

Specification of Competency Standards of the Insurance Industry

Unit of Competency

Functional Area: Claims

Title	Process healthcare claims applications in general insurance
Code	105577L5
Range	This unit of competency is applicable to those who are responsible for handling claims which require the support from medical professionals to monitor claims on body injuries related to employees' compensation, motor and public liability insurance.
Level	5
Credit	3 (for reference only)
Competency	<p>Performance Requirements</p> <ol style="list-style-type: none"> 1. Possess insurance, legal and market knowledge <ul style="list-style-type: none"> • Comprehend company claims procedures and guidelines of claims settlement • Comprehend company reserving policies • Comprehend company claims settlement systems • Comprehend options in claims settlement • Comprehend company claims processing system • Comprehend relevant compliance and regulatory requirements in processing claims • Comprehend insurance principles • Comprehend legal system and legal principles • Comprehend healthcare management standards and protocol • Strong technical capability across a range of product types 2. Process settlement for claims applications <ul style="list-style-type: none"> • Acknowledge claims from first and third parties • Explain claims procedures and resolve enquiries from both customer and external contacts • Identify and develop a approach to process the claims case • Place loss reserve in accordance with the company's claims reserve guidelines and the authority limit for claims applications received • Engage and collaborate with intermediaries to facilitate claims investigation process • Engage service providers or experts, e.g. medical doctors, physicians, physiotherapists, occupational therapists, etc, in conducting loss investigation and assessment on need basis • Consolidate relevant evidence and information to accurately assess value of the claims • Screen suspicious cases to reveal potential fraud/recovery indicators • Review, resolve and proactively finalize claims within authority limits to ensure settlement at an optimum level • Follow customer specific claims handling protocol and/or customer proposition service charter to meet the needs and expectations of customers 3. Manage claims processing effectively to achieve favorable outcome for all parties <ul style="list-style-type: none"> • Ensure claimants are treated fairly • Offer settlements that well reflect both policy and legal liabilities of the company • Coordinate with relevant parties to assist injured workers or persons in receiving timely medical treatment and rehabilitation services via healthcare management programme • Adhere to regulatory and governance requirements throughout life of claims to ensure that the decisions are made with right standards.

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Assessment Criteria	The integral outcome requirements of this unit of competency are: <ul style="list-style-type: none">• Able to deliver business objectives in terms of financial effectiveness, operational efficiency and compliance• Able to review claims file and place loss reserve in accordance with company procedures and regulatory requirements• Able to source service providers and experts to conduct investigations on loss assessment on need basis• Able to communicate effectively with customers and insurance intermediaries• Able to provide prompt assistance to injured workers or persons to facilitate early recovery, resumption to work and normal life• Able to demonstrate commitment to help, concerns and care to the injured workers or persons, and hence reduce social issues.
Remark	