The Benefits of TeleCompCare®

AF Group's TeleCompCare®(TCC) is a nurse triage/ telemedicine program. TCC offers an innovative solution for injured workers to get immediate, appropriate care when a workplace injury occurs. It serves as the First Notice of Loss, which alleviates the need for the manager to fill out the injury forms. TeleCompCare is simple:

- 1. Injured worker calls the TCC 866-number (without having to leave work).
- 2. A nurse does a telephonic assessment of the injury and recommends the appropriate level of care.
- 3. FNOL is initiated, which starts the claim process.

TeleCompCare® Results

Book Average vs. TCC Incurred Loss & Expense by Loss Cause (Top 10)*

Loss Cause	Non-TCC Claims	TCC Claims	Difference
Fall, slip, or trip injury	\$18,233	\$13,135	-\$5,097
Strain or injury by	\$14,305	\$10,425	-\$3,880
Struck or injured by	\$8,977	\$4,871	-\$4,106
Striking against or stepping on	\$5,969	\$5,412	-\$557
Cut, puncture, scrape, injured by	\$2,931	\$1,496	-\$1,435
Caught in, under, or between	\$12,683	\$6,022	-\$6,661
Burn or scald - heat or cold exposures - contact with	\$16,062	\$1,716	-\$14,346
Miscellaneous causes	\$10,508	\$2,419	-\$8,089
Motor vehicle	\$27,972	\$10,564	-\$17,409
Rubbed or abraded by	\$3,667	\$2,779	-\$888
Average	\$12,131	\$5,884	-\$6,247

Feduction in Claims Cost with TCC

Average cost per injury type is reduced for all loss causes.

Average savings \$6,247 per claim.

Book vs. TCC Lag Time*

	Non-TCC Claims		TCC Claims			
Claim Type	Count	Sum	Avg	Count	Sum	Avg
Medical	285,131	3,531,653	12	6,525	24,516	4
Indemnity	85,839	1,611,386	19	1,450	4,355	3
Total	370,970	5,143,039	14	7,975	28,871	4

71% Improvement in Lag Time Reporting with TCC

Lag time improvement is an average of 10 days.

Book vs TCC Claim Closure*

Difference in Average Claim Length Days							
Claim Type	Non-TCC Claims	TCC Claims	Difference				
Medical	101	86	-15				
Indemnity	397	286	-111				
Total	169	122	-47				

Reduction in Claim Duration with TCC

Indemnity claims close 111 days sooner on average.

*Statistics above are from Medical and Indemnity Closed claims from 2017 - 2022 excluding assigned risk pools, fronted programs and COVID-19 claims



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