EFFECTIVELY TRACK CLAIMS AND AUTOMATE COMMUNICATIONS

owls
s o f t w a r e

SUMMARY:

Using an innovative, fully featured, cloud based insurance administration system, this leading Medical GAP insurance provider was able to revolutionise their business processes and provide much greater customer experience.

QUICK FACTS ABOUT CLIENT:

- Approximately 1200 claims per month

- 10 claims processing staff

- Complicated Medical GAP claims with multiple providers, multiple invoices and multiple benefits for the same claim

CLIENT: **CONFIDENTIAL**

SECTOR: **CLAIMS**

CASE STUDY
#2

WHAT THE CLIENT WANTED:

Claims workflow process to easily track:

- Claims productivity

- The current position of the claim in the process

- The SLA with the policyholder.

THEY ALSO WANTED TO:

- Manage documents online and automate outbound communications so that the client has a better experience.

- An integration to the bank for unfraudulant payments

WHY OWLS?:

- Proven track record for completing projects on time and in budget and within specification

- High level of technical skill

- OWLS was already implemented at another Medical GAP provider

WHAT WE NEEDED TO DO:

Challenge: The data was on a legacy Lotus Notes database. The client had just acquired a book of policies equivalent to 25% of their current book. They were unable to administer these policies in their current form and with their current systems. Too much of the processes were manual.

THE OWLS SOLUTION:

OWLS was implemented in record time. From signing of the agreement to first policy's debit order was 4 weeks. Over the following 2 months the claims process was optimised and enhanced.

It grouped workflow tasks into how long ago they were lodged. This easily helped claims staff prioritise older claims first, thus assisting to meet SLA targets.

By having specific roles for claims that was missing documents, it allowed higher skilled claims processors to only receive claims once all documents had been received. This allowed for optimised staff allocations and for improved efficiencies.

Automated and branded outbound communications were sent at each step. Full claims breakdowns were given by provider and by invoice on claims approved. Rejected claims were notified with detailed descriptions of why the claim was rejected. Outstanding documents notifications were automatically sent every 30 days outlining exactly which documents are outstanding.

KEY OUTCOMES OF OWLS SOLUTION:

- From 50% of claims resolved out of SLA to 99% of claims resolved within SLA with same staff compliment

- Stricter system controls and rules reduced incorrectly approved claims and payments into the incorrect bank accounts

- Enhanced operational efficiencies by splitting the claims process across differently skilled staff

- System automatically validated 90% of the policy wording to greatly assist in the

QUOTE FROM JONIE:

"The OWLS team are really knowledgeable in being able to bring together the business requirements, the OWLS software system and an effective solution. Really enjoy working them."