



ABOUT THE CLIENT

Standard Insurance offers a comprehensive line of products including individual disability insurance, group insurance, and retirement plans.

CLIENT CHALLENGE

Standard Insurance needed to reduce manually intensive back-office processes with support for both claims intake and claims setup operations. Contact center employees focused primarily on handling phone calls with claimants and employers, and physicians were spending too much time tracking down documentation and searching for missing or misfiled claims. These inefficient processes detracted from primary responsibilities for the physicians, creating a poor patient experience.

The claims process had become cumbersome from end-to-end. Each day, both claims systems generated independent lists of "received" documents as well as call lists of doctors' offices and claimants who needed follow-up reminders to send forms or documentation. Contact center employees were manually checking each list to determine if documentation was received. On average, this tracking process required 5 -10 minutes per claim and if documentation was not found, it necessitated a call to the doctor's office or the claimant. Ultimately, Standard Insurance needed a solution to reduce the time spent manually entering information so that claims could be quickly transitioned and assigned to a claims specialist.



Sutherland's solution has yielded Standard Insurance many positive results in terms of cost savings, efficiency, and productivity.



THE SUTHERLAND TRANSFORMATION

Sutherland implemented a solution in two geographical locations to reduce the time and cost associated with initiating disability claims. One location handled back-office work, while the other office handled voice work, enabling claims to remain in motion 24 hours per day.

The solution flow is as follows:

1. One team sorts the documentation and information that has been received and updates all applicable systems to record when documents are received. This process eliminates the need for contact center associates to review each case before calling a claimant or doctor's office.
2. When the first group receives a document, the claim is triaged and claims containing all required documentation are sent to the Standard Insurance claims group for processing. This step shortens the claims setup process by one to two days.
3. The second call is scheduled after processing time required by a doctor's office which requires, on average, 10 - 14 days.
4. On day 12 or 16, the doctor's office is contacted again but only if the attending physician statement is still missing. This step alone eliminated 1-2 calls per claim.

PARTNERSHIP RESULTS

Sutherland's solution was transitioned smoothly and has yielded Standard Insurance many positive results in terms of cost savings, expanded processes, efficiency, and productivity including:

 **20%**
reduction in
cycle time

 **20%**
fewer calls need to be
made to claimants and
doctors' offices

100%
of contact center associates'
time spent on tasks related to
their role, rather than other
duties outside of their position

Care & Support Claims Operations

For more information on how we can help you transform your processes, visit us at www.sutherlandglobal.com, email us at sales@sutherlandglobal.com, or call 1-800-388-4557 ext. 6123.

As a process transformation company, Sutherland rethinks and rebuilds processes for the digital age by combining the speed and insight of design thinking with the scale and accuracy of data analytics. We have been helping customers across industries from financial services to healthcare, achieve greater agility through transformed and automated customer experiences for over 30 years. Headquartered in Rochester, N.Y., Sutherland employs thousands of professionals spanning 19 countries around the world.