Workers' Comp

How One Referral Can Simplify the Entire Coordination Process

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The Problem

Time-Consuming Coordination Drains Resources and Delays Recovery

For claims professionals, coordinating post-acute care services and hospital discharges is among the most time-consuming aspects of managing a claim. What should be a straightforward process often turns into a maze of urgent referrals, multiple vendor touchpoints and back-and-forth communication just to confirm basic services. This burden only increases when multiple services are required—commonly seven or more for standard discharges and over ten for catastrophic cases.

Adjusters may **spend 20 to more than 90 hours on a single case** when handling everything from durable medical equipment and home health care to physical therapy and transportation. The fragmentation not only overwhelms the claims team—it drives up costs. Each delay in coordination can extend a hospital stay, often **costing more than $10,000 per day**. These delays also hinder recovery timelines, lengthen time away from work and inflate total claim expenses.

The Solution

Full-Service, Clinically Guided Coordination

Rather than a single adjuster coordinating across multiple vendors and touchpoints, Apricus steps in as a strategic extension of your claims team, eliminating the fragmented processes and manual oversight that slow everything down. From the moment a referral is received, discharge planning is initiated within minutes. What follows is a tightly orchestrated, full-service coordination process led by a dedicated team that oversees every detail—from service fulfillment to billing.

Built with clinical integrity at its core, the Apricus model includes oversight to prevent overutilization, ensure medical appropriateness and align with recovery goals. By engaging a curated network of cost-conscious, pre-vetted vendors, Apricus delivers reliable outcomes while maintaining a strong focus on quality care.

Adjusters no longer need to chase documents, coordinate with multiple vendors or manage ongoing service timelines. Whether it’s arranging home modifications or setting up recurring transportation, Apricus handles it—at no additional cost to the payer.

This end-to-end support allows claims teams to shift their focus from administrative to higher-value tasks, all while supporting faster care transitions for injured employees.

Real-World Coordination Snapshot



The Outcome

Measurable Savings in Time, Cost and Claim Outcomes

The results are compelling. On complex cases, Apricus saves adjusters between 80 and 100+ hours per claim; at an average hourly rate of $31.25, that’s a savings of up to $3,125 per case just in adjuster time alone.

But the financial impact goes further. Clients working with Apricus see:

- on specialty services
- on complex claims
- Avoidance of

Just as important, this coordinated approach dramatically improves the experience for injured employees. With 75% of discharge referrals requiring same- or next-day coordination, Apricus helps eliminate unnecessary delays, shorten recovery time frames and improve return-to-work outcomes. Injured employee satisfaction consistently exceeds 97%, reinforcing that faster coordination doesn’t just save money—it drives better results across the board.

In short, Apricus transforms a time-consuming challenge into a streamlined, clinically sound solution that empowers claims teams to work smarter, reduce costs and support every injured employee’s path to recovery.

Time and cost estimates based on Apricus internal coordination data and industry benchmarks for multi-service discharge planning (2025).

—**Claims Adjuster**, National Carrier

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