CUSTOMER SUCCESS STORY

Healthcare Insurance Reciprocal of Canada

"Replacing our legacy system was critical in our efforts to move forward with our aggressive business goals for growth and providing even better service to our customers. Our old system no longer met our needs, had become unreliable, and required too many manual processes and workarounds to get the job done."

Greg King
Vice President of Finance and Administration

DELPHI
TECHNOLOGY

BUSINESS ISSUE

HIROC's legacy environment lacked the efficiencies, flexibility, and reliability necessary to integrate information gathering, sharing, analysis, and reporting. In order to realize their vision and meet the needs of their internal and external users, they required real-time access to all policy, claims, and risk management information.

RESULTS

- Improved data integrity
- Improved reporting and claims tracking
- Integration with ImageRight resulted in a paperless claims environment
- Ability to run more comprehensive reports and development of dashboard reports increased access to more timely policy and claims information for staff and senior management
- Integration of brokerage data into the database provides a complete view of the different policies purchased by subscribers resulting in improved customer service

THE CUSTOMER

Healthcare Insurance Reciprocal of Canada (HIROC) works in partnership with healthcare organizations across Canada to create meaningful and productive change resulting in greater safety, a reduction in claims and incidents, and improved system efficiency.

HIROC works to bring about changes by providing stable and cost effective medical malpractice liability insurance, claims management expertise, and innovative risk management services. Through their insurance brokerage, HIROC Insurance Services Limited, they are able to provide their subscribers with the full range of insurance products and services.

HIROC is an insurance reciprocal, an arrangement whereby members, called subscribers, are in the same business and agree to share losses. They provide services exclusively to Canadian not-for-profit healthcare organizations.

HIROC is owned and controlled by its subscriber organizations and does not pay income tax, broker, or agent commissions and, therefore, any excess surplus funds are returned to subscribers. Since inception, they have returned over $76 million to their subscribers.

Founded in 1987 with 52 healthcare organizations in Ontario, HIROC has expanded to over 500 subscriber organizations across Canada. Their subscribers represent the breadth of Canadian healthcare and include regional health authorities, hospitals, long-term care facilities, community health centers, homecare organizations, associations, and regulatory colleges.

THE CHALLENGE

HIROC's legacy environment lacked the efficiencies, flexibility, and reliability necessary to integrate information gathering, sharing, analysis, and reporting. In order to realize their vision and meet the needs of their internal and external users, they required real-time access to all policy, claims, and risk management information. Their mission was to identify software applcations that would enhance their service delivery and improve data management and processing time.

THE SOLUTION

In 2007, HIROC began their search to identify application solutions that would eventually become the HIROC Insurance Management System (HIMS). HIMS is a customer and data-centric system that integrates information gathering, sharing, analysis, and reporting.

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2008 saw the identification and clarification of business requirements and systems architecture. Also during 2008, the claims department launched ImageRight's document management system. The second phase of the ImageRight project launched in 2009 when Insurance Operations customized ImageRight to fit their needs. A total of 15,500 claims files and 1,200 policies were scanned into the system.

Configuration and modifications of the OASIS Claims Management and the OASIS Policy Management solutions were completed in 2009 followed by the testing of 732 test scripts. As part of the implementation process, historical data including more than 17,000 claims and 1,200 policies was converted. OASIS Claims Management and OASIS Policy Management went live on January 1, 2010. As part of the implementation process, OASIS Claims Management was integrated with ImageRight and OASIS Policy Management was integrated with GP Dynamics.

A key factor in the delivery of the project was the strong working relationship between HIROC's and Delphi's project managers, as well as an experienced team of business analysts. The business analysts were responsible for the development of customized use cases defining HIROC's needs. These use cases were an integral part of the QA and testing process.

OASIS components included:

• Policy Management
• Financial Management
• Claims Management
• Risk Analysis Management System (RAMS)
• Document Solution (ODS)
• Data Warehouse
• Reinsurance
• PolicyHolder Services (PHS)
• eApplication
• Incident Reporting System (IRS)

"From a claims perspective, the applications provide much greater efficiency as they are more intuitive to use which is a big improvement in the way we work, especially the ImageRight integration with OASIS. Our previous system didn't do this. The efficiency allows the Claims Department to better service our clients as the information is much easier to find, is more accessible, and user-friendly. Most important of all is the ability to make more strategic use of the data since HIROC has the largest claims database in Canada. This improvement results in better decision-making, as well as internal and external reporting." -- Gareth Lewis

"Delphi Technology's management and staff are attentive and extremely client-oriented. They take a sincere interest in their clients and understand the importance of systems and processes to the success of an implementation project. They are truly a strategic partner." -- Greg King, Vice President of Finance and Administration

THE RESULTS

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THE BENEFITS

- Real-time access to all policy, claims, and risk management information
- Expanded claims information database
- Enhanced reporting for internal and external parties
- Enhanced and automated workflow to increase efficiency and streamline processes
- Document imaging and management system to improve access to information by internal and external parties (lawyers, adjusters, subscribers, etc.)
- Financial management, budgeting, and reporting
- Robust, efficient database and infrastructure
- Web-enabled applications

For more than 20 years, Delphi Technology has been a leading provider of technology solutions to the insurance and risk management industries. By leveraging its extensive industry knowledge and experience, Delphi Technology delivers a comprehensive range of innovative technology solutions for professional liability insurers, third party administrators (TPAs), self-insureds, and risk retention groups (RRGs).

Delphi Technology's OASIS suite provides proven software applications to run core insurance operations including underwriting, billing, policy administration, claims management, financial management, risk assessment, and reinsurance. OASIS enables companies to optimize their business processes and respond to changing business needs resulting in reduced costs, increased operational efficiency, and improved business intelligence.

Delphi Technology's professional services staff of 150+ technical and insurance experts utilizes a proven implementation methodology ensuring the transfer of necessary marketing and business expertise throughout the deployment process resulting in successful implementations that come in on schedule and on budget.

Headquartered in Boston, MA, Delphi Technology has sales, support, and development offices throughout North America, as well as in Shanghai, China.

For more information, visit us at www.Delphi-Tech.com.