



# RMG CONSULTING, LLC

**Auditing**

**Best Practices**

**Consulting**

**And**

**Interim Management**

**Property & Casualty Operations Management**

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## **RMG Consulting, LLC**

RMG Consulting, LLC was formed in 1999 to provide professional and cost effective services to the Property & Casualty insurance, reinsurance, and risk management industry. As our business has grown through repeat and expanded engagements from satisfied customers along with a growing client base, we have continued to add services to meet the demands of the marketplace. Today we are a full service consulting organization with the ability to manage virtually all of your insurance consulting needs.

Our management team has paid close attention to the environment and strategically expanded our list of services over time by attracting key personnel with expertise in related fields. Our staff consists of recognized industry professionals who have had successful leadership roles as well as hands on experience in all facets of the insurance and reinsurance arenas. We are extremely focused on delivering cost effective and practical results to our client base. Our reliance on the integration of operations, systems, technical, auditing, and organizational development skills allows us to offer an independent and unaffiliated group of P&C insurance experts for use in any phase of the effort to improve or confirm bottom line results.

Our success and growth can be attributed to providing clients with measurable bottom line improvements and savings. Many of our engagements are broad in scope while others are focused in a particular area, situation, discipline or line of business.

*Aside from repeat business engagements, the highest compliment that we can receive is a referral from an existing client.  
Thank you for your confidence.*



## RMG's CAPABILITIES AND SERVICES

- *Alternative –Risk Transfer*

Resource to alternative risk transfer and financial reinsurance markets  
Overview of claims management, staff interaction, policy, protocol, procedures  
Loss portfolio evaluation and claims due diligence

- *Best Practices, Claims Workflow and Management*

Inter/intra company communication  
Electronic benchmarking / Scorecard measurement  
Reserving and settlement protocol  
Evaluation / Review of operational units  
Management cost containment reviews

Articulation of Best Practices / Leakage assessment  
Vendor management/ Cost extrication  
Claim data management  
Assessment, oversight and expense control  
Interim management

- *Best Practices, Primary and Reinsurer Underwriting and Operations*

Processes  
Claims analysis of books or blocks of business  
Training & Development  
Underwriting operations guides/metrics  
Loss Control operations  
Redundancy and quality controls  
Runoff of books or insurers

Due diligence of potential contractors  
Due diligence of potential reinsured's  
Due diligence of potential purchases  
Reinsurance transparency  
Interim management  
Pricing process and policy issuance  
Inter/intra company communication



- *Expert Witness, Complex Claims and Litigation Oversight*

Our staff of claim professionals is often called upon to provide claim handling expertise for our clients. This can range from the oversight of a particularly cumbersome and expensive case involving coverage or complex litigation to having a staff member cover a diary of high profile and specialized claims at the client's location. In each case we match the needs of the client to the skill set of our experienced and professional staff all of whom have proven industry experience.

Mediation / Negotiations  
Complex litigation support  
Insurance collectables & disputes

Alternative dispute resolution (ADR)  
Subrogation  
Settlement options and recommendations

- *Expert Witness*

Coverage assessment - All product lines  
Arbitration

Bad Faith Litigation

- *Strategic Planning*

Competency assessment  
Performance measurement and compensation systems  
Recruitment, selection, retention

Workflow analysis, Systems approach  
Training needs analysis, design and development  
Staffing models

- *Accounting & Administration*

Accounting / Escrow loss fund audits  
RMIS / Management information systems and reporting

TPA service fee audits  
Premium audits



## **Scope of Claims Reviews**

RMG has the independence, experience and flexibility to provide required information in any form and under any circumstance and the degree of confidentiality required by the client. RMG is capable of providing information in most aspects of insurer or reinsurer claims operations including:

- Accounting / Escrow loss fund audits
- Benchmarking performance
- Complex claims evaluations
- Claim data management and analysis
- Claims Best Practices
- Interim management
- Litigation management and bill auditing
- Medical cost containment reviews
- Reserving analysis
- Recovery reviews
- Premium audits
- Initial investigation / Fraud detection
- TPA performance and fee audits



We know the Property & Casualty terrain first hand, so the approach we use matches the situation. For example, we regularly do the following for our clients, depending upon their needs:

- Conduct onsite claim audits
- Undertake electronic claim benchmarking and scorecard preparation
- Prepare a Best Practices assessment
- Audit financial information including data, escrow loss funds and TPA service fees
- Develop claims and underwriting training programs
- TPA oversight
- Help in setting complex claim file reserves or settling cases

These reviews can be done for an entire book of business or selected claim files.

## **Confidentiality**

RMG is sensitive to its client's need for privacy, and will sign an appropriate confidentiality agreement if desired as long as the agreement meets the risk management criteria of RMG.

## **Insurance**

RMG carries insurance for workers' compensation, automobile, general liability, property and professional liability.



## **Financials**

RMG is a privately held Limited Liability Corporation, incorporated in New Jersey. Since 2004, our annual revenue fluctuates between \$1.2 and \$1.8 million. Our revenue coupled with a low overhead allows us to price our premier service competitively. Our D&B Duns number is 13-161-5879.

## **Expertise**

Our internal and support staff is the heart of our expertise. They not only know the nuts and bolts of claims and risk management but also have the vision to see the implications of process changes. This is because our staff possesses interdisciplinary experience that spans financial, systems, legal and regulatory functions, often working in a team environment to bring solutions to multifaceted areas where improvements are sought. We invite you to take a closer look by first meeting the three principals of RMG, our staff and finally the consultants on whom we most often rely.

RMG has expertise in the following Lines of Business:

- Automobile including Commercial, Personal, Trucking and Non-standard
- General Liability including Professional Lines
- Commercial and Personal Property including Homeowners
- Forced Placement including Blanket, GAP, CPI and Mortgage
- Workers Compensation



## Principal

### Dale Frediani ([dfrediani@insuranceaudits.com](mailto:dfrediani@insuranceaudits.com))

**Summary:** Dale is a recognized property and casualty insurance claims executive whose leadership style effectively balances a pragmatic management approach with strong organizational and technical skills. He has pioneered innovative approaches to large claim adjustments and litigation evaluation and management. As a Principal of RMG Consulting, he brings his extensive and successful claims expertise.

**Experience:** With a career which spans 40 years, Dale has built and managed many departments. As a First Vice President, Dale's expertise covers property claims, General Property/Casualty claim management, special investigation needs, recovery management and programs, large loss measurement and adjustment, quality/best practices audits and training, litigation and dispute resolution.

**Services:** Dale's background provides the ability to audit files and accounts, develop training programs to improve customer service and business retention, claim handling, and quality and expense control. Dale has also served as an expert witness in litigations involving allegations of bad faith, and as an arbitrator and appraiser in disputes between insurers, their reinsurers and their policyholders. He is an ARIAS-US Certified Arbitrator.





## Principal

**George P. Garris, MBA** ([ggarris@insuranceaudits.com](mailto:ggarris@insuranceaudits.com))

**Summary:** An Operational Executive with strong Financial, Systems, Claims and Operations experience in the Property and Casualty Insurance industry, George is an accomplished leader and goal-directed team contributor. George is skilled at building and training new teams of employees and utilizing databases to benchmark operational performance. George has managed a staff of 50 employees who processed more than \$2 billion in claims annually. He has assembled and proposed a \$40 million Claims Division operating budget and developed a \$6 million departmental operating expense budget, and managed daily loss funding and claims handled for 180 Independent Third Party Administrators (TPAs). Other responsibilities have included the management of interactions between Reliance and Corporate Systems to review, analyze and load claim data, the management of state and Bureau Compliance functions, the design of policy feeds from MGAs and Program Managers, internal auditing and the oversight of the internal claims system (WINS) including claims coding and vendor table maintenance. George participated in contract negotiations, marketing presentations, pricing decisions, and capital budgets. Financial responsibilities included Treasurer of Third Party Administrator, approving cash disbursements, booking claim financials, and closing loss fund escrow accounts.

**Experience:** George's 25 years' experience spans all aspects of a backroom operation. As a Claims Vice President, he built departments to control and audit financial statements and budgets, control data flows from external sources and perform state reporting and bureau compliance functions. These experiences have contributed to his ability to develop statistical tools for benchmarking.

**Services:** George performs administrative, financial, system, and statistical audits; designs reports to extract data from the system to identify areas of strength and weakness, and designs programs to address cost control issues.



## Principal

**John L. Saulino** ([jlsaulino@insuranceaudits.com](mailto:jlsaulino@insuranceaudits.com))

**Summary:** Results oriented, Senior Claims Executive with broad experience in managing and handling all lines of business. John oversees all facets of due diligence engagements, audits, and Best Practices projects. John serves as Team Leader on major projects for RMG clients who include reinsurers, insurers and self-insured companies. In addition, he has often been sought out to perform the Lead or Team Leader function for other consulting companies. John has been complimented by clients and team members for having the knowledge and leadership to bring together participants from diverse backgrounds into a unified and productive group in order to deliver difficult and time sensitive projects to successful conclusions.

**Experience:** As a former industry Senior Vice President Claims with more than 40 years' experience in the Casualty, Excess and Reinsurance industry, John is proficient in all Casualty lines including Excess and Surplus, Workers' Compensation, Environmental, Products, and Professional claims and has operated in both the Domestic and International markets. John has given well-received lectures to the Reinsurance Association of America, International Association of Insurance Professionals (IACP) and the International Reinsurance Underwriters. He has also authored an article on Best Practices. John has been a long time member of the IACP where he was formerly on the Board of Directors and held various officer roles for the organization.

In 2008 he was named to the Metropolitan Who's Who Registry, and Cambridge Who's Who cited him as Professional of the Year in Claims Management and Consulting for 2009-2010.

**Services:** John, a recognized industry leader, specializes in Claims Management, Complex Auditing and Analysis, Litigation Management and Control, Best Practices Development, and Due Diligence. He also specializes in claims auditing for the specific purpose of Litigation Support including Expert Witness testimony regarding industry custom and practice handling. John is often asked to represent carriers as an expert in Bad Faith Litigation.



**Sue Altschuler, ARM – Manager ([saltschuler@insuranceaudits.com](mailto:saltschuler@insuranceaudits.com))**

**Summary:** Sue looks for opportunities to formulate and implement solutions that resolve data quality issues. Her strong organizational skills and attention to detail have made her more than capable of managing multiple projects and seeing them to completion in a timely manner.

**Experience:** Sue has more than 25 years of experience in the insurance industry. She has worked with a large number of third party administrators on data requirement and data quality issues. Her attention to detail has been beneficial in discovering data problems and implementing solutions. Sue has been involved in the loading and analyzing of both transactional and summary claim data feeds between various systems. She has worked with personnel in many areas to develop reports to assist with billing, claims handling, risk management and loss prevention. Her fluency in Microsoft Excel provides her with the ability to automate processes, thereby enhancing workflow time and reducing errors often attributable to human-in-the-loop data manipulation. In addition, she has performed claim systems training sessions for various levels of personnel.

**Services:** Sue performs quality reviews of large complex systems, along with writing complex VBA macros to manage data.

**Daniel J. Bartol – Manager ([dbartol@insuranceaudits.com](mailto:dbartol@insuranceaudits.com))**

**Summary:** Daniel's proven expertise in underwriting and relationship building cuts across market cycles, geographic territories and functional disciplines. Recognized for his ability to recruit and develop top-notch talent, Daniel has shown insurers and risk managers how to build strong internal and external relationships that make an operational difference.

**Experience:** Accomplishment and success characterize Daniel's experience, which over the past 30 years, included line or management responsibilities in underwriting, claims, loss control and process administration. Beginning his career as a line underwriter at CNA, Daniel rapidly progressed from underwriting manager to regional vice president – a line of responsibility that demonstrated an increasingly strong understanding of technical and marketing concepts involved in making a commercial accounts operation profitable.

**Services:** Daniel consults on claims, loss control, underwriting and process administration issues for commercial accounts.



**Robert Bruno, CPCU - Senior Consultant ([rbruno@insuranceaudits.com](mailto:rbruno@insuranceaudits.com))**

**Summary:** Bob has over 35 years' claims handling experience in the property/casualty claims field with more than 25 years in the reinsurance industry. He has handled and managed large exposure claims and performed numerous claims audits on behalf of primary and reinsurance operations. Bob currently is and has been a certified Arbitrator (ARIAS-US) since 2004 and has served as a party appointed arbiter on several disputes.

**Experience:** Bob's experience includes examining and managing treaty and facultative accounts, performing audits for contract compliance and reserving, analysis of information to formulate timely and accurate reserves, coordinated reinsurance collections and commutations, as well as preparing comprehensive retrocessional reporting. He has hands on experience including responsibilities as an Adjuster, Supervisor, Home Office Examiner and Senior Claim Officer covering multiple casualty lines of business including Asbestos and Environmental. In addition he has Operational experience having served for a number of years as President (Board appointed position) responsible for the technical and administrative management of a property/casualty reinsurance company in run-off status.

**Services:** Bob's background and experience allows him to provide quality service in the primary, excess and reinsurance markets. These include direct claims handling, conducting comprehensive and multifaceted audit reviews, due-diligence and contract compliance audits, commutations and reinsurance collection activities. He also competes for in-house settlement teams, trial monitoring, and court ordered settlement conferences, direct negotiations and arbitrations.



**John V. D’Alusio – Director ([jdalusio@insuranceaudits.com](mailto:jdalusio@insuranceaudits.com))**

**Summary:** With over 30 years of insurance experience, John is an accomplished, high impact leader with experience in developing and managing profitable operations within leading national insurance companies. His management background spans claims adjusting to executive claims management, quality assurance, regulatory affairs, litigation and risk management. John has expertise in state and federal workers compensation (WC), the Medicare Secondary Payor Statute, and employer’s liability. He is experienced in merger and acquisition activity as well as design and product management of claims software system (HNC Decision Manager for Claims).

**Experience:** As an executive, John was responsible for business development, industry training and education, authoring articles on the Medicare Secondary Payer law, making presentations at insurance industry conferences, etc. and a contributing author to LexisNexis published book “The Complete Guide to Medicare Secondary Payer Compliance.” He was responsible for national claim operations, including all claim technical and administrative duties for the enterprise wide Claims Department of four hundred employees. Lines of claims handled include Workers Compensation, Accident & Health, Liability, Jones Act and USL&H.

**Services:** As a seasoned claims executive, John conducts claims audits for all Workers Compensation, Accident & Health and Casualty insurance lines. Further, John is an expert on Medicare Secondary Payer Compliance. John also performs Technical and Organizational Best Practice engagements including staffing and workflow reviews to reduce cost and increase the productivity of claim departments.



### **M. Patricia Hearn – Senior Consultant ([phearn@insuranceaudits.com](mailto:phearn@insuranceaudits.com))**

**Summary:** A senior insurance professional with over thirty years of experience in the Property & Casualty arena with specialization in Directors and Officers and Professional Liability claims.

**Experience:** As a Vice President, Patricia directed the entire claim process including coverage analysis, reserving and resolution strategies for claims and litigation emanating from the Financial Products underwriting division. Early in her career as a claims examiner, she handled all aspects of D&O claims including coverage, liability and damage analysis. She had a significant role in managing the D&O claim department portion of the due diligence process of a successful sale of the Financial Products division from one insurer to another insurer. Patricia has been involved in claims analysis and claims process training of new personnel. She has worked to facilitate the recovery of proceeds under reinsurance treaties and evaluated and resolved Proofs of Claim in connection with D&O and environmental policies.

**Services:** Patricia's background and experience allows her to provide quality service on financial product coverages to the primary, excess and reinsurance markets. These include direct claims handling, conduct comprehensive multifaceted audit reviews, and monitoring trials. Patricia can also review commutations and reinsurance collection activities. She is available to assist in support for expert work, deposition reviews as well as best practices for casualty engagements.

### **Sandra Kuritzky, CPCU, ARM – Director Underwriting ([skuritzky@insuranceaudits.com](mailto:skuritzky@insuranceaudits.com))**

**Summary:** Sandra's innovative problem-solving approach to her clients' intricate risk-management issues is a hallmark of her 30-year career, a large part of which has been devoted to driving new business growth and expanding client relations by investigating and identifying new opportunities in the market. Acting as a watchdog of client needs, Sandra takes an analytical approach to developing client relationship, which results in scaled up service for her clients.

**Experience:** As vice president, Sandra proactively managed the risk transfer issues of an international organization and generated \$750,000,000 in annual revenue by structuring detailed strategic plans for developing existing client relationships and identifying new opportunities. Her management skills extend to the training and development of skilled risk management professionals. Over the course of her career, Sandra has developed an extensive knowledge of multi-line contracts, which she has repeatedly used to overcome the risk transfer concerns of her clients.

**Services:** Sandra works with clients to identify and develop new business opportunities and to improve client relationships.



**Michael J. Lamplot, CPCU – Senior Consultant ([mlamplot@insuranceaudits.com](mailto:mlamplot@insuranceaudits.com))**

**Summary:** Multi-faceted senior claims and operations executive experienced in strategic planning, business restructuring, project and general management. His attention to detail and ability to facilitate, mentor and work with cross-functional teams has enabled Mike to build Best Practices, Litigation Management and Cost Containment programs that have saved money and enhanced customer service.

**Experience:** As a Vice President with more than 40 years of experience, Mike has extensive knowledge and experience in many insurance lines of business including Automobile, General Liability, Workers' Compensation, Asbestos, Pollution & Health Hazard ("APH"), and First Party Property. He has additional experience in the underwriting discipline through service as a general manager and middle market underwriting manager. Mike has extensive experience developing business teams and was a key participant in the development of state-of-the-art litigation management programs. Additionally, Mike has extensive experience directly handling, managing and auditing complex disputed claims for both the insurance and reinsurance industry.

**Services:** Given Mike's diverse background, he is able to provide technical, operational and management assistance to clients in a number of areas. These include: claims and underwriting operational audits, organizational process mapping, the evaluation and development of best practices protocols, litigation management, coverage analysis and expert witness support.



**Gary Manley – Senior Claim Consultant ([gmanley@insuranceaudits.com](mailto:gmanley@insuranceaudits.com))**

**Summary:** Gary is a result oriented Property and Casualty professional with extensive experience collaborating with cross-functional resources to understand requirements and define resolutions that help achieve business objectives. He is recognized as a successful team/project leader with technical depth, coupled with field and corporate experience. He has a consistent ability to deliver solutions within defined scope and timeliness. Gary is a strong team contributor with highly valued organizational, communication, time management, problem solving and decision making skills. Other strengths include the ability to multi-task and work independently or within a team. Core competencies include effective communicator, team player, self-motivated, cross-functional coordination, customer focused, strong analytical skills, strong interpersonal skills, detail oriented, policy interpretation, talent management, performance planning, and goal achievement.

**Experience:** With over 25 years of experience in the Property and Casualty Insurance industry and 21 years in Claim Management, Gary provides extensive knowledge in claims handling, claim systems, and claims management. Gary has extensive experience as a field property general adjuster, capable of handling large, complex commercial and personal lines property losses. Gary was one of four founding partners of an independent adjusting firm, and was responsible for increasing the work force from four to 50 employees, in seven regional offices and increasing revenue from \$300,000 to \$3,500,000. Gary managed a team of adjusters throughout the country that handled municipality claims as a third party administrator for both internal and external carriers. He managed a second division that handled excess and surplus claims for a variety of exposures written on insurance company paper.

**Services:** Gary supports RMG's Property claims expert capabilities, including both commercial and personal lines. Gary also handles complex appraisals, supports complex litigation matters, can conduct best practices reviews, and provide interim claim management services. He provides claim audits and due diligence reviews of TPAs and MGAs along with Excess and Surplus lines.

**Licenses:** Gary holds adjuster licenses for Property in Maine and Michigan.





**Mary E. Mooney – Senior Claim Analyst ([mmooney@insuranceaudits.com](mailto:mmooney@insuranceaudits.com))**

**Summary:** Mary has twenty years of comprehensive experience in sales, business development, team building, operations and customer service. Expertise includes identifying and implementing new initiatives, cultivating relationships with internal and external partners, and exceptional networking and negotiating skills.

**Experience:** Mary's extensive business experience in the management and oversight of various consumer and trade shows has given her a familiarity with building and interior design products. In several of her positions, including managing her own exposition, conference and meeting planning company, she was responsible for multi-million dollar budgets and company profitability as well as managing sales and production staff.

**Services:** Mary provides research, marketing and client services support for this full-service insurance industry consulting organization. Primary duties include evaluating fine arts and unique types of personal property losses, reporting on collected client data, data quality review, assisting Principals with report and presentation design and production as well as organizing off-site facilities for arbitration hearings and other functions. She also fulfills office management functions on a day to day basis.

**Alan Meyer - Senior Consultant ([ameyer@insuranceaudits.com](mailto:ameyer@insuranceaudits.com))**

**Summary:** Alan has over 30 years of claim handling experience with more than 20 years in delivering consulting services for primary, excess, and reinsurance companies. Alan's auditing experience includes all major exposures in the Property and Casualty lines.

**Experience:** Alan managed the run-off portfolio of a reinsurance company, including audits and commutation negotiations. These duties among others included technical claim reviews in all lines of business including Property Catastrophe auditing, evaluation of exposure analysis and reports, and expert witness testimony as required. Alan has served as a task force member in providing a product offering technical advice on claim exposures, encompassing prognostication of ultimate claim dispositions including reinsurance agreements relating to said exposures.

**Services:** Alan specializes in auditing in all lines of business, systems review, and claim department operational reviews.

**Licenses:** Alan holds an adjuster license for All Lines in Florida.



**Jack Murphy - Senior Consultant ([jmurphy@insuranceaudits.com](mailto:jmurphy@insuranceaudits.com))**

**Summary:** Jack is recognized and respected throughout the casualty claim business as one of the most experienced and technically proficient claims professionals in the Medical and Dental Malpractice, Automobile Bodily Injury and GL disciplines. His integrity, dedication to detail and results oriented philosophy of claims management has been the hallmark of his long and successful career. He brings these traits, along with his extensive knowledge of the casualty claims business to RMG, as a Senior Consultant.

**Experience:** In a career that spans over many years in both the corporate and consultant claims areas, Jack has been involved in all levels of the claims business ranging from outside adjuster to the handling of complex claims litigation with potential exposures in the millions of dollars. Responsibilities include the implementation of claims training seminars, audit and reserve reviews, settlement teams, arbitrations and mediations, trial monitoring, and the management, oversight and direction of claims on a national basis.

**Services:** Given his long and varied career, Jack is able to provide quality claims service in many areas. These include direct claims handling, conducting comprehensive and detailed reserve reviews, best practices audits, seminars in the areas of claims handling, human anatomy as it relates to successful claims management, and the anatomy of a lawsuit. He also is available for in-house settlement teams, trial monitoring, court ordered settlement conferences, direct negotiations, arbitrations, and mediations.



**Marylou Rodden – Director - Claims ([mlrodde@insuranceaudits.com](mailto:mlrodde@insuranceaudits.com))**

**Summary:** With 30 years of insurance experience, Marylou’s background includes a range of titles from Claim Examiner to Claim Supervisor to Senior VP. Most recently, she managed a team of claim business consultants who were responsible for account management, marketing and TPA management. She has “hands on” experience with General Liability, Worker’s Compensation, Auto Liability, Property, Accident & Health, and Consumer Protection products focusing on financials such as monitoring reserves and reviewing settlements.

**Experience:** Marylou has developed a TPA oversight structure that allowed for compliant, technically proficient claim service. She has claim technical skills to insure vendors provide high quality claim investigations to produce accurate and adequate reserves and fair equitable settlements. Marylou has developed and implemented new strategies to support corporate initiative to outsource high frequency, low severity claims worldwide. She has had a senior leadership role with numerous diverse internal business initiatives including compliance, internal audit and IT.

**Services:** Marylou is a seasoned claims executive and conducts claims audits for all Property & Casualty insurance lines including due diligence and compliance reviews.

**Kathy Stapola – Senior Consultant Workers’ Compensation ([kstapola@insuranceaudits.com](mailto:kstapola@insuranceaudits.com))**

**Summary:** Kathy brings outstanding technical and administrative experience to RMG especially in the performance of auditing and Best Practices engagements. These technical skills coupled with a strong financial background make her an invaluable team member in analyzing cost effective solutions to troublesome issue.

**Experience:** Kathy has more than 25 years industry experience at the claim technical, supervisor and Senior Regional Consultant levels for major insurers, third party administrators and consulting firms. She has been involved in almost every aspect of Workers’ Compensation claim technical and financial rework issues including development and implementation of leakage assessments.

**Services:** Kathy’s principal engagements have included difficult audit matters in litigation, internal audits for clients where she recommends individual file guidance, disposition recommendations, and oversight of case nurse involvement, improvement opportunities and Best Practices engagements.



**Fred Wise – Senior Consultant ([fwise@insuranceaudits.com](mailto:fwise@insuranceaudits.com))**

**Summary:** Fred brings 40 years of claims management experience in quality improvement, claims cost management, claims automation and operation redesign. His focus on results translates to projects being completed ahead of schedule and under budget.

**Experience:** Fred was responsible for the claims service of 16 branch offices and managing the national accounts, cost management and individual life and health divisions. His analysis of file documentation resulted in operating efficiency and served as the groundwork for the development of a model file concept. The measures he implemented to streamline life / health operations reduced costs and improved service. His initiatives to expand in-house nurse case management operations reduced vendor costs, improved service and produced better outcomes for patients. This includes responsibility for claims services of national accounts and cost management divisions.

**Services:** Fred specializes in Accident & Health, Occupational Benefits and Workers' Compensation audits as well as Compliance and Organizational Development projects. Fred also provides expertise in the Property and Casualty claims arena.

**Ronald R. Wirsing – Director ([rwirsing@insuranceaudits.com](mailto:rwirsing@insuranceaudits.com))**

**Summary:** Ron brings 40 years of extensive claims experience with particular emphasis in auditing and providing Workers' Compensation technical direction focused on improving claims performance and reducing loss cost through Best Practices.

**Experience:** Ron has held numerous positions throughout his career, focused particularly in the Workers' Compensation arena. Ron's responsibilities included having Home Office oversight on large loss claims, being a Risk Management and Risk Control Consultant as well as holding positions as the Vice-President and Assistant Secretary of companies prior to joining RMG. Ron has authored several courses, developed a loss trending and tracking analysis product that identified cost drivers for clients, customized a vendor's workers' compensation claim system by implementing financial analysis feedback to management, an integrated medical fee schedule payment process, fraud detection alerts, and risk management tools for client support in the industry.

**Services:** Ron specializes in Workers' Compensation and Risk Management auditing, claims best practices, as well as putting together Workers' Compensation training course work.



## Turning Data into Action<sup>©</sup>

By combining data from the initial pricing study, claim data and financial data, RMG can build databases and apply statistical techniques to determine the areas of highest concerns. We have developed a benchmarking process to statistically review each component of the claims process and benchmark each activity. Results are then summarized and ranked in importance. This new process leads to the design of focused audits that result in immediately reducing losses. To maximize the results, we believe an auditor should be aware of the most significant areas for improvement before the claim files are selected for audit. This approach maximizes savings and minimizes operating expenses by undertaking a "measure twice, cut once" process.

Our goal is to reduce losses and allocated expenses through the use of focused audits. This includes reviewing the following:

- ✓ Reducing escrow levels by reviewing loss funding procedures
- ✓ Returning funds, and reducing the incurred, from un-cashed claim checks
- ✓ Reviewing large loss prefunding requests to ensure that these funds are not sitting idle waiting for a claim to close
- ✓ Ensure that only covered claims are paid by reviewing the coverage verification process
- ✓ Statistically benchmarking claim settlements, managed care, litigations, allocated expenses to identify specific branch offices for focused audits
- ✓ Using systems to identify where claim reserves are too high, or too low
- ✓ Determining areas where the time to report a claim or the time to close a claim is significantly increasing the ultimate incurred.