



Claims best practices

Guidelines you can rely on: Sentry's claims best practices

An overview—though not a complete listing—of the best practices we follow to serve you better.

When it comes to claims, having a solid course of action can help you avoid messy situations and allow you to focus on solutions instead. Our claims best practices offer a consistent, cost-effective approach for easing the impact of your workers' compensation and liability losses. We resolve claims efficiently and fairly, so you can get back to focusing on your business and its future.

Our claims best practices:

- Encourage effective communication and use of technology to help you manage operations and workflow
- Manage claims through our knowledgeable team, using tried and tested operating procedures
- Establish the expected claims cost, through our team's experience and familiarity with your industry

These and other best practices prove our commitment to providing you the claims service you deserve.

Workers' compensation

We want to make sure we're able to provide timely assignment and proper documentation for you, so we make claim submission fast and easy. If a claim is submitted via Internet or phone, it is entered directly. All other claims are input within 24 hours of receipt. Turn the page to learn more about our workers' compensation claims best practices.



CONTACT

- On indemnity claims, we initiate a full investigation—including three-point contact (employer, employee, and medical provider)—within one business day of the assignment, documenting all results
- On managed medical claims, we initiate a full investigation, including two points of contact (employer and medical provider)—within one business day of assignment, documenting all results

INVESTIGATION

- We begin by gathering facts regarding injuries and proper diagnosis
- We research relevant medical histories, including pre-existing medical conditions and prior claims
- We develop a comprehensive accident re-creation based on the information above
- We confirm the injured worker's pre-injury work responsibilities
- We investigate subrogation, second injury fund, and apportionment opportunities to recover expenses and payments
- We notify our Special Investigation Unit if fraudulent activity is suspected

RESERVES

- We establish historically average reserves upon claim set-up, and assess case-specific reserves based on information developed in the investigation
- We determine reserve amounts based on the severity of the claim, and we maintain them to cover all expected payments (in aggregate)
- We reevaluate and modify reserve amounts as additional information is received



MEDICAL AND DISABILITY CLAIMS MANAGEMENT

- We work with you to coordinate timely return to work and resolution of medical care
- We respond to properly submitted medical payments within 30 days of receiving them, and within 14 days of disability approval (subject to jurisdictional requirements)
- We take any client-specific special handling instructions into account
- We obtain information on medical treatment and disability duration through ongoing communication
- We document written and verbal communication with claimants, employers, medical providers, witnesses, and other parties
- We explore transitional return-to-work options and alternatives
- We may order independent medical examinations to evaluate the prognosis of medical conditions and identify proper treatments
- We work to establish medical cost-containment programs to manage treatment costs
- We provide clearly defined rehabilitation efforts, and assign them to appropriate vendors



LITIGATION

- We incorporate proactive adjusting to minimize litigation when possible
- We clearly define issues and outline responsibilities for counsel and claims going forward when litigation ensues
- We ensure that approved counsel handles litigation, unless other arrangements have been made with you
- We provide our litigation best practices to approved counsel
- We have our claims representatives and management review new lawsuits to develop disposition plans
- Our claim representatives handle negotiations unless strategy suggests otherwise

CLOSING CLAIMS FILES

- We work with you to develop an agreed-upon strategy to close claims quickly and fairly
- We identify potential barriers and action plans to overcome those barriers

Liability

Timeliness is also important for liability claims, so our policy of immediately inputting any claim submitted via Internet or phone applies here as well. All other claims are input within 24 hours of receipt. Above all else, early and thorough communication is the most important thing. Turn the page to learn more about our liability claims best practices.



CONTACT

- We expect contact, or attempted contact, with the insured and claimant within one business day after the first report is entered
- We also expect contact, or attempted contact, with witnesses and the claimant's attorney within seven business days after the first report

INVESTIGATION

- We take recorded statements to document facts, particularly those related to negligent activity
- We keep all photographs of products and damaged property as evidence
- We retain independent adjusters when necessary to develop on-location information
- We request scene investigations when necessary
- We use subrogation, contribution, and comparable negligence rules to assure proper allocation to all responsible parties
- We notify our Special Investigation Unit if fraudulent activity is suspected



RESERVES

- We establish the historically average reserve within 14 days of receipt of claim, while case-specific reserves are reviewed and adjusted within 60 days of receipt
- We determine an appropriate settlement value based on the documentation within the file, and establish it within 60 days of first report
- We reevaluate, modify, and document the reserve amounts as information and issues are clarified throughout the process

DAMAGE INVESTIGATION

This is not an all-inclusive list. These and other best practices may or may not apply, as needed, to meet case-specific situations.

- We determine the presence of a causal relationship by evaluating whether claimed injuries or damages are related to the accident or occurrence
- We contact unrepresented claimants at least every 30 days unless otherwise directed
- We gather medical records from treating physicians once medical authorizations have been obtained
- We consult with medical experts to assist in assessing the relatedness of sustained injuries if treatment issues arise
- We identify and document verifiable evidence and legal foundations that support causation arguments
- We ensure that vehicle appraisal inspections are completed in a timely manner, and repair estimates are submitted soon after inspections have been completed
- We permit the use of alternative parts where regulations allow
- We take action to control storage and rental charges where regulations allow
- We ensure that all written and verbal communication with claimants and other parties is documented

LITIGATION

- We evaluate and resolve cases to avoid litigation unless warranted
- We clearly define issues and outline responsibilities for counsel and claims going forward when litigation ensues
- We assign cases to experienced and proven successful trial attorneys approved by us or through agreements with you
- We share our litigation standards to involved counsel if they are not on our approved list
- We have our claims representatives and management review new lawsuits to develop disposition plans
- We document files containing information and discovery gathered from counsel
- Our claim representatives handle negotiations to help control legal costs

CLOSING CLAIMS FILES

- We work with you to develop an agreed-upon strategy to close claims quickly and fairly
- We identify potential barriers and action plans to overcome those barriers

About us

We understand what you're looking for in an insurance company because we've been there ourselves. We got our start in 1904, when members of the Wisconsin Retail Hardware Association formed their own insurance company. Backed by personalized care and Midwest roots, we've since grown to become one of the largest and most financially secure mutual insurance companies in the nation. We deliver peace of mind to about one million policyholders, one conversation at a time.



**1800 North Point Drive
Stevens Point, WI 54481**

sentry.com

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