

Fujitsu Advanced Claims Processing Utility

P&C Insurance Solution



Business Challenge

Insurance companies are in the service business and as a result, understand that improving customer service, satisfaction, and ultimately loyalty, significantly impacts customer retention. Companies must focus on reducing the time required to process claims and handle customer inquiries to protect their customer base. This challenge is significant due to the large volume of cases, the lack of control insurance companies have over the supply chain, and the manual, labor-intensive processes currently used to remediate claims.

An area of great opportunity to control cost is the supply chain. While many large insurance companies have addressed this issue through on-site remediation, provider networks, and channel development, mid-tier insurance companies lack the necessary economies of scale. For these mid-tier companies, they must find other ways to drive down the costs of independent providers, non-standard data formats, and time delays in obtaining necessary assessment information.

Most insurance companies have not yet mastered the enterprise-wide management of all the content received from clients, agents, and suppliers—whether by paper, fax, email, telephone, audio, video or the Internet. Even if the company has determined how to manage the information on their disparate legacy systems, much of the processing of this information is subject to human intervention and interpretation. Delays in processing can increase the likelihood of litigation, decrease the opportunity to settle and cause an increase in waiting costs such as the storage and loss of control of a repair facility.

Other factors also increase the risk of leakage and litigation such as the lack of integrated standard or automated processes for evaluating the loss price and incomplete or improper coverage verification.

Studies indicate that the longer the time it takes to resolve a claim, the lower the likelihood of retaining customers and for customer referrals. The AM Best Survey of April, 2002 also revealed that customers consider the speedy resolution of a claim more important than the actual amount of the settlement.

Insurance companies must also comply with governance and regulatory mandates such as Sarbanes-Oxley in protecting personal health information. The nature of compliance requires that insurance companies take an integrated approach to how they manage information. Along with this management of information, companies must also be on a constant vigil for possible incidences of fraud.

The Solution

The Fujitsu Advanced Claims Processing Utility solution is designed to expedite property and casualty claims processing to reduce claims payout and administrative costs while improving customer service and retention. It enables the Notification of Loss to be rapidly entered into the system, regardless of source (fax, web portal, or form), indexed, and instantly routed to the appropriate person for processing. While indexing the document(s) into the system, the Fujitsu solution can automatically retrieve policy, claim, and customer details from the legacy systems to reduce costly errors resulting from manual input.

The Fujitsu solution enables Straight-Through Processing (STP) when certain conditions are met such as the amount of loss, automated verification of coverage, and first party loss only. The STP of claims reduces processing costs and increases customer satisfaction. All claim history and disposition information is available online to support regulatory reporting and audit requirements. To speed and streamline the adjudication process for exceptions to STP, the Fujitsu solution stores a variety of unstructured content that is needed to process claims (i.e. pictures, motor vehicle reports, estimates, forms, invoices, interview recordings, and correspondence). Further, a claim diary (schedule of activities), and notes (i.e., records of interviews, discussions, and actions) are linked to specific files and tasks to ensure the right information is available to facilitate decision-making. Information can be shared with multiple parties simultaneously based on the secure provisioning model.

The Fujitsu Advanced Claims Processing Utility solution allows all claims-related documentation—regardless of the source—to be captured and distributed as part of a consistent series of business processes. Workflows based on industry best practices have been pre-configured as part of the solution, enabling insurance companies to rapidly deploy the software and benefit from the solution. Built-in distribution rules make certain that the right people work on the right tasks, and that the claims organization is able to work closely together to maximize productivity. Auditing and reporting capabilities ensure that processes are monitored and improvement is measured so that adjustments can be made to achieve organizational goals. The Case Management capabilities of the Fujitsu solution allow supervisors to distribute work and requisite support material as efficiently as possible to help maximize the productivity of the claims processing personnel.

The Fujitsu solution leverages FileNet's P8 Architecture to manage the most demanding content challenges, the most complex business processes and integration of existing systems within property and casualty insurance companies. To provide dynamic reports with historical and real-time data to monitor and analyze processes, the Fujitsu solution integrates FileNet Process Analyzer and Process Simulator to implement defined metrics on workloads and run workflows in a test scenario to identify bottlenecks in the claims process. Using an easy-to-use Web interface with a file/folder/document metaphor that mirrors a paper-based work environment, the Fujitsu solution is designed to assist work performance by facilitating a variety of functions such as robust search capabilities for fraud detection, valuation support, and on-the-fly letter generation for improved customer and third party service.

Value Proposition

With the Fujitsu Advanced Claims Processing Utility solution, property and casualty insurance companies can:

- Increase customer satisfaction and retention by streamlining claims processing and quickly resolving customer inquiries, fostering opportunities for cross-selling or upselling customers
- Reduce claims payout, decrease litigation rate and leakage through consistent settlement practices and the use of improved estimation tools, resulting in an improved LAE
- Reduce claims processing cycle times by as much as 40 percent
- Improve claims efficiencies by reducing processing steps by as much as 30 percent, and tracking and monitoring content and processes for compliance, fraud detection and business continuity
- Establish integrated, streamlined systems and processes to provide call centers with accurate and reliable information necessary to resolve customer inquiries, demonstrate compliance and create an agile business environment with a 360 degree view of the customer
- Lower IT operating expenses by delivering higher ROI by leveraging existing investments in legacy systems

Experience the Fujitsu Consulting Difference

As the management- and technology-consulting arm of the US\$45-billion Fujitsu group, Fujitsu Consulting integrates the core expertise of Fujitsu companies and its partners to deliver complete solutions to businesses and government in the areas of Information Management, Legacy Modernization and Managed Services. The scope of these offerings extends from strategic management consulting to the tiniest detail of infrastructure operations. Through its industry-recognized strategic methodology, MacroScope®, Fujitsu Consulting assists clients in incorporating more value into their investments and driving their leadership in the marketplace.

We work with you to create solutions and produce results that drive your business.

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