Don't Botch Your First Line of Defense: The Art of 3-Point Contact

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Some of our best investigation results came about because a savvy adjuster made a thorough initial investigation. That's why I thought I would talk about what I've heard might be an examiner's least favorite adjusting duty.

Reaching Out
Companies normally require an adjuster to perform a 3-point contact within 24 hours of receiving a new claim. As you know, calls are made to the employer, injured worker and the medical facility to verify the information received as well as to provide some customer service to assure everyone that the claim has been received and is being handled.

The information gathered within the first 24 hours is critical data that can give the adjuster the information needed to determine if a claim is compensable, evidence to delay or deny a claim, or assign it for additional investigation or even legal representation.

How many times have you been given a stack of new claims about 4:00 in the afternoon on Friday just before a 3 day weekend? I know the first thought is to rush through the calls and make some quick notes in the diary; but don't be tempted. Sometimes what looks like a run of the mill case can morph into something very different as you start to make those calls.

If you use a check list you can work through the process efficiently and reduce the risk of missing important information.

Review the information before you call
Compare the information on the Employer's Report of Occupational Injury or Illness (5020), Doctor's First Report of Occupational Injury or Illness (5021) and the DWC1 and any other information received.

Note any discrepancy from the misspelling of the injured worker's name to the listing of which body parts are involved. Note this in the diary that you will verify the information. It will be easier if you jot down notes now to help form your plan of action later.

Example: The Employer's first report could list that the employee injured her left foot, but when you review the doctor's first report the left foot is listed and a right elbow.

Get complete information for any blank spaces on the forms.

Make a copy of your standard checklist so you can add specific questions or notes about the contacts and the claim. Refer to your checklist as you make your contacts and add more questions as you work your way through the list of contacts.

Make the Call
Start with the employer
There isn't much room on the Employer's report form, so going over the information again will give you a better picture of what occurred during the time of the injury. If a claim is fraudulent the employer will be suspicious and will give you more information.

- It is better to begin with the employer, and then contact the medical facility. You will have all the information assembled and verified before you speak with the Claimant.
- Ask the employer what type of employee he/she is, and of any problems

- Ask for witnesses. Get names, and if there are no witnesses ask who saw the Claimant just after the injury and just before.
- Was there any person, place or thing that contributed to the injury. If machinery is involved, get maintenance records.
- Auto: get the name of the driver and insurance company info.
- Ask about surveillance tapes. Remember, some facilities have cameras monitoring activities throughout the day. Furthermore, you might find out later that the Claimant was not even working the DOI.
- Ask employer if they think it is a legitimate claim. If not, why?

Medical Facility

Verify all medical information and clear up any discrepancy. Many times you are verifying information with a clerk. But if you are able to speak with the doctor who did the exam, ask about the Claimant's demeanor. Any mention of old injuries?

Injured Worker

- Make sure all information is accurate, i.e, addresses, SSAN, etc.
- If the Claimant can't recall day, date, time, etc., provide some question like – mid week, end of week, before first break –
- Encourage the Claimant to explain in detail how the injury took place, not just something like "I was assisting a patient". **Ask the right questions and listen carefully to the answers.** Continue to question until you receive the answers. Sometimes rephrasing the questions or asking it again later, helps.
- Be pleasant, helpful and professional when you talk to everyone, especially the Claimant. For many Claimants, this is the first time they have filed and are naturally leery of insurance companies…so go slowly making certain that they understand why you are asking questions.

Write Action Plan & make Referrals if Appropriate

- Assemble all the information gathered to recap the claim and formulate a plan of action.

- Referrals to an investigator should be made ASAP. If possible, no longer than the first week of opening a claim. If you are requesting an AOE/COE investigation, the turnaround time to complete an investigation is about 30 days. If you have delayed the claim and do not make the referral for 30 even 60 days you run the risk of not receiving your report before your decision date. Also, it is quite possible that additional information could have been discovered that will require additional time to obtain and could be crucial in accepting or denying the claim.

Read your Investigation Reports Timely

- Don't run the risk of not acting upon any new information uncovered in the report.
- Here is a **checklist** that you can use for you interviews.

If you have any questions about Sub Rosa, AOE/COE, Fraud or Investigation, email me. at **david@2mypi.com**