

FINEOS Claims for Accident Insurance and Hospital Indemnity



Each year, tens of millions of Americans visit the hospital. Whether it be a quick trip to the emergency room for an accidental injury or a more prolonged stay for an ongoing illness, with any visit, the patient is faced with unplanned medical costs and potential lost wages. For those with either accident insurance or hospital indemnity, there is an expectation that the claims process be simple, quick and effective. It is therefore vitally important that carriers provide excellent customer service, a painless and fast claims process, and competitively priced, differentiated products.

FINEOS Claims for Accident Insurance (AI) and Hospital Indemnity (HI) are best in class, customer-centric, web-based solutions for effectively managing AI and HI claims. Used by over 50 insurance organizations around the world, FINEOS Claims supports the end-to-end claims process for a range of operating models (typically dictated by the carrier's claims volumes) and product variations. It offers a low-touch, automated payment workflow to assist with completing a claim in a quarter of normal processing time.

Traditionally, claims system capabilities have consisted solely of doing the mechanical efficiently and accurately. As you will see from the feature highlights below, the capabilities of FINEOS Claims for AI and HI extend far beyond this.

Provide Superior Customer Service

It is almost impossible for an insurance carrier to provide timely and efficient claims customer service when they are relying on multiple disparate systems, ad hoc spreadsheets and/or a partly paper-based claim file.

FINEOS Claims changes all of this by making a single "case file" view of the claim a reality. This is achieved through an unparalleled breadth of in-built functionality. It includes CRM, workflow, external expense management, benefit calculations and payments. It also has seamless system integrations with the carrier's enterprise document management and email systems. And with FINEOS Viewpoints, claimants are also allowed a comprehensive view of the same data, providing them with self-service capabilities for:

- Claim submission
- Claim and payment status enquiry
- Submitting documents/scanned images
- Requesting updates to demographic, payment preference and contact preference details

FINEOS Claims has a number of customer-centric, chronological views built into the solutions. This facilitates one-click access to any prior claim information as well as rapid re-familiarization with ongoing/recent communication threads on open claim(s). This is particularly applicable where the insured has suffered an accidental injury and concurrently filed for benefits under a disability income and/or hospital indemnity coverage.

A charge that is frequently leveled at many Life & Health Insurance carriers is that they fail to keep the insured informed during the initial claim decision process. FINEOS Claims addresses this shortcoming through auto-generated outbound communications throughout the process, via the insured's preferred contact method (postal mail, email, secure message or SMS). Examples of these communications include:

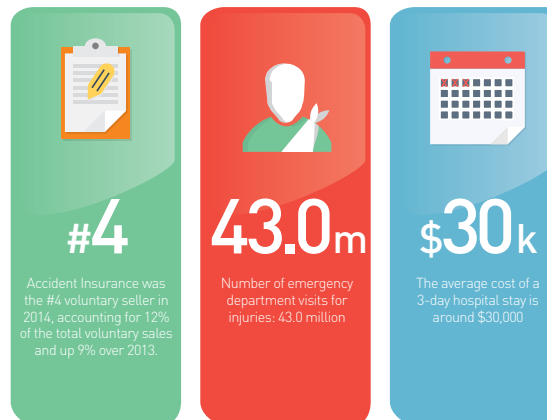
- Acknowledging receipt of claim notification and advising expected decision timeframes
- Notification of name and direct contact details of claim specialist assigned to claim
- Notification that a payment has been issued and its salient payment details

Work Smarter

Claims managers and supervisors are typically not armed with the tools necessary to gain a deep insight into the performance of the operations they manage. There is a limit to the number of ad hoc requests that can be made to the data warehouse team when an emerging trend or an operational issue is suspected. As a result, bottlenecks may go unnoticed until customer complaints start to flood in.

FINEOS Claims Business Analyzer empowers managers and supervisors to self-sufficiently monitor all aspects of their claims operations without any database SQL skills or recourse to the data warehouse team. The module consists of a suite of dashboards and reports with in-depth slicing and dicing, trend analysis and comparison capability. It covers all aspects of the claims operation, including:

- Incidence of new claim applications, the channels through which they are being reported and claim filing time lags (versus date of diagnosis)
- Claim approval rates at claim office, claim team and claim specialist level
- Initial claim decision durations, both at aggregate level and broken down by various handovers that occur during the process
- Specific amount spent on benefit payments and external investigative services
- Incidence of appealed decisions, appeal processing durations and the percentage of decisions overturned
- Incidence of claim referrals to internal medical staff



Compliance, Audit and Governance

FINEOS Claims has pre-configured workflows shipped as standard, to ensure you will always remain compliant with statutory requirements and with expected best practice in relation to the handling of accident claims. The solution comes with pre-configured workflows to manage ERISA for both the initial claim decision and any appeals. FINEOS Claims delivers full audit trails and change history visibility to facilitate internal audit and any internal fraud investigations.

Leverage New Technology

The FINEOS Claims system can be installed onsite or hosted by FINEOS. It can be deployed out-of-the-box or can be tailored to your specific processing needs utilizing our team of system implementation and integration experts. Once in production, FINEOS Claims is supported by our world-class support team, while ongoing enhancements to the system ensure your investment will continue to reap dividends for years to come.

FINEOS is the #1 provider of group and individual claims software solutions for the global Life, Accident and Health insurance industry. FINEOS Claims is the only solution deployed globally that supports the processing of Disability, Life, Life Waiver, CI, AI and HI claims on a single platform. FINEOS Claims is the solution of choice at eight of the top twenty Life and Health insurance carriers in the US.

Features at a Glance

Claims

Notification: First Report of Injury/Illness

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- Multi-channel, multi-source
- Scripted, rules-driven claim intake
 - Reflexive presentation of market-standard questions tailored for both paper and telephonic notifications. Can be configured to suit corporate, resource, group-specific, and unique servicing needs
 - Configurable scripting to guide call center and/or intake staff
- Secure online submission via optional self-service portal eliminates rekeying of data required by back office
- Robust FMLA integration

Initial Assessment and Assignment

- Integrated policy and benefit information
 - Via administration system adapter/loader
 - Via Plan Manager component that enables full definition of policies, plans and benefits
- Rules-driven claim assignment
 - Via geography, condition code, analyst skill level, dollar-value, or any other parameter or combination thereof
 - Assign claim tasks in parallel to multiple users while maintaining a singular claim owner
- Detailed medical coding including diagnosis and treatment
- Automated eligibility determination to expedite/remove human error

Compliance / Best Practice

- Processes to manage ERISA and Unfair Claim Practice statutes
- HIPAA compliance (securing medical data, masking claimant details, tagging and identifying authorized representatives)
- Claim file auto assembly (for print, PDF, other) to handle freedom of information/legal requests
- ACORD compliant interfaces
- Synergy with reserving and ICOS systems
- Change history fully audited and visible via the user interface screens when required

Investigation and Fraud Detection

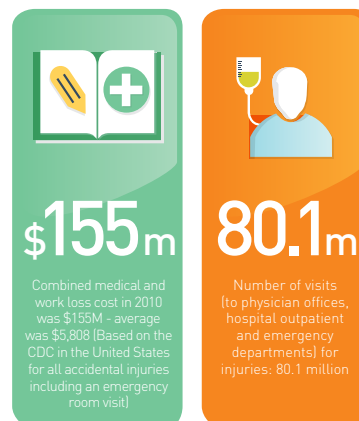
- Rules-driven alerts for when investigation should be considered (e.g. non-disclosure, pre-existing conditions)
- Complete audit trail and history of prior claims
- Ability to score claims to assist analyst in applying optimum case management techniques

Customer Service

- Single view of customer
- Unified claim relationships view with case and party maps
- Newsfeed view which quickly presents all correspondence, calls, workflow, process stage gates, claim status changes, etc., associated with a claim in chronological order and advanced filtering capability for quick assimilation of all activity within a period or over the life of a claim
- Employer organization structure
- Correspondence automatically generated (real-time or batch) with pre-population of claim information, claim handler details including signature
- Email integration (MS Outlook, Lotus Notes) – inbound/outbound emails seamless integration including documents upload/case and party linkage facility
- MS Sharepoint integration
- SMS enabled
- Mobile and tablet devices ready

Comprehensive Payments Management

- Detailed calculation trail for all payment lines items for explanation / audit purposes
- Configurable offsets and deductions calculations
- Configurable user payment authority limits and based on total claim value (all benefits)
- Percent of random claims audited adjustable by supervisor based on analyst experience level



Reporting and Insight

- Over forty real-time reports covering all financial and operational aspects of the claims function:
 - Single view of all stage gates/workflow within claim decision
 - Fulfill group SLAs
- Dashboard style, graphical reports, and KPIs with ability to drill in to individual claims for better management and decision making
- Reporting views for plugging into any external reporting tool
- Unique Process Analyzer heat map that enables workflow optimization by streamlining rarely used paths and identifying/correcting process bottlenecks

Usability

- Ability to manage multi-benefit and multiple policy claims within a single electronic claim file
- Graphical timeline depicting all history of a claim in an easy to navigate fashion
- Single newsfeed view of all claim activity within a period of over the life of a claim
- Every widget, tab, and screen can be downloaded into Excel or PDF
- Keyword accelerators for heads down keyboarding for repetitive tasks
- ADA-compliant for visually impaired and disabled
- Alerts banner making open case validations and prompts clearly viewable and actionable upon entry to a case
- Robust, configurable and graphical workflow engine that underlies the entire solution
- Ability to restrict activity based on role and security profile (secured actions)
- HTML5 ensures the smoothest navigation experience
- Unlimited browser tabs for complex case reference
- Convenient "Recent Cases" menu for back and forth toggling
- Collapsible summary panel for always available case summary and participant information

Technology

- Web and rules-based JEE and service-oriented architecture
- Multi-platform
- Multi-device (computer, tablet, smart phone)
- Multilingual, multi-currency

“ FINEOS Claims has helped to streamline our ability to bring new products to market. By intelligently routing and monitoring tasks, FINEOS Claims helps us manage standard work practices and improve and improve the capture of data for analysis of trends, plan designs, and risks. ”

- Doug Fick, VP & CIO Specialty Benefits, Principal Financial Group

“ We believe we now have the platform for a best-in-class solution that supports our growing lines of business, positions us to deliver a more efficient claims process and maintains the exceptional levels of service that Mutual of Omaha customers have come to expect. ”

- Kathy Brown, Director of Group Insurance Claims, Mutual of Omaha