

Connecting the Business & technology Communities

Insurance

NETWORKING NEWS

September 2011

www.insurancenetworking.com

CASE STUDY

Real-world business technology stories from the INN files

Manitoba Public Insurance's year-old system enables multiple resources to view and work on claims at the same time, resulting in faster, more accurate decisions.

One Insurer's Quest for Faster Claims Decisions

By Joe McKendrick

For Manitoba Public Insurance (MPI), a provincial crown corporation, the mission is simple: Take the liability issues out of auto accidents and create a no-fault, pay-what-is-needed system that protects all citizens, temporary residents and even visitors from financial losses incurred as a result of automobile accident injuries or death.

The public auto insurer's Personal Injury Protection Plan (PIPP), launched in 1994, is a no-fault insurance program that provides a wide array of benefits and entitlements,



CASE STUDY

Real-world business technology
stories from the INN files

including income replacement, unlimited medical and rehabilitation expense coverage, coverage for personal care expenses, death and funeral payments, child care and personal expenses, student indemnity payments, permanent impairment payments and enhanced benefits for those catastrophically injured in auto accidents.

“All Manitoba residents are eligible to receive benefits within PIPP,” says Rob Haithwaite, executive director of injury claims management for MPI. “Whether it’s a vehicle owner, pedestrian or cyclist, injured Manitobans will be eligible to receive benefits.”

In 2005, MPI set out to better streamline and update the operations and offerings associated with its plan, seeking to reduce its dependence on paper-based processes, and therefore decrease its exposure to risk while improving service delivery to customers. The organization also sought a more data-driven approach, which included a better view of its business through new key performance measures and the availability of data for deep internal and external analysis, as well as an improved ability to predict treatment outcomes by collecting injury, treatment and service provider data through multiple points in the claims lifecycle.

“Our system for case management needed upgrading,” Haithwaite says. “The corporation wanted to upgrade to a paperless system, designed to assist our case managers.”

In addition, there is the geographical separation within the vast province of Manitoba, in which case managers are hundreds of miles away from MPI offices. “For reviewing and discussing claims, case managers would always have to photocopy the paperwork and send it to Winnipeg,” Haithwaite says.

There was also an inability to effectively

mine the data collected across MPI for analysis, he says. By moving to a paperless system, MPI case managers would be able to expedite decision letters to not only the customer, but also to health case officials. Decisions would be received within days, rather than weeks.

MPI decided to implement a more well-connected and automated approach to

well and is now being extended to automate the entire claims lifecycle. “It’s really about streamlining our system,” Haithwaite says. “Every time a case manager makes a decision, the customer receives a letter, and subsequently has the opportunity to appeal. The faster we deliver our decision, the better it is for the customer.”

“The system has prompts and tasks that go to task managers. If they don’t do these tasks, it will go to their supervisor, to ensure that these actions will happen on time. That is really helping us immensely on claims leakage.”

- Rob Haithwaite, Manitoba Public Insurance

addressing benefits decisions. A program, called BI3 (Business and Injury Improvement Initiative), was deployed across more than 400 MPI users over 17 sites across Manitoba and went live in September 2010. The system is involved in every component of the claims business lifecycle, from first notice of loss and triage, to claims evaluation and the setting of reserves and pre-authorizations, claims payments, through claims management and rehabilitation planning to file closure. MPI employs FINEOS Claims technology as the foundation for the system, which provides integrated claim case management functions and automated business processes. These processes are important for complex claims requiring rehabilitation to reduce time to return to work.

The BI3 program not only included a software implementation, but an internal business re-engineering process and department organizational re-design as

BI3 provides MPI representatives with a single view of claims file information across the entire organization. The solution also enables multiple resources to view and work on claims at the same time; which makes for faster, more accurate claims decisions. Centralized and accessible information supports claims business workflow and enhances customer service, providing staff with immediate access to the data they need for service queries.

As a Web-based application, BI3 is designed to enable users to access claimants’ files from their desktops or remotely from a claimant’s home, place of employment or rehabilitation setting. The BI3 solution provides integrated claim case management functions and automates business processes, especially for complex claims requiring rehabilitation, to reduce time to return to work.

Features of the system include automated file triage and assignment, the automatic posting of pre-authorized services and

reserves based on claim type, a rehabilitation planning tool, full payment functionality and full integration with the Presley Reed Medical Disability Guidelines, an industry standard.

Users of BI3 include case managers and supervisors, health care services consultants, legal professionals, and members of MPI's payment processing unit. "The system has prompts and tasks that go to task managers," Haithwaite explains. "If they don't do these tasks, it will go to their supervisor, to ensure that these actions will happen on time. That is

really helping us immensely on claims leakage. Before, our system was generally paper-based, with no way to track when things should or shouldn't get done."

Further costs savings for MPI were reported by utilizing an agile development methodology. The iterative approach required working closely with the business at all stages of the system roll out, versus attempting to develop the entire solution within the confines of the IT department and attempting to present it to end-users. The agile methodology also enabled the project team to focus on smaller elements

of the claims business lifecycle at MPI, while at the same time enabling the team to zero in on the most appropriate design over time, taking advantage of lessons learned throughout the development process. By closely working with end users such as case managers, "we believe we implemented the new system for several million dollars less than we would have done it if we had done the usual waterfall method," Haithwaite points out. **INN**

Joe McKendrick is a Doylestown, Pa.-based author and consultant specializing in IT, and a regular blogger for insurancenetworking.com



The Claims Management System
for Today and Tomorrow

Improved Efficiency | Enhanced Customer Service
Consistent Claims Handling | Faster Claims Resolution



info@FINEOS.com | www.FINEOS.com

Property & Casualty | Workers' Compensation | Disability & Life | Government