

Insurers



Claims Management Service

the one for

critical illness



Critical illness

Critical illness policies have come a long way from the “dread disease insurance” invented by Dr Marius Barnard (1927-2014) in the early 1980’s

One thing that hasn’t changed is that whatever it is called, be it dread disease insurance, trauma insurance, serious illness insurance and living assurance, critical illness claims for the insured consumer, by implication, coincide with feelings of anxiety, fear, confusion and often despair.

A small positive for these customers is the cash benefit that may emerge from having purchased CI insurance, which will inevitably make dealing with their illness less stressful - that is, until they are faced with long, complex claim forms and significant delays in claim settlement because insurers are waiting for confirmation of diagnosis from treating physicians or consultants.

For the insurer, the claims process if not handled sensitively can result in bad publicity, damage to hard-won reputations and even financial loss.

HCB's CI claims management service

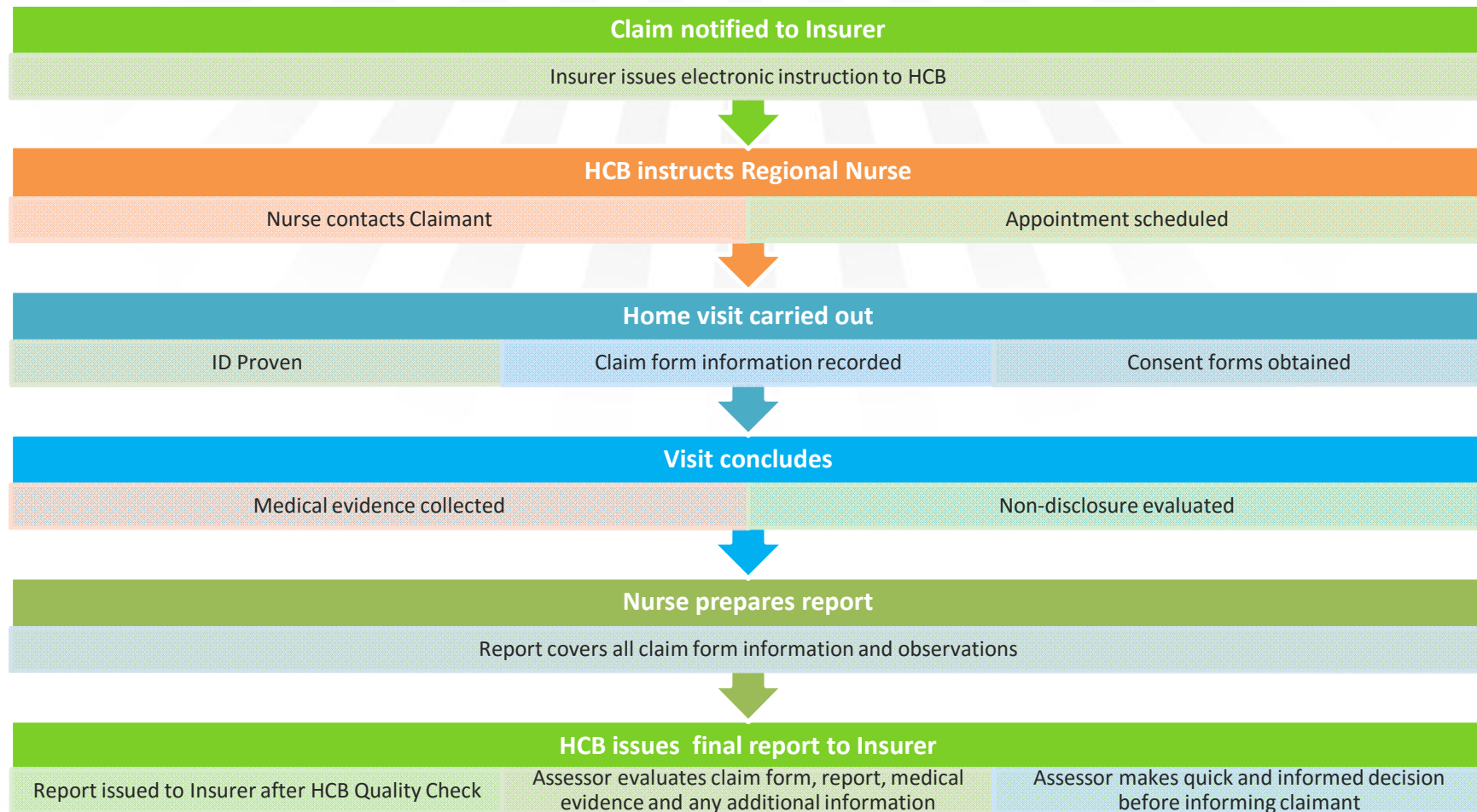
We have looked at ways that HCB's expertise in the management and assessment of claims throughout the life & pension market can assist insurers when dealing with critical illness claims.

Based on our analysis we have developed a fully integrated critical illness claims management support service specifically for Insurers, that can:

- **Accelerate** the ability to make a claims decision, often turning weeks into days;
- **Remove** the need for the claimant to complete a claim form at all;
- **Offer** empathetic support to claimants, including signposting of relevant charity and support groups, as well as advising on eligibility and detail of appropriate State Benefit entitlement;
- **Identify** non disclosure through observations, discussion around medical history and careful direct questioning, for example on smoking history or alcohol consumption.
- **Enhance** insurer brand by delivering a quick and reliable service, achieving proven high levels of customer satisfaction.



The HCB claims management process



How it works

Our service works by instructing a nurse home visit immediately upon notification of a claim. The nurse will visit the claimant and gather all the information usually detailed on a claim form by the claimant. The nurse will raise and answer any specific insurer queries and, importantly, will collect from the claimant a copy of the Consultants letter (written to the GP and copied to the claimant), which, in our experience, often provides more than adequate clinical information, including diagnosis, treatment, histology detail and prognosis, sufficient so as to enable a rapid claims decision to be made.

HCB will verify a sample (agreed percentage) of these letters by contacting the clinician that wrote the report, to verify its bonafides.

- In circumstances where it is thought that the claim may not be admitted, a detailed explanation of the reasons can be offered, in person, by a sympathetic nurse who will help customers understand why the claim may not be paid. This, at a vulnerable time, is a much more customer friendly way of delivering the prospect of potentially disappointing news.
- Some insurers are minded to go beyond simply settling the claim and may, for customer service or brand enhancement reasons, wish to offer additional support or the ongoing access to the HCB nurse for continuity of support, beyond the claims assessment stage. This can be delivered quickly and efficiently, and at surprisingly small cost for such a valuable customer service.

Critical illness claims service – Notes

“You have one opportunity at making the right decision on CI claims – the price is roughly 1% of an average sized claim – What value does your organisation put on making the right decision – and quickly”?

***Jim Harris
Health Claims Bureau***

Notes:

1. HCB would expect the process to complete within 15 working days (maximum), unless we are unable to contact or meet with the claimant.
2. This programme has reduced end to end process time significantly for more than one client, and been moved to a BAU environment as a direct consequence;
3. Customers overwhelmingly favour the support provided by an HCB nurse. HCB welcome feedback direct to Insurer by leaving questionnaire with customer to be completed and returned direct to insurer. This WILL produce significant evidence of enhanced customer experience.
4. Customers also welcomed the news that no claim form need be completed;
5. One case of identified non-disclosure annually might fund the programme for a full year.

Advantages

"It is difficult to see why it is not in the interest of ALL CI providers to at least try this service out and let us prove beyond doubt that this service not only provides substantial positives for the insurer, but delivers unparalleled quality and speed of service to policyholders who deserve this level of attention at such vulnerable times of their lives."

Jim Harris

Chairman & MD

Health Claims Bureau Limited

September 2015

Insurer	Customer
<ul style="list-style-type: none">✓ Significant reduction in E2E process;✓ Cost Saving on Medical Evidence;✓ Non-Disclosure Identified;✓ Enhanced customer experience;✓ Reduction in assessor time;✓ Nurse warns customer if decline anticipated with explanation.	<ul style="list-style-type: none">✓ Much quicker claims decision;✓ No need to complete a claim form;✓ Enhanced customer service;✓ Caring support from Healthcare Professional at vulnerable time;✓ Signposting from nurse to relevant charities and other social support, advice and guidance.

Contact us

About us

- HCB has provided independent employee health, wellness and claims management services to Employers, Intermediaries, Insurers and Pension Scheme Trustees in the UK and Ireland for over 30 years..
- Based in Oxfordshire, UK with additional locations in Dublin, and Portland, Maine USA (through our relationship with PDA), HCB is able to leverage our expertise and understanding of the Employee Health and Claims markets to enable clients to make informed decisions in the management of employee health, employee wellness or insured claims.
- Our record speaks for itself, from our formation in 1993 we have worked with clients both large and small from multinationals and blue chips to SME's we believe that we have an outstanding track record of service delivery and a proven return on investment.

Contact us to see how this service can work for your organisation

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Enhancing your CI claims management



Keeping you in the loop every step of the way 





Health Claims
Bureau Group

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- Intermediaries
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