



**INSURANCE**  
**BACKOFFICE** **PRO**

## CASE STUDY

How We Supported an Ohio-Based Company to Upgrade Their Claims Management Process to Improve Customer Satisfaction



# THE CUSTOMER

The client is one of the 50 largest property and casualty insurance groups in Ohio.

## REQUIREMENTS

The client wanted to upgrade their claims management process to help policy owners get an accurate and prompt resolution of their claims. To ensure this, the client needed the following:



Improve the overall operational process for claims, right from the First Notice of Loss (FNOL) to the clearance stage, in order to reduce the time needed to close claims



Help them handle additional in-house task such as call enquiries and in-house data entry seamlessly



Set up triage service as an integral part of the claims process to ensure customer experience is satisfactory and consistent

So, the client approached us for a solution.

## CHALLENGES

In devising a solution, we had to face the following challenges upfront:



Understand the steps and variations in the claims process and reevaluate ways to integrate staff, technology and systems



Build a call center team to directly interact with customers who submit claims and enquire about the status through fax and mails



Set up a separate triage services for certain insurance domains, such as car insurance to provide information on car repair shops as part of the claims process

# SOLUTION

In order to understand the steps and variations of the claims process, we set up an analytics team to study the inflow of claims and the subsequent claims journey.



The team collated and matched required data to determine a function of variables based on which specific characteristics of claims that increase cycle time and other sub-activities that consume time were identified. We worked out a solution that provided a corrective and preventive action to each of these issues



The evaluation also covered the efficiency of adjusters in accessing the claims, their skill sets, the idle time among them etc. We also studied the tools made available to them and suggested improved ways to free up their time that is lost in sorting, organizing and indexing



After analysing the existing call center staffing schedules, call durations, number of abandoned calls etc., we identified that the client's focus on non-traditional metrics was the root cause of customer dissatisfaction. To correct this, we suggested a shift to the outsourced model so that the focus is more on qualitative and quantitative metrics

# BENEFITS



Eliminate time consuming steps in end-to-end claims handling process



Improve adjuster-assignment process and reduce time taken by 50%



Train call center representatives to handle both billing and claims to decrease abandonment rates



Improve customer satisfaction by a whopping 80% in a span of 6 months

To know more about  
our insurance back office support  
contact us now

## GET IN TOUCH WITH US

[info@insurancebackofficepro.com](mailto:info@insurancebackofficepro.com)

[www.insurancebackofficepro.com](http://www.insurancebackofficepro.com)

