



FINEOS Claims for Disability

Innovation through Knowledge
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FINEOS Claims for Disability

For the claims professional, managing Short Term and Long Term Disability claims may be considered as both an art and a science. Carriers must effectively manage simple and complex medical decisions while providing the appropriate program to return claimants to work as quickly as possible. To do this successfully, they need the proper resources combined with the most effective technology to ensure an optimal outcome for the disabled claimant.

FINEOS Claims is a customer-centric, web-based claims processing software solution. At FINEOS, we have a deep understanding of the disability claims process for both group and individual disability insurance and we understand the challenges you face in:

- Delivering excellent claims service
- Dealing with the pressure on claims payments from decreasing in force premiums
- Getting people back to work
- Dealing with longer claims durations
- Managing manual and paper intensive workflows
- Handling inflexible and multiple systems which lead to inefficiencies and expense

Our team is trained to work with you to blend their experience and your needs with leading-edge technology that fosters an environment where your claims staff can excel. We automate manual, administrative tasks so your skilled resources can focus on making a real difference.

Optimizing People, Processes, Systems & Governance

A defining characteristic of the disability claim is complexity. These claims are often supported by a confusing variety of technologies, processes and practices, with spreadsheets, manual diaries, file notes, and email used together on any single claim. In addition, complex manual and spreadsheet calculations are error-prone, difficult to trace, control, audit and update.

“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 the capture of data for analysis of trends, plan designs, and risks.”

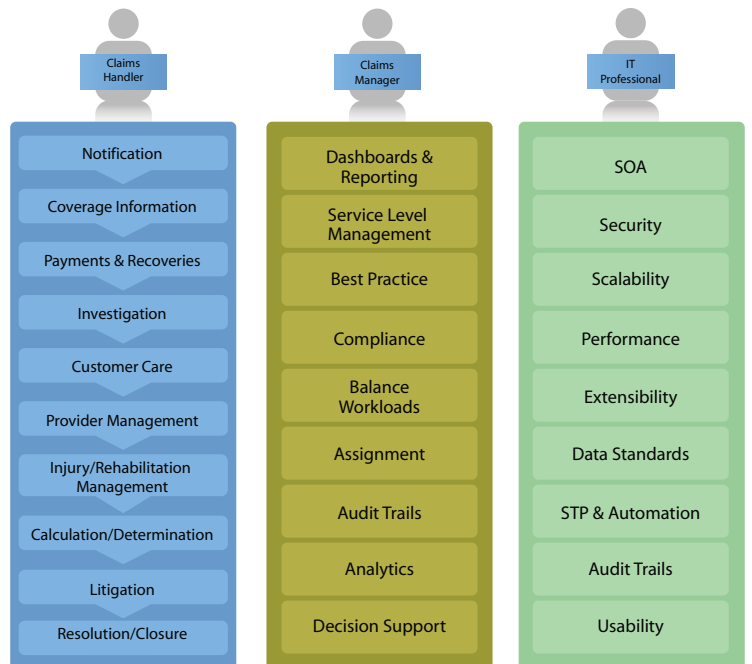
Doug Fick, VP & CIO Specialty Benefits, Principal Financial Group

FINEOS Claims simplifies the complex by introducing one comprehensive claims application to replace disparate, unconnected technologies, bringing accuracy and consistency to the claims process. By automating standardized processes, FINEOS Claims brings process control and efficient, effective claims management for the full lifecycle of a claim. With a single “cockpit” view, it integrates all elements of the claim electronically, providing a single view of the truth.

FINEOS Claims also provides you with the flexibility you need to respond to regulatory, business, product, and other structural changes. You can enhance your workflow, add new product claim structures and, in the group insurance realm, deliver complete and comprehensive program information to your group benefits managers. The solution is designed to simplify changes and adjustments – removing the need for complex programming to institute a potentially small but important change to your processes.

Reconciling the demands of customer service with managing long tail, high value claims such as disability is often a daunting task. However, responding to claimant queries within FINEOS Claims is dramatically streamlined through intuitive timelines and case maps that graphically present complex data to the user. Timelines for both payments and all other claim activities illustrate years of activity in a concise manner with the ability to expand any activity or event for additional information to respond fully to all customer queries. For claims with multiple benefits and a complex case structure, the illustrative Case Map feature within FINEOS Claims enables users to visually see a structured chart of a case in order to easily navigate and respond to claimant inquiries.

FINEOS Claims supports the key roles involved in claims processing in your organization



Improve claims outcomes for everyone - the claimant, the employer and the insurer.

Streamlining and Optimizing the Claims Intake Process

Claim Intake is a critical component of the disability claims process. Complete information captured quickly and accurately helps ensure delivery of good customer service by your organization. Whether your intake method is traditional paper/fax, telephone or web submission (or all three), FINEOS Claims enables you to deliver an effective entry point to your process for your employers, medical providers and disability claimants.

Helping Claims Handlers Make the Best Claims Decision

Your trained staff members are assigned the task of making good claims decisions based on information provided in the claims process and using the tools that they have at their disposal. FINEOS Claims excels at delivering the most up to date tools to empower your team to make the best, most informed decisions on a particular illness or injury. To this end, we partner with focused and innovative partners who have established leadership in their own fields of expertise. For example, FINEOS Claims provides out-of-the-box integration with Reed Group's MDGuidelines, enabling insurers to efficiently access, communicate, and evaluate claimants' treatment plans and disability durations for disabled claimants.

Improving Operational Effectiveness

When the right claim is routed to the right person at the right time, the result is increased efficiency and optimized throughput. With built in alerts that identify issues such as problems with workload, unexpected changes in reserves, unusual claims, and more, FINEOS Claims allows you to automatically route claims based on these alerts to maximize the availability and expertise of your claims staff. FINEOS Claims also allows insurers to closely monitor the workload and effectiveness of third party service providers. They are given a clear view of how these providers are performing against metrics, which allows them to get the most value possible from these providers.

Accurate and Timely Claims Payment

FINEOS Claims provides a robust and complete claim payment system for the handling of disability claims. Integrating with your policy administration and/or recordkeeping system, our solution understands and addresses the complexity of the disability claims payment event and is designed to automate as many tasks and activities as possible. By providing a feature-rich set of configurable payment structures, benefit modules and offsets, FINEOS Claims ensures that an accurate and timely payment is delivered every time. In combination with our activity management features, FINEOS Claims weaves payment and process into a seamless event ensuring the highest level of customer satisfaction for your employers and claimants. Recurring payments are managed with indexation, reviews and monitoring, which greatly reduces bad payments and workload dealing with mistakes.

Ongoing Claims Management with the Goal of Return to Work

Of course, every disability claim will not result in a return to work. However, by using FINEOS Claims to support a faster more proactive approach to claims handling, insurers can identify obstacles to return to work and make timely intervention with better rehabilitation, maximizing the probability that a disability claimant can return to work as early as possible in the process. This is because FINEOS Claims is designed to help ensure that the outcome – a short term claimant with a potential LTD exposure – has the resources engaged early and often with appropriate linkages to key resources. FINEOS Claims seamlessly integrates STD with LTD for those individuals with both coverages. FINEOS workflow automation, adaptable to your needs, will automatically build the timely triggers and activities when, for example, an individual may be eligible for Social Security.

Understanding What Your Disability Claim Process is telling you

Reporting is critical in understanding your business and delivering exceptional customer service, and can greatly improve rating decisions. FINEOS Claims reporting includes instantaneous information on:

- Claim workload levels
- Service times and process bottlenecks
- Claim durations compared to standard
- Incoming claims volume

FINEOS Claims is part of FINEOS' offering of insurance solutions built on the innovative FINEOS Insurance Platform. This platform is a customer and case-centric, rules-driven, component-based enterprise platform that serves as a flexible infrastructure for new product introduction, legacy enrichment and business transformation initiatives.

“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

Features at a Glance

CLAIMS

Notification: First Report of Injury/Illness

- Multi-channel, multi-source
- Scripted, rules-driven claim intake
 - Reflexive presentation of market-standard questions tailored for paper and telephonic notifications. Can be configured to suit your corporate, resource, group-specific, and unique servicing needs
 - Configurable scripting to guide call center and/or intake staff through the process
- Secure online submission via optional self-service portal eliminating re-keying of data
- 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 (available Release 7.6-May 2013)
- Rules-driven claim assignment
 - Via geography, condition code, analyst skill level, dollar-value, or any other parameter or combination thereof
 - Ability to assign claim tasks in parallel to multiple users while maintaining a singular claim owner
- Detailed medical coding including diagnosis and treatment
- Pre-configured eligibility determination rules

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

Compliance

- Processes to manage ERISA and Unfair Claim Practice statutes and regulations
- HIPAA compliance (securing medical data, masking claimant details, tagging and identifying authorized representatives)

Cost Containment and Injury/Rehabilitation Management

- Full integration with Reed MDGuidelines to provide alerts and payment controls
- Complete vendor and provider management components
 - Multi-tiered service agreement definition
 - Enforceable vendor/provider service agreements
 - Vendor invoicing and payment
- Integrated scheduling and tracking of provider services
- Track related claim expenses without offsetting the benefit of more holistic claim cost management
- Rehabilitation planning tool to better monitor and manage expected outcomes

COMPREHENSIVE PAYMENTS MANAGEMENT

- Highly automated benefit/payment calculations leveraging the breadth of claim data, policy parameters and rate table lookups;
 - Pre-configured FICA, FIT, and SIT tax calculation rules
 - Partial earnings offset
 - COLA and pre-claim earnings indexation
- System-generated recurring payments with full recalculation capability to automate calculation of over and underpayments
- Detailed calculation trail for all payment lines items for explanation / audit purposes
- One-time and ad-hoc payments
- Back-dated and out-of-sequence payments
- Multiple payee tracking

- Configurable offsets and deductions calculations
- Configurable user payment authority limits
- Percent of random claims audited adjustable by supervisor based on analyst level
- Advance pay and close
- Multiple recovery methods through one of a combination of:
 - Lump sum recovery
 - Payment plan (fully managed through FINEOS)
 - Write-off

REPORTING

- Over forty real-time reports covering all financial and operational aspects of the claims function;
 - Single view of all stage gates/workflow within initial claim decision
 - Fulfill group SLAs
 - STD/LTD transition
 - Aggregate claim cost (indemnity and expense components)
 - Overpayment recovery rates
 - Service provider performance
- Dashboard-style, graphical reports and KPIs with ability to drill down 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
- Integrated with reserving data/triggers

ARCHITECTURE

- Web and Rules based JEE architecture
- Service oriented
- Multi-platform
- Multi-device (computer, mobile)
- Multi-lingual, multi-currency
- Scalable

NAVIGATION

- Ability to manage multi-benefit/multi-policy claims within a single electronic claim file
- Graphical timeline depicting all history of a claim in an easy to navigate fashion
- Newsfeed view presenting all claim correspondence, workflow, claim status changes, etc. in chronological order for quick assimilation
- Robust, configurable and graphical workflow engine that underlies the entire solution
- HTML5 ensures the smoothest navigation experience
- Unlimited browser tabs for complex case reference
- Convenient "Recent Cases" menu for back and forth toggling
- Every widget, tab, and screen can be downloaded into Excel or PDF for reporting, correspondence, or other purposes
- Collapsible summary panel for always available case summary and participant information
- Keyword accelerators that promote heads down keyboarding for repetitive tasks
- ADA-Compliant for visually impaired and disabled
- Alerts banner making open validations and alerts clearly viewable and actionable upon entry to a claim