CLAIMFOX

CONSIDER IT DONE

5 STEPS TO Successfully FULFILL REQUESTS FOR COPIES OF CLAIM FILES

“Hey Allen. Here’s another request for a copy of a claim file.”

The request lands on a desk, now sitting atop a stack that seems impossibly high.

“It’s just a simple copy request,” Allen mumbles. “I have to close 37 more claims this month to hit quota. I don’t have time for another one of these.”

Allen’s right: he doesn’t. Theoretically, fulfilling it should be quick. Too often, though, it’s not.

Why? Allen’s company has seven regional offices, each one with a different process. The actual files are scattered across different places, making it difficult to locate what he needs.

And to top it all off, the tracking system is just a disjointed spreadsheet stored on the company server.

What should take a few minutes often drags out far longer.

That simple request for a copy of a claim file turns into a productivity black hole, sucking away valuable time. Instead of closing claims quickly, he’s chasing files. Or worse, ignoring them. The more they pile up, the further behind he gets. And the more impact it has on revenue, costs, and even company growth.

Allen’s story is a common one among adjusters. Chances are, it’s your story, too.

Time is your most scarce resource

A ClaimFox study discovered adjusters typically spend just 60% of their time on work that actively helps close a claim. So in a typical 40-hour work week, adjusters spend only 24 hours doing work that closes claims.

Claim adjusters perform most of the tasks in the claim process. In some cases, an adjuster handles everything. Other times, an adjuster only handles investigation and valuation. Claim size, claim type, and even the company's organizational structure decide how much the adjuster must do.

Carriers prioritize retention among their insureds, yet they are being pulled in other directions. As a result, they lose sight of the customer's experience. A poor experience is bad for everyone. Studies show customers are more likely to change carriers when it's time for renewal if they are unsatisfied with a claim process.

The number of claims is rising

A study by the International Insurance Institute shows auto accidents continue to grow in size and frequency. Naturally, there are more claims to close. The typical adjuster might be assigned 50 to 100 claims per month on top of their current workload.

This means adjusters are expected to close 50 claims ***each month***.

The volume of claims is rising, and the regulations are always evolving, too. Trying to keep up with the current demand plus staying on top of the latest changes can be overwhelming. There's just not enough time in the week to do everything necessary.

Mistakes are expensive

Since 2007, auto insurance losses and expenses exceeded premiums. With claim costs rising, a mistake with a simple request for copies of a claim file can be expensive. Companies continuously look to improve efficiency so they grow bottom line revenue. Small tasks like fulfilling requests for copies of claim files contribute to growth by saving time, cutting costs, and accelerating the pace of closing claim files.

THERE'S A BETTER WAY

Fulfilling requests for copies of claim files should be easy. In fact, it boils down to one simple thing: a plan. Putting a plan together streamlines the process and gets everyone doing things consistently. Claims settle faster, customers are happy, and costs go down.

CLAIMFOX

ClaimFox reviews nearly 40 million pages ***per year*** in requests for copies of claim files for our clients. For more than 20 years, our team has been a trusted, efficient, and accurate partner to fulfill these requests.

This extensive experience gives us unique insight into what works best for creating a better system.

Here are five key areas you need to consider in order to build a more consistent and effective process for fulfilling requests for copies of claim files:

STEP ONE

Log, Track, and Verify Requests

Decode how a request for copies of a claim file is handled once it is received. Missing basic steps at the beginning makes a simple request a long, complicated, and inaccurate process. Also, each request should be cataloged consistently so you have accurate data for running reports and tracking request history.

HERE ARE A FEW STEPS TO GET STARTED:

- ☑ **Create a step-by-step workflow** for receiving requests for copies of claim files.
- ☑ **Define all the elements** that determine if the request is valid.

  Ask questions like:

  - Is the claimant identifiable?
  - Is the DOA accurate?
  - Does the authorization meet compliance guidelines?

- ☑ **Have a single system for tracking the status** of each request, preferably important dates, claimant and requester information, and notes. Sticky notes and spreadsheets don't work.
- ☑ **Establish standards** for validating the request any authorization that may be included.

STEP TWO

Retrieve Claimant Information

Once the request is logged into the tracking system and verified for its validity, retrieve the necessary information from the claim file. Ideally, there's a centralized place for all files, making it quick and easy to get what you need. Make sure your internal experts know how to determine whether it's the right document and what pages should (and should not) be released.

HERE ARE THE STEPS INVOLVED:

- **Verify the claim** number and conduct a search in the claim systems in order to determine if the claimant is actually insured through the insurance carrier.
- **Locate the claim** file by accessing the main system that houses claim information and identify any secondary filing systems.
- **Consider the use** of a platform that can combine paper files with an electronic file.
- **Investigate a method** to retrieve the electronic and/or paper files that are stored on- or off-site.
- **Develop an expertise** for identifying the parts of the claim file that are authorized for release (which requires a complete understanding about what exactly is being requested).

STEP THREE

Releasing Only Authorized Information

Getting the wrong information to the wrong people has a negative impact on the entire claim process. This is the biggest point of potential error, so getting it right is critical to success.

HERE ARE THE STEPS TO TAKE TO MAKE SURE THE RIGHT INFORMATION GOES TO THE RIGHT PEOPLE:

- [x] **Implement a validation** process that verifies all requirements are met on the authorization.

    This includes asking the following questions:

    - Does the date of birth listed on the request match the one on the file?
    - Did the claimant sign and date the authorization? If the claimant is deceased, is the correct paperwork on file, such as a distributee form or proof of relationship in order to request pages?

- [x] **Determine** if the request can or cannot be processed.

    - If the request cannot be processed, immediately notify the requestor and update the status of the request in your tracking system.

STEP FOUR

Safeguarding Confidential Information

We live in the age of privacy. Property Casualty 360 says privacy concerns have touched modern U.S. citizens and the data they generate. Accidentally releasing private data is an expensive error, costing you significant time and money. Take extra precautions to uphold the highest levels of data security when handling sensitive information.

HERE ARE SOME STEPS TO ENSURE CONFIDENTIALITY IN YOUR PROCESS:

- **Implement and continuously audit** strict risk management protocols and procedures.
- **Examine and review** every page that fulfills the request for any and all legally protected or misfiled information.
- **Understand the regulations and guidelines** laid out by HIPAA, which are intended to protect the medical records found within a claim file.
- **Communicate updates** with the requestor on the status of the request and update that information in the tracking system.

STEP FIVE

5 Completing the Request

The request has been logged and verified. The data is correct, the right information has been sent, and the data is confidential. Now it's time to complete the process. Too many people don't define what "complete" looks like, leaving the process in a sort of request purgatory. By defining what it takes to thoroughly complete the process AND marking requests as completed, you have a better system to stay streamlined, efficient, and effective.

HERE ARE THE STEPS TO GET THE REQUEST COMPLETED:

- ☑ **Select the appropriate documents** to be reproduced.
- ☑ **Verify the claimant's identification** on all the documents.
- ☑ **Compare the documents** with the original request letter.
- ☑ **Confirm the status of the request** is updated in the tracking system.
- ☑ **Choose the delivery option**, such as electronic transfer, CD delivery, or hard copy delivery.
- ☑ **Provide customer service** to the requesting parties throughout the process as they require status updates or additional information.

It seems simple, but it's not usually easy

Fulfilling requests for copies of claim files sounds simple. But often files are scattered across different locations, different people have different processes, and the entire workflow is simply broken. By taking time to build a process based on these five areas, you accelerate the completion time, settle claims faster, increase customer satisfaction, and save money in the process.

At ClaimFox, we understand this can be time consuming and overwhelming.

For more than 20 years, our company has handled millions of requests quickly, accurately, and consistently. That means we take on the work so you don't have to.