IVANS
A DIVISION OF APPLIED

Claims Download
Use Cases

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Overview

Claims download is an industry standard message process to download claims information from an insurer's claims systems directly into an agency management system. It allows a company to send detailed claims information to keep agents up to date with the claim adjustment and settlement processes of the insurer. Claims download consists of five messages:

- Adjuster Assignment

- Claim Information

- Claim Number Assignment

- Claim Status Update and

- Payment messages

Claims Download is a valuable tool for agents and insurers to automate the entire claims process from initial reporting until the claim is closed. Oftentimes, claims are reported directly from the insured to the carrier. This process can result in a delay from when a claim occurs until the agent is notified. Claims is critical component of an agent's customer service operation, and learning as the latest claims details in real time allows them to provide a higher level of service to their insured clients.

It can also be an invaluable tool to agents when a catastrophic claims event occurs. Because claims information is updated in their system automatically, it allows agency personnel to focus on servicing the customer rather than trying to keep claims information up-to-date for a high volume of claims.

Before claims download, agents received notification in a variety of manual ways – email, paper, and phone calls, among others – however, nothing automatically loaded into their management system. Now, when an insurer implements Claims Download, they can send all pertinent information with their regular download to keep the agent current on activities – from initial reporting, adjuster assignments or re-assignments, any payments made, and status updates. This offers insurers a secure and managed alternative to email, mail and faxes, and it allows them to send information to an agency where it's stored within the

claims functions in the agency management system. It is an auditable, secure, system-based method of communicating this essential information between insurers and their agents.

Some agency management systems allow users to configure their system to automatically attach the claims information to an existing claim, or they can direct all claims to a suspense function, allowing an agent to review every claim that is received. As well as provide the ability to define activities based on the type of claim. Using this feature will allow an agent to create a workflow task to call the insured anytime they receive a new Claims Download transaction for one of their customers.

The benefits of Claims Download include:

- For the insurer

  - Notifies agent of new claims reported directly to carrier

  - Notifies agent of carriers' claim adjustment and settlement processes

  - Synchronizes key claim data into agent system, such as Claim Number, Claim Status, Payment Activity and New Claimants

  - Ease of Doing Business

  - Reduced call volume

- For the agent

  - Improved Customer Service

  - Up-to-date information on claims within the agent's system

  - Internal reporting

  - Shows agent the full picture of claim for servicing

Claims Download Implementation Information

- Messages are built in XML and follow the ACORD v1.11 or later specifications. Insurers should work with each vendor during their implementation to include any vendor specific requirements typically found in the vendor's specifications

- Valid Cycle/Business Purpose codes (XML tag <BusinessPurposeTypeCd>) for Claims Download include the following:

  - ADJ – Adjuster Assignment – can be used for initial information, or if a change in adjusters occurs, the carrier can update the agent with the latest contact

  - CLI – Claim Information – Normally used as the initial message to establish a new claim within the agent's system

  - CLN – Claim Number Assignment – shows the number assigned to the claim by the carrier - this number is used for a real time Claim Inquiry request

  - CLS – Claim Status Update – Normally used to show a claim is Open, Closed, or Reopened

  - PMT – Payment Information – Any time an insurer makes a payment, the information can be sent to the agent using this code

- Attachments are not supported at this time

- Within an Applied management system, received messages can automatically update associated Claims screens, or can be routed to Suspense, so an agency staff member will have to take action to move into the proper client and policy

- Multiple setup options are available for an agent to customize how various types of Claims Download messages will drive Activities for insertion into the agent's workflows

- Through configuration, an agent can choose to accept or not accept claims download, and if they choose to not accept, data will be sent to the agent, but bypassed when the download is processed

In addition to a special MSGCLASS for Applied IVANS transmission, the Cycle/Business Purpose codes for Claims Download are designed to indicate the type of information and determine which screen will receive the message data in the agency management system.

Companies are encouraged to support as many of the codes as their claims system can generate.

Claims Download vs. Real Time Claims Inquiry

To assist the agency management system provider and ultimately the agent and/or client in understanding what type of eDocument attachment has been sent, **an attachment description should be sent with any eDoc transaction**. The "Attachment Description" should contain all the necessary information about the document. The items below are in the ACORD 1.3 and above standards.

Claims Download vs. eDocs and Messages

While both Claims Download and eDocs and Messages download share the same Cycle/Business Purpose codes, there is one major difference between these transactions – Claims Download automatically updates claims screens within the agency management system with initial and subsequent information sent from a company. This process allows an agent to track activity for individual claims including claim number, adjuster assignment or notes, payments, and closure of the claim. Having an accurate claim number in their system facilitates the ability to perform a real-time Claims Inquiry for instant updates. The agent also has the ability to generate reports from the claims data showing a variety of information such as loss ratios across all their carriers.

Contrasting Claims Download, eDocs and Messages download automates messages or document exchange to an agency, but the actual database within the agency management system is not updated. If a company chooses to send a loss notice via eDocs and Messages download, the actual document is "attached" to the client/policy in the agency management system, but does not update any data stored in the system. In certain situations, it may be beneficial for a company to implement Claims Download to keep the agent up to date on any activity for a particular claim and also implement eDocs and Messages download to send any documents or pictures related to the claim. By using eDocs and Messages download that includes policy number, any attached documents will be attached directly to the client/policy within their management system.

To Summarize

Claims Download	Claims Real Time	Claims eDocs and Messages
Updates agency management system	Allows quick retrieval of a "snapshot"	Does NOT update agency management system
Can include: claim number, Adjuster Notes, Payments & closures	Could include documents	Sends messages &/or documents that can be attached to client record
Allows you to generate reports from data	"Pull" vs "Push" transaction	"Push" vs "Pull" transaction

Claims Download Use Cases

Claims Download

Summary: Claims Download provides a mechanism for an insurer to provide specific, detailed, claims information to an agent where it is imported into screens within the agency management system. Detailed information is supported from the initial opening of a claim through final closure of a claim. Data is sent via standard download.

Description: After any type of event that occurs on insurer's claims system, it is expected that all claims that have activity would generate information related to a claim that can be formatted into XML messages and delivered to those agents that opt in to the process. When an insured reports a claim directly to an insurer, methods of notification to the agent can vary widely from email, mail, fax, etc., making it difficult for the agent to contact the insured. With Claims Download, the agent receives the information in a consistent manner from all of the companies that participate, and it allows an agent to trigger a workflow event for contact to assist their insured customer. It is recommended that insurance companies implement as many of the messages associated with claims download as possible to provide the agent with the most complete information.

Normally, the first message would be Claim Information (CLI). This creates a new claim summary in the agency management system, and includes such data as insured name, policy information, date of loss, a company claim number, and description of the claim. Additional transactions can be sent at the same time, such as Adjuster Assignment (ADJ) or Claim Number Assignment (CLM), or can be sent as activity occurs for the claim. If there is a change in adjuster, the company is expected to send a new message for the same claim with updated adjuster information. As payments are made, the company can send detailed information (based on availability within their claims system) to the agency showing amount and date of payment. Reserve amounts can also be sent to allow the agency to monitor the activity.

When a change in status occurs, the company can send a message to indicate closed, open or re-opened. The codes that apply to sending claims information are as follow**s:**

- ADJ – Adjuster Assignment – this message is used only to share adjuster information

- CLI – Claim Information – typically sent only once to establish the claim on the agent's system

- CLM – Claim Number Assignment – typically only sent with the initial notification

- CLS – Claim Status Update – can be used anytime to update the agent's information

- PMT – Payment – can be used anytime to update the agent's information

Insurers are encouraged to send all data related to a claim and use all available transactions, however, even if an insurer only has initial claims information (sometimes referred to as FNOL or First Notice of Loss information), it is recommended that the company send the data. As long as the agency has a claim number in their system and general information about the claim, an agent can contact their customer to assist and retrieve updated information via claims inquiry.