

# Delivering Superior Claims Service

An Interview with Steve Hatch,  
Chief Claims Officer, Zurich North America

**EDITORS' NOTE** Steve Hatch has been Chief Claims Officer for Zurich North America since October 2010, overseeing a team of over 3,600 claims professionals. Previously, he was Claims Chief Operations Officer, a role he held upon joining Zurich in June 2008. Prior to Zurich, Hatch spent nearly 20 years with United Services Automobile Association (USAA), where he led various areas of the technical claims operation and was responsible for developing strategy, policies, and procedures for all areas of the business.



Steve Hatch

He began his career with third-party claims administrator GAB Robins and started his own business servicing commercial customers. He holds a bachelor's degree from Shorter College in Georgia and has completed executive education programs from the Wharton School of the University of Pennsylvania and the Darden School of the University of Virginia. He holds the Chartered Property Casualty Underwriter (CPCU) and Associate in Claims (AIC) industry designations.

## What are the strengths of Zurich North America Claims and how is it differentiated in the industry?

Zurich North America Claims has always focused on delivering a high level of service to its customers and brokers. At Zurich, our mission is to help our customers understand and protect themselves from risk, and effective claims service is a critical component of this. In fact, our customers say they consider claims to be one of the key elements to enhancing their experience, along with the organization having technical experience and knowledge, a strong reputation, and a focus on efficiency and outcomes. Time and again, customers tell us they came to Zurich for our solid reputation and experience and knowledge and stay because of our superior claims service.

Our employees are our strongest differentiator providing outstanding service and technical excellence. Zurich offers one of the largest and most capable teams of claims professionals in the industry, with over 3,600 on-staff professionals, physicians and nurses, lawyers and paralegals, and recovery and fraud specialists managing more than 740,000 claims annually. Our technical excellence is underpinned by robust quality assurance and training programs and the backing of a global support network.

The other part of our value proposition is our outstanding customer service. We offer customers a comprehensive set of services. These include flexible reporting options, customized programs, 24/7 Major Case and Large Loss Unit response teams, award-winning Customer Care Center, and assignment to a claim professional by line of business, type, and complexity, to name just a few. We also provide access to our team of skilled Staff Legal attorneys, who work to provide customers with a high-quality, cost-effective defense against litigated claims.

## How is Zurich Claims using technology as a competitive advantage?

Our industry continues to transform, and businesses are using data-driven technologies to differentiate themselves. We have invested in robotics, which automates routine claim professional tasks and uses cutting-edge decision support tools such as predictive analytics and cognitive computing to augment our knowledge and experience in attaining optimal outcomes for our customers.

Cognitive computing involves the use of natural human language, data mining, pattern recognition and other techniques to mimic the way the human brain works. At Zurich, we are using cognitive computing to review thousands of claim records and other reports to identify patterns and trends. Generally, cognitive computing isn't used as a decision-making tool, but as a decision-support tool by ensuring the decision maker has evaluated all information relevant to the evaluation of an issue.

We have also invested in data analytics to help improve the outcomes for injured workers and customers by identifying certain types of claims that would benefit from early nurse intervention. We identify patterns of suspicious billing activity to expose medical provider error, as well as fraudulent activity. As a result, we provide greater visibility and insight about trends and risk exposures to customers and brokers.

## Would you discuss the key focus on customer service and customer relationships in order to achieve the best outcomes?

Our claim professionals are the core of our business and the heart of our value proposition, providing outstanding service and support to our customers and brokers. We also have Claims Customer Service Executives, or CSEs, which are strategically located throughout North America.

CSEs act as customer liaisons by providing a single point of contact for claim issues. They also facilitate design and implementation of customized programs, provide valuable customer insights and analytics to help customers optimize their claim outcomes, and work with underwriting to generate new business opportunities. Not surprisingly, CSE-managed accounts historically experience customer retention rates greater than 90 percent.

## Zurich Claims is dedicated to building trust and confidence. What are the ways that you achieve this effort?

As I mentioned, Claims is in a unique position to help customers when they are vulnerable – and knowing that our team of experienced individuals is available to help goes a long way toward building their trust and confidence. When a customer experiences a serious weather event like a hurricane or flood, for example, property claims professionals from our Catastrophic Operations Team will be on the scene helping our customers reduce the severity of the loss and indemnify their businesses so they can get back to work. We also use predictive models to identify a potential business interruption claim before it happens.

During calmer times, our core team of claim professionals can offer knowledge in a variety of areas and industries, including machinery and equipment, builders' risk, construction, financial services, real estate, and energy. Add to that the work of our major case units, which focus on claims with a high level of complexity. Among other technical and support services, our nurse case managers use their deep medical training, robust medical provider network, and data-driven tools to help get injured workers returned to work. And our Special Investigations Unit works behind the scenes to investigate and pursue fraudulent claim activity on behalf of our customers.

## What are the keys to building customer loyalty in today's competitive landscape?

Today's commercial insurance market is extremely competitive and that makes it more important than ever that we listen and respond to the needs of our customers.

We measure customer loyalty and satisfaction through transactional net promoter surveys at the time a claim is reported and the time a claim is closed – two critical touch points in the customer experience. Our results are best in class against financial services industry benchmarks, and we have gained valuable insight into how we can enhance our value proposition and improve our processes. ●