

RGA

Group
Research



Claims Management and Job Satisfaction

February 2021



Claims Management and Job Satisfaction

Objectives:

- Indicate “value” rating with current employer by claim staff.
- Determine the percentage of time spent on various job functions.
- List competencies that Claims Managers look for with new hires.
- Comment on current claims systems, internal reporting documentation, and other tools that would help claims staff do their jobs better/easier.
- Identify the impact of the COVID pandemic in the claims process.
- Indicate effective metrics used for evaluating claim block experience.
- Identify the items/factors important to claim staff to achieve satisfaction in their roles.

About the Survey:

RGA Group Reinsurance offered a survey to the U.S. and Canada insurance markets regarding job satisfaction with claims staff professionals.

This report will provide a summary of the **U.S. market response only**.

22 U.S. carriers participated and provided the data contained in this summary report.

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Foreword

The following report represents the findings from the 2020 RGA/SALT Associates survey on Claims Management and Job Satisfaction, conducted in fourth quarter 2020 to U.S. and Canadian claims professionals.

The purpose of the survey was to identify factors that impact job satisfaction for claims staff to communicate an industry message toward attracting and retaining talent needed to run efficient claims operations.

The survey assessed 15 aspects of claims management responsibilities and job satisfaction, categorized as follows:

COMPETENCIES & WORK ACTIVITIES	CLAIMS SYSTEMS	TOOLS & TECHNOLOGY
PAIN POINTS	BEST/LEAST JOB ASPECTS	PRIMARY REASON FOR LEAVING CLAIMS JOB
BENEFITS	PERCEIVED VALUE BY EMPLOYER	JOB SATISFACTION IN CLAIMS ROLES

What do these findings mean for companies/Employers?

- **Show Employees they are Important!**
An important factor in our findings were ratings on how valued employees felt by their Employer. On a comparison of role satisfaction and value by Employer ratings (10-point scale), 70 percent of participants showed equal or greater ratings for Employer value. Recognition for a job well-done impacts employee confidence and fosters contributions on higher levels. Feeling connected and experiencing value are key for employees.
- **Amid a year of change, Workplace Culture continues as a Strong Influencer**
Culture defines an organization’s identity. Team member interactions and collaboration, in many forms, remained high on the list of factors that impacted that identify and connection to a team. “Organizational culture” was identified as something employees liked “best” about their jobs, rated as a “very important” job benefit, and also listed as a “very important consideration”, beyond career path and financial considerations, for seeking new job opportunities. In the midst of workforce changes, the importance of building community and purpose is clear.
- **Shifting opportunities**
Pain points acknowledged by claims staff can be categorized into common categories: process (systems challenges, integration, requirements); productivity (speed, time management, guidelines; manual tasks); and support (training needs, retaining talent). Giving employees tools to do their jobs better or faster elevates their confidence and creates a real shift in opportunities available.

(Foreword, continued)

As we begin a new year, please review the contents of this report for further insights on Claims Management employee job satisfaction. Where does your organization fit in this continuum? Consider new options to enhance initiatives for employees and business growth.

We wish to thank all the participants in this study for sharing their views openly and honestly. We hope you will find the analysis and insights informative and share this information with your internal team as you approach ongoing opportunities and challenges in 2021.

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This survey is a collaborative effort between RGA Reinsurance and SALT Associates (RGA/SALT). Information gained from RGA industry surveys allows each participating company to benchmark their respective practices against aggregate industry data **while maintaining confidentiality with respect to each individual or company's internal information**. After close of the survey, the aggregate summary will be distributed to participants for the purpose of internal discussions. **The use of this information will be for this purpose only and not disclosed for other reasons, or to identify individuals or company entities.**

RGA/SALT assumes no responsibility for the accuracy of data submitted, nor for any action or results arising out of the use of the survey. RGA/SALT reserves the right to publish high-level overviews and analyses of any key survey result findings.

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Methodology

Group and Individual Insurance carriers in the U.S. were invited to participate in the survey by submitting their responses via the automated platform website. Responses to this survey were aggregated for preparation of this report.

Since the content for this survey was based on claims staff perceptions (vs company practices), more than one response was accepted from each company participant to gather a wide measure of the industry.

A total of 39 claims staff from 22 U.S. carriers participated in this survey.

Participating Companies

Allstate	Principal
Ameritas	Prudential
Anthem	Renaissance
Cincinnati Life	Securian
CNO	Sentry
Dearborn Group	The Standard
Genworth	Sun Life
Kansas City Life	Symetra
Lincoln Financial Group	United Farm Family Life
Madison National Life	UnitedHealthcare
One America	Voya Financial

Definitions

Net Promoter Score (<https://www.netpromoter.com/know/>)

In addition to the calculated averages, responses were analyzed based on the percentage of responses in relation to the (10-point) rating scale: % as 9 or 10; % as 7 or 8; and % 6 or less – similar to Net Promoter Scoring (NPS) used to measure satisfaction, loyalty, and growth.

An NPS score is calculated by taking the percentage of responses (as 9 or 10; “Promoters”) minus the percentage of responses (6 or less; “Detractors”). A score above 0% indicates a larger portion of respondents rate the item positively, than those who did not. The higher the percentage is above zero, the better the rating.

Key Findings

Value Ratings

Overall, management level respondents felt more valued by their employers than claims staff. Fifty-two percent of management staff gave a “value” rating of “9” or “10” vs 35 percent of claims staff. None of the respondents in this study gave ratings less than “5” on the scale provided.

Reasons shared for value ratings:

High Value Rating (8 – 10)	Lower Value Rating (5 – 7)
Flexibility	“Value” statements (by employer) not carried through in actions
Recognition; express appreciation	Claims is perceived as an afterthought; not as important as other areas
Team works together	Few opportunities for advancement
A perception that the employer “cares”	Feeling “held back” by management
Company invests in employees through training, benefits, etc.	Feel like we are not heard

Time spent on Tasks/ Job functions

Forty percent of work time for both individual contributors and management level staff was spent on meetings and claim analysis & decisions. However; other management level functions were spread over a wider range of duties; vs claims staff where their primary activities were focused on claims activity, meetings, and administrative tasks (64%).

Next levels of time commitments

Individual Contributors	Management Level
Administrative tasks (24%)	Mentoring/ Training (8%)
Letter writing (9%)	Staff evaluations (8%)
Compiling claim reports (6%)	Regulatory/ Compliance issues (8%)

“Pain points” identified by respondents that make it difficult to get job functions completed

Individual Contributors	Management Level
System challenges; primarily speed	Lack of automation; too many manual functions
Phone systems and phone calls; no call center	Keeping up a level of technology to meet client expectations
Information is spread out in different places	Determining appropriate workloads with current systems

Items noted with the highest number of mentions from managers for *competencies* when hiring claims staff included:

- Customer service
- Critical thinking
- Team player
- Communication; responsive
- Decision quality; analytical skills
- Quick learner

(Key Findings, continued)

Claims Systems

Individual Contributors and Managers were in agreement that, on average, current claims administrative systems were considered “mediocre” in how helpful the systems were in doing their claims job functions. Average rating of 6.2 (based on a 10-point scale)

Suggestions for improvements (order of list as submitted; not intended as importance rank)

Individual Contributors	Management Level
Report functionality	Need admin system for all claim types; currently a manual process for some
One Integrated system across all functions	Greater automation; auto-processing
Faster response times	Workflow and integration
Generally, an antiquated system; needs update	Comprehensive capabilities and consistency; current system is only a payment system

Impact of COVID on the claims process

Ninety-five percent of respondents have been, or continue currently, working-from-home (WFH) as a result of the 2020 COVID pandemic period. This includes 100% of the individual contributors; and 92% of managers in this study.

- 84% of respondents felt they maintained the same or better productivity at home.
- Including 56% of respondents who felt they were “slightly” or “much more” productive during their WFH time.

Features that contributed to a change in productivity

Increased Productivity	Decreased Productivity
Fewer distractions; able to focus on work	Home life; assisting children with their Zoom calls and virtual learning
Fewer interruptions from “chit chat” with co-workers	Not having access to the same resources
No time spent commuting	No face-to-face interactions; training new staff virtually was challenging
More hours at my desk	More time spent on the phone

Twenty-four percent of respondents believe the pandemic has made the claims process more susceptible to fraud.

Fifteen out of twenty-two companies in this study (68%) used analytics to evaluate claim block performance. Two-thirds of these companies felt their company used effective metrics for these purposes, or would suggest a few additions:

- Report functionality
- Durations
- Better insight on the impact of outside pressures (economy, pandemic)
- Customer feedback

(Key Findings, continued)

Satisfaction Ratings

Sixty-one percent of management level respondents rated their satisfaction level at a “9” or “10” on a 10-point scale; vs 28% of claims staff with the same ratings.

Features that respondents liked best and least about their jobs

Liked Best	Liked Least
Members of my team, and team collaboration	Feeling like I work in a Call Center
Coaching and watching staff progress in their roles	The stress of wearing too many hats
Truly helping others through a difficult time	Lack of resources/technology to help us do our jobs; budget constraints
Job flexibility	Managing difficult employees
Ability to impact outcomes	Never enough time
Variety of responsibilities	Office politics

Employer benefits important to all respondents included (in order of average response percentage): Pension/retirement/savings plan; Competitive salary; Paid time off; Organizational culture and Employer-paid benefits (tied)

Of the “very important” choices, items noted to be the MOST important included (in descending order):

Individual Contributors

Management Level



Career Ladder



Competitive Salary



Competitive Salary



Organizational Culture



Employer-paid Benefits



Employer-paid Benefits

*WFH, either on a full-time (27%) or Office/WFH split basis (30%), was noted by less than one-third of respondents; whereas, “flexible work hours” was indicated as important by 65% of respondents.

Based on the ratings from this study, job satisfaction was closely linked to perceived value by employer.



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SALT Associates, an RGAX company, specializes in creative, customized claims management solutions for insurance carriers, TPAs, reinsurers and large employers in the disability, life and long term care insurance markets.