i.e., AIC, CPCU, CRM)	31%	14%
Gym memberships	12%	14%
Professional conference fee reimbursement	23%	14%
Onsite exercise programs	20%	13%
Professional membership dues reimbursement	20%	12%
Flextime for exercise during the workday	20%	10%
None / Not Applicable	6%	6%

Note: Participants were able to select more than one answer for this question

[7 cont'd] Other than salary and standard benefits, what benefits do you currently receive? Select all that apply.

2023 Responses Segmented by Organization Type

Answer	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
count	1031	2	151	65	21	11	69	35	3
Work from home option	80%	100%	66%	68%	90%	82%	87%	89%	33%
Wellness programs	60%	100%	38%	69%	48%	55%	43%	34%	-
Time for staff to participate in community outreach programs	50%	50%	10%	18%	48%	36%	25%	-	-
Bonus / Profit sharing	44%	50%	18%	17%	38%	36%	10%	-	-
Tuition reimbursement	33%	50%	13%	35%	43%	27%	39%	17%	-
Stock options	18%	50%	18%	12%	24%	9%	3%	-	-
Four day work-week or other alternative scheduling arrangement	8%	-	29%	23%	10%	9%	55%	37%	33%
Recognition / rewards for industry designations (i.e., AIC, CPCU, CRM)	15%	50%	9%	11%	29%	18%	7%	-	-
Gym memberships	16%	50%	9%	8%	29%	-	3%	-	-
Professional conference fee reimbursement	13%	50%	11%	31%	14%	45%	14%	6%	-
Onsite exercise programs	14%	50%	9%	8%	10%	18%	9%	6%	-
Professional membership dues reimbursement	13%	50%	7%	12%	24%	9%	6%	3%	-
Flextime for exercise during the workday	11%	50%	7%	11%	5%	9%	12%	-	-
None / Not Applicable	5%	-	9%	6%	10%	18%	9%	9%	67%

Note: Participants were able to select more than one answer for this question

8 Of the following benefits, which are most important to you and/or could influence your employment decision with current or future employers? Please rank the top three in order of importance, with 1 being the most important and 3 being "less important."

Year-Over-Year Responses

Answer	Rank		Weighted Score
	2019	2023	
count	1282	1388	
Work from home option	1	1	3171
Bonus / Profit sharing	2	2	1966
Four-day work week or other alternative scheduling arrangement	3	3	1700
Flextime for exercise during the workday	4	4	372
Recognition / rewards for industry designations (i.e., AIC, CPCU, CRM)	5	5	328
Wellness programs	7	6	224
Tuition reimbursement	8	7	155
Professional membership dues and/or conference fee reimbursement	6	8	149
Time to participate in community outreach programs	10	9	134
Gym memberships	9	10	129

Note: Participants selected the top 3 benefits from a list of 10 options

9 Does your organization offer a formal career path program with growth opportunities for claims staff?

Year-Over-Year Responses

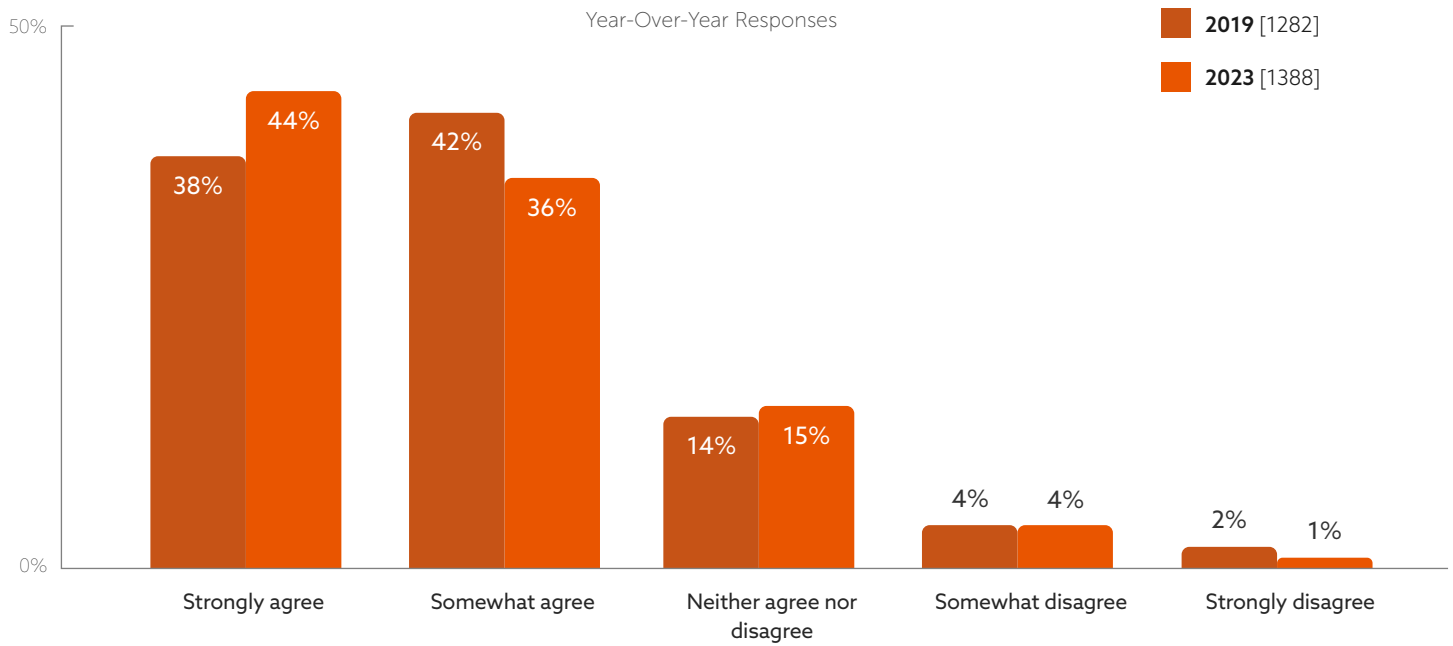
Answer	2019	2022	2023
count	1282	388	1388
Yes	40%	54%	54%
No	35%	39%	24%
Unknown	26%	7%	22%

YYYY Claims Leaders / YYYY Frontline Claims Professionals

2023 Responses Segmented by Organization Type

Answer	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
count	1031	2	151	65	21	11	69	35	3
Yes	58%	100%	42%	35%	57%	36%	65%	34%	33%
No	20%	-	27%	48%	24%	64%	20%	52%	67%
Unknown	22%	-	31%	17%	19%	-	15%	14%	-

10 Overall, do you find your job meaningful?



2023 Responses Segmented by Years of Experience in Workers' Compensation Claims Adjusting

Answer	< 1 Year	1-5 Years	5-10 Years	10-15 Years	15-20 Years	> 20 Years
count	69	355	289	137	166	372
Strongly agree	45%	38%	40%	35%	53%	51%
Somewhat agree	35%	40%	37%	47%	30%	32%
Neither agree nor disagree	16%	15%	17%	16%	13%	12%
Somewhat disagree	4%	5%	5%	1%	2%	4%
Strongly disagree	-	2%	1%	1%	2%	1%

2023 Responses Segmented by Generation

Answer	The Silent Generation (born 1925-1945)	The Baby Boomer Generation (born 1946-1964)	Generation X (born 1965-1979)	Millennials (born 1980-1994)	Generation Z (born 1995-2012)
count	5	253	559	498	73
Strongly agree	60%	51%	45%	41%	27%
Somewhat agree	20%	30%	38%	37%	44%
Neither agree nor disagree	20%	16%	13%	15%	19%
Somewhat disagree	-	2%	3%	6%	10%
Strongly disagree	-	1%	1%	1%	-

[10 cont'd] Overall, do you find your job meaningful?

2023 Responses Segmented by Organization Type

Answer	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
count	1031	2	151	65	21	11	69	35	3
Strongly agree	43%	50%	42%	49%	67%	36%	49%	34%	33%
Somewhat agree	37%	50%	41%	34%	14%	46%	33%	29%	67%
Neither agree nor disagree	15%	-	15%	9%	14%	9%	13%	17%	-
Somewhat disagree	4%	-	1%	5%	5%	9%	5%	14%	-
Strongly disagree	1%	-	1%	3%	-	-	-	6%	-

11 What is the primary reason you would leave your job? (if none, select "None, Not Applicable")

Year-Over-Year Responses

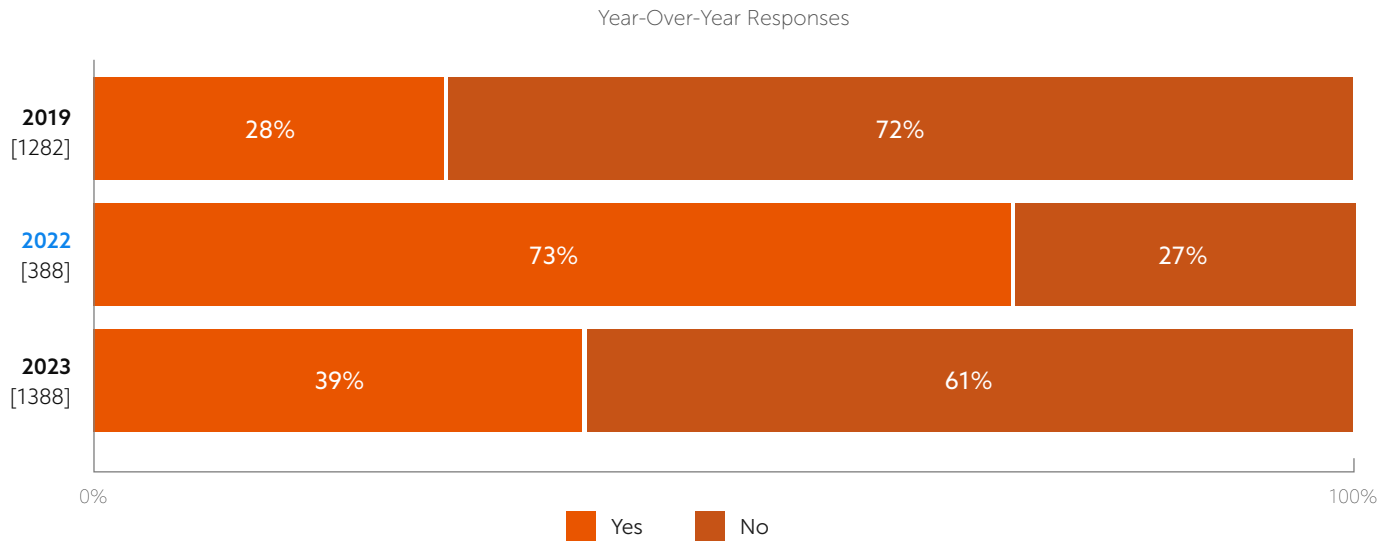
Answer	2019	2023
count	1282	1388
Salary / benefits	34%	29%
Lack of flexibility / work from home option	\	25%
Growth opportunity	21%	13%
Other	19%	11%
Company reputation, culture and values	7%	5%
Training and development	1%	1%
None / Not Applicable	18%	17%

\ Not an answer option in this study year

2023 Responses Segmented by Generation

Answer	The Silent Generation (born 1925-1945)	The Baby Boomer Generation (born 1946-1964)	Generation X (born 1965-1979)	Millennials (born 1980-1994)	Generation Z (born 1995-2012)
count	5	253	559	498	73
Salary / benefits	20%	20%	30%	34%	27%
Lack of flexibility / work from home option	-	25%	27%	23%	18%
Growth opportunity	20%	3%	12%	15%	30%
Other	-	20%	9%	9%	10%
Company reputation, culture and values	-	8%	4%	4%	3%
Training and development	-	-	1%	2%	-
None / Not Applicable	60%	25%	17%	12%	12%

12 Do you know what an advocacy-based, injured worker-centric claims model is?



YYYY Claims Leaders / YYYY Frontline Claims Professionals

2023 Responses Segmented by Years of Experience in Workers' Compensation Claims Adjusting

Answer	< 1 Year	1-5 Years	5-10 Years	10-15 Years	15-20 Years	> 20 Years
count	69	355	289	137	166	372
Yes	26%	39%	45%	39%	39%	38%
No	74%	61%	55%	61%	61%	62%

2023 Responses Segmented by Organization Type

Answer	Insurance Company	Reinsurance / Excess		Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund		Gov't Entity	Other
		Insurance Company	Third Party Administrator							
count	1031	2	151	65	21	11	69	35	3	
Yes	38%	-	43%	29%	38%	45%	51%	46%	-	
No	62%	100%	57%	71%	62%	55%	49%	54%	100%	

13 Has your organization considered implementing / adopting an advocacy-based claims model?

Year-Over-Year Responses

Answer	2019	2022	2023
count	1282	388	1388
Yes, already implemented	18%	47%	28%
Yes, will likely implement within the next 1 to 3 years	3%	10%	2%
Considering, but no specific implementation plans	3%	13%	3%
No, not considering	4%	15%	3%
Unknown	72%	15%	64%

YYYY Claims Leaders / YYYY Frontline Claims Professionals

2023 Responses Segmented by Organization Type

Answer	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
count	1031	2	151	65	21	11	69	35	3
Yes, already implemented	29%	100%	23%	20%	33%	18%	42%	31%	67%
Yes, will likely implement within the next 1 to 3 years	2%	-	-	3%	5%	9%	1%	3%	-
Considering, but no specific implementation plans	3%	-	3%	2%	5%	-	9%	-	-
No, not considering	2%	-	3%	11%	10%	18%	3%	6%	-
Unknown	64%	-	71%	64%	47%	55%	45%	60%	33%

Conditional Question for those who selected "Yes, already implemented" in Question 13

13.1 What advocacy-based, injured worker-centric claims model initiatives have you implemented? Select all that apply.

Year-Over-Year Responses

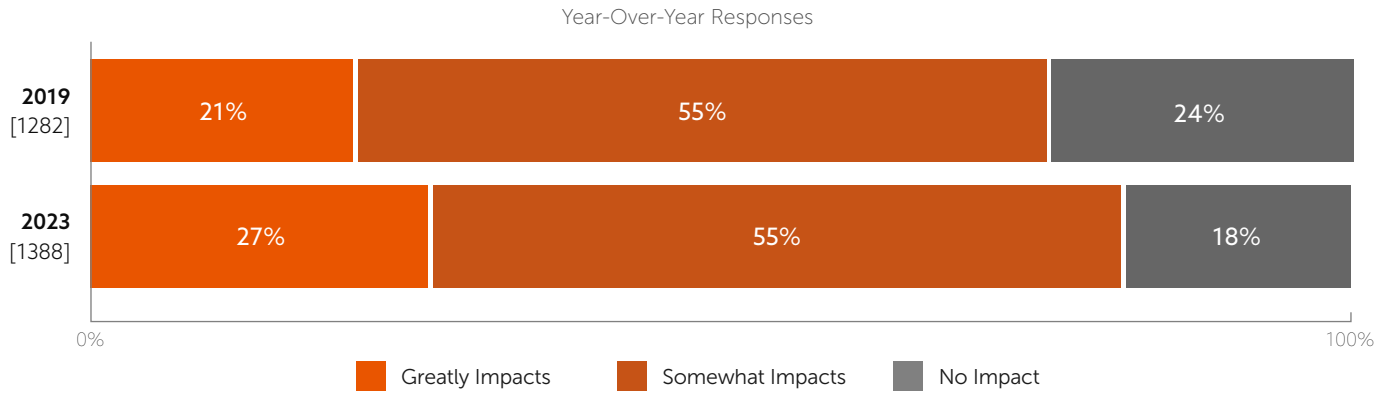
% of Sub-Sample Responses

Answer	2019	2022	2023
count	233	181	394
Revamped injured worker communications including education about the claims process	46%	77%	65%
Implemented technology tools or apps	\	50%	59%
Focused claims adjuster training on empathy and/or other soft skills	50%	74%	47%
Emphasis on WC as a benefit delivery system versus a claims adjudication system	47%	61%	34%
Dedicated injured worker advocates in addition to the claims examiner	37%	39%	28%
Cultural shift within your organization supporting an advocacy model including leadership buy in	39%	65%	24%
Other	5%	8%	3%

Note: Participants were able to select more than one answer for this question
 \ Not an answer option in this study year

YYYY Claims Leaders / YYYY Frontline Claims Professionals

14 In your opinion, will / does an advocacy-based claims model positively impact claim outcomes?



2023 Responses Segmented by Years of Experience in Workers' Compensation Claims Adjusting

Answer	< 1 Year	1-5 Years	5-10 Years	10-15 Years	15-20 Years	> 20 Years
count	69	355	289	137	166	372
Greatly impacts	41%	34%	26%	25%	20%	23%
Somewhat impacts	48%	50%	60%	60%	58%	52%
No impact	12%	15%	13%	15%	22%	26%

2023 Responses Segmented by Generation

Answer	The Silent Generation (born 1925-1945)	The Baby Boomer Generation (born 1946-1964)	Generation X (born 1965-1979)	Millennials (born 1980-1994)	Generation Z (born 1995-2012)
count	5	253	559	498	73
Greatly impacts	20%	26%	24%	30%	33%
Somewhat impacts	80%	52%	54%	56%	56%
No impact	-	22%	22%	14%	11%

2023 Responses Segmented by Organization Type

Answer	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
count	1031	2	151	65	21	11	69	35	3
Greatly impacts	27%	50%	24%	22%	24%	36%	26%	34%	33%
Somewhat impacts	54%	50%	54%	63%	62%	36%	64%	52%	67%
No impact	19%	-	22%	15%	14%	28%	10%	14%	-

15 Considering an advocacy-based injured worker-centric claims model, how could it most impact the claims profession? Please rank the top three strategies in the order of greatest potential impact, with 1 being the "greatest impact" and 3 being the "lower impact."

	Rank			Weighted Score
	2019	2022	2023	
count	1282	388		1388
Employee and/or injured worker engagement	1	1	1	3069
Transform the image of the claims profession	2	5	2	1828
Elevate the social factors and meaningful work of claims professionals	4	3	3	1176
Improve organizational reputation and/or social image	3	4	4	1160
Connect claims talent strategy to organizational mission or customer service model	5	2	5	1095

Note: Participants selected the top 3 areas of impact from a list of 5 options

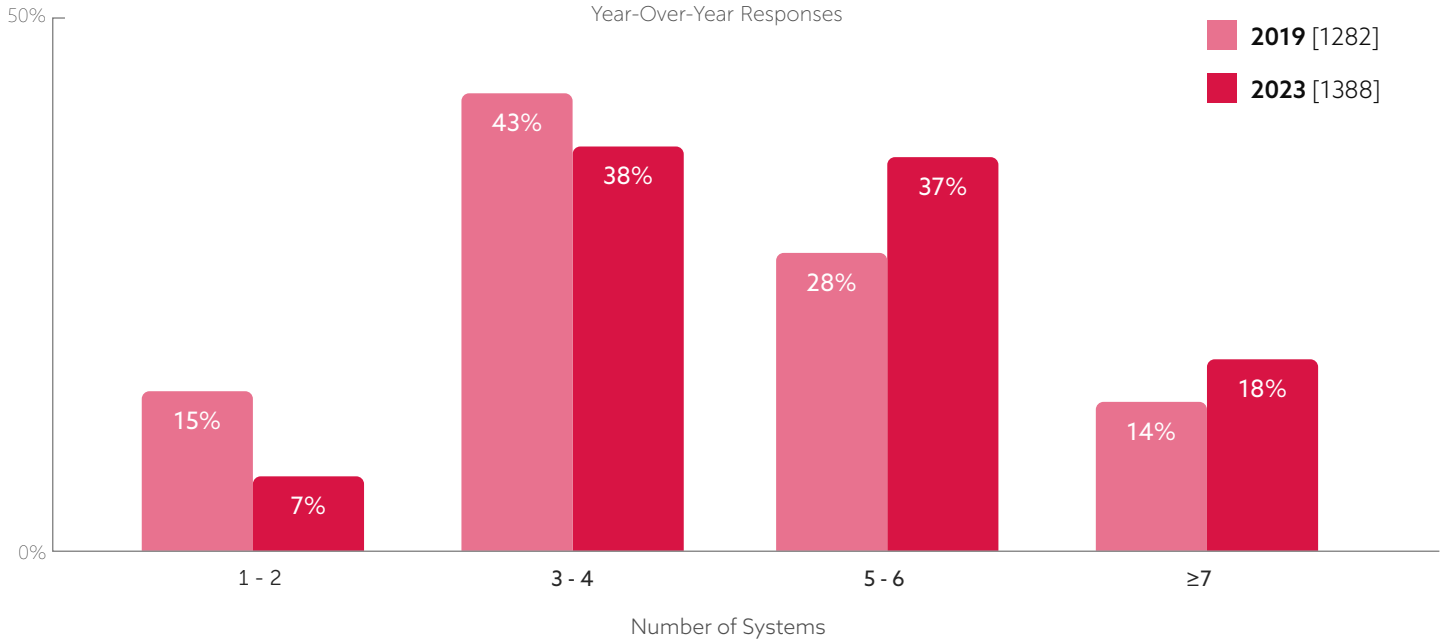
YYYY Claims Leaders / YYYY Frontline Claims Professionals

Appendix D

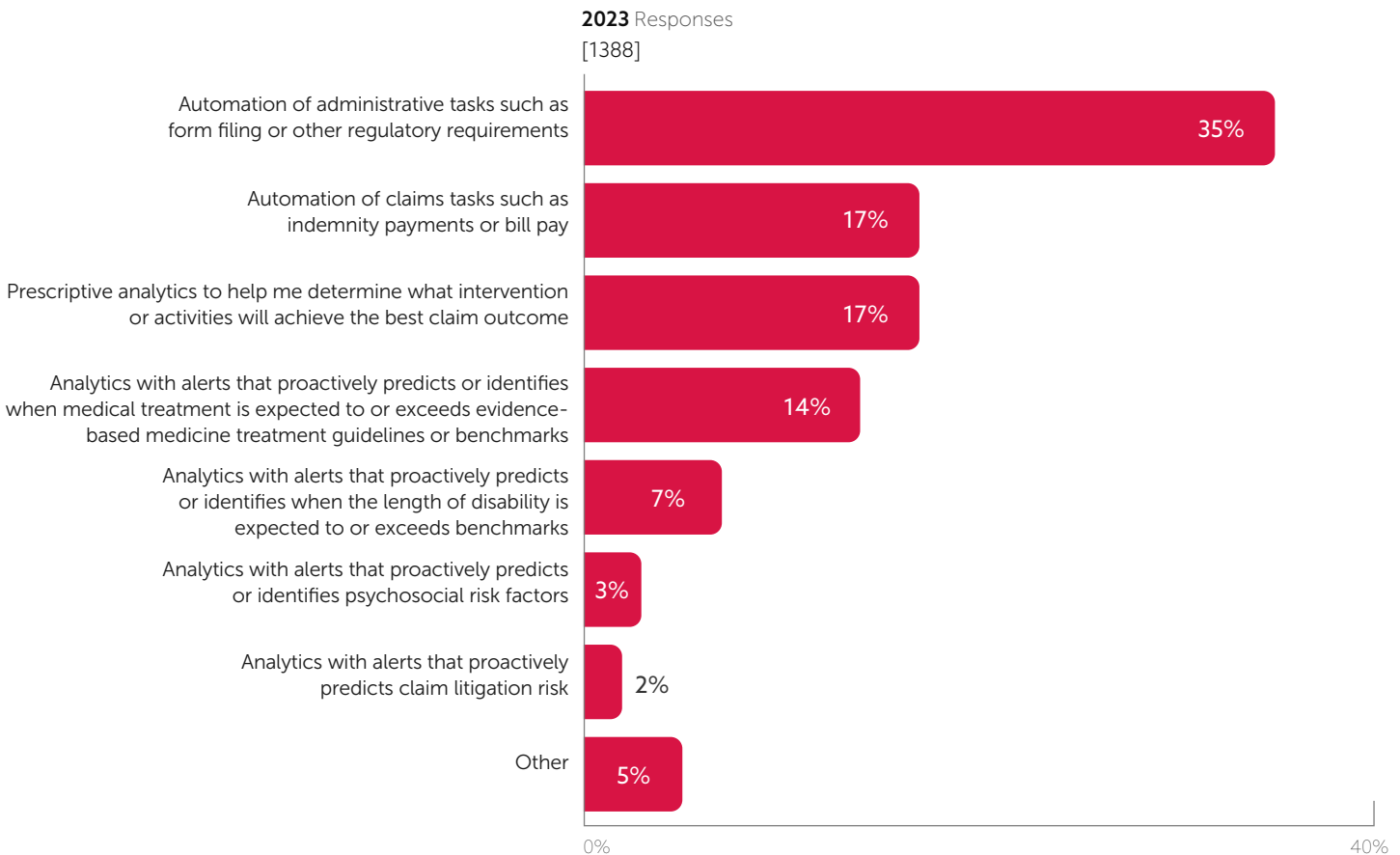
Impact of Technology & Data



1 Including internal and external programs / systems, how many systems do you utilize in the daily management of claims? (i.e., claims system, UR, legal, bill review, payment systems, web portals, etc.)



2 What technology, artificial intelligence (AI), or analytics solution would be most helpful to you in managing claims?



[2 cont'd] What technology, artificial intelligence (AI), or analytics solution would be most helpful to you in managing claims?

2023 Responses Segmented by Generation

Answer	The Silent Generation (born 1925-1945)	The Baby Boomer Generation (born 1946-1964)	Generation X (born 1965-1979)	Millennials (born 1980-1994)	Generation Z (born 1995-2012)
count	5	253	559	498	73
Automation of administrative tasks such as form filing or other regulatory requirements	-	34%	32%	37%	41%
Automation of claims tasks such as indemnity payments or bill pay	20%	16%	16%	18%	22%
Prescriptive analytics to help me determine what intervention or activities will achieve the best claim outcome	-	17%	17%	16%	21%
Analytics with alerts that proactively predicts or identifies when medical treatment is expected to or exceeds evidence-based medicine treatment guidelines or benchmarks	40%	13%	15%	14%	8%
Analytics with alerts that proactively predicts or identifies when the length of disability is expected to or exceeds benchmarks	20%	9%	8%	6%	4%
Analytics with alerts that proactively predicts or identifies psychosocial risk factors	-	2%	4%	3%	-
Analytics with alerts that proactively predicts claim litigation risk	-	2%	2%	3%	3%
Other	20%	7%	5%	3%	1%

3 What ways do you utilize technology or analytics (i.e., analysis of data or statistics) to manage your claims?
Select all that apply. (if none, select "None / Not Applicable")

Year-Over-Year Responses

Answer	2019	2022	2023
count	1282	388	1388
None / Not Applicable	35%	35%	28%
Identify medical treatment or utilization outside of Evidence-Based Medicine Guidelines such as ODG or MDGuidelines	45%	24%	49%
Identify RTW or disability durations outside of Evidence-Based Medicine Guidelines	41%	25%	42%
Predict or detect claims severity	37%	35%	35%
Fraud detection	25%	15%	27%
Predict or detect litigation	19%	22%	12%
Other	\	\	1%

Note: Participants were able to select more than one answer for this question

\ Not an answer option in this study year

YYYY Claims Leaders / YYYY Frontline Claims Professionals

2023 Responses Segmented by Organization Type

Answer	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
count	1031	2	151	65	21	11	69	35	3
None / Not Applicable	22%	50%	34%	68%	33%	9%	43%	63%	33%
Identify medical treatment or utilization outside of Evidence-Based Medicine Guidelines such as ODG or MDGuidelines	54%	50%	49%	17%	38%	45%	35%	20%	67%
Identify RTW or disability durations outside of Evidence-Based Medicine Guidelines	45%	-	36%	15%	38%	18%	41%	29%	33%
Predict or detect claims severity	39%	-	28%	15%	29%	27%	26%	17%	33%
Fraud detection	29%	-	26%	9%	14%	27%	20%	6%	33%
Predict or detect litigation	14%	-	9%	3%	14%	9%	6%	14%	33%
Other	1%	-	1%	-	-	9%	1%	3%	-

Note: Participants were able to select more than one answer for this question

4 What tools, training, and/or technology could help you do your job better?
Select all that apply. (if none, select "None, Not Applicable")

Year-Over-Year Responses

Answer	2019	2023
count	1282	1388
None / Not Applicable	10%	14%
Claim system upgrade or advancements	54%	47%
Administrative support	51%	43%
Jurisdictional specific legal medical and/or case law training	42%	38%
Tools to communicate with injured workers and other claims stakeholders such as mobile apps or text messaging options	34%	29%
Data and/or metrics to manage claim activities	24%	22%
Tools to communicate better with my teammates	\	8%
Other	5%	3%

Note: Participants were able to select more than one answer for this question

\ Not an answer option in this study year

2023 Responses Segmented by Generation

Answer	The Silent Generation (born 1925-1945)	The Baby Boomer Generation (born 1946-1964)	Generation X (born 1965-1979)	Millennials (born 1980-1994)	Generation Z (born 1995-2012)
count	5	253	559	498	73
None / Not Applicable	40%	23%	13%	11%	11%
Claim system upgrade or advancements	20%	43%	47%	48%	51%
Administrative support	-	41%	43%	46%	41%
Jurisdictional specific legal medical and/or case law training	-	34%	34%	44%	40%
Tools to communicate with injured workers and other claims stakeholders such as mobile apps or text messaging options	20%	22%	27%	34%	27%
Data and/or metrics to manage claim activities	-	19%	24%	22%	29%
Tools to communicate better with my teammates	20%	6%	9%	8%	5%
Other	-	3%	3%	3%	-

Note: Participants were able to select more than one answer for this question

[4 cont'd] What tools, training, and/or technology could help you do your job better? Select all that apply. (if none, select "None, Not Applicable")

2023 Responses Segmented by Organization Type

Answer	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
count	1031	2	151	65	21	11	69	35	3
None / Not Applicable	14%	-	13%	22%	24%	36%	7%	9%	33%
Claim system upgrade or advancements	47%	50%	46%	37%	48%	36%	55%	69%	33%
Administrative support	43%	50%	42%	45%	38%	18%	38%	69%	67%
Jurisdictional specific legal medical and/or case law training	39%	-	37%	35%	48%	27%	22%	37%	33%
Tools to communicate with injured workers and other claims stakeholders such as mobile apps or text messaging options	26%	-	30%	38%	29%	36%	51%	26%	67%
Data and/or metrics to manage claim activities	21%	-	26%	25%	48%	9%	22%	40%	-
Tools to communicate better with my teammates	7%	-	11%	6%	5%	9%	9%	20%	-
Other	3%	-	7%	3%	-	-	4%	-	-

Note: Participants were able to select more than one answer for this question



Appendix E

Medical Performance Management

- 1 Please rank in the order of impact the top three medical management programs you believe are most critical to claim outcomes, with 1 having the "greatest impact" and 3 having "less impact."

Year-Over-Year Responses

Rank	2019	2022	2023
count	1282	388	1388
1	Nurse Case Management	Nurse Case Management	Nurse Case Management
2	Return-to-Work Services	Return-to-Work Services	Utilization Review
3	Utilization Review	Nurse / Claims Triage	Return-to-Work Services

YYYY Claims Leaders / YYYY Frontline Claims Professionals

Answer	Rank			Weighted Score
	2019	2022	2023	
count	1282	388	1388	
Nurse Case Management	1	1	1	2901
Utilization Review	3	5	2	1329
Return-to-Work Services	2	2	3	1226
Nurse / Claims Triage	4	3	4	850
Bill Review	5	4	5	591
Physician Case Management	7	8	6	430
Pharmacy Benefit Manager / Network	6	6	7	373
Peer Review	9	10	8	301
Company Developed / Owned Provider Network	8	7	9	261
Outsourced / Leased Provider Network	10	9	10	66

Note: Participants selected the top 3 medical management programs from a list of 10 options

YYYY Claims Leaders / YYYY Frontline Claims Professionals

2 In your opinion, have you received adequate training in medical management in the following areas?

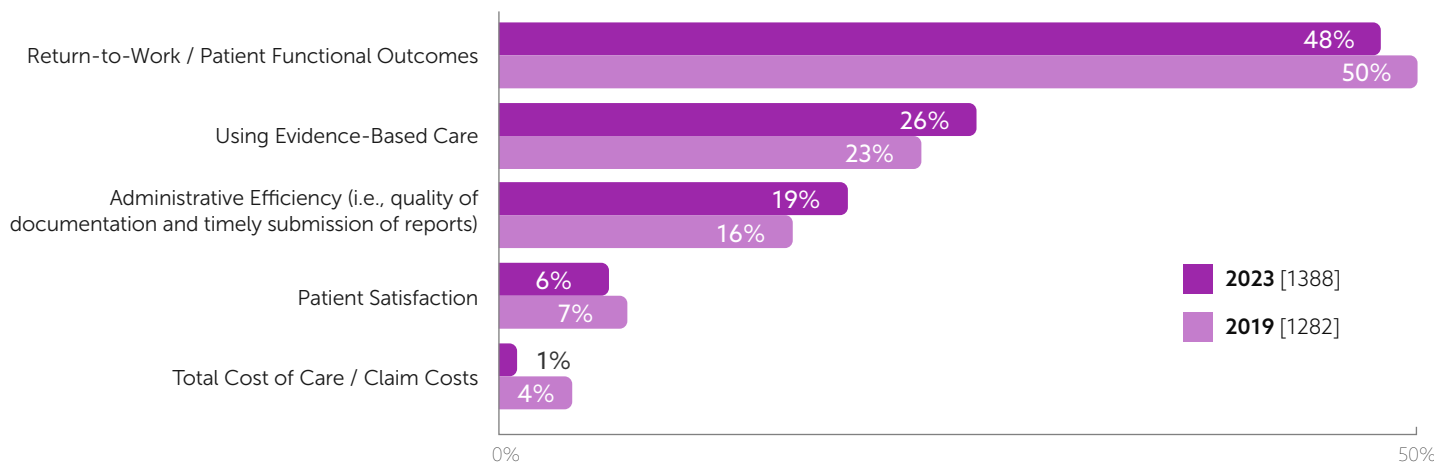
2019 [1282] 2023 [1388]

Year-Over-Year Responses

	Strongly Agree		Somewhat Agree		Neither Agree nor Disagree		Somewhat Disagree		Disagree	
	2019	2023	2019	2023	2019	2023	2019	2023	2019	2023
Evaluating medical treatment	40%	42%	36%	34%	14%	12%	7%	8%	3%	4%
Interpreting diagnostic tests or reports	31%	33%	35%	34%	19%	16%	10%	12%	5%	5%
Identifying co-morbidities	38%	43%	35%	32%	17%	15%	7%	7%	3%	3%
Understanding psychosocial risk factors and mental health issues	31%	35%	34%	31%	19%	17%	11%	11%	5%	6%

3 What is the most important measure of medical provider quality?

Year-Over-Year Responses



2023 Responses Segmented by Organization Type

Answer	Insurance Company	Reinsurance / Excess Insurance Company	Third Party Administrator	Self-Insured Employer	Insured Employer	Risk Pool	State Fund / Mutual Fund	Gov't Entity	Other
count	1031	2	151	65	21	11	69	35	3
Return-to-Work / Patient Functional Outcomes	49%	50%	42%	38%	62%	45%	39%	49%	67%
Using Evidence-Based Care	26%	-	21%	23%	19%	55%	36%	17%	33%
Administrative Efficiency (i.e., quality of documentation and timely submission of reports)	18%	-	25%	20%	9%	-	17%	31%	-
Patient Satisfaction	5%	-	12%	14%	5%	-	6%	3%	-
Total Cost of Care / Claim Costs	2%	50%	-	5%	5%	-	2%	-	-



2023 WORKERS' COMPENSATION BENCHMARKING STUDY

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OPERATIONAL STUDY

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