



WHITE PAPER

Combining Automation and Empathy:

How Carriers Can Tackle the Most Frequently Asked Questions in Workers' Compensation Claims

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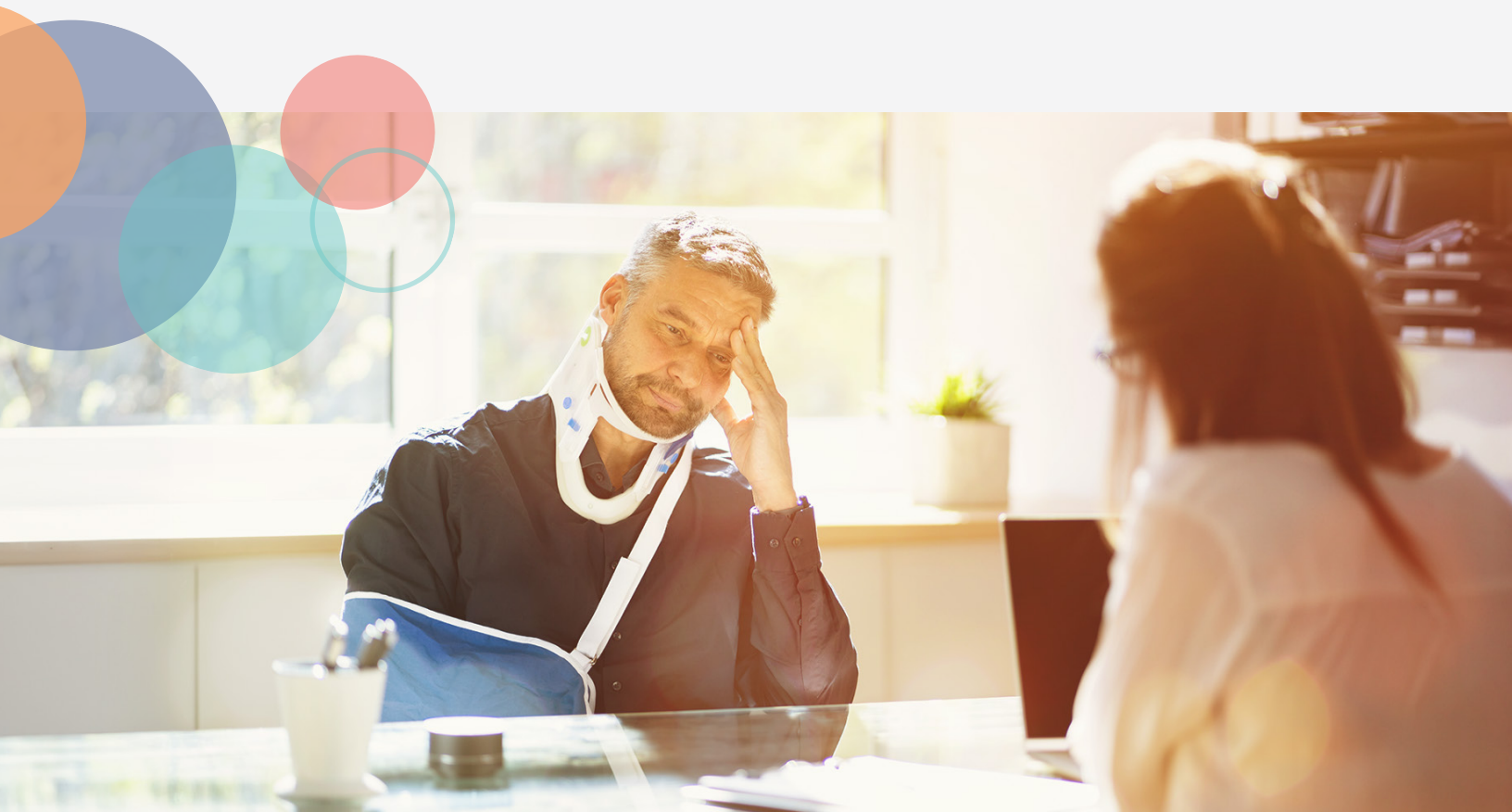
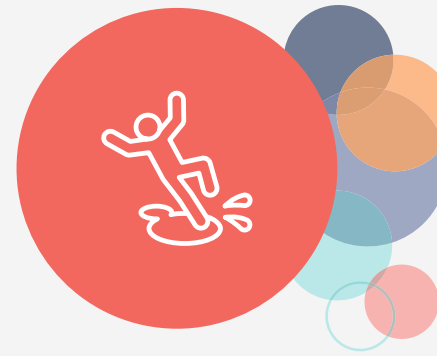


Executive Summary

Nobody anticipates getting injured at work. When accidents happen, many questions arise: Will I still receive a paycheck? Will my employer cover my medical expenses? How will I pay my bills?

Carriers must promptly address inquiries to minimize uncertainties and mitigate the risk of disgruntled claimants. Otherwise, injured workers may seek legal counsel, which escalates costs significantly. Industry research shows that workers' compensation claims that involve attorneys result in 390 percent higher indemnity costs and last 295 percent longer than unrepresented claims. Improving communication and efficiency in the workers' comp claims process will help reduce the risk of litigation, create better medical outcomes and get injured workers back to work faster.

By leveraging existing conversational data, insurance carriers can reveal the most frequently asked questions in workers' comp. Understanding these inquiries provides an opportunity for improved clarity, responsiveness, and efficiency in the workers' compensation claims process while helping the patient return to work and their livelihood faster.



Analysis

Hi Marley, the first intelligent conversational platform built for P&C insurance, aimed to uncover the most frequently asked questions in workers' compensation claims.





We analyzed conversations from the workers' compensation carrier customers within our platform, categorizing a relevant sample of inbound questions by the root cause of what drove the customer inquiry.

Root Cause	Sample Inquiries
 26% Payment Inquiry resulted from an unclear understanding of wage payment status and/or payment amount.	<ul style="list-style-type: none"> • Can you tell me when the payment goes into my bank account? • How much am I supposed to have received in total for my lost wages?
 24% Contact The customer required an acknowledgment, information on how to contact the adjuster or request for outreach.	<ul style="list-style-type: none"> • Here is the form of my work status report and when you have time can I call you about a certain matter? • The receptionist said they would have to call you when I arrived at my appointment at 4 PM for verification. Would you be available at that time?
 22% Provider Inquiry about providers, specifically scheduling and approval activities.	<ul style="list-style-type: none"> • When will you schedule the consultation? • I am wondering if you approved me for the neurosurgery consultation?
 14% Process Explanation Inquiry resulted from an unclear understanding of the process and next steps.	<ul style="list-style-type: none"> • I was wondering how the progress on my claim is going? • Thanks for explaining. What's next? Do I continue to see the doctor until I'm pain-free?
 9% Benefits Inquiry related to settlement status, medical benefits status or the need for mileage, parking and transportation reimbursement.	<ul style="list-style-type: none"> • Should I add all the mileage for my physical therapy appointments that I've had, as well as doctor and x-ray visits? • Ok I am going to work. But I got an appointment with occupational health for my back on Friday is worker comp going to cover that for me?
 5% Documentation The customer requested records or bills either for themselves or other parties.	<ul style="list-style-type: none"> • Do you need a copy of the PT order? • I believe I have the report form for work, including the surgery; how would you like for me to send it?

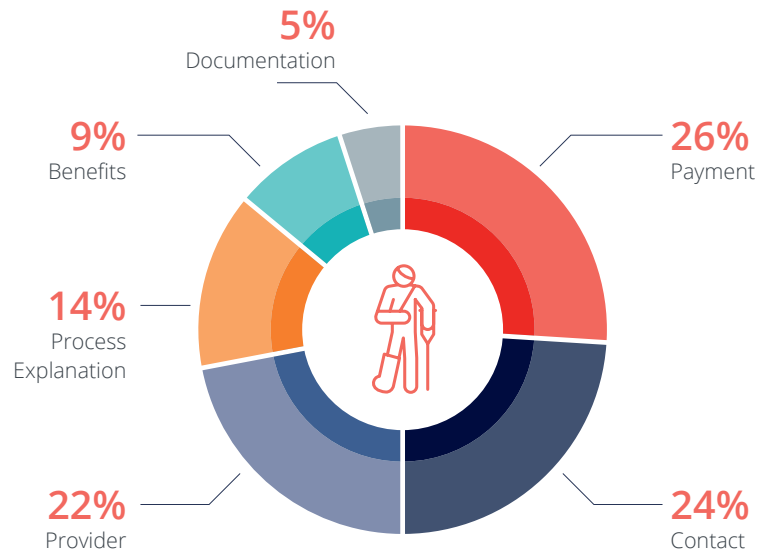
Key Findings

Workers' compensation claims are uniquely sensitive and require special attention and care. However, in a [recent survey](#), 60 percent of workers' comp claims professionals said they had too many claims to manage. And [29 percent](#) of survey participants said operational efficiency is challenging for the industry. Workers' comp carriers need a way to streamline the claims process.

Hi Marley found that the majority of the frequently asked questions in our analysis could be handled through proactive outreach, automation and standardization of communications to help carriers:

-  **Support Faster Recovery:** Use Predefined Message Templates for Scheduling Reminders to Support Faster Recovery
-  **Manage Expectations:** Explain the Process in the Beginning and Send Automated Updates
-  **Provide Peace of Mind:** Automatic Payment Updates Can Create a Better Experience
-  **Show Empathy:** Confirming Receipt Helps Injured Workers Feel Heard

Root Cause of Injured Worker Inquiry



By automating processes and standardizing communication, carriers can eliminate repetitive, mundane tasks and improve efficiency and consistency while allowing claims staff to concentrate on activities requiring human touch and attention.

“

With most people dealing with an accident on the job, it's their first experience, and they are scared, anxious, and vulnerable. From the first point of contact through the entire claims process, we aim to ease that burden and instill confidence and trust; Hi Marley is helping us do that.”

PAUL BUFFONE

LWCC Senior Vice President and Chief Claims Officer





Support Faster Recovery

Use Predefined Message Templates for Scheduling Reminders

An injured worker's road to recovery can be difficult. According to Travelers's [2023 Injured Impact Report](#), injured workers miss 71-79 workdays on average. And, if an injured worker misses a doctor's appointment or therapy, it can delay recovery time, further increasing the claim cycle time and costs.

In Hi Marley's study, 22 percent of frequently asked questions related to provider inquiries, specifically about scheduling (47 percent) and approval activities (36 percent).

Carriers can leverage predefined text message templates to anticipate and address these frequently asked questions. In fact, **68 percent** of workers' comp claim professionals said that tools that automate certain claims processes are important for medical management programs.

Setting up automatic status updates and text messages to remind injured workers of upcoming appointments and routine checkups can save costs and help injured workers receive the proper treatment, maintain a routine and recover faster.



"We're focused on helping the patient return to work, and their livelihood, in a safe manner. Hi Marley enables instant communication after an appointment. That speed and responsiveness are essential for obtaining medical documentation, follow-up appointment dates, orders for services and helps us know if their doctor has determined if the injured worker can return to work in any capacity."

Ana Blair, Health Services Supervisor at Chesapeake Employers Insurance



Manage Expectations

Explain the Process in the Beginning and Send Automated Updates

Communication is one of the most common pain points in workers' compensation claims. Workers' comp is complex, and there needs to be more clarity around the claims process and what to expect if a worker suffers an injury.

The need for process explanation accounted for 14 percent of all inquiries in Hi Marley's study. Among these questions, two out of every five pertained to clarifying the claim process, checking the claim status or verifying the claim number. Many injured workers share a sentiment expressed by one customer in a message to an adjuster: "I have pieces of information, but I am feeling uninformed about this process."

Furthermore, due to the appointments, therapy and various treatments injured workers need for recovery, transportation needs are also considered during these claims.



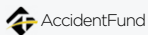
Nine percent of inquiries pertained to specific benefits and what is covered, with the majority of those questions (41%) asking about mileage and parking reimbursement. For example, *"What is the reimbursement rate for the miles?"* or *"I took Ubers and I have the receipts; will I get paid for my transportation?"*

There's an opportunity to proactively explain the entire workers' compensation process up front, including what is compensable, what steps they need to take and how the injured worker will be reimbursed. By providing a clear explanation in the beginning, the adjuster can proactively answer questions, reduce inbound inquiries and help manage expectations.

The carrier can also create automated messaging around claim status to be proactively sent at strategic points throughout the life of the claim, such as approval for additional therapy or by hitting a milestone in their recovery.



Individual focus. Collective strength.



"Our adjusters love that they can get ahold of their injured workers quicker and easier with text messaging. In situations where an injured worker can't step away to talk to the adjuster on the phone, they can often still text, which helps streamline communications and moves the claim along more efficiently."

Amanda Sills, Senior Customer Experience Lead at AF Group



Provide Peace of Mind

Automatic Payment Updates Can Create a Better Experience

The top root cause for customer inquiries centered around payments (26 percent). The most common inquiry categories that required further explanation include:

Inquiry Category	Sample Inquiry
61% of payments questions concerned wage benefits payment status.	Where is my check?
13% of payments inquiries concerned payment amount, and 7% wanted more information about their wage payment method.	I am usually paid bi-weekly. Is my weekly wage amount correct?
8% had inquiries about the medical bill payment process, and 5% had questions regarding medical bill payment status.	I have an appointment for an MRI. Do I send a receipt to you for the visit?

Providing an update on the check status and amount would solve the top payment inquiry. For example, automatic payment status notifications that confirm the payment, what it covers, and how they will receive it would reduce a significant number of initial and ongoing inquiries from injured workers regarding payment.

Every time a payment is issued, the customer could receive an automatic text saying money is on its way, along with the payment amount and a link to see a breakdown of the amount calculation. This is just one way that automation can help speed up the workers' comp claims process, ultimately creating a better claims experience and improving outcomes for all parties.



WESTFIELD

“The unified conversation helps build trust and saves time. Since the automated template messages explain the process, verify the validity of the payment link or clarify extra steps, adjusters can focus on other customer service needs. The whole process is taking place in the same Hi Marley conversation, which reduces phone calls and questions about the process and creates a better experience for the customer and adjuster.”

Jason Bidinger, Claims Strategy Technology and Process Leader at Westfield Insurance



Show Empathy

Confirming Receipt Helps Injured Workers Feel Heard

Injured workers face financial strain, uncertainties about recovery, and the prospect of supporting themselves and their families while injured.

For example, one injured worker wrote to their adjuster, “I don’t know how any of this workers’ comp stuff works. If the pain is too bad do I need to go back in to doctor again? Am I going to lose my job if I don’t make it to work? I’m just worried about losing my job about doing more damage and about money. I don’t know what to do with anything.”

Workers’ comp claims adjusters play a crucial role in delivering compassionate and clear communication. They are, after all, the injured worker’s link to understanding the process, expectations and responsibilities.



Requests for contact, the second most popular reason customers reached out to adjusters, accounted for **24%** of all inquiries.

Injured workers need support and want to feel heard. For example, a customer texted their adjuster, “Just sent you a document. Can you confirm you received it?” These types of messages underscore the need for empathy and understanding in communications with customers.

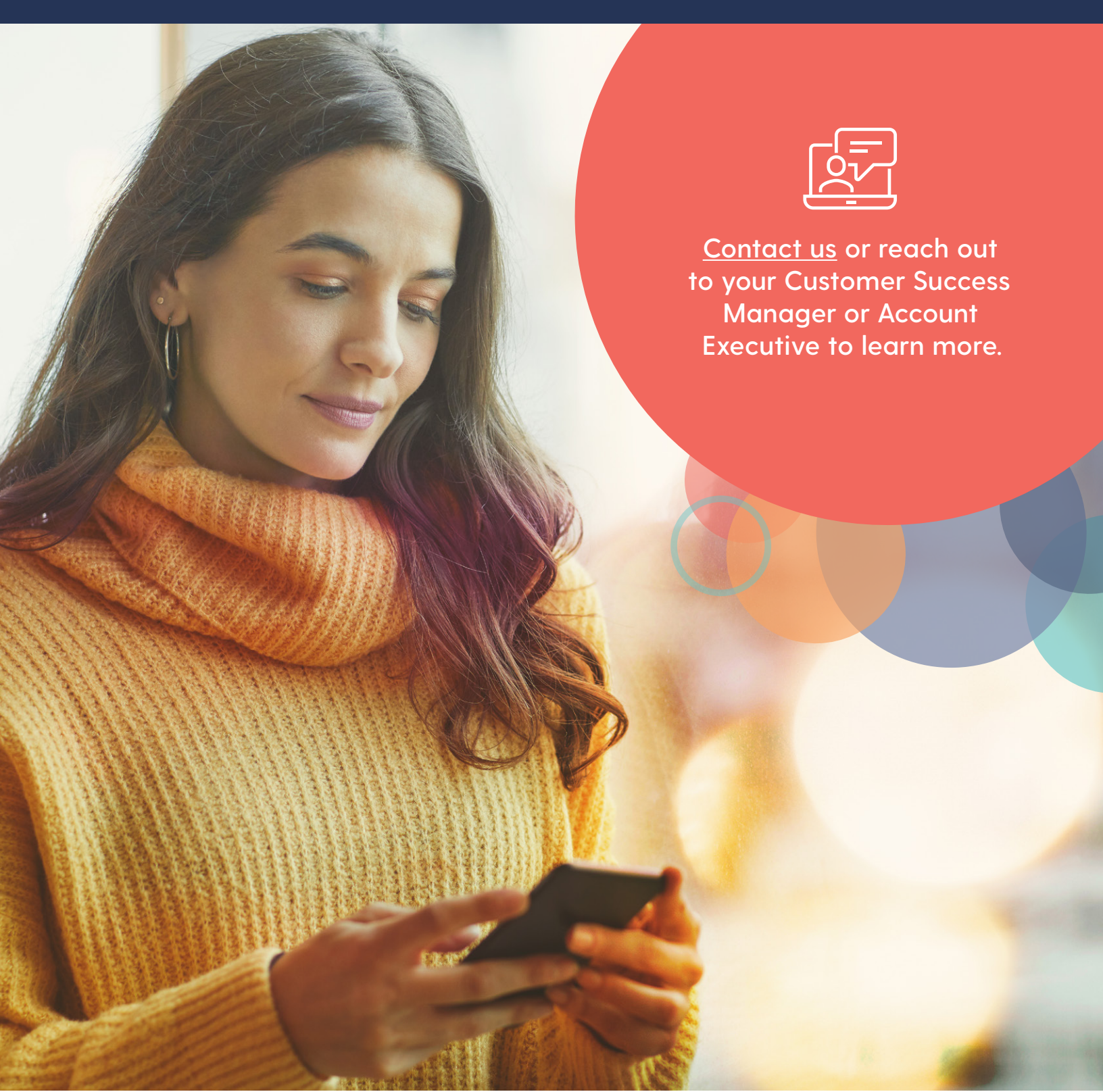
A simple note confirming a document was received goes a long way for customers’ feeling of being heard and understood, impacting their sense of security and well-being.

Carriers can address the most frequently asked questions and improve communication in workers’ comp claims by explaining the process up front, automating and standardizing messaging where possible, and providing regular updates. By combining automation, clear communication and empathy, carriers can improve outcomes, streamline the process, and provide much-needed support to injured workers on their recovery journey.



“In our line of business, there is often a lot of back-and-forth between the adjuster and the worker who experienced an on-the-job injury. It’s a stressful situation, and the benefits are complex. Hi Marley helps us answer our customers’ questions faster and provides a much more efficient way to exchange documentation and photos. It’s an innovative solution that will have a lasting positive impact on our business.”

Dan Giralmo, VP of Claims at New Mexico Mutual



Contact us or reach out
to your Customer Success
Manager or Account
Executive to learn more.



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Hi Marley is the first intelligent conversational platform built for P&C insurance and powered by SMS. Designed by insurance professionals, Hi Marley enables lovable, convenient conversations across the entire ecosystem, saving money and time for carriers while building customer loyalty through delightful interactions. Hi Marley's industry-leading collaboration, coaching and analytics capabilities deliver crucial insights that streamline carrier operations while enabling a frictionless customer engagement experience. The solution is made for the enterprise; it's fast to deploy, easy to use and seamlessly integrates with core insurance systems. Through its advanced conversational technology, Hi Marley reduces friction – empowering innovative carriers to reinvent the customer and employee experience. Learn more at www.himarley.com