



Guidewire ClaimCenter™

Application Guide

Release: 10.2.4



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Product Name: Guidewire ClaimCenter

Product Release: 10.2.4

Document Name: Application Guide

Document Revision: 11-January-2025

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Support

For assistance, visit the Guidewire Community.

Guidewire customers

<https://community.guidewire.com>

Guidewire partners

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part 1

Introduction

Introduction to ClaimCenter

ClaimCenter is a web-based enterprise software application designed to manage the process of reporting, verifying, and making payments on claims against a policy. It manages the claims process from first notice of loss through execution of financial transactions, including the payment and setting of reserves. This insurance claims management system also manages claims information and coordinates the claims process to ensure compliance with corporate policies and claims best practices. ClaimCenter functionality includes:

- **Group-based ownership of claims and claim subobjects** – Enables assignment of objects to users based on the group they are in, as well as user access to an object based on who owns the object.
- **Claim maturity** – A set of rules that automatically manage the claim's maturity level. Particular attention is paid to whether the claim can be paid out or not and whether activities are prevented if the claim is not yet payable.
- **Claim financials** – Enables management of the finances involved in a claim. Financials include setting aside money for expected payments (reserves), issuing payments (checks), tracking recovery opportunities, and requiring approval for financial activity in excess of a given user's authority.
- **Address book integration** – Enables sharing of vendor contact information across claims. If PolicyCenter is installed and integrated, you can also manage client contact information in a central address book database. Guidewire provides an address book application called ContactManager that can be integrated with ClaimCenter. For more information, see the *Contact Management Guide*.
- **Workspace to manage claims process** – Adjusters and supervisors use a workspace to manage the claims process, whether they are connected to or disconnected from the corporate network. Many routine tasks are automated.
- **Distributed collaboration** – ClaimCenter manages distributed participants such as fraud investigation units, auto repair shops, and claimants.
- **Activity coordination** – Adjusters and supervisors manage activities on open claims being managed by a group of adjusters at any given time. ClaimCenter tracks critical activities and coordinates the distribution of work on a claim across people inside and outside the organization.
- **Worker and claim management** – ClaimCenter ensures that supervisors are aware of claims and activities in their groups in real time.

Claim management process

ClaimCenter guides you through these types of activities:

- **First Notice of Loss (FNOL)** – You can enter initial claim information directly into ClaimCenter through the New Claim wizard or enter it into an external system and import that information into ClaimCenter. External systems include call centers or a third-party, outsourced system.

- **Claim Setup** – After you enter claim information into ClaimCenter, the system runs business rules to segment and assign the claim. The business rules also assign initial activities for handling the claim. This initial workplan of activities establishes initial priorities in conformity with best practices and provides adjusters with a starting point for their work.
- **Claim Management - Investigation and Evaluation** – You can plan, investigate, and evaluate steps in the claim management process. Adjusters can record their investigative notes, collaborate with other adjusters and internal experts, and view high priority or overdue claims.
- **Payment and Recovery** – Use ClaimCenter to track claim reserves, payments, and any salvage or subrogation activities.
- **User Management** – Administrators can create groups and teams of users, and provide them and other users with passwords, permissions, and authority limits.
- **Catastrophe Management** – You can assign catastrophes to claims as well as search and assign those claims to catastrophes after claim creation.
- **Fraud** – ClaimCenter contains several mechanisms that help identify potential fraud.
- **Litigation and Negotiation** – The Plan of Action section of a claim is useful for identifying strategies in negotiating a claim.
- **Property and Vehicle Assessment** – ClaimCenter contains an assessment section that stores and evaluates assessment information in one location.
- **Subrogation** – ClaimCenter handles subrogation in auto and property claims.

ClaimCenter users

ClaimCenter has several types of users who address the claim's process. The following table lists typical ClaimCenter users and their roles in the base configuration.

| Users | Typical activities |
|---|---|
| Customer Service Representatives (CSRs) or FNOL technicians | <ul style="list-style-type: none"> • Create and work on claims, bulk invoices, and new exposures. • Typically collect basic information prior to establishing that coverage exists. |
| Adjusters | <p>There can be several adjusters and types of adjusters that work on a claim, each with various roles and responsibilities. For example, one can be the claim owner, another can own several exposures or activities, and another adjuster can have the role of <i>subrogation owner</i>. Adjuster activities can include:</p> <ul style="list-style-type: none"> • Creating, editing, and closing claims • Working on exposures, activities, and matters • Editing policies • Working on bulk invoices • Transferring checks • Creating evaluations • Generating manual payments • Working on payments, recoveries, and recovery reserves |
| Managers | <ul style="list-style-type: none"> • Members of a group who are responsible for occasionally knowing about or doing work that is assigned to another member of the group. • Can access any object that any member of the group can access. • View summary information on the Team tab about objects assigned to users in a group. • A group can have zero, one, or many managers. |

| Users | Typical activities |
|-------------------------|---|
| Supervisors | <ul style="list-style-type: none">Assigned to one or more groups, supervisors are responsible for ensuring that the group's work is completed as efficiently as possible. They must have the <i>supervisor</i> role, which contains the permissions appropriate to doing the work of a supervisor.Listed as the supervisor for one or more groups.Access any object that any member of the group can access.View summary information about objects assigned to users in a group.Assign Pending Assignment claims. The Pending Assignment link on the left pane in the user interface is visible only to group supervisors.Attend to escalated activities or transactions that are pending approval.Can remove flags from a claim.A group must have one and only one supervisor. |
| Reinsurance Managers | Manage the reinsurance reportable thresholds and reinsurance processes. |
| Litigation specialists | Typically, the in-house legal staff that works on legal matters. |
| Subrogation specialists | <ul style="list-style-type: none">Review and evaluate complex collision liability claims to identify subrogation potential.Recover monies paid for damages from responsible parties such as uninsured or underinsured motorists and other insurers. |
| Salvage specialists | <ul style="list-style-type: none">Assist insureds in processing their total loss claim, including mailing or collecting all necessary paperwork and issuing any necessary payments.Issue settlements to lien holders and insureds.Monitor the sale of salvage, and post proceeds to the claim file.Coordinate the sale of all property assigned to the insurer as a result of settlement of a physical damage and a total loss claim.Review all incoming salvage paperwork for accuracy |

chapter 2

Claims overview

To insurers, a *claim* is a collection of all the information related to an accident or loss of some kind. A ClaimCenter claim is analogous to a physical claim file that collects and records in one place all the information relating to the claim. Unlike a physical file, a ClaimCenter claim also records and tracks the progress of all work involved in handling the claim.

This topic briefly introduces you to the features of ClaimCenter.

Claim contents

Every claim is a collection of the following screens and sections of screens:

- **Summary** – Lists the most salient information about the claim. See “Claim summary screens” on page 32.
- **Workplan** – Shows initial activities and grows to include all activities created for the claim. See “Workplan” on page 34.
- **Loss Details** – A description of the types of losses, including vehicles, properties, injuries, and the causes of the losses. These screens also include claim associations, damage assessments, subrogation, catastrophes, and fraud detection information. See “Loss details screens” on page 34.
- **Exposures** – Screens correlating policy coverages with claimants. In a workers’ compensation claim, the exposure screens are specific to this type of claim, like **Medical Details**, **Time Loss**, and so on. See “Exposures screen” on page 36.
- **Reinsurance** – If there is reinsurance for the policy, these screens show a summary of financial records for reinsurance. See “Reinsurance screen” on page 38.
- **Parties Involved** – All people, companies, users, vendors, legal venues and so on involved with the claim.
- All information related to the **Policy** associated with the claim. This includes general information such as the policy number, policy type, and insured parties as well as information on associated endorsements and aggregate limits. See “Parties Involved screens” on page 38.
- **Financials** – An auditable record that includes checks, transactions, reserves, payments, recoveries, and recovery reserves. See “Financials screens” on page 44.
- **Notes** – All notes entered for the claim. See “Notes screen” on page 46.
- **Documents** – All documents that have been added to the claim. See “Documents screen” on page 46.
- **Plan of Action** – Plans for evaluations and negotiations, useful for settling complex claims without resorting to legal action. See “Plan of action screens” on page 47.

- **Services** – Includes information on all service requests associated with the claim and communicated to vendors. See “Services screen” on page 48.
- **Litigation** – A list of legal matters and pending litigation related to the claim. See “Litigation screen” on page 48.
- **History** – A record of all claim events. See “History screen” on page 48.
- **FNOL / FROI Snapshot** – Saved First Notice of Loss (FNOL)/First Report of Injury (FROI) data that encapsulates the initial data entered for the claim. See “Fnol Snapshot screens” on page 49.
- **Calendar** – Current and upcoming events and activities. See “Calendar screens” on page 50

Clicking the **Claim** tab takes you to the **Summary** screen, accessible from the sidebar by navigating to **Summary > Overview**.

Other aspects of claims

ClaimCenter uses the following associated features to enable you to create and use claims:

- ClaimCenter tracks its users, how they work together in groups and queues, and how they receive work. This tracking is useful because a claim is seldom handled by only one person. See “Users, groups, and regions” on page 479.
- ClaimCenter assigns work by creating owners for claims, exposures, and other parts of a claim. It can use attributes, such as location, proximity information, and user characteristics, to make these assignments. See “Work assignment” on page 211.
- The **New Claim** wizard facilitates the collection of all information when a claim is first reported. See “Claim creation” on page 95.
- ClaimCenter creates descriptions of each event concerned with the claim, and keeps them in separate Incidents. An *incident* can be a general description of the loss, or center around each individual auto, piece of property, or injured individual.
- Claims make use of complex financial features, such as multiple currencies and bulk invoices. See “Overview of multicurrency” on page 373 and “Bulk invoices” on page 395.
- Create, track, and manage requests for claim services to be provided by vendors. See “Services” on page 417.
- Rate and select vendors based on their ratings by using service provider performance reviews. See “Service provider performance reviews” on page 175.
- Use the archiving feature to reduce the size of the active claims database and make it more manageable. See “Archiving in ClaimCenter” on page 301.
- Work with the security features for contacts and many aspects of claim information. See in “Security: Roles, permissions, and access controls” on page 491.
- Use business rules and workflows to define your own business model. See the *Gosu Rules Guide*.
- View statistics for each user, including how many claims and activities have been recently opened and closed. Supervisors can see these statistics for their teams as well. See “Dashboard” on page 436.
- With administrative permissions, find users, edit permissions, set claim metrics, manage catastrophes, and perform other administrative functions. See “Administration tasks” on page 513.
- Work with users, parties involved in claims, companies and vendors, and legal venues. ClaimCenter can integrate with ContactManager to provide full, centralized contact management for vendors and claim contacts. See “Administration tasks” on page 513.

Claim summary screens

In the base configuration, the default view of a claim is the **Summary** screen, which you see when you open a claim. You can also navigate in the sidebar to **Summary > Overview** to open this screen.

In addition to the **Summary** overview screen, there are **Claim Status** and **Claim Health Metrics** screens that enable you to quickly surmise the condition of the claim. Navigate to **Summary > Status** or to **Summary > Health Metrics** to open these screens. See “Claim status screen” on page 440 and “Claim health metrics” on page 436.

The **Summary** overview screen provides common information that applies to all exposures in the claim. Initially, all work to verify policy coverage and the basic facts of the incident is centralized with a single adjuster. Eventually, the work for investigating separate exposures is often divided among specialists, making the information provided on the **Summary** screen useful for seeing who is responsible for which areas. The **Summary** screen shows the facts of the incident and related policy information, including limits that apply across all payments for a single incident.

The claim **Summary** screen has the following sections:

- **Claim Headline – Basics, Financials, and High-Risk Indicators** that apply to the claim. See “Claim headline” on page 33.
- **Loss Details** – A summary of information about the losses reported for the claim, including the loss date, when the loss was reported, the location, and a description of the loss.
- **Exposures** – The type, coverage, claimant, adjuster, status, and financial summary information for each exposure.
- **Services** – A list of current vendor service requests associated with the claim.
- **Planned Activities** – A list of the most urgent claim activities that need to be completed by users working on the claim.
- **Latest Notes** – The notes most recently entered about the claim.
- **Parties Involved** – A list of contacts related to the claim and the roles those contacts have for the claim.
- **Litigation** – A list of all legal matters related to the claim.
- **Associated Claims** – Other claims that have the same insured, claimant, or damaged property or vehicle.

Viewing details of summary screen sections

In general, to view details of each **Summary** screen section, click the menu link with a similar name in the sidebar menu, on the left side of the screen. The screens for some sections are listed under other menu links. To see Planned Activities, use the **Workplan** menu link. To see Associated Claims, navigate to **Loss Details > Associations**.

For example, the **Workplan** screen shows more detail about each activity than **Planned Activities**, including:

- **External** – Whether the activity is completed by someone employed by the insurance company or not.
- **Ext Owner** – The name of the outside, external owner of the activity.
- **Assigned By** – The ClaimCenter user who assigned the work.
- **Assigned To** – The ClaimCenter user who must complete the work.

See also

- “Workplans and activity lists” on page 240

Claim headline

The claim **Summary** screen provides a picture of the most important aspects of a claim’s overall condition. Using a combination of summary text and icons, it provides details that answers questions such as:

- **Basics** – How long has the claim been open? Is this within an acceptable range? What happened?
- **Financials** – What is the total incurred amount of this claim? How much has the insurer paid? Has the deductible for the claim been paid, if applicable?
- **High Risk Indicators** – What are the risks associated with this claim? Answers can include if the claim is in litigation or has been flagged.

Additional claim details are also visible such as loss details, exposure statuses, and recent notes entered by claim handlers. The claim headline is one way to monitor the status of the claim and is part of the ClaimCenter Claim Performance Monitoring strategy.

See also

- “Claim performance monitoring” on page 435.

Activities

Activities are the tasks to be performed in handling a claim. Examples include inspecting a vehicle, reviewing medical information, negotiating with the claimant, and making payments. ClaimCenter tracks all activities. Supervisors use activities to identify problem claims and to assign workloads based on the number of activities of each team member. For example, an adjuster with many overdue or escalated activities might be overworked and need to have activities reassigned to another adjuster.

You can generate and assign an activity either manually or automatically. Automatic generation and assignment uses business rules and activity patterns to assign work to users based on their workloads, special skills, or locations.

See also:

- “Working with activities” on page 233

Workplan

The Workplan includes all activities. It does not matter whether they are completed or assigned to a specific user. The Workplan screen provides a view of what remains to be done and a history of what has been done with a date. The entries on this screen are activities identical to those on the adjuster’s activities list, except that they are collected to show all activities specific to a given claim.

Click **Workplan** in the sidebar to view and manage activities. To view or edit the details of an activity, exposure or involved party, select the corresponding subject, which is underlined.

See “Workplans and activity lists” on page 240.

Loss details screens

The **Loss Details** screen of ClaimCenter displays the information typically gathered during the first call from a claimant. It also contains various sections of standard claim information. To modify the information listed, click **Edit**.

Note: In the workers’ compensation line of business, the **Medical Details** pages contain medical information that is relevant to the claim.

On the **Loss Details** screen, you can work with some of the following features:

- **Assessments** – Select a vehicle or property incident listed on the **Loss Details** screen and then click the **Assessments** card for the item you clicked. See “Assessments” on page 159.
- **Catastrophes** – When you edit the **Loss Details** screen, **Catastrophe** is a field in the **Loss Details** section. To associate the claim with a catastrophe, select one from the **Catastrophe** drop-down menu. See “Catastrophes and disasters” on page 165.
- **Subrogation** – The **Loss Details** screen is often where you start a subrogation. Click **Edit** and then set the **Fault Rating** field either to **Other party at fault** or to **Insured at fault**. If you set it to the latter, set the **Insured’s Liability %**, which then displays just below, to less than 100%. See “Subrogation” on page 289.

Note: Not all features are relevant to all lines of business. For example, workers’ compensation claims do not have **Assessments**.

You can also open the following screens under the **Loss Details** menu link in the sidebar:

- **Claim Associations** – Navigate to **Loss Details > Associations** to open this screen. See “Claim associations” on page 35.
- **Special Investigation Details** – Navigate to **Loss Details > Special Investigation Details** to open this screen. See “Fraud —Special investigation details” on page 36.

Claim associations

Claims are not always completely independent. One claim can be related to others, and it is often useful to associate such claims with one another. For example:

- **Many claims can result from the same root cause** – For example, after a catastrophe or damage to a roadway occurs, an insurer might receive multiple claims due to the same underlying event.
- **Claims can have the same person as the insured and the claimant** – The same auto incident can affect the insured's auto and another vehicle or property that is covered by the same insurance company. Both drivers can file first person or third person damage claims, or both.
- **Multiple claims from the same claimant could represent fraud** – An SIU team might want to associate all claims made by the same person as part of their investigation.
- **The same incident can result in multiple claims** – For example, if the insurer insures both a hotel and a restaurant in the hotel, a fire can cause two related claims.
- **The same incident can result in parent and child claims** – For example, an insured can have both an auto and umbrella policy with the same insurer, and can file claims under both policies for the same incident.
- **Litigation can involve related claims** – Associating claims based on the same incident can assist lawyers in looking for different sets of facts.

Open a claim and navigate to **Loss Details > Associations** to associate one claim with others. The screen shows a table of claims that are associated with each other. For each claim, it shows:

- **Title** – A unique name that you give to a group of associated claims. For example, if your association is for all claims involving one particular vehicle, you might use the vehicle name.
- **Type** – The kind of association, from the `ClaimAssocType.ttx` typelist. You can edit this typelist in Guidewire Studio to add your own associations. In the base configuration, the typelist provides association typecodes like the following:
 - **General** – A placeholder for your own category of association.
 - **Event-related** – One event, such as catastrophe or multi-car accident, associates all the claims.
 - **Parent/child** – A group of policies associate the claims. The master policy might be an umbrella, and there can be child claims from related auto and injury policies.
 - **Prior claims** – An association of all claims by the same claimant, or concerning the same vehicle.
 - **Reinsurance-related** – Claims related by reinsurance.
- **Description** – A free-form text entry box associated with the association of this claim.
- **Claims** – The list of all claims having the name of that association.
 - **Primary** – Select one claim in each association as the main one. ClaimCenter does not further use this information.

The **Associations** section provides a button bar with the following buttons:

- **New Association** – Create a new association between claims.
- **Delete** – Remove the checked claims for the association.
- **Find Association** – Search for existing claims by claimant, number, or loss date, or search for an association by name.

Create a new association with the current claim

Procedure

1. With the claim open, navigate to **Loss Details > Associations**.
2. Click **New Association**, and then click **Add** to add a claim.

3. Use the search icon in the **Claim** field to locate each claim, and click **Select** in the search results for the claim.
4. Enter a new or existing **Title**, **Type**, and **Description**, optionally check **Primary** for one of the claims.
5. Click **Update**.

Delete a claim from an association

Procedure

1. Navigate to **Claim > Loss Details > Associations**.
2. Select an association, and then click **Edit**.
3. In the list of claims, select the check box for the claim you want to remove from the association.
4. Click **Remove**, and then click **Update**.

What to do next

When an association contains just two claims, you cannot delete one because an association must contain at least two claims. If you delete the **Primary** claim, you must mark another claim Primary to enable the delete.

Delete an entire association

Procedure

1. Navigate to **Claim > Loss Details > Associations**.
2. Select the check box for the association you want to remove, and then click **Delete**.

Find an association

Procedure

1. Navigate to **Claim > Loss Details > Associations > Find Association**.
2. On the **Association Search** screen, search by association title, claim number, loss date, insured name, or organization name.

Fraud—Special investigation details

Fraudulent claims are a continuing problem for all who handle them, and identifying suspicious claims can be difficult. Too often, flagging a suspicious claim is left to ad hoc processes that might be different for each adjuster. ClaimCenter provides a mechanism to help you determine when to further investigate a claim.

With the claim open, navigate to **Loss Details > Special Investigation Details** and fill out the questionnaire. See “Claim fraud” on page 151.

Incident tracking

ClaimCenter tracks *incidents*, such as issues or accidents, that can result in claims. Some examples include:

- You are in an automobile accident and have filed a claim with your insurance company.
- Your customer slips and falls at your store but has not yet filed a claim. You contact your insurance carrier anyway so that the incident is recorded with them.

For more information, see “Incidents” on page 255.

Exposures screen

An *exposure*, one of the liability items of a claim, associates a claimant with a particular policy coverage. Each exposure on a claim relates one claimant to one coverage and one coverage subtype. Different exposures on a claim

always have a different combination of a claimant, coverage, and coverage subtype. For example, in an auto accident claim, you could have multiple exposures for a damaged vehicle with the same coverage and claimant, but with different coverage subtypes.

In the base configuration, one exception to this constraint would be in claims involving third-party damages, where it is possible to have multiple liability exposures with the same parameters. For example, consider a collision involving multiple vehicles, where two cars are owned by the same third party. In such cases, ClaimCenter extends the uniqueness constraint to include incidents as well. In other words, no two liability exposures on a claim can have the same claimant, coverage, coverage subtype, and incident combination.

The following table summarizes the two types of constraints:

| Exposure Type | Constraint |
|-----------------------------------|------------------|
| Liability (third-party claims) | Claimant |
| Coverage | |
| Coverage Subtype | |
| Incident | |
| All other exposures | Claimant |
| | Coverage |
| | Coverage Subtype |

ClaimCenter uses exposures as the basic unit to capture potential loss and tracks financial details by exposure. This uniqueness constraint on exposures is imposed to prevent duplicating exposures. However, this constraint can be configured in the `ExposureDuplicateChecker` Gosu class.

The **Exposures** screen enables you to **Assign**, **Edit**, and **Close** exposures and create reserves for them.

The following columns can be enabled in the **Exposures** screen:

- **#** – A unique number identifying the exposure in the claim.
- **Type** – The type of exposure, such as Vehicle or Bodily Injury
- **Coverage** – The related coverage type for the exposure, such as Collision, Medical payments, or Liability - Bodily Injury and Property Damage.
- **Claimant** – The name of the claimant for the exposure, not necessarily the same as the claimant for the overall claim.
- **Adjuster** – The adjuster in charge of processing the exposure, not necessarily the same as the adjuster for the overall claim. Individual exposures in a claim can be assigned to different people. While there is always one main adjuster in charge of the whole claim, there can be different people managing individual exposures of the claim.
- **Status** – The status of the exposure, such as Draft, Open or Closed.
- **Remaining Reserves** – The related reserve liability amount allocated for the exposure.
- **Future Payments** – The amount planned to be paid out for the exposure.
- **Paid** – The amount already paid out for the exposure.

The **Exposures** screen also has a button bar that provides the following buttons for processing exposures:

- **Filter** – Show the exposure list by all claimants or by individual claimant.
- **Assign** – Assign ownership of the exposure to someone else.
- **Refresh** – Show the latest list of exposures.
- **Close Exposure** – Mark the selected exposure as closed.
- **Create Reserve** – Create a new reserve for the selected exposure.
- **Print/Export** – Save the list of exposures as a PDF file or export them to a CSV file.

Reinsurance screen

The **Reinsurance** menu link is available if there is reinsurance for the policy associated with the claim. ClaimCenter provides visibility into reinsurance agreements and financials to users in the Reinsurance Manager role or with `view` permissions. To access the **Reinsurance Financials Summary** screen, open a claim and click **Reinsurance** in the sidebar.

The **Reinsurance Financials Summary** screen helps identify agreements applied to a claim, their ceded reserves, and their reinsurance recoverables. For more information on this screen, see “Working with reinsurance agreements and transactions” on page 472.

Parties Involved screens

Parties involved are all the people and organizations associated with the claim. Involved parties are divided into two categories, contacts and users. The **Parties Involved** menu link, available in the sidebar when a claim is open, by default opens the **Contacts** screen. You can work with users by clicking the **User** menu link. The two screens are:

- **Contacts** – People, companies, vendors, or legal venues associated with the claim. Contacts do not directly use ClaimCenter. Use this screen to add contacts to the claim, remove them from the claim, and update contact information.
- **Users** – Anyone interacting with ClaimCenter is a user. Claim users either have work assignments on the claim or have user roles on the claim. Use this screen to manage the users who work with the claim.

Contacts screen

The **Contacts** screen lists all the contacts associated with the claim and shows the role each contact has on the claim. With the claim open, you get to this screen by clicking **Parties Involved** in the sidebar. For example, the contacts can include the insured, the claimant, the people involved in an accident, experts, witnesses, and vendors associated with the accident, like an auto repair shop. To associate a contact with a claim, each contact must have at least one role on the claim.

- The upper part of this screen is a filtered list of contacts and a set of buttons for adding and removing contacts.
- The lower part of the screen provides a detailed view of one selected contact.

Contacts screen: contact list and adding and removing claim contacts

The upper part of the **Contacts** screen provides both a list of contacts and a filter and a set of buttons you can use to add and remove contacts.

The upper part of the screen provides the following field and buttons:

- **Filter** – Use this drop-down list to limit contacts shown. Choices include:
 - **Claim** – Covered parties on the claim
 - Contacts related to an exposure of the claim
 - **Primary roles** – Contacts in primary roles like Claimant, Covered Party, Insured, and Main Contact
 - **Secondary roles** – Contacts in secondary roles like Driver
 - **Litigation roles** – Contacts in litigation roles
 - **Vendors** – Contacts providing services for the claim, like auto body repair or doctor
 - **“Former” roles** – Contacts in roles that no longer exist.
- **New Contact** – Create a new contact. Submenus enable creation of a person, vendor, company, or legal contact.
- **Add Existing Contact** – If ContactManager or another contact management system is integrated with ClaimCenter, you can search the Address Book for a contact to add to the claim. See the *Contact Management Guide*.
- **Delete** – Remove a contact from the claim, including all its contact roles. You must first select the contact’s check box. This action does not remove a linked contact from ContactManager.

The list of contacts has the following columns:

- **Name** – The name of the contact related to the claim.
- **Roles** – The relationship of the person to the claim, such as claimant or witness, from the `ContactRole.ttx` typelist.
- **Contact Prohibited?** – A Boolean field indicating whether you can communicate with the contact.
- **Phone** – Telephone number of the contact.
- **Address, City, State, ZIP Code** – Address information for the contact.

Contacts screen: contact details

The lower part of the **Contacts** screen shows the details of the currently selected contact in the following cards:

- **Basics** – A summary of the most important details.
- **Addresses** – The contact can have multiple ways to be contacted. This card shows them.
- **Documents** – This card is visible only if the contact has its Vendor tag set and the contact is stored in ContactManager. It shows documents that have been attached to a vendor contact in ContactManager. These documents are independent of claim documents and are maintained separately for the vendor contact in ContactManager. You can view document contents and metadata properties for any document in the list. You cannot edit vendor documents in ClaimCenter.
Note: If there are documents that you know are attached to a vendor, but they are not showing up in the list in ClaimCenter, the documents might be hidden in ContactManager. Additionally, a document might have a security type that limits who can see it, like Sensitive Document. In that case, the ClaimCenter user must be in a role that can view these kinds of documents, such as a role with the `docviewall` permission.
- **Related Contacts** – You can add any other contacts and describe the relationship in any way you like. Common uses are the spouse of a witness, the guardian of a minor, and the company representative of a contact that is a company.

Note: You can also see this detail view when selecting a contact in the **Address Book** or the New Claim wizard.

The **Basics** card provides the following buttons for managing contacts, the first two of which are also on the **Addresses** and **Related Contacts** cards:

- **Edit** – Edit the contact's information. This button is also on the **Addresses** and **Related Contacts** cards.
- **Link/Unlink** – Either link the contact to an external contact management system, such as ContactManager, or unlink it—disconnect the contact from that system. This button is also on the **Addresses** and **Related Contacts** cards.
When a contact is not linked, you see the **Link** button and a text message indicating that the contact is not linked. When a contact is linked, you see the **Unlink** button and a text message indicating the status of the contact in the external contact management system.
 - Clicking the **Link** button stores the contact in the external system and changes the button to **Unlink**. Linking a contact enables ContactManager to manage the contact data. ContactManager sends updates to ClaimCenter if the data or status of the contact changes. ClaimCenter sends contact changes made in ClaimCenter to ContactManager.
 - Clicking the **Unlink** button removes the link, making the contact locally stored, and changes the button to **Link**.
- **Transfer roles from other contacts** – Opens a screen for the current contact in which you can transfer claim roles from other parties on the claim and then remove those contacts from the claim.

See also

- “Merging contact roles” on page 43
- *Contact Management Guide*

Users screen

Users are people who have access to ClaimCenter, such as an employee of your company. A user has access to a specific claim if either of the following is true:

- Some work on the claim has been assigned to the user.
- A user role has been given to the user for this claim.

The **Claim > Parties Involved > Users** screen lists the ClaimCenter users that are related to the claim. For example, one person can be the primary adjuster, and another can be the subrogation owner.

The **Users** screen provides the following information for each user:

- **Name** – The name of the ClaimCenter user related to the claim.
- **Group** – The ClaimCenter business group to which the person belongs.
- **Assignments** – The exposures to which the relationship applies if the relationship does not apply to the entire claim.
- **Roles** – The relationship of the person to the claim, such as adjuster.
- **Phone, Email** – Phone number and email address of the user.

This screen also has a button bar with the following buttons for managing users:

- **Add User** – Add a new user to the claim.
- **Remove User Roles** – Remove the roles from the selected user. You can add new roles for the user in the **User Details** view.

Working with contacts and users

Users are people who have access to ClaimCenter. Typically they are employees of your company. In the base configuration, information about users is managed and stored in ClaimCenter and not in a contact management system. It is possible to extend ClaimCenter to integrate with your human resources database, where centralized data about users can be stored.

- You add users to and remove them from claims in a claim's **Parties Involved > Users** screen. See "Adding a user to a claim" on page 43.
- You create, edit, and manage users in **Administration** tab screens. See "Manage users" on page 517.

You can work with contact information in a claim. If ContactManager or another contact management system is integrated with ClaimCenter, you can search for existing contacts from a claim screen or in the **Address Book**.

You can create, edit, and delete contacts only in claim screens, such as the **Parties Involved > Contacts** screen or the **New Claim** wizard

- If you create a new vendor contact or edit a contact that is stored in ContactManager, the changes are automatically sent to ContactManager, and the contact becomes linked. The contact information might be put in pending state in ContactManager, depending on your permissions, as described later.
- If you create a new contact that is not a vendor, such as a person who is a witness, the contact is not automatically linked. You can click the **Link** button after creating the contact to send the contact data to ContactManager.

ClaimCenter generates messages informing you of the contact's link status.

Note: Some messages use the term *Address Book*, which means an external contact management system, like ContactManager, that is integrated with ClaimCenter.

The status of the contact information in ContactManager depends on your contact and tag permissions, and on the type of contact, as follows:

- Changes made to linked, non-vendor contacts are sent to ContactManager and take effect when ContactManager receives them. These changes are never made pending. Non-vendor contacts can include clients and claim contacts that are not vendors, such as witnesses.
- You are logged in as a user with contact and tag permissions, such as `abedit` and `anytagedit`. Vendor contact changes for which you have permission are sent to ContactManager. These changes are applied immediately.

- You are logged in as a user who does not have contact and tag permissions for an operation on a vendor contact. Your contact changes are sent to ContactManager, which puts the changes in Pending state. Pending contact changes must be reviewed in ContactManager by a user who has the appropriate permissions.

Note: Searching from the **Address Book** works only if you have integrated ClaimCenter with ContactManager or another contact management system. See the *Contact Management Guide*.

Select a contact or user

About this task

To select a contact from or a user assigned to an open claim:

Procedure

1. Navigate to **Parties Involved**, and select **Contacts or Users**.
2. Click the contact or user's name.

Add an existing contact to a claim

Before you begin

Ensure that ContactManager or another integrated contact management system is running.

About this task

You can add contacts in the **New Claim** wizard during the claim intake process, or you can add them after the claim has been created. To add contacts to an existing claim, use the **Parties Involved > Contacts** screen.

Note: If you want to add an existing contact, ClaimCenter must be integrated with ContactManager or another contact management system, and that contact management system must be running. See the *Contact Management Guide*.

To add an existing contact to an open claim:

Procedure

1. Navigate to **Parties Involved > Contacts**.
2. Click **Add Existing Contact**.
The **Search Address Book** screen opens.
3. Search for the contact.

You can limit your search to include contacts that are pending creation or vendors offering specific services. If you select **Limit to vendors providing services**, the **Services** table is shown. Click **Add** to select specific services to filter by.
4. In the search results, click **Select** for the contact you want to add.
An edit screen opens for the contact.
5. On the edit screen, add a claim role for the contact.
 - a) Under **Roles**, click **Add**.
 - b) Click the new **Role** field and choose a role from the drop-down list.
6. Click **Update**.
The contact is added to the list of contacts on the **Contacts** screen.

Create a new contact for a claim

About this task

To create a new contact, you can define a contact in the claim. Alternatively, if you have a ContactManager login, you can open ContactManager from ClaimCenter, define the contact, and then add it to the claim.

To define a new contact in the claim:

Procedure

1. With the claim open, navigate to **Parties Involved > Contacts**.
2. Click **New Contact** and select the type in drop-down menu.
3. Enter your contact's information.
4. Under **Roles**, click **Add**, and then click the new **Role** field and choose a role in the claim.
5. Click **Update**.

Define a new contact in ContactManager

Procedure

1. Click the **Address Book** tab to open the **Search Address Book** screen.
2. Click **Open ContactManager**.
You might have to turn off or bypass your browser's popup blocker for this action to succeed.
ContactManager opens. You might have to log in.
3. In ContactManager, click the **Actions** button and choose the type of contact you want to create.
4. After you create the contact, return to the claim, and then add the contact on the **Parties Involved > Contacts** screen. See "Add an existing contact to a claim" on page 41.

Modifying a contact in a claim

About this task

You can change the information for a contact directly in the claim.

Procedure

1. With the claim open, navigate to **Parties Involved > Contacts**.
2. Select a contact and click **Edit**.
3. Make your changes and click **Update**.

Where the changes are saved, either only in ClaimCenter or in both ClaimCenter and your contact management system, depends on whether the contact is synchronized with the contact management system.

- If the contact is linked to the Address Book, at first you see a message saying that the contact is out of sync. However, the changes are saved in ContactManager or your contact management system. You might have to refresh your screen to see that the contact is linked with the new information.
- If the contact is not linked to the Address Book, you see a message to that effect. The contact information is saved with the claim in ClaimCenter. If you want to save it in the contact management system, you can click the **Link** button.

Adding a user to a claim

About this task

You do not have the option of creating new ClaimCenter users in a claim. You must add existing users from the claim screens.

To add a new user to a claim:

Procedure

1. With a claim open, navigate to **Parties Involved > Users**, and then click **Add User**.
2. Enter a name or partial name and click **Search**.
3. Click **Select** for the user you want to add.
4. Under **Roles**, click **Add** and then click the **Role** field and choose a role for the user in the claim.
5. Click **Update**.

Remove a contact from a claim

About this task

If a contact is no longer connected with a claim, you can remove the contact from the claim. For example, a contact with the role of nursing supervisor has completed work on medical treatment for a claimant and no longer needs to be contacted.

Removing a contact from a claim deletes only the record that ClaimCenter stores for that contact with this claim. This action does not affect information in the Address Book or in other claims that might use the same contact.

To remove a contact from a claim:

Procedure

1. With the claim open, navigate to **Parties Involved > Contacts**.
2. Select the check box for the contact and click **Delete**.

Remove a user from a claim

About this task

If a user is no longer connected with a claim, you can remove the user from the claim. Removing a user from a claim affects only the claim roles that user had on the current claim. It does not change any other information stored for the user, like the user's roles in the company or the groups the user belongs to.

To remove a user from a claim:

Before removing a user from a claim, if necessary, reassign all the user's work on the claim to another user.

Procedure

1. With the claim open, navigate to **Parties Involved > Users**.
2. Select the check box for the user and click **Remove User Roles**.

Merging contact roles

About this task

The data on a claim regarding the contacts who are involved and how they are involved can come from different sources at different times, or from different systems. For example, the claim might show two contacts named Mike

Smith. The first contact is listed as the insured and driver, and the second contact has the role of lienholder. At first, you might not know if these names are the same person. The lienholder's full name might be *Mike Smith, Senior*, and the insured and driver might be *Mike Smith, Junior*, and they are different people.

If you find that two or more contacts are the same, you can consolidate the claim contact roles into a single contact. This contact will have all the roles of the previous contacts.

Note: Merging contact roles affects the claim roles for contacts in the current claim. Merging roles does not change any other contact data, although it does result in removing one or more contacts from the claim. See “Remove a contact from a claim” on page 43. Additionally, merging contact roles is not the same as merging contacts. For information on merging contacts, see the *Contact Management Guide*.

To transfer roles to a contact:

Procedure

1. With a claim open, navigate to **Parties Involved > Contacts**.
2. In the list of contacts, click the contact to which you want to transfer claim roles, the target contact. This contact is highlighted after you click it and you see the contact's data in the **Basics** card.
3. Click **Transfer roles from other contacts**.
The **Transfer Roles** screen opens. On this screen, you see the target contact, and you can select the contacts who will have their roles transferred.
4. Select the contacts whose roles are to be transferred and click **Select**.
The contacts you selected appear below the **Remove** button.
5. To exclude a contact that you previously selected, click the check box for the contact in this list and click **Remove**.
When you have selected all the contacts whose roles you want to transfer, you can click **Transfer Roles** to continue the operation or **Cancel** to cancel it.
6. Click **Transfer Roles** to transfer the roles to the target contact and delete the contacts whose roles are to be transferred.
ClaimCenter opens a confirmation dialog telling you the roles that will be transferred, the contact that will receive them, and the contacts that will be deleted if you continue.
7. Click **OK** to continue or click **Cancel** to return to the **Transfer Roles** screen.

Policy screen

ClaimCenter retrieves policy information from an external policy administration system, such as Guidewire PolicyCenter. The exact policy information that you see depends on the type of claim and the application's configuration. Policy data that is imported is considered a *verified* policy. You cannot edit a verified policy itself. If there is additional information in the Policy section that is not part of the verified policy, that information is editable.

If you enter policy information manually into ClaimCenter, the policy is *unverified*. Until you import the policy from the policy system, making the policy verified, there are limitations on what you can do with the claim.

See also

- For a description of how ClaimCenter works with policies, see “Working with policies in claims” on page 111.
- For a discussion on how ClaimCenter can integrate with PolicyCenter, see “Policy administration system integration” on page 601.

Financials screens

Financials screens show information on the financial transactions that are related to the claim. The screen can be a read-only view of transactional information imported from an external financial system, or it can be editable information managed in ClaimCenter. To access these screens, with a claim open, click **Financials** in the sidebar.

See also

- For an overview of how ClaimCenter uses financials, see “Claim financials” on page 317.
- For information on how ClaimCenter handles multiple currencies, “Multiple currencies” on page 373.
- For information on how to use bulk invoices in ClaimCenter, see “Bulk invoices” on page 395.
- For information on how ClaimCenter handles deductibles, “Deductible Handling” on page 387.

Summary screen

The **Financials > Summary** screen shows an overview of reserves, payments, recoveries, and total amount incurred for the claim. You can use the **View** filter to see subtotals grouped by exposure, claimant, coverage, and other criteria.

This screen provides the following data for each summarized item:

- **Open Recovery Reserves** – *Recovery reserves* are estimates of how much money might be recovered from others in settling the claim. Open recovery reserves are calculated by subtracting total recoveries from the total recovery reserves. See “Recovery reserves” on page 348.
- **Remaining Reserves** – The estimate of the remaining amount that the insurer still has to pay out for the claim. See “Definitions of reserve calculations” on page 321.
- **Future Payments** – Amount that is scheduled to be paid at a future date. See “Payments” on page 327.
- **Total Paid** – Amount already paid out for the claim. See “Definitions of total incurred calculations” on page 321.
- **Recoveries** – Amount of money collected to offset the claim payments, such as from salvage or subrogation. See “Recoveries and recovery reserves” on page 347.
- **Net Total Incurred** – Amount of money the company currently expects to pay for the claim. See “Definitions of total incurred calculations” on page 321.

Clicking specific values on this screen drills down into more financial details. When multicurrency reserving is enabled, you can view values on this screen using fixed or market exchange rates.

Transactions screen

The **Financials > Transactions** screen lists all the individual financial transactions for the claim and provides the following data for each transaction:

- **Type** – A filter that controls the type of transactions shown, such as reserves, payments, recoveries, or recovery reserves.
- **Amount** – The amount of money involved in the transaction.
- **Exposure** – The exposure that is associated with the payment.
- **Coverage** – The policy coverage related to the transaction.
- **Cost Type** – The cost type associated with the transaction, such as claim cost, which applies across the entire claim.
- **Cost Category** – The cost category associated with the transaction, such as medical, auto body, baggage, property repair, indemnity, and so on.
- **Status** – The status of the transaction, such as Submitted or Pending Approval.
- **User** – The user that created the transaction.

See also

- “Transactions” on page 318

Checks screen

This **Financials > Checks** screen lists the checks that have been generated for the claim and includes the following data for each check:

- **Check Number** – The number that identifies the check.
- **Pay To** – The payee, the person or company to whom the check is payable.

- **Gross Amount** – The amount of the check.
- **Issue Date** – The date on which the check was issued.
- **Scheduled Send Date** – The date on which the check was sent or is scheduled to be sent to the payee.
- **Status** – The status of the check, such as **Issued** or **Pending Approval**.
- **Bulk Invoice** – The bulk invoice, if any, that the check is part of. See “**Bulk invoice checks**” on page 405.

See also

- “**Checks**” on page 333

New claim wizard

To open new claims, use the **New Claim** wizard. The screens of the wizard model the manner in which a caller describes the loss, by dividing the claim into incidents. The wizard’s normal workflow conforms to the type of claim, but allows for free navigation through its many pages.

Working with the new claim wizard

To access the **New Claim** wizard, navigate to **Claim > New Claim**.

The topic “**Claim creation**” on page 95 describes in detail what information the wizard requests and requires. In brief, the wizard:

- Models the natural flow of collecting First Notice of Loss (FNOL) or First Report of Injury (FROI) information.
- Uses logically ordered steps, or pages.
- Has peripherally useful screens, like **Parties Involved** and **Documents**, that are not in the main wizard flow.
- Enables you to can jump between steps and non-step pages.
- In its default mode, is optimized for both personal auto and workers’ compensation, but can be configured for any line of business.
- Uses incidents to organize Loss Details data by vehicle, property and injury.
- Enables you to pick subflows, such as first-and-final or auto glass, to further optimize the wizard’s flow.
- Provides quick navigation and data entry.
- Can be used by all levels of users.

Notes screen

The **Notes** screen finds and displays notes entered by users as they perform work on the claim. The screen has a search area at the top and shows search results—notes—at the bottom.

See also

- “**Notes**” on page 271

Documents screen

ClaimCenter manages claim-associated documents. These documents can be either online documents, created within ClaimCenter, or hard copies. For example, you can write and send the insured a letter to acknowledge the claim. Or the claimant can email you a map of the loss location. You manage all these varieties of documents in ClaimCenter.

Use the Documents feature to:

- Create new documents, involving templates and optional approval activities.
- Store documents, both those you create and those received from other sources.

- Search for documents associated with a claim, and categorize them to simplify the searches.
- Link to external documents.
- Indicate the existence of documents that exist only in hardcopy.
- Remove documents.
- Associate a document with a single claim, exposure, or matter.
- Associate the creation of a document with an activity.
- Create and send a document while performing an activity.
- Create and send a document with rules or in workflows.

For details, see “Document management” on page 615.

Plan of action screens

The **Plan of Action** screens of a claim, **Evaluations** and **Negotiations**, enable you to settle complex claims without resorting to legal action. When you click **Plan of Action** in the sidebar, the **Evaluations** screen opens by default.

- **Evaluations** – Tracks the expected claim liabilities and helps you evaluate a claim’s possible, expected, and worst-case cost scenarios. It helps you track both actual claim costs and possible punitive damage costs. Knowing the potential financial exposure helps you to both negotiate a settlement and plan your response to any litigation.
- **Negotiations** – Helps you plan how you will discuss the claim when negotiating a settlement with the claimant or representatives of the claimant.

Evaluations

Viewing evaluations

Procedure

1. With a claim open, navigate to **Plan Of Action > Evaluations**.
2. Select an **Evaluation** from the list.

Start a new evaluation

Procedure

1. Open a claim.
2. Choose the path to access the **Evaluations** screen.
 - Navigate to **Plan Of Action > Evaluations** and click **New Evaluation**.
 - Select **Action > New > Evaluation**.

Negotiations

View a negotiation

Procedure

1. With a claim open, navigate to **Plan Of Action > Negotiation**.
2. Select a **Negotiation** from the list.

Start a new negotiation

Procedure

1. Open a claim.
2. Choose the path to access the **Negotiations** screen.
 - Navigate to **Plan of Action > Negotiations** and click **New Negotiation**.
 - Select **Action > New > Negotiation**.

Services screen

The **Services** screen lists all service requests associated with the claim that have been sent to vendors. To open this screen, with a claim open, click **Services** in the sidebar. You can select a service in the list to open its detail view.

The screen displays the following data summary for each service:

- **Type** – The service request type, such as Perform Service or Quote. Represented by an icon as described at “Services list” on page 420.
- **Status** – The status of the service, such as Requested, Quoted, or Completed. Represented by an icon as described at “Services list” on page 420.
- **Service #** – Unique number generated by ClaimCenter and assigned to the service request.
- **Ref #** – Number assigned by the vendor.
- **Assigned To** – The user responsible for monitoring the work of the service provider. Typically, this user is an adjuster on the claim.
- **Next Action** – The next step to be taken to complete the service request.
- **Action Owner** – The party responsible for taking the next step, usually the adjuster or the vendor.
- **Related To** – Specifies if the service request is associated with the entire claim or with a specific incident.
- **Services** – The kind of service requested, such as appraisal or plumbing repair.
- **Vendor** – The contact that will perform the service.
- **Target** – The estimated date for the next action to be completed.
- **Quote** – Price quoted to perform the service.

See also

- “Detail view of a service” on page 421
- “Services” on page 417

Litigation screen

For claims that involve legal action, the **Litigation** screen shows the legal matters that are pertinent to the claim. A **matter** is the set of data organized around a single lawsuit or potential lawsuit. A matter includes information on the attorneys involved, the trial details, and the lawsuit details.

See “Legal matters” on page 261.

History screen

The **History** screen provides an audit trail of actions taken on the claim. It records all the events associated with a claim, including the viewing actions, tracking whenever a claim is viewed. See “Claim history” on page 141 for a complete description of this feature.

History tracks the following for each event:

- **Type** – Indicates what happened to the claim, such as being viewed, an exposure being closed, an exposure being reopened, a flagged indicator being set, and so on. *Viewing* events record every user that opens a particular claim. These events are helpful in tracking whether an adjuster has been working on a claim enough or whether non-authorized users have been viewing claims. For a full list of what can be recorded in the history, review the **HistoryType** typelist in the ClaimCenter data dictionary.
- **Related To** – Whether the event occurred on the entire claim or a part of the claim such as an exposure.
- **User** – The user who triggered the event.
- **Event Time Stamp** – The date and time the event occurred.
- **Description** – A brief description of the event.
- **Link** - A link to the corresponding screen with details of the change or history event.

The **History** screen also has a button bar, containing the following buttons for managing history events:

- **Filter** – Show the history list by the type of event.
- **Refresh** – Show the latest list of history events.

See also

- “Claim history” on page 141

Fnol Snapshot screens

After a claim is created in the **New Claim** wizard or imported as an FNOL into ClaimCenter from an external system, ClaimCenter preserves a snapshot of the initial claim data. Subsequent changes to the claim in ClaimCenter do not affect this snapshot, which always shows the claim data at the time it was first obtained by ClaimCenter.

Note: The `EnableClaimSnapshot` parameter in the **Snapshot Parameters** section of the `config.xml` file determines whether these snapshots are visible in ClaimCenter.

The **FNOL Snapshot** menu link opens screens showing specific parts of a claim, Loss Details, Parties Involved, Policy, Notes, Documents and Additional Fields. In the base configuration, when you have a claim open and click **FNOL Snapshot**, the **Loss Details** screen for the snapshot opens.

The screens for the snapshot are:

- **FNOL Snapshot > Loss Details**
- **FNOL Snapshot > Parties Involved**
- **FNOL Snapshot > Policy**
- **FNOL Snapshot > Exposures**
- **FNOL Snapshot > Notes**
- **FNOL Snapshot > Documents**
- **FNOL Snapshot > Additional Fields**

See also

- “Loss details screens” on page 34
- “Parties Involved screens” on page 38
- “Policy screen” on page 44
- “Notes screen” on page 46
- “Documents screen” on page 46

Calendar screens

ClaimCenter provides a variety of calendars to help organize activities. The calendars show activities in monthly and weekly views. You can navigate to the **Calendar** menu link from either the **Desktop** tab or the **Claim** tab. Additionally, you can filter the activities and view activities from multiple users if you have supervisor permissions. See “Activity calendars” on page 245.

part 2

ClaimCenter user interface

chapter 3

Navigating ClaimCenter

This topic describes how to access ClaimCenter and provides instructions on how to navigate the user interface.

Logging in to ClaimCenter

About this task

You log in to ClaimCenter by running the application and logging in with your user name and password.

ClaimCenter login requirements

Logging in to ClaimCenter requires the following:

- **A web browser** – For example, Firefox, Chrome, or Internet Explorer.
- **The URL (web address) for connecting to ClaimCenter** – You can set up a **Favorite** link to the URL or create a shortcut on your computer desktop that starts a web browser with that URL.
- **A user name and password** – You must have one or more roles assigned to your user name by a system administrator. Roles determine the pages you can access and what you can do in ClaimCenter.

Because ClaimCenter generates pages dynamically:

- You cannot create **Favorites** to pages other than the login page.
- The **Back** button of the browser is not supported. If you use the **Back** button, you will exit ClaimCenter. If you are in **Edit** mode, the application displays a warning that you might be exiting ClaimCenter.

Log in to ClaimCenter

Procedure

1. In a web browser, navigate to the appropriate ClaimCenter web address, such as:

```
http://localhost:8080/cc/ClaimCenter.do
```

Note: The previous web address is used to log in to a local installation of ClaimCenter. The web address you use to log in will vary, depending on your implementation.

2. Enter your **Username** and **Password** on the login page and click **Log In** (or press **Enter**).

Results

If your login is successful, the ClaimCenter startup view or landing page is shown. In the base configuration, ClaimCenter initially opens the **Activities** screen on the **Desktop** tab. This page lists all open activities that have been assigned to you.

Setting ClaimCenter preferences

You can change your preferences, which include your password, startup view, regional formats, default country and phone region and entries in the recent claims list.

Change your ClaimCenter password

Procedure

1. Click the **Desktop** tab.
2. Select the **Actions** menu on the left and click **Preferences**.
The **Preferences** worksheet appears below the main work area.
3. Enter your **OldPassword**.
4. Enter the **NewPassword**.
5. Enter the new password again in the **Confirm New Password** field.
6. Click **Update**.

Change your ClaimCenter startup view

About this task

In the base configuration, ClaimCenter opens with the **Activities** page on the **Desktop** tab. This page lists all open activities that have been assigned to you. You can optionally change your default view and the number of recent entries in the claims list. For example, if you are a supervisor, you might prefer to see the **Team** page first.

Procedure

1. If necessary, click the **Desktop** tab.
2. Select the **Actions** menu in the left pane and click **Preferences**.
The **Preferences** worksheet appears below the main work area.
3. In the **Preferences** worksheet, select a different **Startup View**.
4. In the base configuration, **Entries in recent claims list** is empty, but you can optionally enter a number. If you leave this field empty, the number of claims shown in the list of recent claims is 10.
5. Click **Update**.

Change the ClaimCenter regional format

Procedure

1. If necessary, click the **Desktop** tab.
2. Select the **Actions** menu in the left pane and click **Preferences**.
The **Preferences** worksheet opens below the main work area.
3. Select a format from the **Regional Formats** drop-down list.
4. Click **Update**.

Change the ClaimCenter default country

Procedure

1. If necessary, click the **Desktop** tab.
2. Select the **Actions** menu in the left pane and click **Preferences**.
The Preferences worksheet appears below the main work area.
3. Select a **Default Country**.
4. Click **Update**.

Change the ClaimCenter default phone region

Procedure

1. If necessary, click the **Desktop** tab.
2. Select the **Actions** menu in the left pane and click **Preferences**.
The Preferences worksheet appears below the main work area.
3. Select a **Default Phone Region**.
4. Click **Update**.

See also

- “**Preferences**” on page 513

Changing interface settings

Change interface settings to control the behavior of certain functions in the user interface.

On the top tab bar, in the **Options** ☰ menu, click **Settings**.

Appearance settings

| Setting | Description |
|--|--|
| Application font size | The base font size, in points, of the text used on the application screens. |
| Global spacing modifier | A multiplier that decreases (when less than 1) or increases (when greater than 1) the amount of whitespace surrounding visual elements. |
| Theme | The theme to use as the visual style of the application. If you require higher color contrast, try the Guidewire Cloud High Contrast theme. |
| Left align top toolbars | Set to align the toolbar at the top of the screen to the left instead of the right. |
| Highlight changed values | Set to have the background of edited input elements change to a different color. |
| Scrolling the page hides and shows the navigation bar | Set to hide and show the tab bar when scrolling the page. |
| Combine top level navigation | Set to move elements in the top navigation bar under the More icon menu: <ul style="list-style-type: none">• Do Not Combine - Leave navigation elements in their standard locations.• Combine Menus - Move icons and other elements in the top menu bar under the More menu.• Combine Menus and Bars - Move all tabs, menus, and toolbars under the More menu. |

Dates settings

| Setting | Description |
|--|--|
| Use complex date picker options | Adds a Selected Day button to date pickers, which navigates the calendar to the currently selected date. |
| Use small date picker | Reduces the size of date pickers by reducing the font size and spacing. |
| Open date/time pickers on focus | Set to open a date picker automatically when you navigate to a date input. When this setting is not set, you must click the icon next to the date picker to open it. |
| Today button in date picker selects today and closes picker | Set to have the date picker close automatically after you click Today to set the date input to the current date. |
| Cap user input to max values for days, months, minutes, and hours | In a date input, automatically change values that are greater than the allowed values to the maximum allowed values. |

General settings

| Setting | Description |
|---|---|
| Always confirm browser navigation | When using browser navigation, such as by clicking the Back button, show a confirmation alert before changing the page. |
| Disable browser autocomplete | Disable the browser's autocomplete function to avoid having it suggest values for text inputs. |
| Scroll the screen to the top on any errors | When an input error occurs, automatically show the top of the screen, where the error message appears. |
| Navigating rows of a List Detail using up and down arrow keys also selects the row | When set, using the arrow keys to move up and down in a list detail view also selects the current row and shows its detail. When not set, using the arrow keys highlights a row but does not select it; to select it, click on it or press Enter . |
| Replace special word processor characters in editable fields with standard versions. | When set, special characters typed in editable text boxes are automatically changed to standard characters. For example, % is changed to 3/4, and curly quotes ("") are changed to straight quotes (""). |
| Use an illegal value instead of 'off' when trying to disable browser autocomplete | The interface tries to disable autocomplete on certain form fields by setting the autocomplete attribute to off. Some browsers instead disable autocomplete only if the attribute is set to an invalid value. To use an invalid value instead of off, select this setting. |

Debug settings

| Setting | Description |
|---|---|
| Highlight elements that are redrawn | Screen elements that are redrawn after an update pulsate for a short time. The visual effect identifies which elements were affected by the update. |
| Ignore PCF widths and heights | Render screen elements as if they do not have any width or height values set for them. Ignoring the width and height settings helps you see what they would look like without those values set. |
| Highlight widgets with PCF widths and heights | Surround all PCF widgets that have width and height attributes set with a highlight color. The highlighting helps you identify elements that have widths and heights explicitly set. |
| Show widget types as inline titles | Places a title near each PCF widget that shows its widget type. The titles help you identify the widgets on a page. |
| Load application in mock visual launcher wrapper | Surround the application with a non-functional visual representation of the Guidewire Cloud application launcher. |

Currency settings

| Setting | Description |
|---|---|
| Enable macro characters in currency inputs | Enhances the input and display options for currency values. For example, 1.5k is changed to 1500, and 7m is changed to 7000000. |
| Include the currency symbol when copying an amount | When selecting and copying the text in a currency element, specifies whether the currency symbol is included. |
| Show 0 as the currency input placeholder for null values | For currency elements, whether 0 is shown when the value is null. If not set, the element is empty. This setting does not affect the New Available Reserves field when creating or editing reserves. The same is true when creating recovery reserves (the New Open Recovery Reserves field). In these cases, the value is always shown as 0.00. |

Accessibility settings

| Setting | Description |
|---|---|
| Force text shadows on | When set, dark text is displayed with a white shadow, and light text is displayed with a black shadow. This setting may assist with readability when there is low contrast between the text and its background. |
| Disable outlines on focused elements | When not set, the input elements with focus have an extra outline to make them easier to identify. |
| Attempt to be smart about what touch inputs to ignore. Essentially allowing 'ignore errant thumb' and 'palm rejection' behavior. | When using touch devices, some touches may be intended to interact with the application, and other touches may be incidental or accidental. When this setting is set, the application attempts to identify meaningful touches and ignore all others. |
| Add additional context to visible labels | Add additional information to text labels of inputs. For example, the label might indicate that the field is required or show what the expected date format is. |
| Use standard menu formatting | Renders multi-column menus as standard single-column menus. This is useful for screen readers and keyboard-only navigation. |
| Use radio buttons to select List Detail rows | Provides an alternate way of interacting with List-Detail tables, where there is a list view table and a detail view underneath. Instead of clicking on a row in the table to select it, a new column is added with radio buttons used to select the row. This is intended for use with some screen readers, which are otherwise unable to select rows. |
| Allow all tooltips to be displayed and read by screen readers on focus. Affects page tab sequence. Requires browser restart. | When set, any screen element that has a tooltip is included in the sequence of elements that you can navigate to by using the Tab key. When an element is in focus, its tooltip appears, which is also useful for screen readers. After changing this setting, you must restart your browser. |

See also

- “Managing interface settings” in the *Configuration Guide*

Change the visual theme

You can choose a new theme for the application, which changes the visual appearance and behavior.

About this task

When you set a theme, the application immediately changes to reflect that theme.

Procedure

- On the top tab bar, in the **Options**  menu, click **Settings**.
- In the **Appearance** section, in the **Theme** drop-down list, click the theme to use.

Data entry support for input fields

As you type in data for some types of input fields, ClaimCenter formats the data appropriately for the field.

See also

- “Using the currency macro in currency fields” on page 58
- “As-you-type formatting support for input fields” on page 59
- “Highlight changed values” on page 59

Using the currency macro in currency fields

ClaimCenter includes a currency macro, which is a user interface feature that converts alphanumeric values entered in currency fields into numeric values. For example, in the base configuration, the user can enter an alphanumeric like **1.54k**, and the currency macro immediately converts it to **1,540**.

The characters that you enter depend on your regional format and whether the currency accepts decimal values. The macro can support up to three decimal values, but the number you can enter might be limited by the currency field.

In the base configuration, this macro supports the following values:

- k for thousand
 - If the regional format is United States (English), entering **1.54k** produces 1,540.
 - If the regional format is Germany (German), entering **1,54k** produces 1.540.
 - If the regional format is France (French), entering **1,54k** produces 1 540.
- m for million
 - If the regional format is United States (English), entering **1.54m** produces 1,540,000.
 - If the regional format is Germany (German), entering **1,54m** produces 1.540.000.
 - If the regional format is France (French), entering **1,54m** produces 1 540 000.
- b for billion
 - If the regional format is United States (English), entering **1.54b** produces 1,540,000,000.
 - If the regional format is Germany (German), entering **1,54b** produces 1.540.000.000.
 - If the regional format is France (French), entering **1,54b** produces 1 540 000 000.
- t for trillion
 - If the regional format is United States (English), entering **1.54t** produces 1,540,000,000,000.
 - If the regional format is Germany (German), entering **1,54t** produces 1.540.000.000.000.
 - If the regional format is France (French), entering **1,54t** produces 1 540 000 000 000.

Enabling and disabling the currency macro

In the base configuration, the currency macro is enabled by default.

To disable the currency macro, log in to ClaimCenter and click the Options menu ⓘ, and in the **Settings** dialog under **Currency**, clear the check box for **Enable macro characters in currency inputs**.

To enable the currency macro, select the check box for **Enable macro characters in currency inputs**.

Configuring the currency macro keys

The macro characters are defined in the following display keys:

```
Web.Preferences.Currency.macroCharacter.Billion = b  
Web.Preferences.Currency.macroCharacter.Million = m
```

```
Web.Preferences.Currency.macroCharacter.Thousand = k  
Web.Preferences.Currency.macroCharacter.Trillion = t
```

You can change these keys or localize them. If you do so:

- The new value must be a single character that can be typed with a single stroke on a keyboard.
- The macro produces groups of three for each order of magnitude. For example, if the locale is United States:
 - One thousand is formatted as 1,000.00.
 - One million is 1,000,000.00.
 - One billion is 1,000,000,000.00.
 - One trillion is 1,000,000,000,000.00.

See also

- *Globalization Guide*
- *Configuration Guide*

As-you-type formatting support for input fields

As the user types in data for some types of input fields, the data is formatted appropriately for the field. This user input support is additional to currency macro support for currency fields.

In general, the formatting support does the following as the user types in the field:

Currency fields

Formats the user entry as currency, with appropriate group and radix characters for the locale.

Date fields

Formats the user entry as a date as set in the application.

Time fields

Formats the user entry as a time as set in the application.

Fields with an input mask

Formats by adding the input mask characters automatically as the user types.

See also

- “Using the currency macro in currency fields” on page 58
- *Configuration Guide*
- *Globalization Guide*

Highlight changed values

When you modify a data value, its background color changes so you can easily identify what data has been changed on the page.

About this task

If you revert the changed data back to its previous value, the highlighting is removed. The data remains highlighted until you click **Update** and submit the changes. If you do not want to highlight changed values, you can disable this behavior.

Procedure

1. On the top tab bar, in the **Options**  menu, click **Settings**.
2. In the Appearance section, set or clear **Highlight changed values**.

Viewing ClaimCenter statistics

It is possible to see the status of your activities and claims by clicking the **Desktop** tab and navigating to **Actions > Statistics**. The information that you see in the **Statistics** screen varies by role. If you log into ClaimCenter as a supervisor, the screen provides additional information related to team statistics.

The Statistics batch process updates the data shown on the **Statistics** screen. In the base configuration, Guidewire schedules this process to run every hour at 3 minutes after the hour.

See also

- *Administration Guide*

Selecting language and regional formats in ClaimCenter

In Guidewire ClaimCenter, each user can set the following:

- The language that ClaimCenter uses to display labels and drop-down menu choices.
- The regional formats that ClaimCenter uses to enter and display dates, times, numbers, monetary amounts, and names.

You set your personal preferences for display language and for regional formats by using the Options menu  at the top, right-hand side of the ClaimCenter screen. On that menu, click **International**, and then select one of the following:

- **Language**
- **Regional Formats**

To take advantage of international settings in the application, you must configure ClaimCenter with more than one region or language.

- ClaimCenter hides the **Language** submenu if only one language is enabled.
- ClaimCenter hides the **Regional Formats** submenu if only one region is configured.
- ClaimCenter hides the **International** menu option entirely if a single language is enabled and ClaimCenter is configured for a single region.

ClaimCenter indicates the current selections for **Language** and **Regional Formats** by putting a check mark to the left of each selected option.

Options for setting the display language

In the base configuration, Guidewire configures ClaimCenter to use a single display language, which is United States English. To view another language, you must enable at least one additional language and configure ClaimCenter for that language.

If your installation has more than one configured language, you can select among the available choices using the ClaimCenter **Language** submenu. The **LanguageType** typelist defines the set of language choices that the menu displays.

If you do not select a display language from the **Language** submenu and your user administrator has not set your language, ClaimCenter uses the language specified by your web browser. Configuration parameter **DefaultApplicationLanguage** specifies the primary language for ClaimCenter screens, but it does not specify the default browser language. In the base configuration, Guidewire sets the primary language to U.S. English.

Options for setting regional formats

If your installation contains more than one configured region, you can select a regional format for that locale from the **Regional Formats** submenu. At the time you configure a region, you define regional formats for it.

Regional formats specify the visual layout of the following kinds of data:

- Date
- Time
- Number
- Monetary amounts
- Names of people and companies

The **LocaleType** typelist defines the names of regional formats that users can select on the **Regional Formats** menu. The base configuration defines the following locale types:

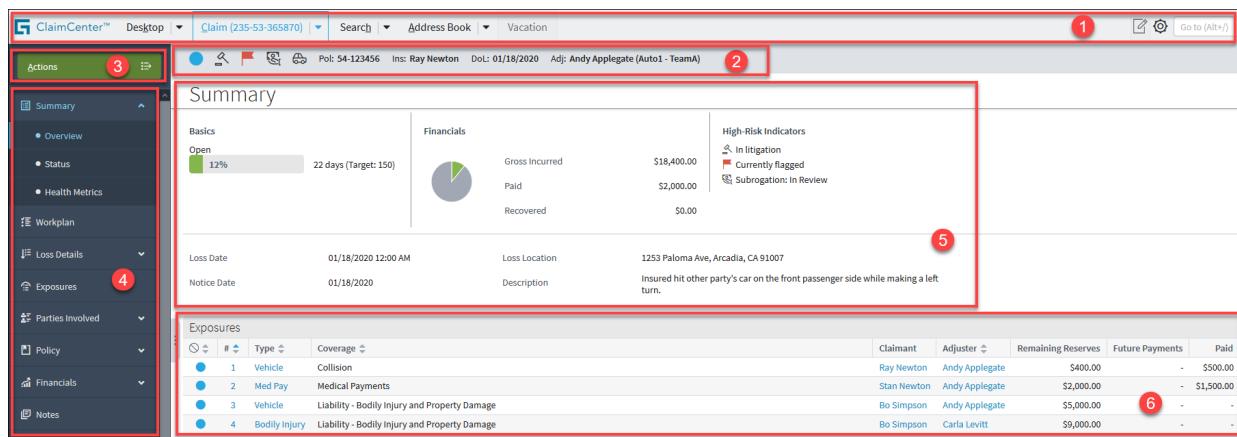
- | | |
|---|--|
| <ul style="list-style-type: none"> • Australia (English) • Canada (English) • Canada (French) • France (French) | <ul style="list-style-type: none"> • Germany (German) • Great Britain (English) • Japan (Japanese) • United States (English) |
|---|--|

The default regional format for a user is set in the profile of that user on the **Administration** tab.

Unless you select a regional format from the **Regional Formats** menu, ClaimCenter uses the regional formats of the default region. The configuration parameter **DefaultApplicationLocale** specifies the default region. In the base configuration, the default region is **en_US**, United States (English). If you select your preference for region from the **Regional Formats** menu, you can later use the default region again only by selecting it from the **Regional Formats** menu.

Common areas in the ClaimCenter user interface

This topic describes some of the common areas in the ClaimCenter user interface.



The ClaimCenter main user interface contains the following areas:

| Area | Description |
|------|---|
| 1 | <p>The Tab Bar contains:</p> <ul style="list-style-type: none"> • Tabs – The number of tabs depends on the user's permissions. For example, a supervisor sees the Team tab. If you are a colleague's backup, you see the Vacation tab. If ClaimCenter is integrated with reporting, you see Reports. • Unsaved Work menu – You can access your unsaved work from the Unsaved Work menu in the Tab Bar. This menu is activated when you have work in a ClaimCenter screen that you have not saved. See "Saving your work in ClaimCenter" on page 70. • Options menu – This menu contains global links including International, Help, About, Preferences, and Log Out. |

| Area | Description |
|------|--|
| | <ul style="list-style-type: none"> • QuickJump box – The QuickJump text box that displays Go to (Alt-/) is a fast way for you to navigate in ClaimCenter or search for information in specific categories. This feature checks permissions and blocks unpermitted jumps. Type the name of a command and press Enter to jump to that location in the application. Guidewire provides you with a number of predefined commands. See “QuickJump” on page 85. |
| 2 | <p>The Info Bar contains relevant information that pertains to your immediate task as seen in the main screen. Using a combination of icons and text, you can quickly see where you are and what you are looking at in the screen below.</p> <p>In this example, the following icons and text are included in the Info Bar:</p> <ul style="list-style-type: none"> • The blue circle means the claim is open and/or has exposures that are open. • The hammer indicates that the claim has a matter. • The red flag indicates that there is a condition associated with the claim. For information about flags, see “Flags” on page 442. • The hand under a bill indicates that the claim is in subrogation. • The car icon indicates that this is a personal auto claim. • 54-123456 is the policy number of the insured. • Ray Newton is the name of the insured party. • 01/18/2020 is the date of loss (January 18, 2020). • The adjuster is Andy Applegate, and he belongs to the Auto1-Team A group. |
| 3 | <p>The Actions menu displays choices based on the page you are on. For example, if you click the Desktop tab and then click Actions, you can select only Statistics, Preferences, and Vacation Status. However, if you are on the Summary page of a claim, the Actions menu offers many more options that relate to the claim.</p> |
| 4 | <p>The Sidebar provides menu links. Use it to navigate to different pages. The items in the Sidebar are contextual and can change depending on the claim object.</p> |
| 5 | <p>This section shows the title of the current page, in this case, the claim Summary. The Claim Headline below shows basic and financial information that provides a quick view of the state of the claim. If there are any issues pertaining to the claim, ClaimCenter shows the high-risk indicator icons. See “Claim summary” on page 439 for details.</p> |
| 6 | <p>The Screen Area displays most of the business information. This is where you interact with ClaimCenter. Below the Screen Area, the Workspace can display additional information while keeping the Screen Area visible, such as tabs for entering a note or adding a new document on a claim.</p> |

ClaimCenter tabs

In ClaimCenter, tabs in the **Tab Bar** at the top of the screen group logical functions.

To work with a tab:

- Click the tab to see its default page. You can then choose one of the pages grouped by the tab from the Sidebar menu on the left.

For example, in the base configuration, clicking the **Desktop** tab opens the **Activities** page.

- Tabs can also contain menus with shortcuts to pages on that tab. To see a menu, click the down arrow next to the tab name and select a menu item from the drop-down menu.

For example, click the down arrow on the **Desktop** tab and then click **Calendar > My Calendar** to open your **Calendar** page.

This topic describes each ClaimCenter tab in the following topics:

- “ClaimCenter desktop tab” on page 63
- “ClaimCenter claim tab” on page 63
- “ClaimCenter search tab” on page 64
- “ClaimCenter address book tab” on page 66
- “ClaimCenter dashboard tab” on page 66
- “ClaimCenter team tab” on page 67
- “ClaimCenter administration tab” on page 67
- “ClaimCenter vacation tab” on page 67
- “ClaimCenter utility tab” on page 67

Note: The visibility of tabs is based on user permissions. For example, only a user who is a manager or supervisor can see the **Team** tab.

ClaimCenter desktop tab

The **Desktop** tab organizes your activities, claims, exposures, pending assignments, and other items. The **Desktop** tab provides links to the following pages:

- **Activities** – Shows all activities assigned to you. For more information, see “Viewing activities” on page 239.
- **Claims** – Shows the claims that you have been assigned. By default, the list shows all your open claims. You can use a drop-down menu to filter the list and show subsets, like claims assigned to you this week, flagged claims, or open related claims. See also “Viewing assignments” on page 223.
- **Exposures** – Shows a list of exposures that you own. By default, the list shows all your open exposures. You can use a drop-down menu to filter the list and show subsets, like exposures assigned to you this week or exposures closed in the last 90 days.
- **Pending Assignments** – Visible only to supervisors, this page lists assignments that the supervisor needs to assign manually. For more information, see:
 - “Global and default rule sets for automated assignment” on page 212
 - “Manual assignment” on page 218
- **Queues** – Shows activities that have been queued for selection by members of your group. Use this page to select an assignment or assign it to someone else if you have permission to do that. For more information, see:
 - “Assigning activities” on page 236
 - “Queues” on page 222
- **Calendar** – You can see the activities in a calendar format for either yourself or your supervisor. For more information, see “Activity calendars” on page 245.
- **Bulk Invoices** – Shows bulk invoices that you can view and edit and enables you to create new ones or further process a existing bulk invoice. For more information, see:
 - “Bulk invoices” on page 395
 - “Using the bulk invoice screens” on page 396

ClaimCenter claim tab

Use this tab to open a new claim, to search for existing claims by claim number, or to see a claim you already have open. Clicking to open a claim shows the claim’s **Summary** page. When you click the tab, it opens the last claim you were working with. If you were not working with a claim, clicking the tab opens a page that lets you choose whether to start a new claim or search for an existing claim.

Clicking the arrow for the **Claim** tab shows a drop-down menu with the selections **New Claim**, **Claim #** (search by number), and any claims you have open for edit.

See also

- “Claim summary screens” on page 32

ClaimCenter search tab

You can use the **Search** tab to search for claims, activities, checks, recoveries, and bulk invoices.

Some fields on search pages are text fields. When you enter text into one of these fields, ClaimCenter searches for a match that starts with that text. For example, if you enter Ray in the **First Name** field, the search returns all first names that start with Ray. These names would include Ray and Raymond. However, you must enter an exact match in the **Claim Number** and **Policy Number** fields.

During a search, ClaimCenter uses only the fields in the form that have data. For example, if you search for a **Claim** and enter a **Last Name** but not a **Claim Number**, ClaimCenter omits **Claim Number** from the search.

If ClaimCenter shows a search page divided into two columns, you are required to enter at least one search criterion from the left side. The secondary search criteria, in the **Optional parameters** section, are optional.

Note: You can configure the optional parameters section, but not the primary search criteria, the fields on the left side. This limitation on configuration is for performance reasons.

Claim search

You can search for claims by using simple or advanced search parameters. You can also find claims using claim contacts.

Simple search

Simple searches include searching by claim or policy number, type of person, by name, or tax ID. Type of person can include claimant, insured, any party involved, or additional insured.

Advanced search

The advanced search has additional parameters that might be useful in finding your claim. For example, you can search by jurisdiction state, assigned group, loss dates, or flagged or high-risk indicators.

Search by contact

The **Search by Contact** option provides free-text search for claim contacts, which can make searching large databases quicker. Free-text search provides exact and inexact matching and is configurable.

See “Search by contact” on page 78.

Activity search

Your search for activities can include the following criteria:

- Claim number
- Assigned group or user
- Creator of the activity
- External owner of the activity
- Status
- Priority
- Overdue or late
- Pending assignment
- Description

- Dates
- By subject, derived from activity patterns

Check search

Your search for checks can include the following criteria:

- Claim number
- Group or user that approved the check
- Creator of the check
- Check number
- Invoice number
- Payee information
- Check total
- Status
- Payee
- Dates

If multicurrency is enabled, you can search for check totals that are based only on transaction currency. This criterion limits the search to checks in the selected currency. If you specify a currency but no amount range, the search returns results with that selected currency, regardless of amount.

Recovery search

Your search for specific recoveries can include the following criteria:

- Claim number
- Created by
- Payee information
- Amount
- Status
- Cost type, such as claim cost or expense - A&O
- Recovery category, such as salvage or deductible
- Dates

If multicurrency is enabled, you can search for recovery amounts in a transaction currency. The currency field refers to the transaction currency. If you specify a currency but no amount range, the search returns results with that selected currency, regardless of amount.

Bulk invoice search

The **Search Bulk Invoices** page available from the ClaimCenter **Search** tab includes the following criteria:

- Claim number
- Invoice number
- Payee information
- Check number
- Invoice approved total range
- Pay to

- Dates

If your ClaimCenter installation includes multicurrency, you can search for bulk invoices in the invoice approved total currency. The currency field refers to the transaction currency. If you specify a currency but no amount range, the search looks for bulk invoices with that selected currency but does not search on amount.

The **Desktop** view also provides a **Bulk Invoice** link. However, ClaimCenter uses the **Desktop** view for bulk invoices on which you are currently working or that ClaimCenter is processing.

ClaimCenter address book tab

You can use the **Address Book** tab to search for contacts, such as vendors, to help you with a claim. Searching for contacts works only if you have integrated ClaimCenter with a contact management system, like ContactManager.

ClaimCenter dashboard tab

You see the **Dashboard** tab if you are a manager or supervisor. This tab provides a high-level summary of ClaimCenter data. You can use it to gain an overview of claims and related financial information during a standard time period. This time period is specified using the `DashboardWindowPeriod` field in the `config.xml` file.

The information shown on the Dashboard includes the number of open claims, recent claim activity, current financial data, and summary financial data. You can view Dashboard data for your team as a whole, or you can drill down to view individual groups. When you view Dashboard statistics at the organization level, data is summarized by business group, line of business, loss type, and coverage.

In particular, the Dashboard shows you the following reports:

- **Open Claim Counts** – Information on open claims, organized by group. There is data on the number of exposures open, number of handlers, average pending, number of claims flagged and litigated, and the number in excess of the total incurred limit. You can see this limit at the bottom of the report.
- **Period Activity** – Number of claims and exposures that are new, closed, or new incident only, and matters that are new in the current period. Additionally, there is data on the average number of days taken to close a claim and the number of claims that have been reopened.
- **Open Claim Financials** – A financial summary of all currently open claims, organized by group.
- **Period Financials** – A financial summary of payments and recoveries in the specified time period, as well as payments made on claims that were closed in the same period. Payments on closed claims can date back to before the specified time period when the associated claims are recently closed.

These reports are generated by the Dashboard Statistics batch process. You can configure ClaimCenter to provide additional Dashboard reports.

Dashboard permissions

A user in the role of manager or supervisor has the permissions needed to view the contents of **Dashboard** tab. Permissions that affect viewing the Dashboard are:

- **View Dashboard claim activity** – Permission to view the Dashboard claim activity page, code `edbclaimact`.
- **View Dashboard claim counts** – Permission to view the Dashboard claim counts page, code `edbclaimcounts`
- **View Dashboard current financials** – Permission to view the Dashboard current financials page, code `edbcurrefin`.
- **View Dashboard period financials** – Permission to view the Dashboard period financials page, code `edbpdfin`.

Calculating dashboard statistics

The Dashboard Statistics batch process updates the data on the **Dashboard** tab. In the base configuration, Guidewire schedules this process to run once a day at 1:00 a.m.

See also

- *Configuration Guide*

- *Administration Guide*

ClaimCenter team tab

The **Team** tab, available if you are a manager or supervisor, opens a visual management tool that helps you manage your groups. This tool displays the number of claims, exposures, matters, activities, and subrogations grouped by whether items are open, closed, flagged, new, or completed.

For more information, see “Team management” on page 447.

ClaimCenter administration tab

With administrator privileges, you have access to the **Administration** tab. You can also see this tab if you are a Catastrophe Administrator or a Reinsurance Manager, but for those roles your choices are limited to those two functions. With full administrator privileges, you can view and maintain many business elements that define how ClaimCenter is used. You can define your organization’s group structure and manage the users that belong to those groups. You can also specify permissions and roles, such as adjuster, manager, supervisor, and so on, to manage user access to certain ClaimCenter actions.

For more information, see “Administration tab” on page 514.

ClaimCenter vacation tab

This tab enables you to view work assigned to you as a backup by another user currently on vacation. It is not available if there is no vacation work assigned to you. If work is assigned to you, you can select any activities, claims, or exposures to work on.

For more information, see “Vacation status” on page 285.

ClaimCenter utility tab

If you integrate Guidewire ClaimCenter with Guidewire Predictive Analytics, you see an additional **Utility** option on the ClaimCenter menu bar. The **Utility > Predictive Analytics** menu provides access to the following Predictive Analytics screens:

- Dashboard
- Claim Search
- Claim Overview

You must have administrative privileges to see the **Utility** menu.

Dashboard

The **Dashboard** screen provides information about the following Predictive Analytics solutions:

- Segmentation
- Subrogation
- Litigation
- Severity Escalation

Claim Search

The **Claim Search** screen provides a means to search for open claims that have a successful predictive analytics score attached to the claim. A results table shows useful information for each claim that matches the search criteria. You can also print or export the information in the table.

Claim Overview

The **Claim Overview** screen provides a means to view analytics information about a specific claim. After entering a claim number, ClaimCenter displays analytics information related to that specific claim.

IMPORTANT: Guidewire provides this utility for testing purposes only, as an overview of all solutions for a given claim.

Printing a Claim

You can print an Acrobat PDF version of claim data using the **Print Claim** menu option. You can print an entire claim or selected pages or parts of a claim.

To print a claim:

- Select **Actions > Print Claim**.
- Select from one of the following printing options:
 - All pages excluding details - All pages of the claim are collated into one document. Individual item details, such as on each contact or activity on the claim, are omitted.
 - All pages including details and FNOL snapshot - All pages of the claim, including snapshot data, are printed.
 - Current claim page (excluding or including details) - Data from the current claim page the user is on is printed, with or without details.
 - Custom - Selected pages of the claim are printed.
- In the resulting window, you can choose to either open the PDF file or save it locally.
- Open the PDF file and select **File Print**.

Custom Claim Printouts

You can print selected portions of a claim using the **Custom** option on the **Print Claim** page.

Note: The <none> option is not a valid selection and is not recommended.

Select from the following choices:

- **Summary** - Print all sections of the claim summary screen, or print one of the following:
 - Claim summary only
 - Claim summary without confidential notes
 - Claim status only
 - Claim health metrics only
- **Workplan** - Print the list of activities only or include all activity details as well.
 - Summary only
 - Include all activity details
- **Loss Details** - Print the claim's loss detail information, which can also be viewed on the **Loss Details > General** page.
- **Incidents: Details and Assessments** - Print incident details for a claim. Incidents vary based on the claim's line of business.
- **Loss Details: Associations** - Print claim association information, which can also be viewed on the **Loss Details > Associations** page.
- **Special Investigations** - Print information, which can also be viewed on the **Loss Details > Special Investigation Details** page.
- **Exposures** - Print the list of exposures from the claim's **Exposures** page, or print all exposure details.

- **Parties Involved** - Print a summary of the claim's contact information from the **Parties Involved** page, or print all associated details.
- **Policy** - Print specific sections of the **Policy** page or print all policy-related information.
 - Basics - Print policy information, which can also be viewed on the **Policy: General** page.
 - Vehicles (or other coverages)
 - Endorsements
 - Aggregate Limits
 - Include all coverage details
- **Financial Summary** - Print all or parts of the **Financials > Summary** screen. Information can be filtered by the different View options on the **Financials Summary** screen.
 - All
 - Exposure
 - Exposure only
 - Claimant
 - Coverage
 - Claim cost only
 - Reserving Currency
 - Recovery Category
- **Financial Transactions** - Print all or parts of the **Financials > Transactions** screen.
 - All transactions, excluding or including details
 - All reserves, excluding or including details
 - All payments, excluding or including details
 - All recoveries, excluding or including details
 - All recovery reserves, excluding or including details
- **Checks** - Print check information, either in summary form or including all details, from the **Financials > Checks** screen.
 - Summary only
 - Include all check details
- **Notes** - Print all claim-related notes, or filter out confidential ones.
 - Claim summary without confidential notes
 - All
- **Documents** - Print all claim-related documents, or print only documents that are not hidden.
 - All
 - Exclude hidden documents
- **Plan of Action: Evaluations** - Print documents related to the claim's evaluations, either in summary form or including all details.
 - Summary only
 - Include all evaluation details
- **Plan of Action: Negotiations** - Print claim negotiation documents, either in summary form or including all details.
 - Summary only
 - Include all negotiation details

- **Subrogation** - Print the claim's subrogation information.
- **Litigation** - Print any litigation information related to the claim, either in summary form or including all details.
 - Summary only
 - Include all litigation details
- **FNOL/FROI Snapshot** - Print claim information captured at First Notice of Loss (FNOL)/First Report of Injury (FROI).
- **History** - Print all or selected parts of the claim history. Print filters correspond to the filters on the **History** screen.
 - All
 - Activity due date changed
 - Activity escalation date moved
 - Approval or Rejection
 - Archived
 - Assigned
 - Catastrophe warning
 - Check (deleted, stopped, transferred, voided)
 - Closed
 - Custom
 - Flagged
 - Imported
 - Litigated
 - Opened
 - Policy edited
 - Policy (selected or refreshed)
 - Referred
 - Reopened
 - Retrieved
 - Viewed

Saving your work in ClaimCenter

ClaimCenter includes some safeguards to protect updates that have not been saved. It automatically saves your work in wizards to the database.

ClaimCenter also saves your work when you are in the **Claim** or **Administration** tabs, but not to the database. If you leave a page in one of those tabs with unsaved changes and navigate to another section of ClaimCenter, the server keeps your information in memory.

You can retrieve your work from memory by using the Unsav ed Work menu, which returns you to the page that has your unsaved data. You can then finish your work and save it. This feature is useful if you must navigate away from a page but need to return to it later. After you complete and save your work, ClaimCenter removes that item from the Unsav ed Work menu.

If you attempt to log out without saving, ClaimCenter alerts you that your unsaved work will be lost if you continue. *Autosaving* is the mechanism that ClaimCenter uses to save work that you can retrieve by using the Unsav ed Work menu.

Unsaved work is also lost when the application session expires. The session expiration time is set by the `SessionTimeoutSecs` configuration parameter.

Changing the screen layout

You can adjust several aspects of the screen layout according to your own preferences.

Adjusting list views

You can change the default appearance and behavior of individual list views, including the column order, sort order, and which columns are visible. Most changes to list views are stored as user settings, and remain in effect until you change or reset them. The sort settings are not stored, and remain in effect only during the same user session.

List view changes are stored once you perform another action in the application interface, such as updating a value or navigating to another screen. If you refresh or exit your browser immediately after making list view changes, then your changes are not stored.

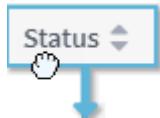
Change list view column order

About this task

You can change the order in which columns appear in a particular list view.

Procedure

1. Click and hold the left mouse button on the heading of the column that you want to move.
2. Drag the mouse pointer across the other column headings until it is between the two columns where you want to place the moved column.
If it is valid to move the column there, the column turns from gray to highlighted.



3. Release the mouse button.

Change list view column widths

About this task

You can resize a list view column to make it wider or narrower than it currently is. This change remains in effect until you reset customized columns.

Procedure

1. Position the mouse pointer over the left or right border of the column heading. The pointer turns into a double arrowhead .
2. Drag the column border to the new width.

Sort list views

About this task

You can change the column on which a list view is sorted, and also the sorting direction. You can sort on only one column at a time. The sort settings are not stored, and remain in effect only during the same user session.

Procedure

Click the heading of a column to sort the list view on that column.

- To sort a list view on a particular column, click the column heading.
- To change the sort direction of a list view column, click the up or down arrow on the heading of the column on which the list is currently sorted:



Results

The up or down arrow is highlighted, indicating the direction in which the list is sorted.

Hide and show columns in a list view

About this task

You can change which columns appear in a list view.

Procedure

1. At the right edge of the list view toolbar or title row, click **Columns** .
2. In the drop-down list, click the columns that you want to change:
 - To hide a column, clear the check box for the column.
 - To show a column, set the check box for the column.

Arrange list view rows into groups

When multiple rows in a list view have the same value for a particular column, you can arrange them to be listed together in a group.

About this task

Each group appears in the list view under a new heading row for the common value. For example, if you have a list of activities, you can group them by their values in the **Due Date** column. The related activities are then listed together under a heading for each due date.

The following example shows rows grouped by **Due Date**.

The screenshot shows a list view toolbar with buttons for 'Search Results', 'Print / Export' (highlighted in green), 'Assign', and 'Skip'. Below the toolbar is a table header with columns: Due Date, Priority, and Status. Under 'Due Date', there are two main groups: 'Due Date:' and 'Due Date: 08/08/2018'. The first group contains one item ('Normal', 'Open'). The second group contains three items: ('08/08/2018', 'Normal', 'Open'), ('08/08/2018', 'Normal', 'Open'), and ('08/08/2018', 'Normal', 'Open').

To collapse or expand a group, click the up arrow or down arrow next to the group name.

You can group a list view only by one column at a time.

Procedure

1. At the right edge of the list view toolbar or title row, click **Columns** .
2. In the drop-down list of columns, click **Group/Ungroup** next to the column on which to base the group.
If the list view is already grouped by that column, then clicking **Group/Ungroup** disables the grouping.

Reset list view columns

Restore the appearance and behavior of list views to the default settings.

About this task

If you have changed any list view columns, those changes will be reset. Resetting list view columns applies to all list views in the application.

Procedure

1. At the right edge of the list view toolbar or title row, click **Columns** .
2. In the drop-down list, click **Reset Customized Columns**.

Disable list view customization

Set the `disableUserCustomization` property to prevent users from making changes to the appearance and behavior of a particular list view.

About this task

When customization is disabled, users will not be able to make changes to the list view, including changing the column order, sort order, and which columns are visible. You must disable customization on each relevant list view. There is no global setting to disable list view customization for the entire application.

You can disable customization on a `ListViewInput` or a `ListViewPanel` widget. In most situations, list view customization is enabled by default. However, in some configurations such as a `ListViewInput` defined inside of an `IInputColumn`, customization may be disabled by default. If desired, you can then edit the list view and change the property setting.

Procedure

1. In Guidewire Studio, open the PCF file containing the list view.
2. Click the list view widget.
3. In the **Properties** tool window, set the `disableUserCustomization` property to `true`.

Change the sidebar width

About this task

You can resize the sidebar to make it wider or narrower than it currently is. This change remains in effect until you log out.

Procedure

1. Position the mouse pointer over the right border of the sidebar. The pointer turns into a double arrowhead .
2. Drag the sidebar border to the new width.

chapter 5

Claim search

ClaimCenter provides three types of searches for claims:

- Simple Search
- Advanced Search
- Search by Contact

Simple and advanced searches access the ClaimCenter database to find claims. Search by contact uses a searchable index and is a free-text search that includes both exact and inexact matching. Inexact matching returns results that partially match, are synonyms, and sound like the terms in the search criteria.

See also

- “Perform a simple search” on page 77
- “Advanced search” on page 78
- “Search by contact” on page 78

Additionally, you can also search for activities, checks, recoveries, and bulk invoices. See “ClaimCenter search tab” on page 64.

Perform a simple search

About this task

In ClaimCenter, **Simple Search** enables you to search for a claim by using a group of text field entries.

Note: You must enter an exact match in the **Claim #** and **Policy #** fields. During a search, ClaimCenter uses only those fields in the form in which data exists. For example, if you enter a **Last Name** but not a **Claim #**, ClaimCenter omits **Claim #** from the search.

Procedure

1. Access the simple search from **Search > Claims**.
2. Enter one of the following to search for a claim:
 - Claim Number
 - Policy Number
 - First Name

- Last Name
- Organization Name
- Tax ID

Results

The search results return claims with links to view details.

Advanced search

The advanced search screen in Guidewire ClaimCenter is similar to the simple search with additional parameters that might be useful in finding your claim. For example, you can search by jurisdiction, assigned group, loss dates, and flagged or high-risk indicators.

Some fields on the simple and advanced search screens are text fields. If you enter text into one of these fields, ClaimCenter searches for a match that starts with that text. For example, if you enter *Jones* into the last name field, the search returns all last names that start with *Jones*. The search results include: *Jones*, *Jonesburg*, or *Jones-Smith*. It does not find *McJones*.

If multicurrency is enabled, you can use advanced search to search for the currency, type, and amounts. The search returns claims in that currency. Note that ClaimCenter searches for claim currencies.

See also

- “Perform a simple search” on page 77
- “Multiple currencies” on page 373

Search by contact

In ClaimCenter, the **Search by Contact** option provides faster, free-text search for claims than database search, especially against very large databases. The search is faster, because it searches through text-based representations of selected data. ClaimCenter uses a custom integration with the Apache Solr search engine, the Guidewire Solr Extension, to generate a full-text search index. You can choose to enable or disable this type of search. For more information on enabling and configuring free-text search, see the *Configuration Guide*.

In the base configuration, Guidewire disables the **Search by Contact** functionality. If you enable **Search by Contact**, Guidewire recommends that you remove **Simple Search** as a menu option, because **Search by Contact** effectively replaces it. Free-text search is best suited for approximate searches, where it is possible to enter inexact, phonetic, or synonym search terms and recover accurate results. When you are searching for specific objects in ClaimCenter, such as a check or an activity, **Search by Contact** is not recommended. Use other available search options such as **Search > Checks** instead.

The **Search by Contact** screen has fields to enter data by name, address, role, and other criteria. Search fields are not case-sensitive. For each field, there is a corresponding search index to optimize retrieval of that data. One search field can map to more than one object or property in the database. For example, entering a value in the **Name** field compares the search string against an index field that consists of concatenated **First Name** and **Last Name** or **Company Name**.

Note: Free-text search using **Search by Contact** is not integrated with a contact management or address book system, such as Guidewire ContactManager. You search for claims by using claim contacts in ClaimCenter.

How free-text search works

The free-text search process consists of four steps:

1. Setup and enabling of free-text search for ClaimCenter.
2. Initial loading of the Guidewire Solr Extension index.
3. Continuous index updates in production using messaging.

4. Sending a search query to the Guidewire Solr Extension and receiving results.

As users make and save changes, ClaimCenter updates the Guidewire Solr Extension index dynamically.

Archived claims search

Free-text search using the **Search by Contact** menu option targets claims in the active database. In the base configuration, you cannot use free-text search to access archived claims.

Additional configuration would be required to create a separate index for claims in the archive database. If you do choose to add this configuration, you need to ensure that both databases are current when changes such as archiving or restoring a claim are made.

Search types and ranking

Search fields are configured to match exactly or inexactly. An exact match of a field returns a result that matches the search string exactly. An inexact match of a field returns a result that starts with, contains, or sounds like the search string.

For example, exact and inexact matching returns the following names if you search for Rob:

- Rob – Exact.
- Robertson – Starts with.

ClaimCenter ranks the search results with a score that reflects the degree to which the result matches the search criteria. In the base configuration, only exact, prefix, and phonetic searches are enabled. Synonym matching for the full name is not enabled.

A configuration file defines for each search field how to rank exact matches and the various types of inexact matches. For more information, see the *Configuration Guide*.

A search field may return matches from two or more pieces of information on the search object. The search ranks the matching information. When searching for claims, for example, a name search attempts to match the names of all the contacts associated with a claim.

Search type selection shortcuts

Search type selection shortcuts allow the user to enter a one-character or two-character string that directs the free-text search function to return only matches of a particular type. Search types with a corresponding shortcut string include exact match, prefix match, synonym match, and phonetic match. Adding the corresponding shortcut string to the end of a free-text search field entry activates the corresponding search type in the search algorithm.

The next example will contrast the results that the user obtains when not using a search type selection shortcut versus when using one. The user not inputting a search type selection shortcut enters a name such as "john" in the name field. The user then searches on the specified name. The results of this search can include matches of all types.

The search type selection shortcut feature allows the user to add a short string such as "-n" directly to the end of the search string, "john". The search string as modified is "john-n". Adding the shortcut restricts the results of the search. The results only contain matches of the type corresponding to the shortcut. In this case, the results would include only synonyms for "john". They would not include matches of any other type.

The following is a list of the search type selection shortcuts that Guidewire supports:

- -e : exact match only
- * : prefix match only
- -n : synonym (nickname) match only
- -p : phonetic match only

Search by contact user interface

In the base configuration, **Search by Contact** searches for claim contacts in the active database and retrieves the corresponding claims.

Search by Contact has the following features:

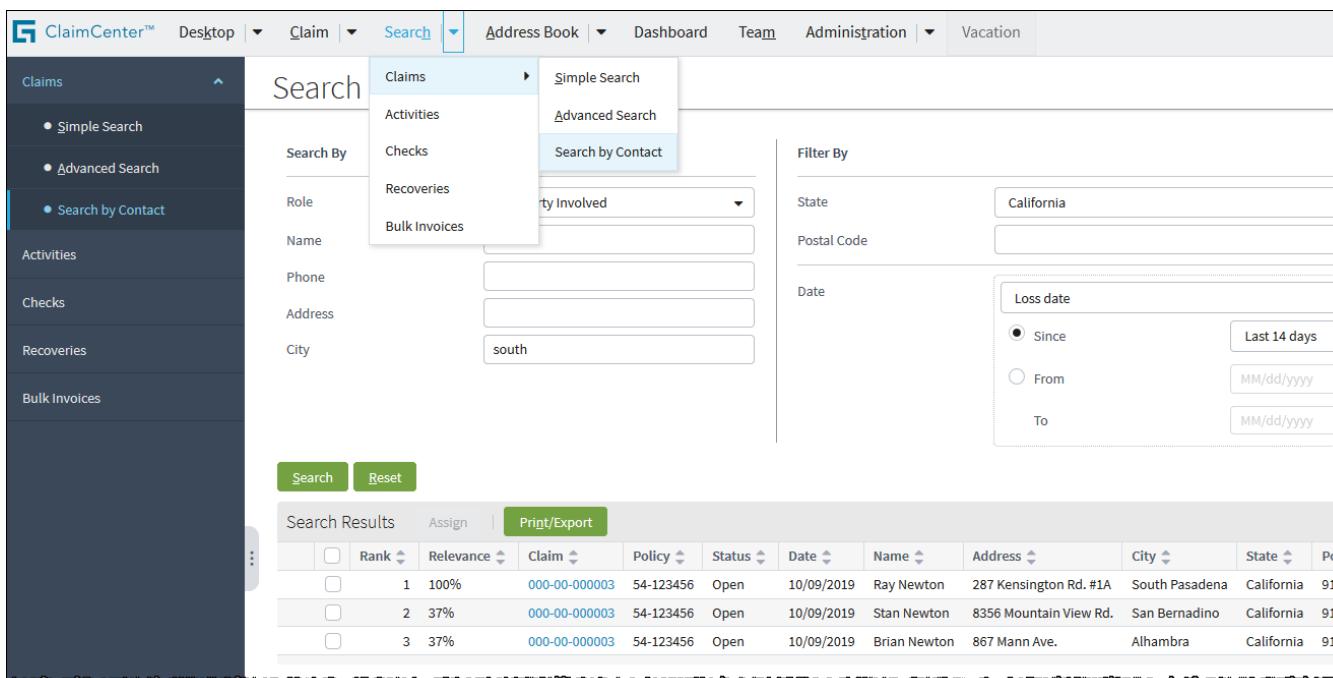
- The **Name** search field matches a concatenated first and last name or company name.
- The **Phone** search field matches a home, mobile, or work phone number.

Note: When entering a phone number as a free-text search criterion, enter a phone number appropriate for your default phone region and do not use an extension. If free text search finds a match, it returns the phone number formatted according to your default phone region.

- The **Address** field matches the address associated with the claim.

Note: ClaimCenter also includes advanced search for additional object types. For more information, see “Advanced search” on page 78.

Navigate to **Search > Search by Contact**, enter search criteria in the top of the screen, click **Search**, and ClaimCenter displays results in the bottom pane, as shown in the following figure.



| | Rank | Relevance | Claim | Policy | Status | Date | Name | Address | City | State | Postcode |
|---|------|---------------|-----------|--------|------------|--------------|------------------------|----------------|------------|-------|----------|
| 1 | 100% | 000-00-000003 | 54-123456 | Open | 10/09/2019 | Ray Newton | 287 Kensington Rd. #1A | South Pasadena | California | 91063 | |
| 2 | 37% | 000-00-000003 | 54-123456 | Open | 10/09/2019 | Stan Newton | 8356 Mountain View Rd. | San Bernadino | California | 91063 | |
| 3 | 37% | 000-00-000003 | 54-123456 | Open | 10/09/2019 | Brian Newton | 867 Mann Ave. | Alhambra | California | 91001 | |

Search criteria

On the **Search Claims** screen, the following search fields appear at the top of the screen.

| Field | Description | Matching Type |
|------------------|---|---------------|
| Search By | | |
| Role | Search for the role of the claim contact. Select Additional Insured, Any Party Involved, Claimant, or Exact Insured. The default selection is Any Party Involved . | Query |
| Name | Search for first and last name of a person or company name. Starting with the best match, the search ranks the matching names as follows: | Inexact Query |
| | • Exact | |

| Field | Description | Matching | Type |
|------------------|--|----------|--------|
| | <ul style="list-style-type: none"> Starts with (prefix) Sounds like (phonetic) Contains | | |
| Phone | <p>Search for a matching work, home, or mobile phone number. You must enter the whole phone number. For example, valid telephone number formats for the US phone region are:</p> <ul style="list-style-type: none"> 650-555-1234 650 555 1234 6505551234 (650)555-1234 (650) 555-1234 650.555.1234 <p>Country codes must be prefixed with +.</p> | Exact | Query |
| Address | <p>Search for the street address. The search ranks the results from highest to lowest as follows:</p> <ul style="list-style-type: none"> Exact Starts with (prefix) Sounds like (phonetic) Contains | Inexact | Query |
| City | <p>Search for the city. The search ranks the results from highest to lowest as follows:</p> <ul style="list-style-type: none"> Exact Starts with (prefix) Sounds like (phonetic) Contains | Inexact | Query |
| Filter By | | | |
| State | Search for the state. Select from a preconfigured drop-down list. | Exact | Filter |
| Postal Code | Search for the postal code. | Exact | Filter |
| Date | <p>Search for claims in one of the following date ranges:</p> <ul style="list-style-type: none"> Loss date Reported date Closed date Creation date | Exact | Filter |

The Matching column indicates whether the field matches exactly or inexactly. The Filter column indicates whether the field is a query or filter field.

You must specify at least one query field other than **Role**, such as **Name** or **Phone**.

On the **Search by Contact** screen, the fields for entering search criteria are of two types:

- Query fields – These are grouped under the **Search By** heading. ClaimCenter sends the query fields to the search engine. You need to enter at least one query field for the search to function accurately.
- Filter fields – These are grouped under the **Filter By** heading and help narrow down the results returned by the query.

Search results of searching by contact

On the **Search by Contact** screen, the following **Search Results** fields appear at the bottom of the screen.

| Field | Description |
|--------------------|---|
| Rank | The rank indicates the relevance of the result to the search criteria. The lowest rank corresponds to the most relevant match. |
| Relevance | The relevance is a percentage value that indicates the closeness of the match. The higher the relevance percentage, the better the match. A relevance of 100% represents the highest score of all the search results. |
| Claim | The claim number. |
| Policy | The policy number. |
| Status | The status of the claim. |
| Date | The date, typically the loss date, listed on the claim. |
| Name | The first and last name of the person or the company name returned by the search results. |
| Address | The street address on the policy. |
| City | The city on the address of the policy. |
| State | The state on the address of the policy. |
| Postal Code | The postal code on the address of the policy. |
| Phone | The primary phone number listed on the policy. |
| Roles | The roles held by the contact on this claim. |

Name search

The **Name** field finds matches in the contacts associated with claims, including company names. This is an inexact search field.

If you enter more than one word in the name field, the search gives a better rank to results containing both words. A match has a better ranking if the words exist in the same order. If only part of the words match, the match has an inferior ranking.

Note: The middle name is not indexed in the base configuration.

Address search

The address search finds matches in addresses associated with claim contacts. Query fields for an address search include **Address** and **City**, and filter fields include **State** and **Postal Code**.

Working with free-text search

This topic provides instructions for working with the **Search by Contact** functionality.

Prerequisites

These examples assume that you have set up and enabled free-text search for ClaimCenter. For more information about setting up free-text search, see the *Installation Guide*. The examples also use sample data included with the base ClaimCenter installation. See the *Installation Guide*.

Search examples

The following examples illustrate some simple claim searches using the ClaimCenter **Search > Search by Contact** functionality.

| Example | Comments |
|--|--|
| In the Name field, enter robert , then click Search . | The Search Results area displays information on claims with a contact name that contains 'robert' as the first name or last name. For example, the results contain rows for Robert Farley and Robert Peterson. The search results can also return claims in which the entered text is part of the contact name, such as Allen Robertson or George Roberts. A name such as Allen Robertson has the highest relevance and rank. |
| In the Name field, enter nuton , then click Search . | The Search Results area displays claim contacts with 'Newton' in the name, which is a phonetic match to the entry, 'nuton'. Example results include Ray Newton and Brian Newton. |

Free-text search finds claims based on matching search criteria to contacts from the index. Thus, it is possible for a claim to appear more than once in the results for each matching claim contact. In the base configuration, Guidewire does not index contact middle names.

Search index updates

About this task

In ClaimCenter, if you commit a change that is part of the search index, ClaimCenter automatically updates the change in the free-text search index. The following example illustrates this concept.

Procedure

1. In ClaimCenter, select **Search > Search by Contact**.
2. Enter a name in the **Name** field and click **Search**.
For example, enter **Ray Newton** in the **Name** field.
3. In the **Search Results** pane, click one of the search results associated with the name that you entered in the previous step.
For example, click claim # 235-53-365870 to navigate to the Ray Newton claim.
4. Select the **Parties Involved** menu link, then click on a contact name.
For example, click on **Brian Newton**.
5. Edit the contact information and click **Update**.
For example, change the contact role from **Excluded Party** to **Other**.
6. Return to the **Search by Contact** screen and enter the name for the contact that you updated in the previous step.
For example, enter **newton** in the **Name** field.
7. Click **Search**.

Results

The search results now display the updated role for that contact in the **Roles** column. It is possible for the index update to take a short period of time before ClaimCenter updates the screen.

QuickJump

QuickJump overview

QuickJump is a feature in the ClaimCenter user interface that can be used to perform navigation to a screen using the keyboard only. It is intended primarily for users who prefer to navigate without using a mouse.

The **QuickJump** box provides a fast way to navigate to a particular screen in the application.

In ClaimCenter, the screens you can jump directly to are:

- Desktop > Activities
- Search > Claims > Advanced Search
- AddressBook > Search
- Administration > Users
- New Claim wizard
- Claim Summary
- Team > Summary

You can also configure QuickJump to go to any other destination, any screen that does not require an argument to specify it, such as the **Quick Check** wizard.

The **QuickJump** box can also retrieve and show information about a particular entity. In the base configuration, ClaimCenter provides support for the **Claim** entity. You can add additional entities.

Using QuickJump

The **QuickJump** box, as shown in the following, appears at the upper right corner of most ClaimCenter screens. The box is not available in pop-ups.



To use the box, position the cursor in it or use the shortcut key **Alt** **/**, and then enter a QuickJump command. To view a list of available commands, press the **Down Arrow** key.

For example, to retrieve a claim, type **claim** followed by the claim number, as in **claim 312-36-300870**, to open that claim's **Summary** page.

The **QuickJump** box provides automatic command and parameter completion. Type the first few letters of a command, and the **QuickJump** box automatically provides a list of the possible commands. For example, type the letter A to list all commands or parameters that begin with the letter A.

Chaining QuickJump destinations together

It is possible to chain multiple QuickJump destinations together to jump to a specific screen.

For example, `Claim claimNumber Workplan` jumps you to the **Workplan** of claim `claimNumber`. Chaining works only if the final destination is unique. Therefore, `Claim claimNumber Workplan` and `Claim claimNumber Litigation` are allowed, but `Claim claimNumber NewExposure` is not. The last one does not work because there are multiple exposure types.

After entering the claim number, press the Spacebar, and then type the first letter of the command you want to chain. You see a list of available commands that start with that letter.

QuickJump behavior in wizards

Wizards are typically used to advance sequentially through a series of steps. QuickJump can be used to skip steps and jump to a screen listed in the Sidebar.

QuickJump actions available in a wizard are active only when operating in the wizard. For example, it is not possible to jump from an account screen to a specific wizard screen.

When operating in a wizard, if you want to jump to another part of ClaimCenter, save your work before jumping. After the jump, if you did not save your work, your wizard work will be lost.

Configuring QuickJump

The **QuickJump** box can be configured in various ways.

- You can add new commands that jump to newly-created screens.
- You can change existing **QuickJump** commands. For example, you can provide commands that users were accustomed to using on another system.
- You can remove the **QuickJump** box from the user interface.

You can use the XML Editor in Studio to configure the **QuickJump** box. In the **Project** window, navigate to **configuration > config > Page Configuration** and open `quickjump-config.xml` to edit QuickJump resources. Labels for a particular language are defined in the `display_LanguageCode.properties` file.

You can also configure QuickJump to go to another entity besides a claim, such as a bulk invoice. The entity must require either no argument or one argument to be specified. It is not possible to jump to an entity requiring more than one argument.

See also

- *Configuration Guide*
- *Globalization Guide*

QuickJump commands reference

The following tables list the supported QuickJump commands. Some commands can be chained— appended with other information, such as another entity name or a claim number.

Static commands

The following table lists the QuickJump commands that open screens or run commands directly.

| Screen or Command | Command |
|--------------------------------------|-------------------------------------|
| AddressBook > Search | AddressBook |
| Administration > Users | Admin |
| Claim Summary for <i>claimNumber</i> | Claim <i>claimNumber</i> |
| Desktop > Activities | Desktop |
| New Claim Wizard | NewClaim |
| Runs the specified batch process | RunBatchProcess <i>batchProcess</i> |
| Search > Claims > Advanced Search | Search |
| Team > Summary | Team |

Commands available with a claim open

After **QuickJump** recognizes the name of a claim, it has a context and can jump directly to a screen related to that claim. The following table lists the **QuickJump** commands that are accessible when a claim is open.

| Screen | Command |
|----------------------------|---------------------|
| Calendar > Claim Calendar | Calendar |
| Financials > Checks | Checks |
| Email worksheet | Email |
| Exposures | Exposures |
| Financials > Summary | Financials |
| History | History |
| Litigation | Litigation |
| Loss Details > General | LossDetails |
| Check wizard | NewCheck |
| New Document worksheet | NewDocumentTemplate |
| Create Recovery | NewRecovery |
| Note worksheet | NewNote |
| Set Reserves | NewReserve |
| PartiesInvolved > Contacts | PartiesInvolved |
| PlanOfAction > General | PlanOfAction |
| Policy > General | Policy |
| Summary > Overview | Summary |
| Workplan | Workplan |

These context-specific jumps are a useful part of **QuickJump**. They allow rapid switching among the claim-related screens.

Accessibility in Guidewire InsuranceSuite

Guidewire InsuranceSuite provides accessibility features to ensure that all users have a successful and productive user experience. Guidewire is guided by the WCAG 2.0 AA standard for accessibility.

Screen reader support

The InsuranceSuite user interface is designed with standard HTML elements. The HTML includes attributes defined by ARIA (Accessible Rich Internet Applications) to provide additional meaning for screen readers and other assistive devices. Guidewire tests accessibility using a variety of screen readers, including JAWS, NVDA, and VoiceOver.

Inputs and labels

Inputs and labels on application pages are associated by a parent-child relationship. An input widget is labeled with the value of its child widget using an `aria-labelledby` attribute. Automated accessibility checks flag this relationship as an issue. However, manual accessibility assessments demonstrate that this relationship is properly voiced by screen readers.

Alternative text on icons

The alternative text values for icons are specified by the `aria-label` attribute. The default value is the name of the icon. For example:

- A green circle with a check mark indicating 'complete' includes the ARIA attribute `aria-label="circle-checkmark"`.
- A red circle with an 'X' indicating 'not complete' includes the ARIA attribute `aria-label="circle-x"`.

To change the `aria-label` value, edit the associated PCF file and set the `*AltText` property.

Page titles

When you navigate to a new page in a web application, a screen reader reads the contents of the HTML `<title>` tag. The title of the browser window describes the content of the page, distinguishes it from other pages, and provides contextual information. In InsuranceSuite, the browser window title automatically includes the main heading text of the page. If desired, you can override the title by setting the `browserTitle` attribute of the PCF page.

Error, warning, and information messages

If a form submission generates errors or warnings, they are displayed within a notification widget. The notification widget is located after the main page heading, and it is titled with a heading level 2 element. Notifications of this type are communicated to screen readers by using `aria-live`.

For example:

- This page contains error, warning, and informational messages. Errors: (3). Warnings: (2). Infos: (1).
- This page contains error and informational messages. Errors: (2). Infos: (2).
- This page contains warning messages. Warnings: (1).

Notifications may include supplemental explanatory information, such as the detailed messages that were generated. To reduce cognitive load and make understanding easier, the additional information is not included in the initial notification. To get the detailed information, navigate to the heading level 2 widget title and read the content within it.

Bold label widgets are assigned ARIA heading level 3

All bold label widgets are assigned the following ARIA attributes by default:

```
role="heading" aria-level="3"
```

Not all bold label widgets are necessarily headings, but they often function as headings. Bold label widgets most commonly appear within areas that are labeled by widgets of type heading level 2. They can also occur directly within areas that are labeled by title heading level 1. Although this might raise an automated structure flag, the benefits of this approach generally outweigh the negatives for screen reader users.

ariaInfo property of PCF elements

Many PCF elements have an `ariaInfo` property. This property is reserved and is not functional. Do not use this property.

Keyboard interaction with JAWS

If you use JAWS, then you may need to use modifier keys when triggering buttons and links within the main application screen. In addition to the `Enter` or `Space` keys, you may also need to use the `Alt` or `Insert` modifier keys. To remove the requirement for the modifier key, press `Insert+Z`, which toggles the virtual cursor (virtual viewer) to 'off'.

User interface settings for accessibility

InsuranceSuite applications provide several user interface settings designed to improve accessibility. These include the following:

| Setting | Description |
|---|---|
| Application font size | The base font size, in points, of the text used on the application screens. |
| Global spacing modifier | A multiplier that decreases (when less than 1) or increases (when greater than 1) the amount of whitespace surrounding visual elements. |
| Theme | The theme to use as the visual style of the application. If you require higher color contrast, try the Guidewire Cloud High Contrast theme. |
| Left align top toolbars | Set to align the toolbar at the top of the screen to the left instead of the right. |
| Force text shadows on | When set, dark text is displayed with a white shadow, and light text is displayed with a black shadow. This setting may assist with readability when there is low contrast between the text and its background. |
| Disable outlines on focused elements | When not set, the input elements with focus have an extra outline to make them easier to identify. |

| Setting | Description |
|--|---|
| Attempt to be smart about what touch inputs to ignore. Essentially allowing 'ignore errant thumb' and 'palm rejection' behavior. | When using touch devices, some touches may be intended to interact with the application, and other touches may be incidental or accidental. When this setting is set, the application attempts to identify meaningful touches and ignore all others. |
| Add additional context to visible labels | Add additional information to text labels of inputs. For example, the label might indicate that the field is required or show what the expected date format is. |
| Use standard menu formatting | Renders multi-column menus as standard single-column menus. This is useful for screen readers and keyboard-only navigation. |
| Use radio buttons to select List Detail rows | Provides an alternate way of interacting with List-Detail tables, where there is a list view table and a detail view underneath. Instead of clicking on a row in the table to select it, a new column is added with radio buttons used to select the row. This is intended for use with some screen readers, which are otherwise unable to select rows. |
| Allow all tooltips to be displayed and read by screen readers on focus. Affects page tab sequence. Requires browser restart. | When set, any screen element that has a tooltip is included in the sequence of elements that you can navigate to by using the Tab key. When an element is in focus, its tooltip appears, which is also useful for screen readers. After changing this setting, you must restart your browser. |

See also

- “Changing interface settings” on page 55

Keyboard navigation and interaction

Guidewire InsuranceSuite provides complete navigation through the application interface using the keyboard. Use the following for keyboard navigation:

- Press Enter or Spacebar to act as a mouse click.
- Press Tab or Shift+Tab to navigate through the interface elements.
- Press the arrow keys to navigate in menus and list views.
- Press Alt+Shift+Arrow (using any of the arrow keys) to navigate to the primary interface panels. For example, Alt+Shift+Left Arrow navigates to the sidebar.

Date picker navigation

Use the following keyboard navigation to interact with the date picker widget:

Windows (no screen reader)

- Spacebar: Toggle the date picker.
- Ctrl+Right Arrow or Ctrl+Left Arrow: Proceed forward or backward by day.
- Ctrl+Down Arrow or Ctrl+Up Arrow: Proceed forward or backward by week.
- Alt+Right Arrow or Alt+Left Arrow: Proceed forward or backward by month.
- Alt+Down Arrow or Alt+Up Arrow: Proceed forward or backward by year.
- Enter: Select the date.

macOS (no screen reader)

- Spacebar: Toggle the date picker.
- Cmd+Right Arrow or Cmd+Left Arrow: Proceed forward or backward by day.
- Cmd+Down Arrow or Cmd+Up Arrow: Proceed forward or backward by week.
- Option+Right Arrow or Option+Left Arrow: Proceed forward or backward by month.

- Option+Down Arrow or Option+Up Arrow: Proceed forward or backward by year.
- Enter: Select the date.

With JAWS screen reader on

- Spacebar: Toggle the date picker.
- Ctrl+Shift+Right Arrow or Ctrl+Shift+Left Arrow: Proceed forward or backward by day.
- Ctrl+Shift+Down Arrow or Ctrl+Shift+Up Arrow: Proceed forward or backward by week.
- Alt+Right Arrow or Alt+Left Arrow: Proceed forward or backward by month.
- Alt+Down Arrow or Alt+Up Arrow: Proceed forward or backward by year.
- Enter: Select the date.

With NVDA screen reader on

- Spacebar: Toggle the date picker.
- Ctrl+Right Arrow or Ctrl+Left Arrow: Proceed forward or backward by day.
- Ctrl+Down Arrow or Ctrl+Up Arrow: Proceed forward or backward by week.
- Alt+Right Arrow or Alt+Left Arrow: Proceed forward or backward by month.
- Alt+Down Arrow or Alt+Up Arrow: Proceed forward or backward by year.
- Enter: Select the date.

part 3

Working with claims

chapter 8

Claim creation

The New Claim wizard is a flexible and configurable wizard that simplifies the intake of First Notice of Loss (FNOL) information to create a new claim.

The New Claim wizard:

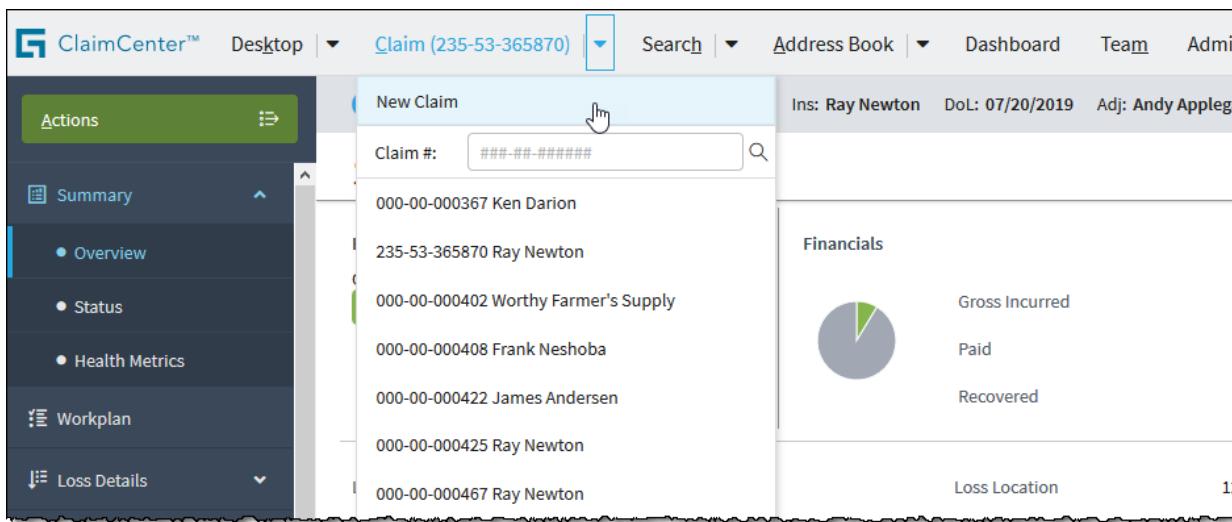
- Models the natural flow of collecting FNOL information.
- Uses a small number of logically ordered steps.
- Captures high-level details, such as the reporter, relevant parties, and loss details in an organized way.
- Provides peripherally useful screens, like **Parties Involved** and **Documents**, that are accessible at any time, outside the main wizard workflow.
- Enables you to jump between step and non-step screens.
- Is optimized, in the base configuration, for personal auto and workers' compensation, but can be configured for any line of business.
- Uses incidents to organize **Loss Details** data by vehicle, property, and injury.
- Enables you to pick subflows, such as first-and-final or auto glass, to further optimize the wizard's workflow.

There are also other wizards, such as Auto First and Final or the Quick Claim Auto used in Personal auto, that you can use, depending on your business requirements. For example, the Auto First and Final wizard would typically be used when a claimant calls to report that the car's windshield is cracked.

Overview of the new claim wizard

The New Claim wizard provides two navigation panels on the left and a main screen to collect data.

Access the wizard by selecting **New Claim** from the **Claim** tab as shown in the following.



Wizard step navigation panel

The New Claim wizard provides different flows depending on the policy type that the policy search returns. For example, if the selected policy is of type Auto, the flow consists of four steps as seen in the previous graphic. The Wizard Steps navigation panel displays these steps, and you can navigate among any enabled steps. To access all the steps, including those that are not enabled, you must go through the wizard.

For personal auto and workers' compensation policy types, you can further specify a subflow, such as **Quick Claim Auto**, as a **Type of Claim** when selecting a policy. Additionally, there are subflows for homeowners and personal travel policy types, such as **Quick Claim Baggage** or **Quick Trip Cancel**. These selections also affect the flow and change the steps shown in the Wizard Steps navigation panel.

Claim action navigation panel

Besides the main wizard steps, you can add additional information as you create the claim. You enter this optional, claim-related information into screens that you reach from the Claim Action navigation panel. These screens include **Parties Involved**, policy-related information, **Documents**, and **Notes**. You can use this panel and the Wizard Step navigation panel together to jump quickly through the claim, but you cannot navigate to greyed-out choices. For example, you can always enter a new note, but you can attach **Documents** only after completing Step One – Search or Create Policy. See “Optional new claim wizard screens” on page 106 for more details.

Claim info bar

The **Claim Info bar** contains information about the claim. It shows whether the claim is open or closed, the selected policy, the insured, date of loss, and the claim status. After you select a policy, an icon describing the type, auto, property or workers' compensation, appears by the policy number.

See also

- “New claim wizard steps” on page 98

Save your work, and, retrieve unsaved work

About this task

The New Claim wizard stores the state of your work and returns you to work that you started but have not yet saved. The **Unsaved Work** menu shows a drop-down list of all step and claim action panels for which you have entered data but not saved.

Following are the high level steps used to create a draft claim using the wizard. The first step of the wizard is always to select a policy.

Note: The system saves only when you click **Next**. The system does not save when you click **Back**.

Procedure

1. In ClaimCenter, select a policy and click **Next**.

For you to be able pay the claim, the claim must have a verified policy.

2. Create a new claim and save it with draft status.

The New Claim wizard does not save a claim in a more advanced status. However, each time you exit a step or claim action screen by using **Next**, you save the information on that screen in the draft.

Note: In the base application, saving a draft claim is available in the first step of the New Claim Wizard.

To delay creating a draft claim until a later wizard step, change the `autosaveable` attribute at the end of page one of `fnolwizard.pcf` to `false`. Change this attribute to `true` in the step where you want to create the draft claim.

3. Use the navigation panels to add information in any other wizard steps or claim screens.
4. Use the **Unsaved Work** menu to return to any screen you have begun but not saved by clicking **Next**.
5. Click **Finish** to exit the wizard.

Claim validation rules run and the claim is saved in the highest status allowed by these rules.

Working with multiple claims in draft mode

After you have created a draft claim by completing the first screen of the New Claim wizard, you cannot exit the wizard and enter it again to create another claim. After you enter the wizard again, it displays your current draft. However, this feature is configurable.

To enable multiple draft claims, change the `autosaveable` attribute to `false` in all screens of the `FNOLWizard` PCF file.

After you enable multiple draft claims, you can exit the wizard at any time after creating a draft claim. When you open the wizard again, you can begin entering a new claim, instead of being required to return to your previous draft claim.

To enter the wizard again with a particular draft claim, use the **Desktop** tab and select **Claims** in the Sidebar to see the list of your claims. Change the drop-down from **All open owned** to **Draft**. Select any draft to return to the wizard with that draft open. Use this method to view either your current draft or multiple draft claims.

See also

- “Overview of the new claim wizard” on page 95

Flows of the new claim wizard

If you create an unverified policy, you must enter a **Policy #**, **Policy Type**, and **Type of Claim** before you exit Step One – Search or Create Policy. Requiring these entries enables the New Claim wizard to decide which flow to use. Then, after you select a flow, you can exit the step.

Capturing incidents in the New Claim wizard

You can use the New Claim wizard to capture incidents. A claim that contains incidents with no exposures is a claim that is recorded but not processed any further. No payments are made against it. This kind of claim can result from reported losses that are not covered by the policy or from a decision by the insured not to process the claim. Reasons not to process the claim might be that the loss amount is just slightly over the deductible or the insured does not want a rate increase. *Incident only* is an accepted industry term that implies that there is no expectation of financial liability by the insurer.

Another reason to capture incidents on a claim is that a customer service representative (CSR) might not have the permissions to create an exposure. The CSR might not know enough about the type of claim to create an exposure and, therefore, just gathers available information during the first notice of loss.

You can create incidents after a claim is created. Navigate to the claim's **Loss Details** screen, and then click **Edit** and make your selection. Available incidents are located on the right side of the screen.

Note: In the base configuration, there is an **Incident Only** radio button in Step Three of the wizard. This radio button is actually a Boolean field, `IncidentReport`, on the `Claim` entity. ClaimCenter provides this radio button for optional configuration purposes. For example, you might decide to generate a report that contains a list of all claims that are incident-only. This button does not create an incident.

See also

- See "Incidents" on page 255.

New claim wizard steps

This topic describes the workflow of the creation of a claim by using the example of an auto claim. The flows for personal auto and commercial auto are similar, as are the flows for personal and property claims. Differences are noted, where applicable.

You access the New Claim wizard by selecting **New Claim** from the **Claim** tab.

Follow these steps to create a claim:

1. "Selecting or creating a policy in the new claim wizard" on page 98
2. "Basic information step of the new claim wizard" on page 100
3. "Add claim information step of the new claim wizard" on page 101
4. "Services step of the new claim wizard" on page 103
5. "Save and assign the claim" on page 105

The following two topics provide additional information.

- "Complete the new claim wizard" on page 106
- "Optional new claim wizard screens" on page 106

Selecting or creating a policy in the new claim wizard

The first step of opening a new claim is ensuring that a policy exists for the claim. You must either search for an existing policy or create an unverified policy as a placeholder. If you create an unverified placeholder policy, you then update the claim with the actual policy later.

ClaimCenter searches an external system for a policy for the new claim or creates a new one, based on the current policy description. If the policy description matches the claim's current policy, the wizard's `setPolicy` method does nothing.

The wizard determines whether two policies are the same based on fields in the policy summaries. For example, you might return to the wizard's first step and select a new policy. If you click **Next** again, ClaimCenter relies on configurable logic to compare two policy summaries and determine if they are the same policy. For example, you can configure the logic of how ClaimCenter compares the policy summaries to use additional fields such as the loss date.

See also

- For information on the reasons for and consequences of using each type of policy, especially as they affect claim validation, see "Verified and unverified policies".

Select an existing policy for a claim

Before you begin

Before proceeding, review "New claim wizard steps" on page 98.

Procedure

1. In ClaimCenter, in the New Claim wizard, select the **Find Policy** radio button.
2. Enter the search criteria in the claim search panel to retrieve the correct policy from a policy administration system, such as Guidewire PolicyCenter.

| Policy search criterion | Additional criteria for a name search |
|---|---|
| Policy # | |
| First and/or Last Name of policy holder SSN or Tax ID, City, State, ZIP, and/or Country | |
| Organization Name (of policy holder) | SSN or Tax ID, City, State, ZIP, and/or Country |
| Policy Type | |
| Loss Date | |
| Auto VIN (vehicle ID #) | |

3. Click **Search**.
ClaimCenter displays the results in a table at the bottom of the screen.
4. Use **Select** to display the correct policy.
 - If the search finds just one result, the New Claim wizard selects it for you. You can use the **Unselect** button to override this choice and try again.
 - Selecting a policy shows additional details. For example, if the policy type is Personal Auto or Property, you see a history of all other claims filed against the policy, both open and closed, but not archived. Workers' compensation and commercial policies do not show a claim history because there are often many claims against these kinds of policies. After the claimant's name becomes known, ClaimCenter displays a claim history for the current claimant. You must enter additional information to complete this step.
5. Enter information for date of loss and type of claim.
 - **Date of Loss** – Required so the New Claim wizard can evaluate if the policy is valid for the claim. You can optionally enter the **Loss Time**. The value defaults to midnight.
 - **Type of Claim** – If the policy type can have more than one flow, you must select the targeted flow. See “Flows of the new claim wizard” on page 97.
6. Click **Next**.
The New Claim Wizard saves the claim as a draft and advances to the next step.

What to do next

After completing this procedure, continue to “Basic information step of the new claim wizard” on page 100.

Create an unverified policy for a claim

Before you begin

Before proceeding, review “New claim wizard steps” on page 98.

Procedure

1. In ClaimCenter, in the New Claim wizard, select the **Create Unverified Policy** radio button.
2. Enter a **Loss date**, a **Policy Number**, **Policy Type**, and **Type of Claim**.

The New Claim wizard uses the last three values to determine which flow to use. This topic describes the main Auto flow, and assumes you have chosen one of the Auto claim types.

3. Choose the **none selected** option from the **Select Property** or **Select Vehicle** drop-down list.

This option is for claims, such as **Property - Quick Claim Property** or **Auto First and Final**, that can complete even if the policy is unverified. However, you cannot specify the property or vehicle.

4. Continue through the wizard steps.

What to do next

After completing this procedure, continue to “Basic information step of the new claim wizard” on page 100.

Basic information step of the new claim wizard

The **Basic Information** screen in Step Two captures information about the main contact for the claim. This screen is designed to capture information about the people involved in the claim.

You can capture information about other relevant contacts—people, organizations, and companies—by navigating to the **Parties Involved** claim action screen at any time while in the New Claim wizard.

After you complete this step and go to the next step, ClaimCenter has enough information to perform a search for duplicate claims.

Enter basic information

Before you begin

Complete the step “Selecting or creating a policy in the new claim wizard” on page 98 before you perform this step.

Procedure

1. Enter the **Reported By** information for the claim.

This information captures the person who called in the claim. See “Reported by pane of the basic info step” on page 100.

2. Enter the **Insured** information for the claim.

This information captures the person or people who are insured on the policy. See “Insured pane of the basic info step” on page 101.

3. Enter the **Main Contact** information for the claim.

This information captures the person serving as the principal point of contact for the claim. See “Main contact pane of the basic info step” on page 101.

4. Enter the **Involved Vehicles** information for the claim.

This information captures the vehicles that were reported as involved in the claim. See “Involved vehicles pane of the basic info step” on page 101.

What to do next

The next step of the wizard is “Add claim information step of the new claim wizard” on page 101.

Reported by pane of the basic info step

In the **Reported By** pane, enter how the claim was reported. Enter information about:

- **How reported** – Choices are **Phone**, **Fax**, **Mail**, **Internet**, **Walk-in**, and **None**.
- **Name** – If you click the picker icon next to this field, it tries to find the contact name you need. To add the contact yourself, choose the **New Person** option on the picker. If you choose a contact from the list shown by the picker, the screen shows contact information. Some of this information, like phone numbers, but not addresses, is directly editable. An **Edit** button enables you to edit all contact information in a popup window. The picker icon restricts itself to contacts already on the claim. If you are unsure of the picker’s selection, you can click the **View Contact Details** option of the picker.

- **Relation to the insured** – Choose a relationship from the drop-down list.
- **Date of Notice** – The date the claim was opened—the current date by default.

Insured pane of the basic info step

This section contains the name, address, and primary phone number of the insured. This data derives from the information in the policy associated with the claim. You cannot edit this information directly. However if you click the name, the **Contacts** screen opens and you can create a new contact or make any edits.

Main contact pane of the basic info step

The main contact is, more often than not, the person reporting the claim. This contact is set to the person reporting the claim by default. To choose another main contact, select **Different Person**, which opens the **Name** and **Relation to Insured** text boxes. Next to the **Name** box is a picker that behaves identically to the **Reported By** picker. The **Relation to the insured** field uses the same typelist for its options as described previously in “Reported by pane of the basic info step” on page 100.

Involved vehicles pane of the basic info step

This section shows the names of all vehicles listed on the policy and comes from information in the policy. Clicking the check box by any vehicle displays coverages and coverage limits of the policy. If the claim is a property claim, **Involved Properties** replace this section, and the check boxes show policy details for each property. By clicking a check box, you choose that vehicle to be the first party (insured’s) vehicle.

For commercial policies, this section does not appear, since the number of covered vehicles and properties is likely to be too large to be useful.

Add claim information step of the new claim wizard

Step Three, **Add Claim Information**, is the center of the New Claim wizard.

Incidents are collections of information about a loss involving an injury or a loss to a vehicle or some property. The information is about what happened and is something that an observer could relate.

To make it usable by call center operators with no insurance background, the New Claim wizard collects incident information rather than exposure information.

See also

- “**Incidents**” on page 255

Add claim information in the new claim wizard

Before you begin

Complete the step “Basic information step of the new claim wizard” on page 100 before you perform this step.

Procedure

1. Enter basic claim information for the loss.
See “**Basic claim information in the add claim information step**” on page 102.
2. Enter information for vehicles, people, and property involved in the claim.
See “**Vehicles, people, and property in the add claim information step**” on page 102.
3. Enter information for witnesses, officials, and police present at the scene of the incident.
See “**At the scene in the add claim information step**” on page 103.
4. Enter categorization information such as fault rating, weather condition, and catastrophe name.

See “Categorization in the add claim information step” on page 103.

What to do next

The next step in the New Claim Wizard is “Services step of the new claim wizard” on page 103.

Basic claim information in the add claim information step

This section contains only the most basic claim details:

- **What Happened** – A text box for your description.
- **Date of Loss** – Not editable, from “Selecting or creating a policy in the new claim wizard” on page 98.
- **Loss Cause** – ClaimCenter does not take any action based on this field. The choices come from the **Losscause** typelist.
- **Incident Only** – ClaimCenter does not take any action on this field. You can configure a rule to decide what to do with the draft claim already opened by the New Claim wizard.
- **Location** – A number of text boxes for address, city, county, jurisdiction, description of location, and so on. The fields default to a new address. The **Location** drop-down list shows all the addresses obtained from the policy. Selecting one fills in the other address fields.
 - **Location Code** – Optionally specify a loss location code. This code is intended to correspond to a particular covered property, location, or building that was damaged. ClaimCenter does not take any action based on this field. Insurers that want to use this field differently need to configure ClaimCenter to populate the field with the correct value from the Policy Administration System or use another mechanism to configure the field according to their implementation.

Vehicles, people, and property in the add claim information step

For an auto claim, this section initially contains only the vehicles selected by the previous step. For a property claim, this section contains selected properties. It provides additional buttons to add other incidents, based on another vehicle, a property loss, or a pedestrian injuries. If there is an injury to a person in a vehicle, you capture that information as part of a vehicle incident.

The buttons are:

- **Add Vehicle**
- **Add Pedestrian**
- **Add Property Damage**

Add vehicle button

Each time you add a vehicle, you create another vehicle incident for the claim. Add vehicles in this step by selecting vehicles listed on the policy. These are usually first party incidents. Select these vehicles to delete them or edit the details of the incident that concerns them. You can also add any other vehicle and add its details.

The **Vehicle Basics** section displays the vehicle information, if known, from the policy. If this information is not known, or if the **Third Party** button is selected, fields appear to help you describe the vehicle. If you click **Stolen** or **Parked** in this section, the **Other Details** and **Damage** sections disappear from the screen.

Besides the expected **Basic**, **Damage**, and accident (**Other Details**) sections, the **Occupants and Injuries** section displays a **Passenger Details** or **Driver Details** screen. Enter contact details, including injury details, for anyone in the auto.

Use the damage section to describe the vehicle damage. This section includes a **Total Loss Calculator**, which is a series of scored questions that help you decide whether to write off the damage to the vehicle. Rules can use its score to help you decide whether the vehicle is a total loss.

Services check boxes—**Rental**, **Towing**, **Appraisal** and **Repair**—appear in each **Vehicle Incident** screen. They are identical to the **Services** described in “Services step of the new claim wizard” on page 103.

Add pedestrian button

Use this button to add a person to the claim, someone not inside a vehicle. This pedestrian must be part of a vehicle incident as previously described. After clicking this button, you see the **Pedestrian Details** screen.

The **Injuries** fields appear only when you select the **Injured (Yes)** button. After you save this screen, a new entry appears in the **Vehicles, People & Properties** table of the main Step Three screen. If no name or address is given for the pedestrian, the listing in this table is for an **Unknown Pedestrian**. If the pedestrian is injured or dead, appropriate icons precede the name. You can add a pedestrian incident only to an auto claim, not a property damage claim.

Add property damage button

This button displays a **Property Incident** screen each time you click it. Each time you save this screen, a new row appears in the **Vehicles, People & Properties** table of the main Step Three screen. You cannot add a property incident (loss) to an auto claim.

At the scene in the add claim information step

This section of Step Three of the New Claim wizard contains the following sections. Each time you select the **Add** button, you create a new entry in that section.

Witnesses

After you click **Witnesses > Add**, enter or select the witness' **Name**, whether there was a **Statement Obtained**, the location (**Where was the witness**), and the witness's **Perspective**.

Officials?

To make a new entry under **Officials**, click its **Add** button and enter the official's **Type** and **Name**, and the **Report#** of any report made by that official.

Police Reports

Selecting **Police Reports > Add** opens the **Metropolitan Report Details** screen. Enter details of the report.

Note: If ClaimCenter is integrated with Metropolitan Police Reports, this screen shows data when ClaimCenter receives its accident report.

Categorization in the add claim information step

This section of Step Three of the New Claim wizard contains:

- **Fault rating** – Used by the subrogation feature. See “Working with subrogation” on page 289.
- **Weather** – The weather at the accident, from the **Weather** typelist.
- **Catastrophe** – Entering a name associates the claim with that catastrophe. See “Catastrophes and disasters” on page 165.
- **Special Claim Permission** – Entering a name puts the claim on that ACL. See “Data-based security and claim access control” on page 495.

Services step of the new claim wizard

An important part of receiving the first notice of a loss is providing help to those who have suffered the loss. The New Claim wizard's Step Four enables you to select services. These services might be needed to start the claim resolution process for the insured, the claimant, or another party reporting the claim. Services are filtered based on the choices you made in previous steps of the New Claim wizard.

Note: In the New Claim wizard, you can select services from a menu of predefined, commonly used services for your type of claim. The request type for these services is also preselected to simplify this process.

Alternately, you can also choose to manually add services using the **Other Services** menu option, in which case, you can make more granular selections, including the request type.

For each service, ClaimCenter shows the related coverage and limit. For example, the **Auto Body Repair Shop** service section shows whether the vehicle has collision coverage and its deductible, obtained from the policy.

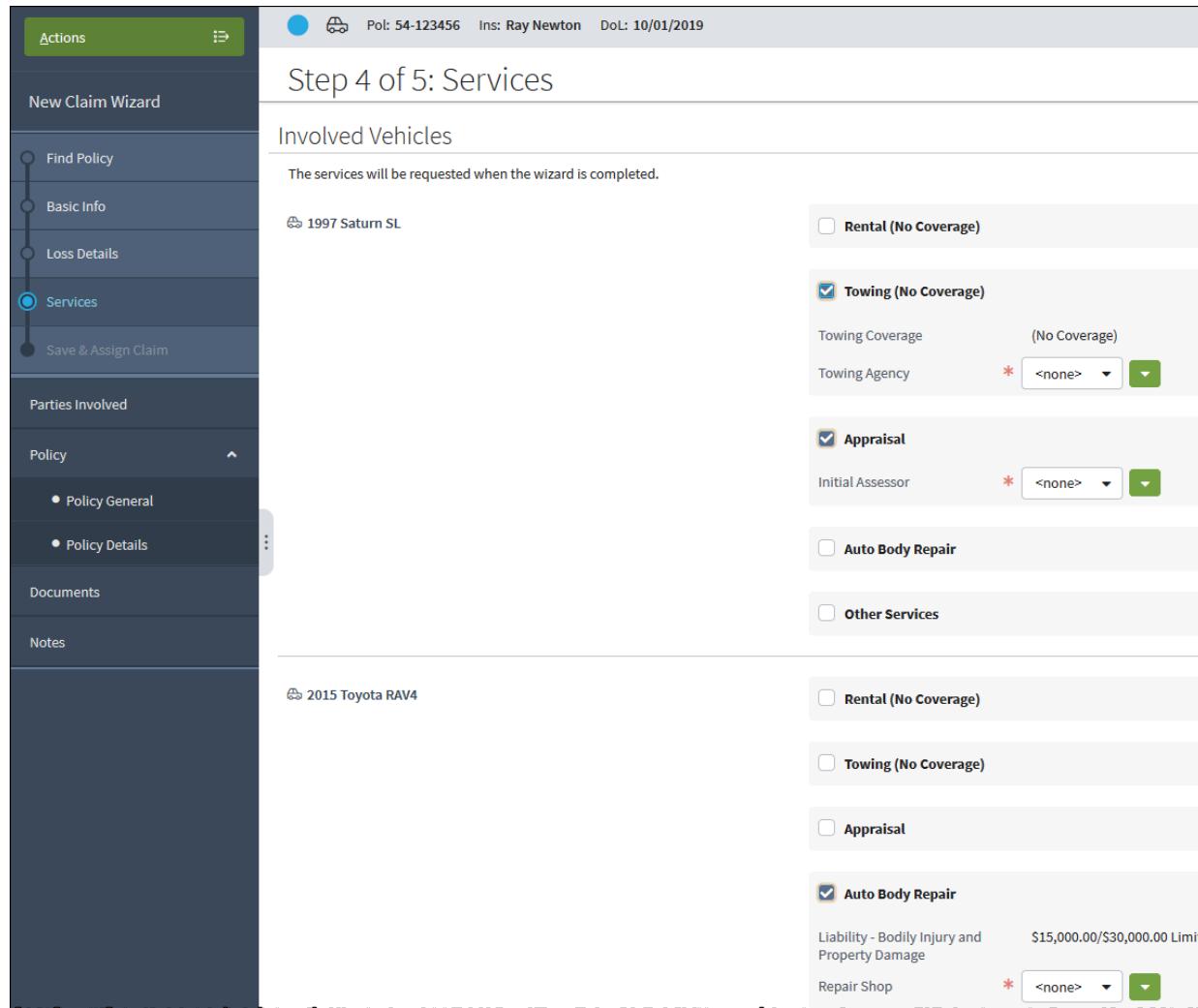
Other types of claims involve other types of providers. For example, a workers' compensation claim might offer a doctor, medical clinic, and physical therapy facility to visit. A property loss might involve an appraiser or a company involved in insurance replacements.

See also:

- “Services” on page 417
- “Service provider performance reviews” on page 175.

Services screen of the new claim wizard

The following example shows Step Four of the **New Claim** wizard. Details of each service appear only when its check box is selected.



Actions

Pol: 54-123456 Ins: Ray Newton DoL: 10/01/2019

Step 4 of 5: Services

Involved Vehicles

The services will be requested when the wizard is completed.

| Vehicle | Services Selected | Coverage |
|------------------|--|---|
| 1997 Saturn SL | <input checked="" type="checkbox"/> Towing (No Coverage) | Towing Coverage (No Coverage) Towing Agency <none> |
| 2015 Toyota RAV4 | <input checked="" type="checkbox"/> Towing (No Coverage) | |
| 2015 Toyota RAV4 | <input checked="" type="checkbox"/> Appraisal | Initial Assessor <none> |
| 2015 Toyota RAV4 | <input type="checkbox"/> Auto Body Repair | |
| 2015 Toyota RAV4 | <input type="checkbox"/> Other Services | |
| 2015 Toyota RAV4 | <input type="checkbox"/> Rental (No Coverage) | |
| 2015 Toyota RAV4 | <input type="checkbox"/> Towing (No Coverage) | |
| 2015 Toyota RAV4 | <input type="checkbox"/> Appraisal | |
| 2015 Toyota RAV4 | <input checked="" type="checkbox"/> Auto Body Repair | Liability - Bodily Injury and Property Damage \$15,000.00/\$30,000.00 Limit Repair Shop <none> |

The picker can be configured to search based on proximity to the loss, which is already part of the claim. You can use the picker to select only **Preferred Vendors**, or vendors meeting a certain minimum standard, as determined by a ranking score.

Complete the services step of the new claim wizard

Before you begin

Complete the step “Add claim information step of the new claim wizard” on page 101 before you perform this step.

Procedure

1. Select auto claims services from the choices presented.
 - **Rental Car**
 - **Towing Services**
 - **Appraiser**
 - **Auto Body Repair Shop**
2. Select the details for each service.
3. Add services in the **OtherServices** section as needed.
4. Continue with the wizard steps.

What to do next

The next step is “Save and assign the claim” on page 105.

Save and assign the claim

Before you begin

Complete “Services step of the new claim wizard” on page 103 before you perform this step.

About this task

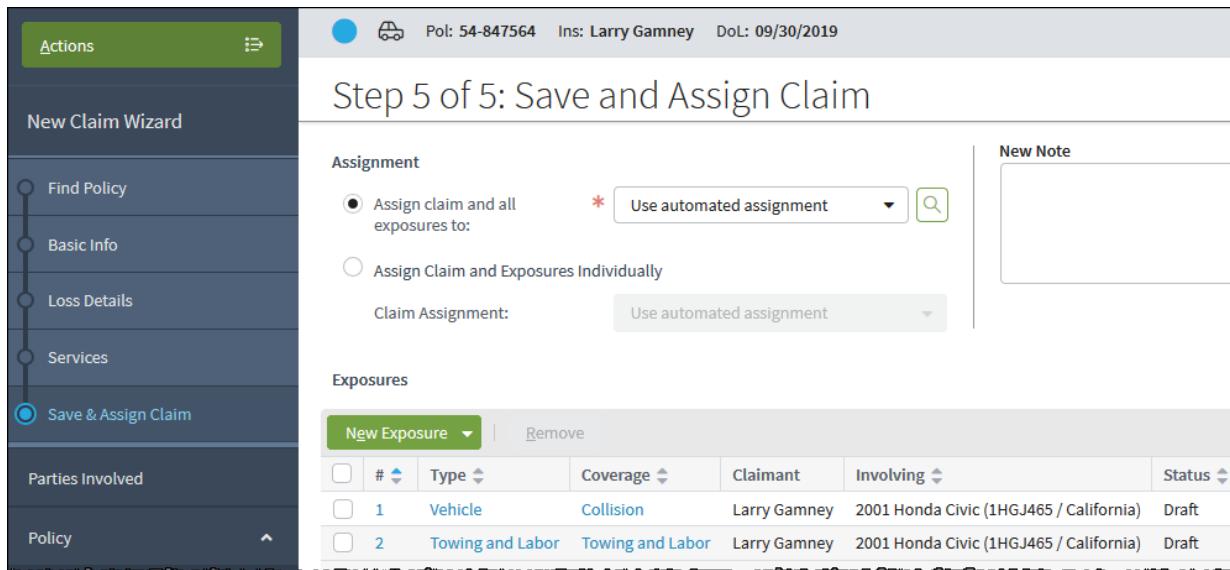
The New Claim wizard attempts to ensure that data that has just been entered is not lost. It saves the claim as a draft claim after you exit Step One. The draft is saved again every time you move to another step in the wizard.

Procedure

1. Add a new **Note** on the claim with the First Notice of Loss section.
2. **Assign** the claim, either to the logged-in user filling out the wizard, by using automatic assignment, or by using a picker.

The picker helps you find a user by name, group name, or proximity to a location. You also have the option of assigning the claim and exposures individually using the same methods.
3. Create **Exposures**. The wizard uses the incidents entered into Step Three of the New Claim wizard to help you select:
 - **Vehicle Exposures** – Generated for each vehicle incident already entered.
 - **Property Exposures** – Generated for each property incident already entered.
 - **Injury Exposures** – Generated for each injury incident, whether entered separately, such as a pedestrian, or as part of a vehicle incident, such as a driver or passenger.
 - **Exposures based on the coverage type** – Choices reflect the coverages on the policy.

The following example shows the exposure types generated for a vehicle on the policy:



| # | Type | Coverage | Claimant | Involving | Status |
|---|------------------|------------------|--------------|---|--------|
| 1 | Vehicle | Collision | Larry Gamney | 2001 Honda Civic (1HGJ465 / California) | Draft |
| 2 | Towing and Labor | Towing and Labor | Larry Gamney | 2001 Honda Civic (1HGJ465 / California) | Draft |

4. After you create individual exposures, you can assign them.

This feature is more appropriate for a claims adjuster than a call center, and is optional during the New Claim wizard.

[What to do next](#)

The next step is “Complete the new claim wizard” on page 106.

Complete the new claim wizard

Complete the step “Save and assign the claim” on page 105 before you review the claim information.

After you click **Save**, ClaimCenter runs its automatic assignment rules if you selected this method of assignment. ClaimCenter then saves the claim.

Note: If you have integrated ClaimCenter with ContactManager, after you complete the New Claim wizard, you might notice that contacts brought over from ContactManager or PolicyCenter are marked as not synchronized. It can take some time for ClaimCenter to synchronize these contacts with ContactManager. When this process is complete, the contacts will be marked as being in sync.

You have completed the steps of the New Claim wizard and created a claim. You have the option to access additional screens as described in the topic “Optional new claim wizard screens” on page 106.

[See also](#)

- [Contact Management Guide](#)

Optional new claim wizard screens

The topic “Overview of the new claim wizard” on page 95 describes other screens that are part of the New Claim wizard. For auto claims, these screens are always available after you have chosen a policy and finished Step One.

- **Parties Involved** – A screen for entering all contacts that you did not enter elsewhere. Enter other types of contacts, as well as contacts normally entered on a step screen. For example, if the caller suddenly thinks of a witness name, you can enter it on this screen rather than navigating back to the previous step.
- **Policy General** – This screen and the one that follows provide editable information on the selected policy. Editing policy information makes the policy no longer verified. See “Working with policies in claims” on page 111.
- **Policy Details** – The **General** screen is the policy overview. The **Details** screen shows the vehicles or property that are covered, what coverages they have, and the coverage limits. Workers’ compensation claims do not show the **Policy Details** option, since these policies never list vehicles or properties, only coverages that apply to the insured.

- **Documents** – Use this screen to review existing documents and add, link, or indicate the existence of a new document to the claim. It is the same screen you reach in ContactManager when you select **Documents**. It is available after you complete Step One.
- **Notes** – Use this screen to add a new note.

New claim wizard and the lines of business

This topic describes the differences in the New Claim wizard based on lines of business in the base configuration.

| Policy Type | Loss Type | Flows (steps) defined in default wizard |
|------------------------|--|---|
| Businessowners (BOP) | General liability, Property main (9), quick claim property (2) | |
| Commercial auto | Auto only | main (6), quick claim auto (2), first and final (2) |
| Commercial property | Property | main (9), quick claim (2) |
| Farmowners | General liability | main (5) |
| General liability | General liability | main (5) |
| Homeowners | Property | main (5) |
| Inland marine | Property | main (8), quick claim (2) |
| Personal auto | Auto only | main (5), quick claim (2), first and final (2) |
| Personal travel | Travel | main (4),quick claim baggage (2), quick trip cancel (2) |
| Professional Liability | General liability | main (5) |
| Workers' compensation | Workers' compensation | main (4) |

Auto First and Final claims require sample data or vendor service trees

When selecting the first and final flow for personal auto or commercial auto claims, you must ensure admin sample data is loaded, or, vendor service trees are loaded in ClaimCenter. If you attempt to create a first and final claim without this data loaded, the following error message appears in the New Claim wizard:

Invalid server response. Please check server log.

Note: If you choose to load sample data, at a minimum, you must load admin sample data. Other sample data sets are not needed to resolve this issue.

Note: If you choose to load vendor service trees, you must integrate ClaimCenter and ContactManager before performing the import. Vendor service trees are used with the ClaimCenter Services feature. The Services feature in ClaimCenter enables the creation, submission, and management of service requests in collaboration with selected vendors.

- For information on loading sample data, see the *Installation Guide*.
- For information on loading vendor service trees, see the *Configuration Guide*.

New claim wizard and commercial auto LOB

In commercial lines of business, it is common for there to be a significant number of risk units on a policy. In a Commercial auto policy, for example, a full fleet of trucks might be listed on the policy. In ClaimCenter, all the vehicles are retrieved, and you can select the ones that pertain to the claim.

Specific features in the commercial auto new claim wizard

The following table lists specifics in the wizard steps:

| Wizard Step | Description |
|--------------------------------------|---|
| Find Policy, step 1 | Select your policy or create an unverified policy. |
| Affected Properties, step 2 | Select the vehicle that is affected from this list of vehicles from the policy. |
| Basic Info, step 3 | Provide the contact information. |
| Loss Details, step 4 | Provide loss information. Add incidents, such as those affecting vehicles, pedestrians, or property damage. You can add any existing witnesses, officials, or police reports. |
| Services, step 5 | Assign additional services, such as rental, towing, appraisal or auto body repair. |
| Save and Assign Claim, step 6 | Assign the claim specifically to an adjuster or through automated assignment. |

New claim wizard and commercial property LOB

The claims intake process for commercial property claims works as follows:

| Wizard Step | Description |
|--|---|
| Find Policy, step 1 | Select your policy, or create an unverified policy. |
| Affected Properties, step 2 | Select the property that is affected from the list of policy properties. |
| Basic Info, step 3 | Provide contact information. |
| Loss Details, step 4 | Provide loss information. Add incidents, such as those affecting properties or people. You can assign a catastrophe to the claim in this step as well as add any existing Metropolitan Reports. |
| Exposures, step 5 | Optionally, create exposures in this step from the Actions, New Exposure menu. |
| Parties Involved, step 6 | Provide contact details of the people involved in the claim. |
| Documents, step 7 | If there are no documents, then this step is skipped. |
| Save & Assign Claim, step 8 | Assign the claim to specifically to an adjuster or through automated assignment. |
| Save Claim, step 9 | Review the claim before saving. |

New claim wizard and homeowners LOB

The claim intake process for homeowners claims is usually faster than intake for auto claims. For example, a Customer Service Representative (CSR) might take 10 minutes to gather data for a homeowners claim, while gathering auto claim information might take up to 45 minutes. As a result, the New Claim wizard uses only four steps.

The wizard provides:

- Damage mitigation by using Services early in the process. Dispatching services early in the claim process can prevent issues from escalating. An example is a pipe leak, which can escalate to damaged contents and mold issues.
- Questions for capturing detailed damage information on the claim.
- Automatic incident creation upon selection.

Specific features in the homeowners new claim wizard

The following table lists specifics in the wizard steps:

| Wizard Step | Specific Feature |
|----------------------------|---|
| Find Policy, step 1 | Claims History – You can see immediately if there are other related claims, their status and loss dates, and who was assigned to them. Finding information at this level could alert an adjuster or CSR of potential fraud. |

| Wizard Step | Specific Feature |
|-------------------------------|---|
| Basic Info, step 2 | ClaimCenter pulls the coverage limits on the policy into the claim for you. |
| Loss Details, step 3 | This step captures claim loss details, property incidents, and liability incidents, besides additional information. There is only one Property incident per claim, but for Liability incidents, there can be multiple incidents. Property incidents include Dwelling, Personal Property, Other Structures, and Living Expenses. Selecting a damage type of Fire or Water expands the screen so that you can capture additional details and ask the right questions about the damage. This step also captures any witnesses, officials, or reports. |
| Services, step 4 | This screen is where you assign services. If done early in the claim process, assigning services can help keep damages to a minimum. |
| Save and Assign Claim, step 5 | You can create new exposures during this step by clicking the New Exposure button. When you are finished, save the claim and assign to an adjuster or use automated assignment. |

See also

- “Homeowners line of business” on page 179

Configurable risk units

Step Two – Basic Information of the New Claim wizard for commercial auto and commercial property displays the list of either vehicles (`RiskUnit` objects) or properties contained in the policy. From this list, you make your selection of the property or vehicle to be included in the claim.

This process is configurable, enabling you to configure other loss types and display different types of `RiskUnit` objects. Examples can include configuring locations for a workers’ compensation claim or changing the `RiskUnit` objects to show coverages in a homeowners claim.

chapter 9

Working with policies in claims

Every claim is a claim against a single insurance policy. The policy associated with a claim determines what the claim covers. The coverages on the claim map to the exposures on a claim. It is the coverage limits that bind or limit the payments on a claim. This topic explains the relationship between policies and claims.

Verified and unverified policies

ClaimCenter depends on an external system to provide and *verify*—vouch for the authenticity of—the claim’s policy. Usually, ClaimCenter is integrated with a policy administration system, which provides policies that are guaranteed to be real and accurate, or *verified*. If that system does not provide ClaimCenter with a verified policy, you can enter policy information to open the claim.

You can also edit a verified policy. However, the policy you create or edit in this way is always unverified. To make payments and complete a claim, ClaimCenter requires that the claim have a verified policy.

Validating policies

Every claim must be associated with a policy when it is first created. ClaimCenter validation rules verify that when a claim is first created, it is associated with a policy, which can be an unverified policy. Allowing unverified policies enables a novice call center employee to start the claim process. As claim processing progresses to making payments, the policy validation rules provided in the base configuration do not look for a verified policy, although you can create rules that do.

Working with policies in ClaimCenter

You can perform the following actions on policies with Guidewire ClaimCenter:

| Task or action | Description |
|----------------------------|--|
| Search for a policy | You can search for policies by entering information that helps ClaimCenter search for a policy in a policy administration system. This system can be either Guidewire PolicyCenter or an external policy administration system. The search, if successful, returns a list of possible policies from which you can make a selection. See “Searching for candidate policies” on page 112. |
| Retrieve a policy snapshot | You can retrieve a snapshot of an existing policy. Selecting one of the candidate policies returned by a policy search associates that policy with the claim. This operation retrieves full policy information, correct as of the -claim loss date. |

| Task or action | Description |
|-------------------------------|---|
| | See “Retrieve the correct policy” on page 113. |
| Create an unverified policy | You can create a new, unverified, policy. If you want to open a claim without knowing about the policy, enter possible policy information. It is not necessary to know the correct policy number. |
| | See “Create an unverified policy” on page 113. |
| Edit an existing policy | You can change actual policy information or add extra policy information that is local to ClaimCenter. If you edit an existing policy, ClaimCenter no longer considers the policy to be verified. |
| | See “Edit a policy copy in ClaimCenter” on page 114. |
| Refresh policy information | You can replace the policy information on a claim with a new copy of the policy information pulled from a policy administration system. |
| | See “Refreshing the policy snapshot on a claim” on page 114. |
| Replace a policy on the claim | You can replace the policy associated with a claim with a different policy. |
| | See “Replacing a policy on a claim” on page 117. |
| Add coverages to a policy | You can add coverages to a policy. |
| | See “Adding coverages to a policy” on page 118. |

Searching for candidate policies

The initial step of the ClaimCenter New Claim wizard requires that you provide a policy number. You can either search for an existing policy or create a new, unverified, policy.

Additionally, you can select a verified policy for a new claim, and you can search for a claim by its policy.

See also

- “Create an unverified policy” on page 113

Search for a policy

Procedure

1. Select **Find Policy** in the **Search or Create Policy** screen of the New Claim wizard.
2. Enter search information, such as the insured’s name and address, the VIN number of the vehicle, or the policy number.
If successful, the integrated policy administration system returns a list of all policies that match your search criteria. The summary for each policy contains information about the policy along with information about any claims against this policy.
3. Click a policy number in the list.
You see a Policy Details screen that shows a list of all vehicles or properties insured under the policy. ClaimCenter truncates the list of vehicles or properties if the policy contains a large number of them.

See also

- “List of vehicles or properties on the policy details screen” on page 112

List of vehicles or properties on the policy details screen

If you search for policies and select one, you see the Policy Details screen. ClaimCenter truncates the list of vehicles or properties if the policy has a large number of them.

If ClaimCenter truncates the list:

- ClaimCenter attempts to retain the correct vehicle or property in the returned list by using the search criteria.
- ClaimCenter generates a warning message to indicate that truncation occurred.

ClaimCenter stores the totals for these lists in the `Policy.TotalVehicles` and `Policy.TotalProperties` properties.

Note: To suppress these warning messages, in Guidewire Studio you can open `config.xml` and set the configuration parameters `IgnorePolicyTotalPropertiesValue` and `IgnorePolicyTotalVehiclesValue`.

See also

- “Search for a policy” on page 112

Select a verified policy for a new claim

Procedure

1. Navigate to the **New Claim** wizard in the **Claim** tab.
2. Click **Find policy**.
3. Enter the policy number.
4. Click **Next** to continue with the New Claim wizard.

Search for a claim by its policy

Procedure

1. Navigate to **Claims** in the **Search** tab.
2. Enter the policy number.
3. Click **Search**.

Create an unverified policy

About this task

If you do not have sufficient information to retrieve a snapshot of an existing policy, you can create a new, unverified policy. Later, you can associate the claim with an actual verified policy.

Procedure

1. Navigate to **New Claim** in the **Claim** tab.
2. Click **Create Unverified Policy** and enter the requested information and a policy number. The policy number does not have to be valid at this point. It is possible to change the policy number at a later date.
3. Click **Next**.

Retrieve the correct policy

About this task

ClaimCenter returns one or more policies that match your search criteria. The external policy administration system retrieves and transfers a snapshot of the entire policy, valid on the date of loss to ClaimCenter. Retrieval occurs automatically as you select a verified policy.

Procedure

1. Review the policies returned by the search.

2. Select the appropriate policy from the list.

Edit a policy copy in ClaimCenter

About this task

Because any edit to a verified policy changes it to unverified in ClaimCenter, you have an incentive not to make changes to the policy. You must have a role that has the Make Policies Editable permission to be able to enter an unverified policy or to edit a verified policy.

Procedure

1. Select a **Claim**.
2. Select the **Policy** menu item and click **Edit**.
ClaimCenter displays a warning indicating that editing the policy will mark it as unverified.
3. Click **OK** to continue.
4. Make your edits.
5. Click **Update** to save your work.

Note: Clicking **Edit** immediately makes the policy unverified, even if you make no edits. You can click **Refresh Policy** to verify the policy again.

Refreshing the policy snapshot on a claim

Each claim contains a snapshot of the policy associated with that claim. In working with policies, you can perform a number of tasks, including:

- Updating the snapshot of the policy directly from the integrated policy administration system.
- Choosing an entirely different policy to associate with a claim.

Note: Refreshing a policy from the policy administration system always gives you a verified policy.

Policy refresh

Refreshing a policy replaces the policy snapshot with the latest version of the policy from the policy administration system, effective on the date of loss. In this process, ClaimCenter does the following:

- Retrieves a new snapshot of the policy from the policy administration system.
- Replaces the policy snapshot with the new policy and rewrites the connections between the policy and the claim.
This process is called *relinking*

There are several reasons that you might want to refresh the policy attached to the claim:

- The loss date was wrong when the claim was created, and the wrong policy was retrieved and used in the snapshot.
- There was a mistake on the policy in the policy administration system when the claim was created. For example, there was an incorrect contact. This mistake has been fixed and the policy needs to be updated.
- There was a risk unit or coverage missing on the policy. It is possible that the wrong risk unit was chosen during claim creation or that the policy lacked a risk unit that needed to be covered. The error has now been corrected in the policy administration system.
- A policy change has been made that is effective for the date of loss, and this change has rendered the policy snapshot obsolete.

What ClaimCenter replaces during a refresh

When a policy is refreshed, only information from the policy administration system is updated. For example:

| What ClaimCenter updates | What ClaimCenter does not update |
|---|---|
| <ul style="list-style-type: none">CoveragesCoverage limitsPolicy contactsClaim contacts, which are updated if they have policy roles like insured, covered party, and similar roles. | <ul style="list-style-type: none">Aggregate limitsReinsurance agreementsClaim contacts, which are not updated if they have claim roles only, like reporter, witness, and similar roles. |

Refreshing a policy replaces the current policy information. In a refresh, ClaimCenter preserves only the policy fields marked as internal. ClaimCenter also preserves information related to claim contacts and the parties involved. For example, in the base configuration, refreshing a policy does not update witness or claimant information because this claim information is not present in the policy administration system.

Policy refresh checks to see if any of the aggregate financial values have changed. If this is the case, ClaimCenter recalculates those values.

Additionally, if an existing policy contact has changed roles, such as no longer being the agent, ClaimCenter attempts to assign a *former* role, such as `formeragent`, to the contact. If there is no former role defined, such as for a new policy contact role that you have added, ClaimCenter displays an error message.

See also

- For information on defining former roles for policy contacts, see the *Configuration Guide*.

Policy refresh wizard

You initiate a policy refresh by clicking the **Refresh Policy** button in the **Policy: General** screen of a claim. Depending on your line of business, the wizard takes a path enabling you to:

- Select the policy.
- Make the risk unit selection for commercial auto and commercial property only.
- Compare policy information on the **Policy Comparison** screen.

The comparison screen shows the differences and any errors or warnings. Errors prevent refresh from completing. If there are warnings only, then you can still complete the refresh.

Policy comparison screen

After you click **Policy Refresh**, ClaimCenter displays a side-by-side comparison of the current policy and the new policy in the **Policy Comparison** screen.

- The *current policy version* is the snapshot of the policy that is already on the claim.
- The *new policy version* is the snapshot of the policy returned by the policy administration system upon requesting a policy refresh. This version is the latest version of the policy from the policy administration system effective for the date of loss.

The **Policy Refresh** screen provides:

- An area at the top for errors and warnings that can occur during a refresh. An error blocks a refresh. A warning draws attention to a potential problem.
- A tree representing differences between the policy snapshot and the latest policy retrieved from the policy administration system. The tree shows policy entities and properties.
- Two columns on the right, one labeled **Current Policy**, the other labeled **New Policy**. The policy snapshot on the claim is the current policy version. The copy of the policy that the policy administration system returns is the new policy version.
- A button bar that provides **Cancel** and **Finish** buttons.

Resolving issues with policy refresh

If ClaimCenter encounters an error condition, such as an incompatible change, during policy refresh, the error prevents the refresh.

The following list describes the policy refresh behavior in the ClaimCenter base configuration:

| Retrieved policy changes | Policy refresh changes in ClaimCenter |
|---|--|
| Contact no longer present on the policy as insured, and is added as an excluded party | The insured becomes the former insured. ClaimCenter adds the contact as an excluded party. |
| Coverage added | ClaimCenter shows the refreshed policy with the coverage. |
| Coverage incident or exposure limits changed or the limit currency changed | ClaimCenter updates the coverage limits on the policy. ClaimCenter provides a warning if the limit decreases. |
| Effective date or the expiration date changed on the coverage | ClaimCenter shows a warning. |
| PIP aggregate limits lowered | ClaimCenter shows a warning. |
| Policy currency changed | <ul style="list-style-type: none"> • If the currency is editable, ClaimCenter provides a warning. • If the currency is read-only, ClaimCenter blocks the refresh with an error. |
| Policy period changed | ClaimCenter shows a warning. |
| Risk unit added to policy, such as a vehicle | ClaimCenter adds the risk unit to the claim. It is possible to modify an incident to use the new risk unit, such as a vehicle. |
| Risk unit coverage removed that is used by an exposure | <ul style="list-style-type: none"> • If the exposure is still open, ClaimCenter blocks the refresh. The user must close the exposure first to continue. • If there are non-reserving transactions on the exposure, or the net incurred is greater than 0, ClaimCenter blocks the refresh. • If the exposure is closed, meaning that there are no transactions except reserves, and the net incurred is zero, ClaimCenter allows the refresh. |
| Spelling of an insured's name changed | <p>The action is dependent on the matching logic:</p> <ul style="list-style-type: none"> • If the contact is uniquely identified, ClaimCenter treats the change as a name change. • If no unique identification is present, the default behavior in the base configuration is to use the name as an identifier by using fallback matching criteria. ClaimCenter considers this change to be the addition of a new contact. <p>You can configure this behavior.</p> |
| Workers' comp class code removed | ClaimCenter blocks the refresh with an error. |

Configuring a policy comparison

In the **Policy Comparison** screen, it is possible to configure the following:

- The objects and properties that ClaimCenter lists in the policy comparison tree.
- The order and labels of objects and properties listed in the policy comparison screen.
- The messages that ClaimCenter generates if it detects an issue during policy refresh.

Configuration of the policy comparison screen

It is possible to configure the following items in the policy comparison tree shown in the **Policy Comparison** screen:

- Entity and property labels
- Entity and property display order

See the *Integration Guide* for details.

Configuration of policy refresh messages

ClaimCenter can show messages during policy refresh as it encounters certain conditions. These messages can be any of the following:

Error An error identifies a problem severe enough that ClaimCenter does not allow the policy refresh. If ClaimCenter identifies an error condition, it disables the **Finish** button in the **Policy Comparison** screen.

Warning A warning identifies a possible problem, but ClaimCenter still allows the policy refresh.

ClaimCenter lists all messages in order of severity, errors first followed by warnings.

In the base configuration, ClaimCenter provides error or warning messages for the following:

- Missing class code
- Changed currency value
- Changed policy period
- Missing property item to which the claim refers

It is possible to configure all message types, which means that you can do the following:

- Modify the text of a message.
- Modify the conditions under which ClaimCenter generates a message in the base configuration.
- Remove a base configuration message.
- Add additional messages to those in the base configuration.

See also

- For details on the `IPolicyRefreshPlugin` plugin interface, see the *Integration Guide*. ClaimCenter provides this plugin interface in the base configuration to define the interactions between ClaimCenter and policy refresh code.

Selecting a policy

In the **Policy: General** screen, clicking **Select Policy** opens a policy search screen. Use policy select to replace a claim's policy snapshot with a different policy from the policy administration system. For example, you can use policy select to:

- Search for and select a different policy to associate with the claim. It is possible, due to various factors, that the wrong policy was chosen initially.
- Replace an unverified policy that was entered manually with a verified policy. For example, you might have created an unverified policy if you did not know the number of the specific policy to associate with the claim. When you know the policy number or other policy information, you could search for the correct verified policy to associate with the claim. For information on unverified policies, see "Verified and unverified policies".

If you select a new policy to associate with the claim, ClaimCenter can relink the information on the claim to the new policy.

Replacing a policy on a claim

You can replace a policy on a claim instead of refreshing the current policy. Contacts, claim contact, and interested party information are treated as if the policy was refreshed. The claim similarly undergoes a new validation. In addition, policy replacement nulls most other policy-related claim information. For example, vehicle information from a former policy listed in one of the claim's exposures is no longer be present in the claim after replacing the policy.

Policy replacement can cause exposures to become invalid. If the replacement policy does not have the coverage needed for an exposure, that exposure cannot remain a part of the claim. ClaimCenter does not remove such exposures, but they fail validation.

Replace a policy

About this task

Use these steps to replace the policy on an existing claim. As an alternative to these steps, you can return to the first screen of the **New Claim** wizard and select a new policy.

Procedure

1. Select a **Claim**.
2. Select the **Policy** menu action and click **Select Policy**.
3. Click **OK** to re-select in the popup.

You do not need to click **Update**.

Adding coverages to a policy

It is possible to add a coverage to a policy that you select in ClaimCenter. A coverage provides protection from a specific risk. Coverages always attach to a coverable, which is an exposure to risk that a policy can protect against. You typically divide coverables into property coverables and liability coverables:

- **Property coverables** – Things with physical attributes, such as height, weight, value, construction type, age, and similar attributes.
- **Liability coverables** – Operations represented typically by class codes, such as coal mining or personal automobile operation.

You can divide coverages into the same two types as well, property and liability. For example, on an auto policy:

- A collision property coverage protects the vehicle owned by the insured.
- A liability coverage protects the driver for damage done to a vehicle owned by someone else. Liability coverage provides insurance for the operation of the vehicle. It does not provide insurance for the car, bus, or snowmobile.

Under what circumstances do you need to add a coverage to a policy in ClaimCenter? Suppose, for example, that the ClaimCenter version of the policy does not contain the correct endorsements and coverages that were in effect on the policy before an incident took place. In many cases, you must add these coverages before you can continue with claim processing.

IMPORTANT: ClaimCenter does not push any changes in coverages that you make in ClaimCenter back to the policy administration system. The policy administration system is the system of record for policies, not ClaimCenter.

Add a policy-level coverage

About this task

As described in “Adding coverages to a policy” on page 118, you can add coverages to the policy on a claim.

Procedure

1. Open a claim.
2. Navigate to the **Policy** link on the left-hand side of the screen.
3. Click **Edit**.

4. At the bottom of the screen, click **Add** in the area labeled **Policy-level Coverages**.
5. Choose the coverage type from the drop-down list.
6. Enter the other values as needed.
7. Click **Update**.

Adding coverage terms

A coverage term is a value that specifies the extent, degree, or attribute of a coverage. Using a coverage term, you can:

- Specify the limits or deductibles of a coverage.
- Specify the scope of a coverage.
- Specify a selection or an exclusion that is specific to a particular coverage.

A coverage can have zero, one, or many coverage terms.

If you select **Policy > Coverage Terms > Add**, ClaimCenter opens a screen in which you can define a coverage term.

ClaimCenter divides coverage terms into the following types:

- Classification
- Financial
- Numeric

ClaimCenter provides an entry screen for each coverage term type. Each screen contains common fields and additional type-specific fields. The following table lists the fields that are common to all coverage term types:

| Field | Description |
|---------------|--|
| Subject | <p>Drop-down list of coverage terms that are available for the chosen coverage type.</p> <p>For example, if you select a coverage type of Comprehensive for a Personal Auto claim, ClaimCenter provides you with the following choices for the Subject field:</p> <ul style="list-style-type: none">• Comprehensive deductible• No deductible for glass <p>ClaimCenter defines the available choices in typelist CovTermPattern.</p> |
| Applicable To | <p>Drop-down list of coverage terms that restrict what the chosen coverage type actually covers. The kinds of restrictions available for selection depend on the coverage type.</p> <p>For example, if you select a coverage type of Collision for a Personal Auto claim, ClaimCenter provides the following choices for the Applicable To field:</p> <ul style="list-style-type: none">• Accident• Bodily injury• Bodily injury/property damage <p>ClaimCenter defines the available choices in typelist CovTermModelRest.</p> |
| Per | <p>Drop-down list of coverage terms that indicate that this coverage term applies to a subset or a subtype of the coverage. For example, if you select a coverage type of Collision for a Personal Auto claim, ClaimCenter provides the following choices for the Per field:</p> <ul style="list-style-type: none">• Annual aggregate• Each accident• Each common cause• Per claim• Per item |

| Field | Description |
|-------|--|
| | <ul style="list-style-type: none"> • Per occurrence • Per person <p>ClaimCenter defines the available choices in typelist CovTermModelAgg.</p> |
| Type | Read-only label that identifies the coverage term type. ClaimCenter generates this label from typelist CovTerm. |

The following table lists the fields that are specific to each coverage term type:

| Type | Type-specific fields |
|----------------|--|
| Classification | <ul style="list-style-type: none"> • Code – Policy administration systems often use classification codes to segment or categorize a large set of items. For example, there are jurisdictional class codes that divide a geographical region into smaller areas, each with a specific code. There are also medical class codes that assign every conceivable medical condition a specific code. The code that you enter must match a valid class code used in the policy administration system. • Description – Optional text field for additional information. |
| Financial | <ul style="list-style-type: none"> • Amount – A non-negative currency amount. |
| Numeric | <ul style="list-style-type: none"> • Value – A numeric value. • Units – The associated units for that value. Available choices include days, hours, money, or percent, for example. <p>ClaimCenter defines the available choices in typelist CovTermModelVal.</p> |

See also

- “Add a coverage term to a policy” on page 120

Add a coverage term to a policy

Procedure

1. Open a claim.
2. Navigate to the **Policy** link on the left-hand side of the screen.
3. Click **Edit**.
4. Select a coverage at the bottom of the screen in the area labeled **Policy-level Coverages**.
5. Click **Add** in the area labeled **Coverage Terms**.
6. Select the coverage term type:
 - Classification
 - Financial
 - Numeric
7. Fill in the fields on the **Coverage Term** definition screen appropriately for that coverage term type.

Configuring policy menu links

It is possible to configure how ClaimCenter displays policy information. Specifically, you can configure the **Policy** screen of a claim to display aggregate limits, lists of insured properties, endorsements, and vehicles.

ClaimCenter defines the possible options within the **Policy** screen in the **PolicyTab** typelist.

See also

- *Configuration Guide*

Verifying coverage

ClaimCenter leverages your organization's best practices in reviewing the claim's characteristics. ClaimCenter helps you create exposures that make sense and warns or prevents you from creating exposures that do not. After you create a new exposure, ClaimCenter looks for inconsistencies between a policy's coverages and the loss party, the loss cause, other existing exposures, and the claimant's liability.

For example, the following exposure examples do not have sensible relationships between an exposure's coverage and its loss party, loss cause, other existing exposure, or liability:

- **Comprehensive coverage for the auto of a third party** – An incompatible loss party.
- **Collision coverage for a stolen auto** – The wrong loss cause for the coverage.
- **Collision coverage for an auto damaged by a windstorm** – A collision exposure cannot be created if an exposure based on comprehensive coverage for that auto already exists.
- **Coverage for a third party's auto when the first party is not at fault** – The insured has no liability, so there is no need to create an exposure.

In the base configuration, the Coverage Verification feature checks for all these types of incompatibilities. You can define the incompatibilities to check for, except for an incompatible loss party. In that case, you cannot create an exposure. In the other cases of incompatibility, you can create new exposures, but ClaimCenter displays a warning message.

Loss party and coverages

Every exposure in ClaimCenter must be either a first party or a third party exposure. Some exposures, like injuries covered by an auto liability coverage, must always be third party. Other coverages, such as Medical Payments, can cover only a first party.

The `LossPartyType` typelist categorizes exposures by loss party. If you have selected the loss type to be first party, ClaimCenter displays only the coverages categorized for first party loss types. If you have selected third party, ClaimCenter displays only the third party exposure types in this typelist. The categories in this typelist are based on the `CoverageSubtype`, rather than the `ExposureType` typelist.

Because ClaimCenter restricts you to certain combinations of loss party and coverage subtype, you cannot create an incorrect combination, and ClaimCenter never warns you that you have. You cannot edit the table of prohibited combinations, and there are no rules that affect the application's behavior.

Your typelist can contain exposures categorized as both first and third party, and you must manually edit this file.

Loss causes and coverages

A `LossCause` typically applies to some, but not all, `CoverageTypes`. Examples include:

- **Theft, Fire, and Vandalism** – Appropriate loss causes for comprehensive, but not collision coverages.
- **Collision with Motor Vehicle or with an Animal** – An appropriate loss cause for a collision coverage, but not a comprehensive coverage.

Some coverages, such as Medical Payments, do not have a strong relationship to loss cause. If your business rules specify that certain combinations are prohibited, you can modify your configuration to include them. See "View and edit invalid loss causes and coverages" on page 122.

ClaimCenter maintains a table of loss cause and coverage pairs that administrators can edit. After creating a new exposure with a pair of values in the table, ClaimCenter displays the following warning:

Warning: This exposure's coverage is not expected due to the claim's Loss Cause: [Loss Cause name]

Note: You can also use `LossCause` to create rules that govern conditional questions in question sets, to open a subrogation review, or take other ClaimCenter actions.

See also

- “View and edit invalid loss causes and coverages” on page 122

View and edit invalid loss causes and coverages

About this task

You can view and edit invalid pairings of loss causes and coverages.

Procedure

1. Click the **Administration** tab and navigate to **Coverage Verification > Invalid Coverage for Cause**.
2. If you click **Edit** in this table, you can add or delete inappropriate loss cause and coverage pairs to conform with your business rules.

See also

- “Loss causes and coverages” on page 121
- “Coverage verification reference tables” on page 541

Incompatible exposures

Some exposures might not exist when other exposures already exist on the claim. For example:

- If a collision exposure exists on a claim, there is no comprehensive exposure.
- If a medical payments exposure exists on a claim, there is no extraordinary medical payments exposure.

ClaimCenter maintains a table of incompatible exposure pairs that users with administrator privileges can edit. After creating a new exposure with a pair of values in the table, ClaimCenter displays the following warning, but you can still create the exposure:

Warning: This exposure's coverage conflicts with at least one existing exposure: [exposure name]

See also

- “View and edit incompatible exposures” on page 122

View and edit incompatible exposures

About this task

You can view and edit the table of incompatible exposure pairs.

Procedure

1. Click the **Administration** tab and navigate to **Coverage Verification > Incompatible New Exposure**.
2. Click **Edit** to add or delete inappropriate exposure pairs to conform with your business rules.
3. Use the drop-down menu to select exposure names.
4. To remove a table entry, select its check box and click **Remove**.
5. Click **Update** to save your changes.

See also

- “Incompatible exposures” on page 122
- “Coverage verification reference tables” on page 541

Liabilities and exposures

Some exposures require the insured to be at fault and are not needed otherwise. For example, if the insured is entirely at fault, an uninsured motorist exposure is probably incorrect.

ClaimCenter maintains a table of pairs of incompatible exposure and the insured's liability pairs. Administrators can view and edit this table. After creating a new exposure with an incompatible liability as defined in this table, ClaimCenter shows the following warning, but you can still create the exposure:

Warning: This exposure's coverage is not expected due to the claimant's fault rating: [rating value]

See also

- “View and edit liabilities incompatible with exposures” on page 123

View and edit liabilities incompatible with exposures

About this task

You can view and edit the table of inappropriate pairings of fault rating and exposure.

Procedure

- Click the **Administration** tab and navigate to **Coverage Verification > Possible Invalid Coverage due to Fault Rating**.
- Click **Edit** to you can add or delete inappropriate pairs to conform with your business rules.
- Choose exposure names or fault ratings in the drop-down menu.
- To remove a table entry, select its check box and click **Remove**.
- Click **Update** to save your changes.

See also

- “Liabilities and exposures” on page 122
- “Coverage verification reference tables” on page 541

Coverage verification

The Coverage Verification feature contains tables of incompatible pairs. Methods scan them and determine if the end user is to receive a warning if a potentially invalid exposure has been selected.

| Coverage verification | Table of incompatibilities | Method to read table |
|---------------------------------------|-------------------------------|-----------------------------|
| Loss Party incompatible with exposure | none | none |
| Loss cause | InvalidCoverageForCause | invalidCoverageForCause |
| Incompatible exposures | IncompatibleNewExposure | incompatibleNewExposure |
| Liability incompatible with exposure | InvalidCoverageForFaultRating | invalidCoverageForLiability |

Note: The Reference Table framework is at the configuration layer. The same techniques described can be used to administer any reference tables added by an implementation.

Aggregate limits

An *aggregate limit* is the maximum financial amount that an insurer is required to pay on a policy or coverage during a given policy period. An aggregate limit can apply to a policy, a specific coverage, a coverage subtype, a group of coverages, or an account. The purpose of using aggregate limits is to enable ClaimCenter to track the financial transactions made on a claim, and warn you if a preset limit is exceeded.

An aggregate limit effectively caps the insurer's total liability for a specified time. The cap applies regardless of the number of claims made against the relevant policies or the number and variety of exposures represented in the claims. At the highest level, an aggregate limit can apply to a policy or an account. A limit that applies to a single policy establishes a maximum total liability for all of the claims made against that policy. A limit that applies to an account establishes a maximum liability for all claims made against all the policies belonging to that account.

In the base configuration, ClaimCenter displays a warning if the aggregate limit is exceeded by the creation of a reserve or payment. This message is only an informational warning. You can still continue to create the reserve or make the payment. You can change this configuration in rule **TXV08000** in the Transaction Validation rule set.

See also

- *Gosu Rules Guide*

Policy periods and aggregate limits

Policy periods play an important role in aggregate limits. ClaimCenter uses policy periods to do the following:

- **To connect aggregate limits to either accounts or individual policies** – ClaimCenter associates aggregate limits with policy periods, and policy periods identify the policy or policies to which the aggregate limit applies.
- **To distinguish between policy versions** – Policies are typically in effect for a single year or portion thereof. Each year the policy in effect is a different version of the policy, with different effective dates.

See also

- *Configuration Guide*

Add aggregate limits

About this task

You can add an aggregate limit to an account or an individual policy.

- If the policy is part of an account, any aggregate limit you define on that screen applies to the account as a whole, rather than to the individual policy.
- If the policy is not a member of an account, aggregate limits defined on that policy's **Aggregate Limits** screen apply only to that policy.

When you add a new aggregate limit, the default selection is **Policy**.

Procedure

1. In a ClaimCenter claim, navigate to **Policy > Aggregate Limits** to create and view aggregate limits.
2. Define a new aggregate limit by specifying the following:
 - **Applies To** – Applicable account or policy.
 - **Aggregate Type** – Aggregate limit or deductible.
 - **Amount** – Aggregate limit amount.
 - **Count Towards Limit** – Financial transactions to include in the aggregate limit, based on their cost types and cost categories. These options can be configured in the aggregate limits configuration file, `aggregateLimitUsed-config.xml`.
 - **Coverages** – Optionally, one or more coverage types, coverage subtypes, and covered items. You can add coverages with coverage type only or coverage type and subtype or a combination of coverage type, subtype, and covered item.

See also

- “Adding coverages to an aggregate limit” on page 124.

Adding coverages to an aggregate limit

When you create a new aggregate limit, you can optionally add coverages. Each coverage can be a combination of any of the following fields:

- **Coverage Type** – Displays a preconfigured list of types relevant to the policy type. For example, if you select a commercial property policy, the following **Coverage Type** selections might be available:

- Building Coverage
- Business Income Coverage
- Business Personal Property - Separation of Coverage (Stock)
- Business Personal Property Coverage
- CPBlanket Coverage
- Extra Expense Coverage

Note: If you add a coverage to an aggregate limit, the **Coverage Type** is mandatory.

- **Coverage Subtype** (optional) – Displays a preconfigured list of potential subtypes dependent on the selected **Coverage Type**. For example, if you select Building Coverage, the following **Coverage Subtype** might be available:
 - Building Coverage
- **Covered Item** (optional) – Displays a preconfigured list of potential items that can be covered. The choices in the list are also dependent on the choice of covered type and subtype. For example, if you select Building Coverage as the coverage type and subtype, the following **Covered Item** might be available:
 - Property #1

See also

- “Add aggregate limits” on page 124
- *Configuration Guide*

Archiving claims with aggregate limits

In ClaimCenter, you can archive a claim, even if it has aggregate limits associated with it. On the other hand, new policy-level and account-level limits cannot be created for a claim that has been archived.

When a new aggregate limit is created, ClaimCenter checks if there are existing archived claims in the policy period contributing to the limit.

If there are archived contributing claims for a given policy, the following conditions apply:

- You can change the limit amount, as needed.
- You must specify at least one coverage, including a covered item and a coverage type, for the new aggregate limit. It cannot be defined as a general, policy-wide limit.
- You can create aggregate limits only on coverage types, covered items, and risk units if they are not being used in an archived claim. ClaimCenter displays an error if you attempt to create an aggregate limit on a coverage type, covered item, or risk unit used in an archived claim.
- You can add a coverage as long as it does not match any coverages with transactions used on archived claims.
- You can delete a coverage or the entire aggregate limit.

You can run the aggregate limits batch process, `AggLimitCalc`, as usual, and it calculates the limits incurred for all contributing claims, including archived ones.

View aggregate limits

Procedure

1. Navigate to **Policy > Aggregate Limits** to see a list of all aggregate limits created on the policy.
See “Aggregate limit details screen” on page 126.
2. To view claims contributing to an aggregate limit, click the amount in the **Realized** column.
The **Realized by Claim** panel shows a list of all claims contributing to the selected aggregate limit with the amounts contributed per claim. See “Viewing claims contributing to an aggregate limit” on page 126.

Aggregate limit details screen

In the **Aggregate Limits** screen, click the aggregate type in the **Applies To** column or the amount in the **Realized** column to view the details of an aggregate limit.

The **Aggregate Limit Details** screen includes the following additional information on the aggregate limit:

- **Realized**—The used amount by coverage.
- **Remaining**—The remaining available amount by coverage.

[See also](#)

- “View aggregate limits” on page 125

Viewing claims contributing to an aggregate limit

In the **Realized by Claim** pane, you can view the claims contributing to the aggregate limit by Claim Number. Additionally, claim contributions are broken down into the following details:

- **Realized** – The amount used by the claim based on the aggregate limit definition. The calculation used for the **Realized** amount of each contributing claim is available by using the virtual property, `AggregateLimit.FinancialsCalculationDescription`. For policy aggregate limits, ClaimCenter also displays the calculation used in this pane.
- **Net Incurred Contribution** – Sum of all open reserves and total payments minus recoveries that apply to the aggregate limit.
- **Net Paid Contribution** – Sum of all payments minus recoveries that apply to the aggregate limit.

Note: Clicking a claim number takes you to the claim’s **Financials Summary** screen and away from the **Aggregate Limit Details** screen.

[See also](#)

- “View aggregate limits” on page 125
- *Configuration Guide*

Policies and the data model

Every policy is distinguished by a `PolicyType` typelist, which is the primary way to categorize policies. Main policy types include personal and commercial auto, personal and commercial property, homeowners, liability, workers’ compensation, and so forth. Each typecode in this typelist contains the allowed categories of these other typelists:

- **LOB Code** – Each policy type is associated with one line of business, as defined in the `LOBType` typelist; a policy type filters this typelist.
- **Coverage Type** – Each policy type is associated with one or more coverage types defined in the `CoverageType` typelist, such as collision, comprehensive, or towing. A policy type also filters this typelist.
- **Internal Policy Type** – Another way to categorize policies. The only allowed values are business and personal. A policy type filters the `InternalPolicyType` typelist.
- **Policy Tabs** – A typelist that describes the possible menu links of the **Policy** screen in a claim. These include **Aggregate Limits**, **Endorsements**, and **List of Insured Vehicles and Properties**. You specify these typecodes to customize the **Policy**. The policy type also filters this `PolicyTabs` typelist.

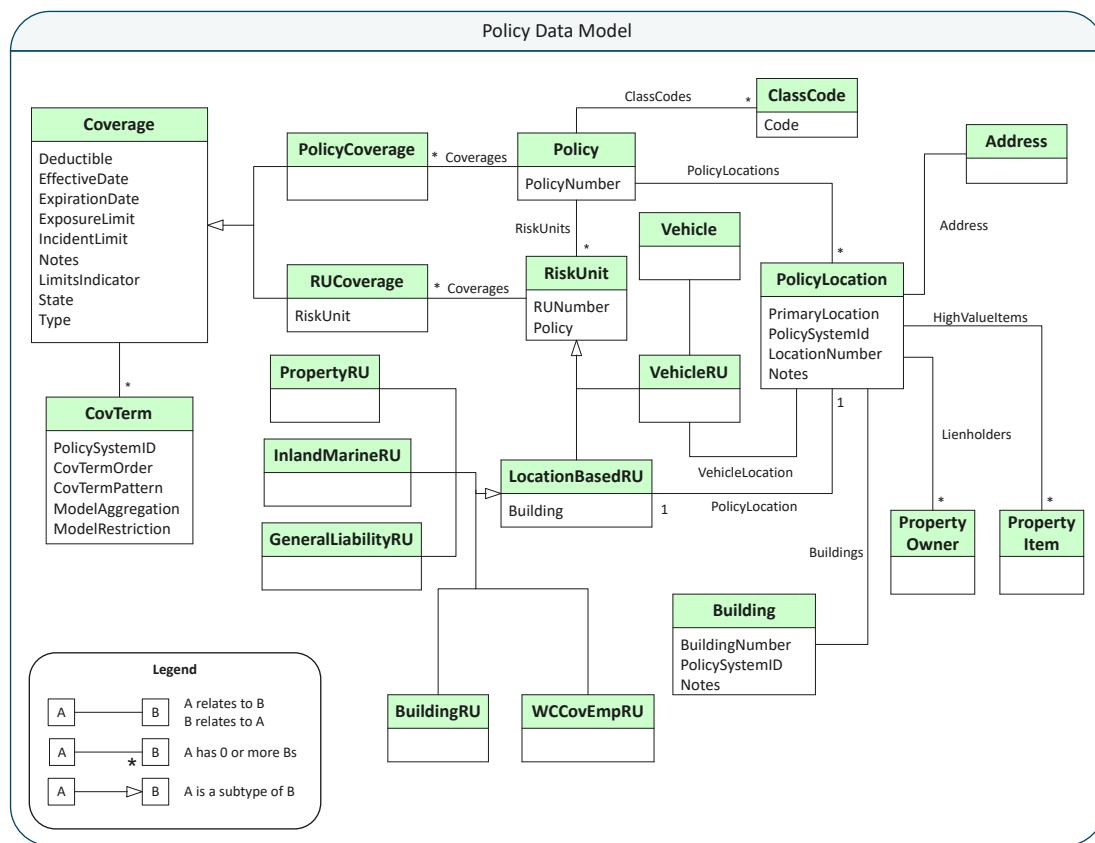
Policies in ClaimCenter and PolicyCenter

ClaimCenter and PolicyCenter can be integrated so that you can issue a policy in PolicyCenter and then create claims against that policy in ClaimCenter.

In ClaimCenter, the policy object is mostly an informational snapshot. It lists the coverages, limits, and covered items or risks that determine the type of claim and payments you can make on it for a given date. By contrast, PolicyCenter

stores multiple versions of each policy to keep track of all modifications, cancellations, reinstatements, and so on made over time to the policy. In addition, the PolicyCenter model is structured to support all the different options an agent or underwriter has when putting together a policy.

The following example is a diagram of the ClaimCenter data model of Policy:



Claim policies and the policy administration system

ClaimCenter integrates with policy administration systems including PolicyCenter.

See also

- “Policy administration system integration” on page 601
- *Installation Guide*
- *Integration Guide*

chapter 10

Accounts and service tiers

Account managers can generate specific directions on how to handle a claim. These directions can be in the form of an automatic email, text on the claim screen, or an automatic activity. These special handling instructions can be based on accounts and predefined groups of policies called *service tiers*. They are common in, but not exclusive to, commercial lines of business. For example, a large insurer can request special handling for their claims.

This topic explains how you can:

- Set up and manage accounts.
- Link the claim to the account.
- Set up and manage policy service tiers.

See also

- “Special handling” on page 133
- *Configuration Guide*

Accounts

While the concept of an Account is common across the Guidewire InsuranceSuite, the data modeling of Account is different in ClaimCenter as compared to PolicyCenter. An account represents an organization or person that has one or more policies. A single person or organization can be associated with multiple accounts. An account can have zero, one, or many policies.

In ClaimCenter, for most policies, the account is represented by the `AccountNumber` field on the `Policy` entity. The `Account` entity is only intended to be populated to take advantage of the application’s Special Handling capabilities.

Account entity

In ClaimCenter, accounts are stored in the `Account` entity.

The `Account` entity, created upon claim creation, has the following key fields:

| Field | Description |
|----------------------------|---|
| <code>AccountHolder</code> | Foreign key to the <code>Contact</code> entity. Points to the account holder. You can see information from the address book about the account holder in the ClaimCenter user interface. |
| <code>AccountNumber</code> | The alphanumeric account number comes from the policy administration system or PolicyCenter. |

| Field | Description |
|-----------------|---|
| SpecialHandling | Foreign key to AccountSpecialHandling, which is a subtype of SpecialHandling. This field contains any special handling instructions and notification triggers that apply to any claims from policies associated with the account. |

Accounts and policies

Accounts can be associated with zero or more policies. The 40-character AccountNumber text field on both the Policy entity and the Account entity is used to associate policies and claims. To find associations between accounts and policies, you can make a query that returns Policy and Account entity records that have matching AccountNumber fields.

Note: There is no foreign key that links accounts and policies. The data model was designed this way to keep the account out of the claim graph. The *claim graph* is the set of all entities owned by the claim. It is used to archive and purge both the claim and data that is unique to the claim. Keeping the account out of the claim graph prevents it from being purged or archived with a claim.

Account manager permissions

The Account Manager is the administrator of accounts in ClaimCenter. In the base configuration, the Account Manager role has the permission to set up account information on the **Administration > Special > Handling > Accounts** page.

Account permissions

In the base configuration, the Account Manager role has been added to the Super User user with the login, su. It has the following permissions:

| Permission | Code | Description |
|----------------|-------------|--|
| Manage Account | accountmng | Permission to add, edit, or delete accounts. |
| View Account | accountview | Permission to view accounts. |

Account-related tasks

On the **Administration > Special > Handling > Accounts** screen, users with the Account Manager role can perform the following account-related tasks:

- Add an **Account** by specifying an **Account Number** and an **Account Holder**.
- Edit an **Account** by changing one or both of its **Account Number** or **Account Holder** fields.
- Delete an **Account**.
- Add, modify, or delete **Special Handling** instructions, including:
 - Automated notifications
 - Automated activities
 - Other instructions

Working with accounts

WARNING: Refreshing a policy updates the policy snapshot's account information, specifically the AccountNumber. If the account number is changed due a refresh, the policy snapshot for that claim is automatically disassociated from accounts having the old AccountNumber. The policy snapshot is also automatically associated with any other accounts that have the new AccountNumber. Other policies where the

same account number changed on the policy must be refreshed at the same time. If they are not, the group of policies in the account becomes incomplete or distributed over more than one account.

Define an existing account

Procedure

1. Click the account number on the **Administration > Special > Handling > Accounts** screen to open the **Detail** tab for that account.
2. Click **Edit** to edit the following fields:

Account Number The account number must correspond to the value of the **AccountNumber** field of a verified policy. You must find it and enter it manually, rather than browse to it, since it designed not to be directly linked to **Policy**.

You can find the policy's account number by:

- Clicking an applicable claim's **Policy** link to access the **Policy: General** screen where the policy account number is listed under the **Insured** header.
- Finding it in a policy administration system or paper copy of the policy.

Account Holder In the data model, this is the **Account.AccountHolder** field. The value of this field is set to a valid contact. Browse for a contact and add the name.

Once the **Account Holder** is defined, you can click the name to access the contact details. If the contact information is linked to the **Address Book**, any changes made to the contact's information in the **Address Book** are updated and can be viewed in the claim.

Add an account

Procedure

1. In **Administration > Special > Handling > Accounts**, click **Add Account**. The **New Account** screen opens.
2. Enter the **Account Number**.
3. Find the **Account Holder** by browsing to a contact in the **Address Book**.
4. Click **Update**.

Edit an account

Procedure

1. In **Administration > Special > Handling > Accounts**, click the account number of the account to be edited.
2. In the **Detail** tab, click **Edit**.
3. Modify the **Account Number**, if needed.
4. Modify the **Account Holder**, if needed.
5. Click **Update**.

Delete an account

Procedure

1. In **Administration > Special > Handling > Accounts**, select the check box next to the account to be removed. You can delete one or more accounts.

2. Click Delete.

ClaimCenter warns you that if you delete the account, it may affect existing policies that reference the account.

3. Click OK.

Service tiers

Special handling can be applied to predefined groups of policies called *service tiers*. A service tier represents the customer service associated with a claim and categorizes policies by their level of importance. Policies can be set up to be associated with a policy tier, such as platinum or gold, and you can define a set of special handling instructions for each tier. These additional steps are implemented during claim processing for all claims associated with policies in a service tier.

For example, if a policy is at the Bronze service tier, an associated claim might receive an activity to follow up with a letter to the insured within 48 hours. If the policy is at the Silver tier, you might follow up with an activity to contact the insured with a letter mailed within 24 hours. Finally, if the policy was at the Gold tier, you might follow up with an activity to have the adjuster contact the insured through a phone call within 24 hours.

In the base configuration, two service tiers are provided as samples – Platinum and Gold. The Silver service tier is available, but not activated. The **Policy:General** screen displays service tier information, if any. Service tiers are represented by the typelist attribute, `CustomerServiceTier`, on the `policy` entity.

Adding service tiers

About this task

You can activate an existing service tier by adding it in the **Service Tiers** screen. The service tier must be included in the `CustomerServiceTier` typelist in order to be available in the ClaimCenter **Administration** menu.

Procedure

1. In Administration > Special > Handling > Service Tiers, select Add Service Tier.**2. In the New Service Tier screen, select the Name of the service tier.**

The drop-down list only displays pre-configured service tiers that have not been activated.

3. Select Update.

See also

- *Configuration Guide*

Deleting service tiers

About this task

You can deactivate a service tier by removing it in the **Service Tiers** screen.

Procedure

1. In Administration > Special > Handling > Service Tiers, select the service tier that you want to delete.

The screen shows only active service tiers.

2. Select Delete.

ClaimCenter displays a warning that this action can impact existing policies that reference the service tiers.

3. Select OK to confirm.

chapter 11

Special handling

Overview of special handling

For critical customer accounts or for another segment of customers, ClaimCenter can be configured to include enhancements during claims processing, collectively referred to as *special handling*.

Special handling enhancements can be of three different types:

- Automated notifications
- Automated activities
- Other instructions (claim headline comments)

Special handling instructions are triggered by two kinds of events:

- Changes in claim indicators
- Changes in financials, such as when financial thresholds are exceeded (triggered on financial transactions only)

Automated notifications for special handling

Special handling notifications are emails that are sent typically to involved parties who are not ClaimCenter users, such as underwriters or brokers. These emails can be created and sent automatically when a claim indicator or financial indicator event trigger is fulfilled.

Email notifications can be sent to single or multiple recipients and are, in appearance, similar to other emails sent in ClaimCenter. Emails can be sent to email addresses or to a person with a specific role on the claim.

Automated activities for special handling

Special handling activities are generated to notify users to perform certain tasks when a claim indicator or financial indicator event trigger is fulfilled.

Other instructions for special handling

Other instructions for special handling are free text comments that can be accessed from the claim headline. These comments are usually informative in nature.

Examples of special handling

- The account manager for a commercial auto policy insurer creates an automated notification, which is triggered when an insured party files a claim with a fatality. When this happens, ClaimCenter automatically sends an email to the insurance company's broker, alerting them to the event.
- A department manager sees an activity to write up a Large Loss analysis if certain claims have a loss over a certain threshold.
- The account manager decides to create a set of instructions that will appear on a claim screen but do not need an activity or email notification sent. In this example, an account tends to handle a high volume of claims that involve litigation, but there might not be a specific name in the contact list to notify. So the text might state who the point of contact is along with the contact's email and phone number. It could also state that investigations must not take place during peak hours, and then define what those hours are.
- In a set of instructions, the claim triggers the litigation indicator, meaning that the claim is now in litigation. The adjuster must print all the claim screens and mail them to the account's law firm. The instructions indicate the contact person's name and mailing address.

Special handling instructions can be associated with policies on a specific account or a predefined policy group or service tier. The following sections describe these options in detail.

Adding special handling instructions

Typically, special handling instructions are executed for claims generated against policies on large, high-value accounts. Special handling instructions can be assigned to accounts or service tiers.

- Accounts are identified by account number in the **Administration** tab on the **Special Handling > Accounts** screen.
- Service tiers can be selected in the **Administration** tab on the **Special Handling > Service Tiers** screen.

You can add an automated notification, an automated activity, or other instructions.

See also

- “Working with automated notifications for special handling” on page 134
- “Working with automated activities for special handling” on page 136

Working with automated notifications for special handling

ClaimCenter can be instructed to create automatic notifications based on claim indicator events or financial events.

Create an automated notification for a claim indicator event

Procedure

1. Select an account number or service tier.
 - On the **Administration** tab, navigate to **Special Handling > Accounts** and select an account number.
 - On the **Administration** tab, navigate to **Special Handling > Service Tiers** and select a service tier.The **Detail** screen opens.
2. Click the **Special Handling** card.
3. In the **Automated Notifications** list view, click **Add > Create automated notification for Claim Indicator Event**. The **New Automated Notification** screen opens.
4. If you need to limit the claim indicator trigger to a specified policy type, select a policy type, such as **Commercial Property**.

The default policy type on this screen is **All Policy Types**.

5. Select the type of indicator for which you want notification.

The following indicators can be used as triggers on the claim:

Coverage in Question

The claim's coverage is in question.

Fatalities

The claim involves one or more fatalities.

Flag Details

The claim is flagged.

Large Loss

The claim involves a large loss. The claim's Net Total Incurred value is greater than the Large Loss Indicator value.

Litigation

The claim's litigation status is Open.

SIU

The claim is under special investigation.

6. Select Turns On or Turns Off.

You can turn the event trigger on or off.

For example, you might want to be notified if, for some reason, the litigation indicator is turned off. A notification is then sent to the manager to check on the resolution.

7. Search and select the Email Template to use for your notification.

Enter a topic or keyword to filter the results, and click **Search**.

The default template is Claim Indicator Automated Notification. The **Keywords** field defaults to the following values for this template: `automatednotificationhandler`, `ClaimIndicatorTrigger`.

8. Enter the notification type.

Select single or multiple email recipients or **Contact based on claim role**.

9. Enter the email address of the person or persons to receive the notification, or enter the claim contact role. If a role is selected, ClaimCenter retrieves the email address of the claim contact.

10. Click **Update**.

Results

In the base configuration, you can see a copy of the generated email in the **Documents** section. You can disable this feature through configuration. You create and edit email templates in Studio. Refer to the *Gosu Rules Guide*.

Create an automated notification for a financial event

Procedure

1. Select an account number or service tier.

- On the **Administration** tab, navigate to **Special Handling > Accounts** and select an account number.
- On the **Administration** tab, navigate to **Special Handling > Service Tiers** and select a service tier.

The **Detail** screen opens.

2. Click the **Special Handling** card.

3. Under **Automated Notifications**, click **Add > Create automated notification for Financial event**.

The **New Automated Notification** screen opens.

4. If you need to limit the financial trigger to a specific type of policy, select a policy type.

The default policy type on this screen is **All Policy Types**.

5. Select the type of threshold.

The threshold type, along with the threshold amount, forms the basic condition for the notification. When the claim amount reaches the threshold amount value for the specified threshold type, the special handling instruction is created.

Select one of the following:

- Net Total Incurred
- Net Total Paid
- Total Paid

See “Claim metric limits” on page 552 for more information on how these threshold values are calculated in ClaimCenter.

6. Enter a threshold amount.

The email is created and sent out when the claim amount reaches this value.

7. Search for and select the email template to use for the notification.

Enter a topic or keyword to filter the results, and click **Search**.

The default template is Financial Automated Notification. The **Keywords** field defaults to the values for this template: `automatednotificationhandler` and `FinancialThresholdTrigger`.

8. Enter the notification type. Select single or multiple email recipients or **Contact based on claim role**.

9. Enter the email address of the person or persons to receive the notification, or enter the claim contact role. If a role is selected, ClaimCenter retrieves the email address of the claim contact.

10. Click **Update**.

Working with automated activities for special handling

About this task

Automated activities are created and generated in a similar way to notifications, but the result is an activity instead of an email. Activities are defined in activity patterns, and you need administrator permissions to create activity patterns.

See also

- “Working with automated notifications for special handling” on page 134
- “Understanding activity patterns” on page 241

Create an automated activity for a claim indicator event

Procedure

1. Select an account number or service tier.

- On the **Administration** tab, navigate to **SpecialHandling > Accounts** and select an account number.
- On the **Administration** tab, navigate to **SpecialHandling > Service Tiers** and select a service tier.

The **Detail** screen opens.

2. Click the **Special Handling** card.

3. Under **Automated Activities**, click **Add > Create automated activity for Claim Indicator Event**.

The **New Automated Activity** screen opens.

4. If you need to limit the activity trigger to a specific type of policy, select a policy type.

The default policy type on this screen is **All Policy Types**.

5. Select the type of indicator that you want to be notified of.

You can use following indicators as triggers on the claim:

- **Coverage in Question** – The claim's coverage is in question.
- **Fatalities** – The claim involves one or more fatalities.
- **Flag Details** – The claim is flagged.
- **Large Loss** – The claim involves a large loss. The claim's Net Total Incurred value is greater than the Large Loss Indicator value.
- **Litigation** – The claim's litigation status is Open.
- **SIU** – The claim is under special investigation.

6. Select **Turns On or Turns Off**.

7. Select an activity pattern.

An activity pattern must be configured for special handling. See the *Configuration Guide*.

Choices in the base configuration are:

- **Consult Account regarding fatality**
- **Produce claim strategy narrative**
- **Review all Special Handling instructions**
- **Review denial decision with Account Manager**
- **Review matter-related Special Handling instructions**
- **Review negotiation strategy with Account**

8. You can select an email template or optionally choose **Override Email Template**.

- Browse to select an email template if there is no default one associated with the activity pattern.
- Override the default email template on the activity pattern.

The **Keywords** field defaults to `automatedactivityhandler, ClaimIndicatorTrigger`.

In the generated activity, there is an option to **Send email** that the person viewing the activity can use. No email is generated automatically.

9. Click **Update**.

Create an automated activity for a financial event

Procedure

1. Select an account number or service tier.
 - On the **Administration** tab, navigate to **SpecialHandling > Accounts** and select an account number.
 - On the **Administration** tab, navigate to **SpecialHandling > Service Tiers** and select a service tier.

The **Detail** screen opens.

2. Select the **Special Handling** card.
3. Under **Automated Activities**, click **Add > Create automated activity for Financial Event**.
The **New Automated Activity** screen opens.
4. If you need to limit the financial trigger to a specific type of policy, select a policy type.

The default policy type on this screen is **All Policy Types**.

5. Select the type of **Threshold**.

The threshold type, along with the threshold amount, forms the basic condition for the notification. When the claim amount reaches the threshold amount value for the specified threshold type, the special handling activity is generated.

6. Enter a **ThresholdAmount**.

The activity is generated when the claim amount reaches this value.

7. Select an activity pattern. Choices in the base configuration are:

- **Consult Account regarding fatality**
- **Produce claim strategy narrative**
- **Review all Special Handling instructions**
- **Review denial decision with Account Manager**
- **Review matter-related Special Handling instructions**
- **Review negotiation strategy with Account**

8. You can select an email template or optionally choose **Override Email Template**.

- Browse to select an email template if there is no default one associated with the activity pattern.
- Override the default email template on the activity pattern.

The **Keywords** field defaults to `automatedactivityhandler, FinancialThresholdTrigger`.

In the generated activity, there is an option to **Send email** that the person viewing the activity can use. No email is generated automatically.

9. Click **Update**.

Working with other instructions

About this task

You can create detailed instructions, special handling **Other Instructions**, that are included in the claim headline. These instructions appear as read-only text on claims that are generated on policies in the account and can be viewed by clicking **View Other Instructions**.

These instructions can be generated when specific claim events occur, such as when a new claim is created or when a claim goes into litigation. These claim event triggers for other instructions are grouped under **Instruction Category**. The **InstructionType** that you set depends on the selected **Instruction Category**.

Procedure

1. Select an account number or service tier.

- On the **Administration** tab, navigate to **SpecialHandling > Accounts** and select an account number.
- On the **Administration** tab, navigate to **SpecialHandling > Service Tiers** and select a service tier.

The **Detail** screen opens.

2. Click the **Special Handling** tab.

3. Under **Other Instructions**, click **Add**.

The **Other Instruction** screen opens.

4. If you need to limit the instructions to a specific type of policy, select a policy type.

The default policy type on this screen is **All Policy Types**.

5. Set the **Instruction Category** from the drop-down list.

These claim events, such as when a new claim is created or when a claim goes into litigation, cause instructions to be generated.

6. Set the **Instruction Type**, which depends on the **Instruction Category**.
7. Enter **Comments**, if any.
8. Click **Update**.

Import special handling instructions

About this task

With administrative permissions, you can import account and special handling data.

IMPORTANT: If you import an account and special handling XML file, ClaimCenter creates instances of the entities defined in the file. Do not delete these instances in a production environment, because doing so will prevent ClaimCenter from starting.

Procedure

1. Click the **Administration** tab and navigate to **Utilities > Import Data**.
2. Choose the file to import.

See also

- *Administration Guide*

Export special handling instructions

About this task

With administrative permissions, you can export account and special handling data.

Procedure

1. Click the **Administration** tab and navigate to **Utilities > Export Data**.
2. Choose **Special Handling** in the **Data to Export** field.
The exported XML file contains all account information and associated special handling instructions, if any.

See also

- *Administration Guide*

chapter 12

Claim history

Overview of claim history

Each claim has a non-editable **History** screen that provides an audit trail of a claim's actions. ClaimCenter records events associated with a claim, including minor events, such as each time a claim is viewed. To access a claim's history, open the claim and click **History** in the sidebar.

The **History** screen has a count of the history items at the top. There can be multiple pages if there are a lot of items. Below the title bar are the following controls:

- **Drop-down list on left** – Filter the history list by the type of event, chosen from this drop-down list.
- **Refresh** – Show the latest list of history events for the last filter used.

Content of a claim history

You open the **History** screen by opening a claim and clicking **History** in the sidebar. Claim history displays in a sortable list view. The list view has the following columns:

- **Type** – The claim event causing the history entry. Events include the claim's being opened or viewed, an exposure's being closed or reopened, a stopped check, and so on. Refer to the table later in this topic for a list of all history event types.
- **Related To** – Whether the event relates to the entire claim or one of its parts, such as an exposure or reserve line.
- **User** – Person who caused the event.
- **Event Time Stamp** – Date and time the event occurred.
- **Description** – Brief description of the event. You can add your own entries through the use of rules that create custom history events. See “Adding history events” on page 142 for more information.

Following are the types of history events supported in the base configuration, as shown in the **HistoryType** typelist:

| History event type | Description |
|--------------------------------|--|
| Activity due date changed | The due date of an activity was changed. |
| Activity escalation date moved | The escalation date on an activity was changed. |
| Approval or Rejection | An item or transaction on this claim was approved or rejected. |
| Archived | Claim was archived. |
| Assigned | The claim or one of its exposures was assigned. |

| History event type | Description |
|------------------------------|--|
| Catastrophe warning | The claim was identified as being eligible for inclusion as a listed catastrophe. |
| Check deleted | A check was deleted. |
| Check stopped | A check was stopped. |
| Check transferred | A check was transferred to another claim, but not otherwise changed. |
| Check voided | A check was voided. |
| Closed | The claim or one of its exposures or matters was closed. |
| Custom | A custom history event occurred. Custom history events are defined in the <code>CustomHistoryType</code> typelist. |
| Flagged | An indicator status was changed. |
| Imported | A claim or exposure was imported. |
| Litigated | A lawsuit was filed against the claim. |
| Opened | A new claim or exposure was opened. |
| Policy edited | A policy was edited, and thus marked as unverified. |
| Policy selected or refreshed | A different policy was used for the claim, or the existing policy was refreshed. |
| Reopened | The claim or one of its exposures or matters was reopened. |
| Retrieved | An archived claim has been retrieved from the archive. |
| Viewed | The claim or one of its exposures was opened and viewed by a user. |

Claim viewing history

Viewing is an event that notes each time the claim is opened. This event is helpful in tracking whether an adjuster has been working on a claim or if non-authorized users have been viewing claims.

Financial transaction history

The history of a claim does not include specific transaction events. However, all actions requiring approval do become part of this history, so all financial events requiring approval are present. You can include other financial events in the history by creating custom history event rules.

The claim itself keeps a record of all transactions and checks. To view them, see “View a claim’s existing transactions” on page 351.

Another type of financial action that becomes a part of the history is when a check is denied downstream. If the check’s related payment has closed an exposure or claim, the reopening that occurs is noted in the history. See “Downstream denials of recoveries and checks” on page 360.

Claim history of a policy

ClaimCenter displays another kind of history upon claim creation in the New Claim wizard. After you search for a policy, adjusters can view the policy’s claim history. See “Selecting or creating a policy in the new claim wizard” on page 98 for the details of this history.

Adding history events

Although you cannot rewrite the claim history, you can add to it. You can write rules in Guidewire Studio to monitor the claim and determine if a specific change has occurred. The rules can then write an entry into the **History** screen. For an example, see the **ClaimPreupdate** rule **CPU13000 - Catastrophe History**.

You can add your own types of events to the `CustomHistoryType.ttx` typelist, and then create rules that add the event to the history. The following table lists the event types in `CustomHistoryType` in the base configuration.

| Custom history | Event type | Description |
|-----------------------------|------------|---|
| Auto: No Fault rating | | Claim exception: fault rating is not set on auto claim. |
| Create recovery bill | | Create an invoice to bill for a recovery. |
| Data change | | Any claim data has changed. |
| Email sent | | An email was sent. |
| Exported to mainframe | | Integration: New claim exported to mainframe. |
| Exposure with no reserves | | Claim exception: no reserve is set for an exposure. |
| Guidewire catastrophe rules | | There was a change to catastrophe values. |

Validation

Validation is a general application behavior that helps you avoid making mistakes and avoid saving invalid business data. ClaimCenter validates data in the following ways:

- **Field-level validation** – Validation behavior tied to one or more specific fields of a datatype, which can be implemented at:
 - **Data model level** – Includes data types and field validators.
 - **User interface level by using validation expressions** – Includes validation behavior tied to one or more specific fields, which can be implemented at the user interface level in Gosu code.
- **Validation Rules** – By defining rules, you can configure ClaimCenter to verify the maturity of a claim or exposure. You can also use rules to execute validation behavior at a global level when the error might not relate to one specific field. For example, an insurer allows up to five vehicles to be covered on a single personal auto policy. The underwriter enters six automobiles. The business data is invalid, but there is not any one field that is causing the error.

See also

- “Field-level validation” on page 145
- “Validation rules” on page 146

Field-level validation

Field-level validation works at both the data model level and the user interface level.

ClaimCenter performs validation on data types and field validators at the data model level. Each time you enter data on a field with data model validation anywhere in ClaimCenter, the system checks to see if the entered data is in the correct format. Additionally, you can add validation expressions to user interface fields for immediate validation.

Validation on data types

ClaimCenter validates several kinds of data types to ensure that the values are legitimate for the field’s underlying datatype. For example, you must enter a date field in a particular way. If you do not, ClaimCenter shows an error message identifying the problem so that you can correct it. Another example is a policy or claim number. Each must be in a particular format, also called a *pattern*. Because this type of validation is in the base application, there is no need for any configuration.

Validation on field validators

A field validator is a pattern tied to a field or datatype in the data model. If an entered value does not match the pattern, ClaimCenter prevents the data from being saved and shows an error message so you can make corrections. Field validators are used for simple data validation. You can use them to override validation for a specific field of a datatype or to add validation to data types that do not have it.

For example, a social security number must be in a certain format. If you enter the number without two hyphens, ClaimCenter will not save the number because it does not match the pattern of `xxx-xx-xxxx`. This *field validation* occurs each time the field is used.

You create field-level validators in Guidewire Studio by creating an error message display key, creating the field validator, and associating the field validator with the entity field.

Components of a field validator

Field validators consist of the following:

- **name** – Name of validator, such as `SocialSecurityNumber`.
- **value** – Pattern that must be matched, such as three digits, a hyphen, two digits, a hyphen, and four digits.
- **description** – Message to show when the pattern is not matched. For example, if you enter a social security number with a letter, ClaimCenter shows a message indicating the correct format to be used.
- **input-mask** – Optional mask that helps you enter the correct pattern. For example, the social security number field already has the hyphens in the correct place, and you need to enter only the numbers.

See also

- *Configuration Guide*

Validation expressions

A validation expression is an expression in Gosu code that is tied to a widget that uses field-level validation. When the expression returns `null`, validation has succeeded, and the application saves the data. When the expression returns a `string`, it is an error message saying how the validation failed. The error message describes what to do to enter the correct data. For example, a validation might ensure that a date-of-birth field must occur in the past.

You create these expressions by using Gosu code embedded in PCF files. For example, if you want only one date-of-birth field to be validated, use a validation expression in the applicable PCF file. However, if you want the validation to apply to multiple date-of-birth fields throughout the system, write a rule for it instead. For more information, see “Validation rules” on page 146.

Validation rules

ClaimCenter can enforce validation of data through rules. Rules can validate whether:

- A claim or exposure has matured to a certain level.
- A transaction can occur.

The system enforces validation through rules by performing validation checks on certain entities as the last step before committing them to the database. For example, a claim is required to eventually have payments made on it. Rules can ensure that the claim contains all required data to process it at the level that allows payments to be made. Each time you click **Update** for a claim, ClaimCenter runs configurable validation rules in a certain order before data can be saved to the database. These validation rules check the data and advance the maturity of the entity to the maximum level it qualifies for.

IMPORTANT: Claim objects are not allowed to move backwards in maturity because maturity levels often correspond to information being sent to external systems.

ClaimCenter automatically performs validation checks on entities as the very last step before committing them to the database and making them available for further processing. For example, you might write validation rules that occur before:

- Saving a claim, ensuring that it contains sufficient information about its related policy, and that the loss type is appropriate for the policy type.
- Closing a claim, ensuring that no open activities remain for it.
- Reopening an exposure, ensuring that its claim is already open.
- Scheduling a payment or increasing a reserve, ensuring that coverage limits are not exceeded.

Validatable entities

An entity must be validatable to have pre-update and validation rules associated with it. ClaimCenter validates only the following entities in the following order:

1. Policy
2. Claim
3. Exposure
4. Matter
5. TransactionSet (and ReserveSet, CheckSet, and other subclasses)
6. Group, User, and Activity (in no particular order)
7. Any other custom validatable entity

Claims, or any validatable entity with a field that triggers validation, can have related subobjects. Whenever the claim itself is created or modified, claim validation rules run. Additionally, whenever a validatable subobject of the claim is created or changed, such as the creation of a document or a change to a matter, claim validation rules run. A change to a validatable subobject triggers claim validation because validation logic at the claim level can be related to information at the subobject level.

Create custom validatable entities

About this task

You can create custom entities that are validatable and have Preupdate and Validation rules run on them.

Procedure

1. Create the entity and implement the validatable delegate.
2. Create PCF components, if necessary.
3. Create rule sets and rules.

The rule set name must be named `YourEntityNameValidationRules`. If you use the `reject` method, you must pass in an `errorLevel`. An error level is required because custom validatable entities do not mature. Guidewire recommends a level such as New Loss Completion, which has code `newloss`, because it is usually required. The `method` is used for both warnings and errors.

Validation levels

Validation levels are defined in Guidewire Studio in the `ValidationLevel.ttx` typelist. The Load And Save, New Loss Completion, and Ability To Pay levels are required by ClaimCenter and cannot be removed. You can remove Valid for ISO or Send to External System. Additionally, you can configure more levels as described in the *Gosu Rules Guide*.

In the base configuration the validation levels are:

| Validation Level Name | Code | Description |
|-------------------------|----------|---|
| Load and save | loadsave | Claims and exposures imported from an external system must contain a minimal level of information to be saved in ClaimCenter. However, the system needs more information before an adjuster can work on them. |
| New loss completion | newloss | If you create a claim from the wizard, this level defines the minimum amount of information for it to be saved as a claim. |
| Ability to pay | payment | This level ensures that a claim has all the required data needed to make a payment on it. |
| Valid for ISO | iso | (Optional) This level verifies that all required fields are complete before sending to ISO. |
| Send to external system | external | (Optional) This level can verify if the claim has enough information before it is sent to an external system. In the base configuration, there is no functionality associated with this level. |

You can write integration code that is triggered when a claim reaches a certain validation level. For example, a claim is sent to a back-end system only when the claim reaches **Send to external system** level. One reason that a claim cannot go backwards in validation level is that it might already have been sent to an external system based on the validation level achieved.

Note: Some entities have rules that are not tied to a particular level, such as Transaction Validation rules. These rules can generate warning or error messages.

View claim and exposure validation levels in the user interface

About this task

In the base application, you can see the validation level for a claim and an exposure.

- For an open claim, navigate to Summary Status. On the **General Status** screen, look at the **Claim Validation Level** field to see the validation level of the claim.
- To see the validation level for an exposure of a claim, open the claim and then click **Exposures** in the sidebar to open the **Exposures** screen. Click the exposure number to open the detail view for the exposure. The exposure validation level is in the **Validation Level** field.

Preupdate and validation rules

If a validatable object or a subobject that triggers the validation of the parent is either created or modified, Preupdate rules for that object run first. Validation rules fire after Preupdate.

- Preupdate rules** – These rules can make or change data before validation rules run. For example, a document is added to the claim and now someone needs to take action on it. Preupdate rules can create an activity so that the correct person can review the document.
- Validation rules** – These rules always promote an object to the highest possible level. Promotion also occurs as far as possible, which could result in a promotion either to the next highest level or across multiple levels. As the result of a change, the system allows the change if an object:
 - Meets all the conditions at the next higher level.
 - Does not violate any conditions at the current or lower levels.

Validation rules can also verify that rule conditions are met. If rule conditions are not met, the system can show warning or error messages.

If the object fails validation, any work that was done by the Preupdate rules is also rolled back.

Validation errors and warnings

Validation rules support two types of failure, warnings and errors. You can implement one type of failure or both types. Both types of validation messages are shown in the **Validation Results** worksheet, which opens if there are messages. In most cases, you can click a particular message to go to the data that it references.

- **Validation errors** – These errors prevent you from continuing until you fix the errors. Error messages display during an update only in the following two cases:
 - You first save a claim or exposure, and it does not pass all validations at the Load and Save level.
 - You edit a claim or exposure in such a way that would have forced the object to revert in maturity.
- **Validation warnings** – Rules that return a warning message do not perform any other action. For example, after you attempt to save a claim, a rule can detect that an optional field is blank and show a message asking that the field be filled in. If you update a second time after you have received warnings, the system allows you to save. You see warning messages only for validations at levels that are at or below the level that the object is achieving with the current save.

Handle validation errors and warnings

About this task

Validation errors and warnings display in **Validation Results** worksheets.

Procedure

1. Click an error or warning in one of these worksheets to go to the object in question, enabling you to make corrections.
You must correct all errors to proceed, but you can ignore warnings.
2. Click **Update** to continue.

Run validation rules manually in the user interface

About this task

You can validate a claim or exposure manually if you need to discover why a validation level has not been attained. ClaimCenter checks all validation rules for the specified validation level and below. You can see if there are any warnings or error messages generated by the validation rules for the claim or exposure.

Procedure

1. Open a claim and navigate to **Actions > Claim Actions**.
2. In **Claim Actions**, you can validate one of the following at any level:
 - The claim only
 - The claim and its exposures
 - The policy.

For example, you want to make a payment on a claim but are unable to do so. Navigate to **Actions > Claim Actions > Validate Claim + Exposures > Ability to pay** to run validation rules on the claim and its exposures. Doing so can help you see what is preventing your payment.

See also

- *Integration Guide*
- *Gosu Rules Guide*

chapter 14

Claim fraud

Overview of claim fraud

Fraudulent claims are a continuing problem for all who handle them, and identifying suspicious claims can be difficult. Too often, flagging a suspicious claim is left to a manual process that might be different for each adjuster. ClaimCenter provides a mechanism to help you determine when to further investigate a claim for possible fraud.

The centerpiece of the ClaimCenter fraud detection is its ability to analyze claims and determine a risk potential, or *Special Investigation (SI)*, score for them. ClaimCenter creates this score by using both a set of business rules to analyze a claim's information for possible fraud and a set of questions that the adjuster answers. As the adjuster adds more data to the claim and answers the Special Investigation question set, this score can grow. If this score reaches a preset threshold, ClaimCenter can then assign activities to review the claim for fraud.

Using business rules and question sets to trigger claim fraud investigations enables you to:

- Reduce leakage in handling claims.
- Enforce business processes evenly across the organization.
- Assign the same standardized weight to each suspicious fact in each claim.
- Have more transparency in the process of deciding what to investigate.
- Perform a fact-based evaluation of all claims.
- Keep an audit trail of why and how claims became suspicious.

These features can be important both financially and legally.

Overview of fraud detection

Special Investigation (SI) rules and question set answers identify suspicious characteristics of a claim and assign points to each of these characteristics. The sum of these points is the Special Investigation score. Depending on your business logic, you can set up your own suspicious claim analysis as follows:

- Create Special Investigation rules to detect conditions that your business practices have shown to be fraud indicators. This set of rules analyze a claim each time information is added to it and collect and maintain a running score of all the suspicious information it receives.
- Create Special Investigation question sets that an adjuster uses to detect conditions that your business practices have shown to be fraud indicators. Answers are scored appropriately.
- Assign different point values to suspicious characteristics obtained from both rules and answers.
- Create a single Special Investigation score for each claim from the sum of all points.

- Select the score threshold at which to create an activity for further investigation.

The two Special Investigation scores from rules and question sets can be combined to reach one value that describes the likelihood of fraud. Using this integrated score, you can make informed decisions on whether to start a fraud investigation of a suspicious claim. When the score reaches a predefined value, for instances, the supervisor can determine whether to assign the claim to a fraud investigator or Special Investigation team for further review.

Special investigation question sets

Question sets are created in XML using the `QuestionSet` and related entities and imported into ClaimCenter. You need administrative permissions to import and export question set files.

See also

- *Configuration Guide*

Special investigation rules

Rules that flag suspicious claim activity are useful, because they do not require the adjuster's time to ask a set of questions. They are guaranteed to treat every claim equally.

Special Investigation rules reside in the Claim Preupdate rule set. ClaimCenter runs these rule regularly.

Some items that special investigation rules can look for are:

- After a certain time period, no claimant telephone numbers, police report, on-scene report, or witnesses exist.
- There has been an unreasonable delay in reporting the loss.
- Discrepancies exist between official reports and claimant's statements.
- The claimant conducts business orally, so there is no record.
- The claimant has had other recent claims.
- The claim occurred just after the policy was purchased or renewed.
- The first notice of loss report (FNOL) is followed closely by attorney involvement.
- The driver is a minor and is not listed on the policy.

After creating these rules, you assign points to each one. The first time a Special Investigation rule is `true`, ClaimCenter performs the following actions:

- Adds the rule description to a Special Investigation array for display. It also adds its score and any additional information the rule gathers. For example, a rule finds an unlisted minor driver involved in an accident. ClaimCenter adds the "Driver is a minor not listed on the policy" rule description to the claim's Special Investigation array. It also adds the driver's name in the Additional Information part of the array.
- Increments the Special Investigation score by the value specified in the rule's actions.

When to run special investigation rules

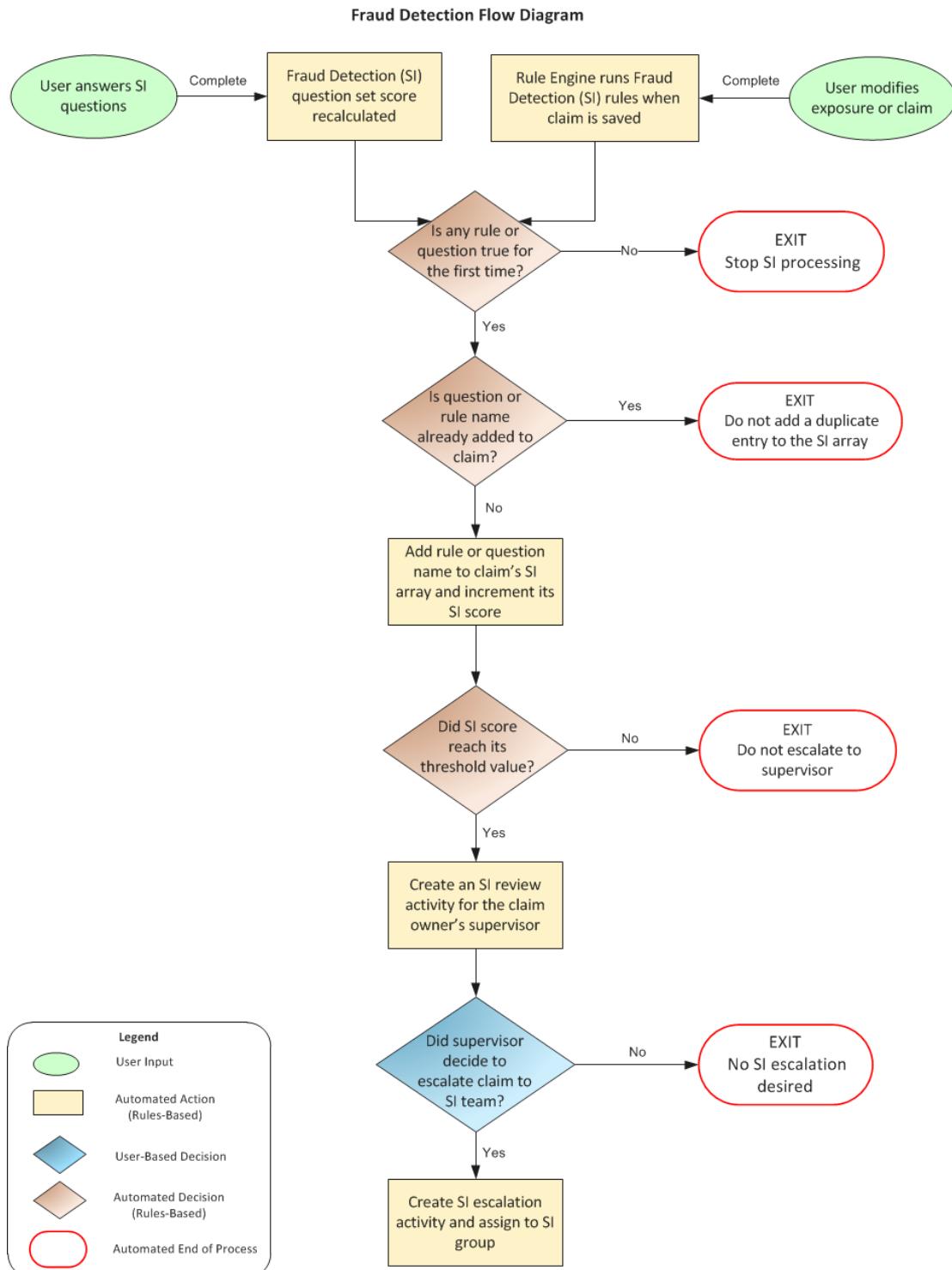
A good practice is not to run the Special Investigation rules when a claim is created, but to run them at later points in the claim's lifecycle. A claim preupdate rule, which runs daily as part of the claim exception rule set, advances the stage of a claim's lifecycle. Trigger rules, part of the claim preupdate rule set, then decide when to run, based on the stage. The `ValidationLevel` typelist contains the validation level definitions used in validating an entity to determine its lifecycle stage. This mechanism restricts rules to a specific claim lifecycle stage.

See also

- "Validation levels" on page 147
- *Gosu Rules Guide*

Evaluating risk potential

The following flow diagram illustrates the process by which Special Investigation scores are created and evaluated using question sets and rules.



Using question sets

Question sets answered by an adjuster or other fraud investigator can help to determine whether a claim might be fraudulent. The following question sets contain sample questions that can help in that determination.

Points Questions for Any Claim Type

none Is claimant familiar with insurance claims terminology and procedures

no = 1 If yes, would claimant's business give claimant this knowledge?

yes = 1 Does claimant avoid using fax, email, or mail and only communicate verbally?

yes = 2 Is claimant aggressively demanding settlement?

yes = 3 Will claimant accept a partial settlement if it is immediate?

yes = 1 Is claimant experiencing financial difficulties?

choice If yes, is claimant's credit score low, medium, high, or unknown?

yes = 2 Are there discrepancies between claimant's statements and official accident reports?

yes = 1 Are there discrepancies between claimant's statements and those of witnesses?

yes = 1 Are the claimant's lifestyle and income level inconsistent?

yes = 2 Has claimant provided an excess of documentation and supporting material?

yes = 1 Does claimant have other or prior injuries?

no = 2 If yes, are they consistent with other damage or injuries in the incident?

Points Questions for Auto Claims

none Was the vehicle purchased in another state or province?

none Was the vehicle stolen?

yes = 5 If yes to either of the above, does the vehicle have a salvage title?

yes = 1 If yes, does a salvage or auto repair shop have an interest in the claim?

yes = 1 If stolen, had the vehicle not been seen for some time?

choice If yes, how long - a week, a month, or two months, or more?

yes = 2 Do the involved vehicles have a disproportionate amount of damage?

yes = 1 Do accounts of the accident by drivers, passengers, or witnesses appear rehearsed?

yes = 2 Are accounts of the accident by drivers, passengers, and witnesses inconsistent?

yes = 1 Do neighbors, friends, and relatives have knowledge of the vehicle?

yes = 1 Do appraisal photographs show only close-up damage views, but not enough to identify the vehicle?

yes = 1 Was the vehicle repaired before the claim was reported?

Points Questions for Workers Compensation Claims

yes = 2 Is it possible that the injury is not job-related?

none Is claimant missing work due to the injury?

yes = 1 If missing work, is claimant resisting going back to work?

yes = 2 If missing work, does claimant have a new job?

You can create conditional questions for cases where a question is dependent on the response to another question. The tab shows the conditional question only when the dependent question's answer is positive.

Questions can display a choice list with several answers for the user to select from, each associated with a different number of points. An example would be a question such as "What is the claimant's credit score?" with possible answers including Below 500 (3 points), 501-600 (2 points), and so on.

By assigning points to each question or answer choice, ClaimCenter can calculate their sum, which, along with the points from the Special Investigation rules, comprises the Special Investigation score. It is this score that can trigger new activities, such as evaluation by a carrier's Special Investigation Unit. Using the full set of questions ensures that all claims are examined in a uniform and fair way.

Each time Special Investigation questions are answered, ClaimCenter performs these actions:

- Adds the question description to the Special Investigation array for display, along with its score.
- Recalculates the Special Investigation score using any change in the question set's total points.

Answer special investigation question sets

Procedure

1. In ClaimCenter, open a claim and navigate to **Loss Details > Special Investigation Details**.
2. Click **Edit** to respond to questions.
3. Click **Update**.

After you enter or change any answer, ClaimCenter recalculates the claim's Special Investigation score.

Evaluating the special investigation score

The Special Investigation score is the sum of the Special Investigation rules score and the Special Investigation question set score. After the score reaches a defined threshold, a rule in the claim preupdate rule set creates an activity for the claim handler's supervisor to review this particular claim. A user with administrator privileges can set this threshold.

Set the SI review score threshold

Procedure

1. Click the **Administration** tab and navigate to **Utilities > Script Parameters**.
2. Set the `SpecialInvestigation_CreateActivityForSupervisorThreshold` script parameter. The default value is 5.

The activity is assigned to a claim supervisor who can review the claim and escalate the claim to another user.

Review claim for SI and escalate

About this task

After the special investigation score reaches the defined threshold, a rule in the claim preupdate rule set creates an activity for the claim handler's supervisor to review this particular claim.

Procedure

1. Review the contents of the **Loss Details > Special Investigation Details** screen and the details of the claim.
2. Escalate the claim to a user in the Special Investigation group:
 - a) Click **Edit**.
 - b) In the **Supervisor Review** section, set **Refer claim to SIU team** to **Yes**.

- c) Enter comments, if needed.

- d) Click **Update** to save the changes.

ClaimCenter assigns the activity to a member of the Special Investigation group by round-robin assignment. ClaimCenter also automatically adds that person to the claim in the role of Special Investigation (SIU) investigator. If an investigator is already associated with this claim, ClaimCenter sends the activity to that individual.

See also

- “Set the SI review score threshold” on page 155

Using the special investigation details screen

While viewing a claim, use the **Loss Details > Special Investigation Details** screen to view and track details of suspicious claims. Click **Edit** to make changes to this screen. This screen contains:

- **Section One - Possible fraud indicators detected** – A list view that shows the Special Investigation rules this claim violates and the points for each violation. There can also be additional information pertaining to the rule.
- **Section One Score** – Total of all fraud indicator points.
- **Section Two - SIU Questionnaire** – Depending on the claim, the questionnaire can have more than one question set.
 - **Auto SIU** – The first Special Investigation question set for an auto claim.
 - **WC SIU** – The first Special Investigation question set for a workers’ compensation claim.
 - **General SIU** – The general Special Investigation question set is always present, including answers and corresponding points if the questions have been answered.
- **Section Two Score** – Total of all question set points.
- **Total Score (Supervisor notified at 5 or above)** – Total points from rules and question sets.
- **Supervisor Review** – Section that supervisor fills out after reviewing SIU and claim information.
 - **Refer claim to SIU team** – By default, this value is **No**. If the supervisor or other reviewer changes it to **Yes**, the following two fields become visible. You cannot change it back to **No** directly, but if you click **Cancel**, the value reverts to **No**.
 - **Date referred to SIU team** – ClaimCenter fills in this date when the reviewer clicks **Update**.
 - **Supervisor Comment** – Any additional comments by the supervisor who escalated the claim to the SIU team.

The *Gosu Rules Guide* provides general information about writing rules. Use Studio to write rules and add them to the proper rule sets. See the *Configuration Guide* for information on creating and editing question sets.

Updating rules and answers for special investigations

After filling in the questions on the Special Investigations screen, saving the claim again runs the Special Investigation rule set. With the correct permissions, you can see and edit the SI questions.

Click **Edit** to change SI responses, and click **Update** to save the answers.

See also

- “Special investigation permissions and restrictions” on page 157

Manually refer a claim for si review

Before you begin

You must have the `editSensSIUdetails` permission to be able to edit the **Special Investigation Details** screen and to manually refer a claim to the SIU team.

Procedure

1. To access the **Special Investigation Details** screen, open a claim and navigate to **Loss Details > Special Investigation Details > Edit**.

This action opens a drop-down list next to the **Refer this claim to the SIU team** field at the bottom of the screen.

2. Select **Yes** from the list.
3. (Required) Add a reason for the manual referral to SI team in the **Supervisor Comments** field.
4. Click **Update**.

Special investigation permissions and restrictions

ClaimCenter considers special Investigation information to be privileged. Only the claim owner and managers with the `editSensSIUdetails` permission can the following:

- View answers to the SI questions.
- Edit the answers.
- Access **Date referred to SIU team** and **Total Score**.
- Control what a specific user can view and change with permission settings. No one can edit the descriptions of the rules that have fired or the **Additional Information** entered by any rule. The only editable fields of this screen are answers to questions, **Refer claim to SIU team**, and **Supervisor Comment**.

Assessments

Assessment is the process of evaluating the value of lost or damaged property and then providing and monitoring the services required to indemnify the insured and cover related expenses. Especially in the United States market, this process is often managed by other systems, such as Mitchell International and CCC Information Services. When managed by other systems, detailed damage assessments cannot reside in an insurer's claim system except as attached documents. Outside the United States, assessment is more central to a claims system. ClaimCenter provides a framework to manage the assessment information. This framework enables you to configure assessment based on your business requirements.

IMPORTANT: The assessment feature is not integrated with Services. It uses terminology in some cases that sounds like Services terminology, but the functionality is entirely separate.

Assessment overview

Assessments are important for many lines of business (LOBs), including auto, property, general liability, and workers' compensation. Auto claims typically have the most highly developed assessment systems, covering initial damage estimates and the cost of replacement parts and labor. Medical claims, especially those involving rehabilitation, can also be estimated by assessment procedures. One difficulty in doing assessments of medical claims is determining how long it takes to perform rehabilitation services. Estimation of property losses can also be complex, due to depreciation, uniqueness, and determining what constitutes equal replacement value.

ClaimCenter incorporates the assessments feature into both auto and property claims. This solution includes:

- Maintaining lists of sources, which are called evaluators or assessors. See “Source” on page 161.
- Itemizing and then categorizing property for assessment. See “Property incident assessment line item sections” on page 161.
- Managing documents and notes associated with the assessment process. See “Documents and notes used in assessments” on page 163.
- Sending work orders to multiple sources to perform evaluations.
- Collecting and evaluating the estimates and quotes generated by the work orders.
- Agreeing to the loss value, typically a negotiation between the claimant and adjuster based on the assessments obtained.
- Providing the necessary services to indemnify the insured for the loss, either repair or replacement. See “Source” on page 161.

- Evaluating the quality of the indemnification. See “Property incident assessment line item sections” on page 161.
- Maintaining a status display of the assessment work orders and repair orders. See “Property incident assessment line item sections” on page 161.

For vehicle losses, providing timely assessment services is a key component of controlling leakage. Ideally, the every first notice of loss (FNOL) conversation concerning an auto loss includes notifying the insured of:

- Where and when to have the damaged vehicle assessed.
- The name of the appraiser.

The base configuration provides one assessment process for each vehicle, building, or group of property items. You can access the assessment feature in the **New Claim** wizard, as well as in the claim at a later time. The assessments feature is an extension to Incidents, and therefore to Exposures as well.

Working with assessments

Each vehicle and property involved in a loss has an **Assessment** screen that stores and evaluates assessment information. This topic discusses using the ClaimCenter **Assessment** screen.

Access assessments screen

Procedure

1. Navigate to a claim and click **Loss Details**.
2. Select a vehicle under the **Vehicles** section or a property under the **Properties** section.
3. Click the **Assessment** tab.

Assessment tab

The **Assessment** tab contains the following sections:

- “General” on page 160
- “Source” on page 161
- “Property incident assessment line item sections” on page 161
- “Vehicle incident assessment line items” on page 162

General

This section of the **Assessments** tab is a general description of the vehicle or property and contains the following fields:

- **Involving** – The property or vehicle. This information comes from the incident of the exposure.
- **Description** – A text field describing the assessment.
- **Status** – The status of the assessment process. It is **Open** until the insured party or claimant is satisfied, and then it is **Closed** (from the **AssessmentStatus** typelist).
- **Target Close Date** – The estimated completion date of the entire assessment process.
- **Comment** – A text field that can be used for any purpose.
- **Internal User** – The adjuster or other user assigned to this part of the claim.

Vehicle incidents

For vehicle incidents:

- **Total - Approved** – The auto-generated total of all **Estimate** amounts of all **Approved** items in the **Line Items** table.

- **Total - In Review** – The auto-generated total of all **Estimate** amounts of all **In Review** items in the **Line Items** table.

Property incidents

For property incidents, there are Detail Damage radio buttons:

- **To Building?** – Choosing **Yes** shows additional fields for **Building Components**, described later, and **Building Estimate**:
 - **Total - Approved** – The auto-generated total of all **Estimate** amounts of all **Approved** items in the **Building Components** table.
 - **Total - In Review** – The auto-generated total of all **Estimate** amounts of all **In Review** items in the **Building Components** table.
- **To Contents?** – Choosing **Yes** shows additional fields for **Content Items**, described later, and **Content Value**:
 - **Total - Approved** – The auto-generated total of all **Estimate** amounts of all **Approved** items in the **Content Items** table.
 - **Total - In Review** – The auto-generated total of all **Estimate** amounts of all **In Review** items in the **Content Items** table.

Source

The **Source** list shows all contacts—persons or vendors—who provide or will provide assessment services, including estimating, quoting, repairing and restoration, and replacement. You can enter sources manually, or, if ClaimCenter is integrated with ContactManager, you can use ContactManager to maintain lists of searchable sources. The list contains these columns:

- **Name** – The name of the assessor, required unless the entry comes from ContactManager.
- **Source Type** – The category of assessor, such as internal appraiser or approved vendor.
- **External Assessor** – Whether or not the source is an employee of the carrier.
- **Description** – A text field that can be used for any purpose.
- **Create Time** – ClaimCenter creates this time stamp when this source is added.
- **Event Lines** – Events related to this source, each of which has the following fields:
 - **Date** – The date on which the event occurred.
 - **Event** – Events selected from a drop-down list. Events include **Assignment Accepted**, **Assignment Canceled**, **Estimate Accepted**, **Repair Complete**, and so on.
 - **Notes** – A text field that can be used for any purpose.

Property incident assessment line item sections

If the incident is a property incident and **To Building?** in the **General** section is **Yes**, you see the **Building Components** section. If **To Contents?** is **Yes**, you see the **Content Items** section. Both sections can be visible at once.

Both sections have buttons you can use to add, remove, approve, or deny one or more line items in the list. Additionally, you can set the source for one or more line items or choose a source and click **Associate With** to associate one or more line items with a source.

Note: The *LineItemCategory* and *LineItemSchedule* typelists used in the following line item sections are based on IRS-Publication 584B: Business Casualty, Disaster, and Theft Loss Workbook. All these typelists are extendable.

Building components

- **Category** – A building component that was damaged, selected from a drop-down list. Components include **Air Conditioning**, **Building**, **Heating System**, **Roof**, and so on. These values are from the **PropertyLineItemCategory** typelist.

- **Description** – A free-form field typically used to describe the item. Visible and selectable in the **Building Components** list as **Description**.
- **Action** – Whether the amount for this item has been **Approved** or **Denied** or is undergoing **Reviewing**. These values are from the **AssessmentAction** typelist.
- **Estimate** – Estimated cost to perform the work.
- **Create Time** – ClaimCenter creates this time stamp when this item is added.
- **Comment** – A free-form field typically used to add comments about the item.
- **Source** – The contact that produced the information, such as **Estimate**, shown in this line of the table.

Content items

When you create or edit a content item, there are two sections, **Summary** and **Financials**.

The **Summary** section has the following fields:

- **Schedule** – A high level category for items covered in the policy. The drop-down list includes the following schedules: **Equipment**, **Homeowners**, **Information Systems**, **Office Furniture and Fixtures**, **Office Supplies**, **Other**, and **Travel**. These values are from the **ContentLineItemSchedule** typelist.
- **Category** – A building component that was damaged, selected from a drop-down list. Components depend on the **Schedule** selected. For example, for the Equipment schedule, you can choose categories such as **Calculator**, **Clocks**, **Copiers**, **Microwave**, and so on. These values are from the **ContentLineItemCategory** typelist.
- **Number of Items** – How many of this type of content item were damaged, lost, and so on.
- **Brand** – The brand name of the content item, such as Armani or Sony.
- **Description** – A free-form field typically used to describe the item. Visible and selectable in the **Content Items** list as **Description**.
- **Date Acquired** – Date the item was bought or otherwise acquired.
- **Action** – The action taken on the amount for this item: **Approve**, **Deny**, needs a **Review**, or is **To be Depreciated**. These values are from the **AssessmentContentAction** typelist.
- **Related Source** – A contact for this information.
- **Create Time** – ClaimCenter creates this time stamp when this item is added.
- **Comment** – A text field that can be used for any purpose.

The **Financials** section has the following fields:

- **Purchase Cost** – Original cost of the item when it was bought.
- **Depreciation** – Amount that the value of the item has decreased over time.
- **Salvage** – Value of the item if retrieved from the property.
- **Item Value** – A calculated value based on the entries for purchase cost, depreciation, and salvage.

Vehicle incident assessment line items

This list of line items shows damaged or lost property for a vehicle. Above the list are buttons you can use to add, remove, approve, or deny one or more line items in the list. Additionally, you can set the source for one or more line items or choose a source and click **Associate With** to associate one or more line items with a source.

Note: The *LineItemCategory* and *LineItemSchedule* typelists used in the following line item sections are based on IRS-Publication 584B: Business Casualty, Disaster, and Theft Loss Workbook. All these typelists are extendable.

The vehicle incident **Line Items** list shows the following information for each line item:

- **Category** – A vehicle component that was damaged, selected from a drop-down list. Components include **Body**, **Brakes**, **Suspension**, **Wheels**, and so on. These values are from the **VehicleLineItemCategory** typelist.

- **Description** – A free-form field typically used to describe the item. Visible and selectable in the **Line Items** list as **Description**.
- **Action** – Whether the amount for this item has been **Approved**, **Denied**, or is undergoing **Reviewing**. These values are from the **AssessmentAction** typelist.
- **Estimate** – Estimated cost to perform the work.
- **Create Time** – ClaimCenter creates this time stamp when this item is added.
- **Comment** – A text field that can be used for any purpose.
- **Source** – The contact that produced other information, from the **Source** list in the Vehicle Incident screen. If you have not added a source in that screen, this one will just list <none>.

Documents and notes used in assessments

Documents related to assessments, such as body shop quotes for repair of dents, are handled by the normal process of attaching documents to claims. The same is true for notes.

Permissions

You do not need special or additional permissions to view or edit the Assessment card for a claim. Access to the claim itself is sufficient to view and edit assessments.

Data model for assessments

There is one assessment process per vehicle or fixed property. Therefore, assessments are properties of the **Incident** entity. Entities related to assessments include:

| Assessment entity | Contents and Use |
|-----------------------|--|
| AssessmentSource | Multiple parties can inspect and assess the same vehicle or property. The Incident array key SourceLine is an array of AssessmentSource entities, which capture this information. |
| AssessmentLine | Many events can take place related to an assessment. For example, assignments can be scheduled and canceled. The AssessmentSource array key StatusLine is an array of AssessmentLine entities. |
| AssessmentItem | Both vehicles and property have this itemized list of damages and costs to indemnify. The Incident array key ItemLine is an array of AssessmentItem entities. |
| AssessmentContentItem | Property, in particular, has both the structural component captured in the AssessmentItem array and itemized content. This entity represents a single content item. The difference between the two is the depreciation on the items. The Incident array key ContentItemList is an array of AssessmentContentItem entities. |

The assessment feature uses a number of typelists. All are extendable. The **LineItemCategory** and **LineItemSchedule** typelists are based on IRS-Publication 584B: Business Casualty, Disaster, and Theft Loss Workbook. All these typelists are extendable.

| Assessment typelist | Contents and Use |
|-------------------------|--|
| AssessmentAction | Action taken for each estimate: Reviewing , Approved , or Denied . For auto and fixed property losses, but not for contents that can depreciate. |
| AssessmentContentAction | Action taken for each estimate: Review , Approve , To be Depreciated , or Deny . For contents losses. |
| AssessmentEvent | Events capture the time line of the assessment process. Some typical events include Assignment Accepted , Estimate Complete , Estimate Accepted , Repair Date Set , and Repair Complete . |

| Assessment typelist | Contents and Use |
|--------------------------|---|
| AssessmentSource | The source of the assessment—the Insured’s Vendor, an Approved Vendor, an Internal Appraiser, a Third Party’s Vendor, or a Desk Review. A <i>desk review</i> is an appraiser’s combination of assessments from different sources. |
| AssessmentStatus | Open until the insured or claimant is satisfied, and then Closed. |
| AssessmentType | Property, Auto, or Contents, which can be from either a damaged auto or building. |
| ContentLineItemCategory | Items found in properties, such as appliances, electronics, televisions, printers, servers, and monitors. They are categorized by typecodes of the ContentLineItemSchedule typelist. |
| ContentLineItemSchedule | Categories of the items found in the ContentLineItemCategory typelist, such as Equipment, Homeowners, Information Systems, and Office Furniture and Fixtures. |
| PropertyLineItemCategory | A building or its major parts, such as its Roof, Air Conditioning, Heating System, Plumbing System, or Lighting System. |
| VehicleLineItemCategory | Major systems of a vehicle, such as Body, Brakes, Engine, Suspension, and so on. |

Catastrophes and disasters

The term *catastrophe* in the property insurance industry denotes a natural or man-made disaster that is unusually severe. The industry designates an event a catastrophe when claims are expected to reach a certain dollar threshold and more than a certain number of policyholders and insurance companies are affected. Insurers monitor the extent and type of these losses, dates of occurrence, and geographic areas affected by the catastrophe-related claims to forecast loss estimates and loss reserves. Insurers often group claims by the catastrophes that caused them. This helps the insurer to:

- Estimate the severity of the catastrophe itself and its potential liability due to the catastrophe.
- Estimate the reserves it must set aside to cover future claims from the catastrophe.
- Manage its resources, such as mobile adjusters, in responding to the catastrophe.
- Create reports about the catastrophe and its financial consequences for the insurer.

Overview of catastrophes

From a reinsurance perspective, it is in an insurance company's best interest to associate every claim with an applicable catastrophe. Insurers closely track their total exposure for catastrophes because they often have reinsurance agreements that cover their exposure over a given amount. In this way, insurers can take on the large risk associated with catastrophes.

In ClaimCenter, you can associate every claim that results from a catastrophe with that catastrophe, as described in “Associating a claim with a catastrophe” on page 168. If you do not associate these claims with their catastrophes, you risk leakage because you might not be able to recover money for these claims from the reinsurer. You can also use rules like the Claim Preupdate rule, Related to Catastrophe, to identify claims that match a catastrophe's profile but have not yet been linked to that catastrophe. ClaimCenter can ensure that all the catastrophe-associated claims are caught and marked appropriately.

ClaimCenter defines a catastrophe by the following characteristics:

- A *date range* – A start and end date
- A *geographic region*
- One or more *perils* – A combination of a Loss Type, such as property, and Loss Cause, such as wind

For example, an insurance company declares Hurricane Katrina to be a catastrophe. This catastrophe involves claims in the states of Florida, Alabama, Mississippi, and Louisiana for property damage due to flood, wind, or rainstorm. The catastrophe occurred during the period from July 2005 to December 2005.

ClaimCenter assists insurers handling catastrophes in the following ways:

- Defining and maintaining a list of catastrophes. See “Catastrophe list” on page 166.
- Associating at most one catastrophe with a claim. See “Associating a claim with a catastrophe” on page 168.
- Providing a way to search for all claims associated with a catastrophe and see their distribution on a heat map. You can access this heat map and catastrophe claims search capability by:
 - Clicking the **Administration** tab and navigating to **Business Settings > Catastrophes**
 - Clicking the **Search** tab and navigating to **Claims > Catastrophe Search**

Note: You must have certain permissions and perform some setup before you can see the **Catastrophe Search** screen. See “Preparing to access the catastrophe search screen” on page 172.

See also

- “Catastrophe dashboard” on page 170

Catastrophe list

You can access the list of catastrophes by clicking **Administration > Business Settings > Catastrophes**.

The list of catastrophes shows fields that ClaimCenter maintains for each catastrophe. The following list includes fields that you see on the **Catastrophe Details** page when you click a catastrophe in the list:

- **Status** – A catastrophe can have a status of Active or Inactive, controlled by the **Activate** and **Deactivate** buttons.
- **Name** – Any value is acceptable. The name is a value that can be used in a search.
- **CAT No** – You must assign each catastrophe a unique number. This number can be used for sort order as seen in the Catastrophe drop down menu in the **Loss Details** screen. It is also a number that might have come from legacy or other mainframe systems or a governing body, such as the United States state of Washington.
- **Begin Date** and **End Date** – The date range of the catastrophe.
- **Type** – Either Internal or ISO. *ISO* means that the data was generated from a governing body, such as ISO in the United States. *Internal* means that the data was generated by other means, such as manually by the insurer. The values come from the **CatastropheType** typelist. See “Using catastrophes defined by ISO” on page 167.
- **PCS Serial Number** – Optionally, there can be an ISO Property Claim Service (PCS) serial number. This field is shown only on the **Catastrophe Details** screen.
- **Comments** – A free-form text field typically used to describe the catastrophe.
- **Last Edited** and **Last User** – The user that edited the catastrophe and the date of the last edit. These fields are visible only on the list of catastrophes.
- **Areas Covered** – The geographical areas in which the catastrophe occurred, such as the U.S. state Florida.
- **Zone Type** – The type of geographical region in which the catastrophe occurred. You see **Zone Type** only on the **Catastrophe Details** screen when you edit a catastrophe.
- **Coverage Perils** – Each coverage peril is defined by both a Loss Cause from the **LossCause** typelist and a Loss Type from the **LossType** line of business typelist. Coverage perils are visible only on the **Catastrophe Details** screen.
- **History of Matched Claims** – Shows all the claims that were matched to this catastrophe.

Working with catastrophes

You can add, edit, deactivate, and active catastrophes.

Add a new catastrophe

Procedure

1. Log into Guidewire ClaimCenter using an administrative account.

2. Click the **Administration** tab and navigate to **Business Settings > Catastrophes**.
3. Click **Add Catastrophe**.
4. Enter your data on the **Details** card.
5. Click the **Policy Locations** tab to enter data about policy locations to be included on the map.
6. Click **Update** to save your work.

Edit an existing catastrophe

Procedure

1. Log into Guidewire ClaimCenter using an administrative account.
2. Click the **Administration** tab and navigate to **Business Settings > Catastrophes**.
3. Click the name of a catastrophe to open the **Catastrophe Details** screen.
4. Click **Edit** and make your changes on the **Details** card.
 - You can click **Add** to add **Perils** to the catastrophe.
 - You can click the **Policy Locations** card to update information on policy locations.
5. Click **Update** when you are done with your changes.

Deactivate a catastrophe

About this task

You cannot delete a catastrophe from the system, but you can deactivate it. Even after the time period for a catastrophe has passed, many claims can continue to be associated with the catastrophe. The search features and report generators must be able to find claims by their associated catastrophes.

Note: You cannot associate a claim with a catastrophe that has been marked inactive.

Procedure

1. Log into Guidewire ClaimCenter using an administrative account.
2. Click the **Administration** tab and navigate to **Business Settings > Catastrophes**.
3. Select the check box for an item on the list.
4. Click **Deactivate**.
The catastrophe status becomes **Inactive**.

Activate a catastrophe

Procedure

1. Log into Guidewire ClaimCenter using an administrative account.
2. Click the **Administration** tab and navigate to **Business Settings > Catastrophes**.
3. Select the check box for the inactive catastrophe.
4. Select **Activate**.
This catastrophe status becomes **Active**.

Using catastrophes defined by ISO

In the United States, ISO produces a list of catastrophes that you can use to define your own list. The ISO list defines for each catastrophe the same information that the ClaimCenter list contains. Also, ISO defines for each catastrophe the

loss severity, which is estimated total liabilities, and a catastrophe number, which can help correlate your catastrophe data with other information. You can also use ISO severity data to help you estimate your own liabilities and reserve levels.

Note: ISO provides this information in a CSV file.

Catastrophe bulk association

The topic “Overview of catastrophes” on page 165 describes how to create a catastrophe profile in the ClaimCenter **Catastrophes** screen before attaching claims to a catastrophe. You click the **Administration** tab and navigate to **Business Settings > Catastrophes** to open the **Catastrophes** screen. Adjusters can create claims that are caused by the catastrophe prior to the catastrophe’s being entered into the system. For example, a catastrophe might not have been entered yet because the government has yet to deem the event a catastrophe and give it a CAT code.

If such a claim is already in ClaimCenter, you must link the claim to the catastrophe after creating the catastrophe profile. You can search for claims that match the catastrophe profile but have not yet been linked. Not all claims returned as a match are necessarily a result of the catastrophe, so you must decide whether to link the claim to the catastrophe. For each matching claim, ClaimCenter creates a **Review Claim for Catastrophe** activity and assigns it to the claim owner, who determines whether the claim is a result of the catastrophe. If so, the adjuster sets the **cat** field on the claim and completes the activity. If not, the adjuster just completes the activity.

To learn how to find claims and associate them with a catastrophe, see “Associating claims with catastrophes” on page 169.

Associating a claim with a catastrophe

On a claim, a catastrophe is a claim characteristic. A claim can be associated with at most one catastrophe. After making this association, you can write rules to perform a number of useful functions:

- Assignment rules that assign claims to catastrophe management groups
- Rules that write reports to:
 - Track reserves and payments for claims associated with the same catastrophe
 - Determine the costs of a catastrophe

See also

- *Gosu Rules Guide*

Associate a claim with a catastrophe

Procedure

1. Navigate to a claim and select the **Loss Details** menu item on the left pane. You can also do this from the New Claim wizard.
2. Click **Edit**.
3. Select a catastrophe name from the **Catastrophe** drop-down menu and click **Update**.
ClaimCenter performs the verifications described in “ClaimCenter catastrophe verification checks” on page 168.

ClaimCenter catastrophe verification checks

Whenever you add a catastrophe to a claim, ClaimCenter verifies the following:

- If the claim’s loss date is within the catastrophe’s date range.
- If the claim’s location matches the zone type for which the catastrophe is valid.
- If the claim’s cause of loss and loss type matches one of the catastrophe’s defined perils.

In the base configuration, the Claim Update and Claim Validation rules check that all these conditions are met. ClaimCenter rules prevent you from associating a catastrophe with a claim that has a Loss Date or Loss Address that does not match the catastrophe's time period or region. If a rule finds such a claim, ClaimCenter issues an error message. While ClaimCenter allows an association with a catastrophe if the claim's Loss Cause or Loss Type does not match the catastrophe's Peril, ClaimCenter also issues a warning message.

The following table describes mismatches that cause errors and warnings.

| Non-matching data | Association allowed |
|-----------------------------------|----------------------------|
| date, place, and peril no, reject | |
| peril | yes (warning) |
| place | no, reject |
| place and peril | no, reject |
| date and peril | no, reject |
| place and date | no, reject |
| date | no, reject |

See also

- “Associate a claim with a catastrophe” on page 168

ClaimCenter support for associating a claim with a catastrophe

After you have entered the Loss Location, Loss Date, Loss Type and Loss Cause (peril), ClaimCenter can determine whether the claim could be caused by a catastrophe. ClaimCenter does not automatically make this association. Instead, ClaimCenter alerts you by creating a Review Claim for Catastrophe activity for you to decide if you want to make the association.

| Matching data | Association allowed | ClaimCenter response |
|---------------------------|----------------------------|---|
| date, place, and peril | yes | Create one activity to alert you of a potential match to the catastrophe. |
| date and place, not peril | yes | Create one activity to alert you of a potential match to the catastrophe. |

If a new claim matches a catastrophe category but is not so defined, ClaimCenter creates an activity.

Associating claims with catastrophes

ClaimCenter does not automatically associate a claim with a catastrophe. However, ClaimCenter can determine whether a claim could be caused by a catastrophe, if you enter the following information into the claim:

- Loss Location
- Loss Date
- Loss Type
- Loss Cause (peril)

If this information matches the catastrophe information, ClaimCenter alerts you by creating a Review Claim for Catastrophe activity for you to decide if you want to make the association.

| Matching data | Association allowed | ClaimCenter response |
|---------------------------|----------------------------|---|
| date, place, and peril | yes | Create one activity to alert you of a potential match to the catastrophe. |
| date and place, not peril | yes | Create one activity to alert you of a potential match to the catastrophe. |

If a new claim matches a catastrophe category but is not so defined, ClaimCenter creates an activity.

Associate a group of claims with a catastrophe

1. Log into Guidewire ClaimCenter using an administrative account.
2. Click the **Administration** tab and navigate to **Business Settings > Catastrophes**.
3. Click the catastrophe name to open the **Catastrophe Details** screen.
4. Click **Find Unmatched Claims**.

ClaimCenter searches all active catastrophes. ClaimCenter uses a batch process to perform a search to find all claims with the following criteria:

- Claim loss date is within the catastrophe's effective dates.
 - Claim loss location matches one of the catastrophe's affected zones.
 - Claim loss cause is one of the catastrophe's coverage perils.
 - Claim does not already have an activity on it for potential catastrophe match.
5. ClaimCenter marks each claim to which the criteria applies.
- If the number of found claims related to a catastrophe exceeds the system configurable limit for the number of found claims, `MaxCatastropheClaimFinderSearchResults`, only that limited number of claims are processed. The rest of the claims are processed the next day.
- A section of the **Catastrophe Details** screen, **History of Matched Claims**, shows any claims that match the catastrophe after the batch process completes. ClaimCenter creates a Review for Catastrophe activity for each claim that has a potential match to that catastrophe. The count includes all claims that have a Review for Catastrophe activity open.
6. To respond to a Review for Catastrophe activity, you must find the claim and navigate to its **Loss Details** screen. You can search in one of two ways:
 - Click the **Desktop** tab and navigate to **Activities**, and then change the filter on the **Activities** screen to **All open**. The activity subject to choose is **Review for Catastrophe**.
 - Click **Search > Activities**, and then specify one of the required search criteria. Then, next to **Subject**, click the drop down menu and click **Review for Catastrophe** and click **Search**.

Catastrophe history

When a catastrophe is initially associated with a claim or the association with a claim has changed, the **History** tab logs the event in claims associated with that catastrophe. This event is a custom event, and this behavior can be removed. See “Claim history” on page 141.

Catastrophe dashboard

Accessing the catastrophe search screen and dashboard

You can access the **Catastrophe Search** screen by clicking the **Search** tab and navigating to **Claims > Catastrophe Search**. This screen shows catastrophe claim and policy location search results on the Catastrophe Claim Dashboard.

Note: Some configuration steps are required before you can access the **Catastrophe Search** screen. For more information, see “Preparing to access the catastrophe search screen” on page 172

Catastrophe dashboard overview

The default view of the Catastrophe Claim Dashboard shows the geographic distribution of catastrophe claims and policy locations on a heat map. This map provides a quick visual impression of the location of hot spots—areas of concentration for claims or policies—and the impact the catastrophe has had on the insurer.

ClaimCenter generates the heat map from a set of claims or policy locations overlaid on a geographical map. A square marker represents each claim or policy location. As ClaimCenter shows claim or policy location counts, it displays a single blue marker for each location that does not overlap any other markers.

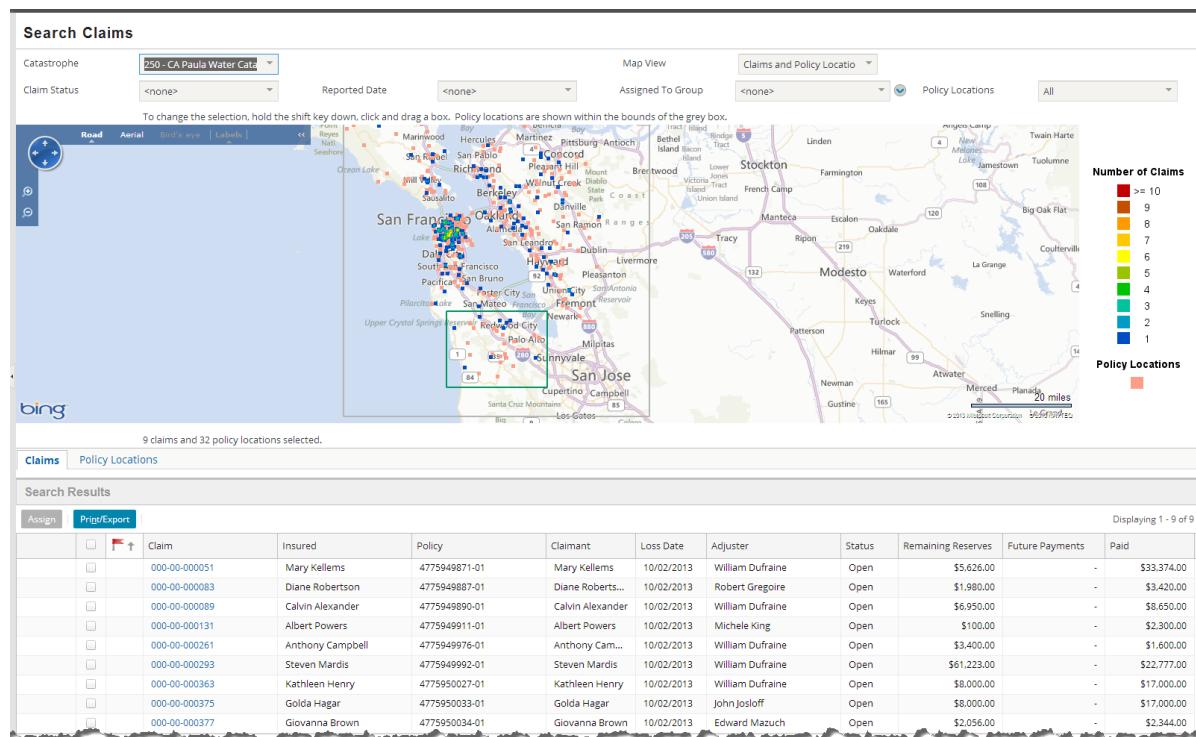
If multiple markers overlap, the map shows a single marker with a color that represents the number of overlapping markers. ClaimCenter shows ten or more overlapping markers in red. The map's color legend on the right shows the intermediate values that correspond to the other colors.

For map views that show financial amounts, ClaimCenter determines the color for each marker by the sum of the values of the overlapping markers.

If you hold the shift key down and drag the mouse, you can select an area. The green rectangle created on the map encloses the selected area. Just below the map, a message gives a summary of the data points in the selected area. For example:

9 claims and 32 policy locations selected

The following figure shows a sample catastrophe heat map:



You can show subsets of catastrophe claims and policy locations on the heat map view by using the **Catastrophe Search** filters and heat map navigation and selection controls. After you have selected a set of claims for further analysis you can:

- Drill down into individual claims and policy locations.
- See below the map a tabular report of the claims and policy locations you want to further analyze.
- Produce a printed or exported version of the tabular report to aid you in your offline catastrophe workflow.
- Assign claims to an adjuster or other individual user, or assign them to a group.
- Perform other actions that require specialized configuration.

Map views

The Catastrophe Dashboard provides five map views:

- **Claims** – The number and distribution of claims.

- **Claim Total Incurred** – Color coding represents the amount for the claim. The legend to the right of the map shows colors and corresponding amounts. If an area is selected, you also see total incurred listed below the map.
- **Claims and Policy Locations** – The number and distribution of claims and the distribution of policy locations.
- **Policy Locations** – The number and distribution of policy locations.
- **Total Insured Value** – Color coding represents the total insured value for the policy location. The legend to the right of the map shows colors and corresponding amounts.

Policy location views use data downloaded periodically from the policy system through the Catastrophe Policy Location Download batch process. The batch process must be enabled for this data to be available. The batch process downloads policy location data for a catastrophe within the Catastrophe Area of Interest for the effective date defined in the **Catastrophe Detail** screen. The Catastrophe Area of Interest is the bounding box shown on the **Catastrophe Dashboard** in light gray.

Map views that include policy locations—**Claims and Policy Locations**, **Policy Locations**, and **Total Insured Value**—are visible only if the batch process has been enabled. They show data points only if the batch process has downloaded data for the catastrophe. For more information on enabling this batch process, see the *Administration Guide*.

Tooltips

Clicking a claim or policy location marker on the map displays a tooltip summarizing the key information for the claim or policy location. For example, the **Catastrophe Search** search screen displays a tooltip for a policy location. If the policy system supports this action, clicking the policy number in the tooltip opens the policy in a new browser window.

Configuring the heat map

You can configure the Catastrophe Search heat map. For example, you can:

- Change the map colors.
- Add additional filters.
- Add new data sets or map views.
- Create other screens with heat maps that are independent of the Catastrophe Search screen.

For more information, see the *Configuration Guide*.

Preparing to access the catastrophe search screen

Before you access the Catastrophe Search screen, you must:

- Have the Catastrophe Admin role added to your user account, or have View Catastrophes permission.
- Perform the steps to enable the heat map described in the *Administration Guide*.

This procedure calls for using the Bing Maps plugin and the Bing Maps AJAX Control v. 6.3. Additionally, if you have PolicyCenter installed, this procedure calls for enabling the Catastrophe Policy Location Download batch process.

See also

- You can learn more about the AJAX control at <http://msdn.microsoft.com/en-us/library/bb429619.aspx>.
- To use the Bing Maps plugin, your company must have its own account and application key with Bing Maps. For more information, go to <http://www.bingmapsportal.com>, where you can set up a Bing Maps account and obtain an application key. After you create a key, the application name is arbitrary and no application URL is required.
- For more information on the batch process, see the *Administration Guide*.

Access the catastrophe heat map from the search screen

Procedure

1. Log in to ClaimCenter as a user with the Catastrophe Admin role or one that has the View Catastrophes permission on your user account.
2. Click the **Search** tab and navigate to **Claims > Catastrophe Search**.
3. Use the **Catastrophe** drop-down list to select the name of a catastrophe.

Results

The catastrophe heat map appears.

Access the catastrophe heat map from the catastrophe details screen

Procedure

1. Log in to ClaimCenter as a user with the View Catastrophes permission.
2. Click the **Administration** tab and navigate to **Business Settings > Catastrophes**.
3. In the **Catastrophes** screen, click the name of a catastrophe. The **Catastrophe Details** screen appears.
4. In the **Catastrophe Details** screen, click **Show Map**.
ClaimCenter redirects you to the **Catastrophe Search** screen with the catastrophe already selected.

Working with the catastrophe heat map

After you access the **Catastrophe Search** heat map, you can use the map controls to show the area of interest.

You use the controls to do the following:

- **Change the center point of the map** – Click and drag the mouse.
- **Center and zoom** – Double-click the new center point.
- **Zoom in / Zoom out** – Move the scroll control on the mouse up and down or click the plus and minus buttons under the directional buttons on the left.
- **Select an area** – Shift-click one corner of a rectangle, drag to the opposite corner, and release. A green rectangle encloses the selected area.

Filter the data on the heat map

About this task

You can do limited filtering of data in a map on the **Catastrophe Search** screen. You can select the **Map View** and set **Policy Locations** to all policies, policies with claims, or policies without claims. Additionally, you can set filters that apply by default to the maps shown for a catastrophe. It is possible to add additional filters through configuration.

Procedure

1. Log into Guidewire ClaimCenter using an administrative account.
2. Click the **Administration** tab and navigate to **Business Settings > Catastrophes**.
3. In the **Catastrophes** screen, click the name of a catastrophe. The **Catastrophe Details** screen appears.
4. Click **Edit**.
5. In the **Catastrophe Details** screen, click the **Policy Locations** card.
6. Change the settings on the screen, such as **Policy Effective Date** for policy retrieval or **Map View** to set the default map view.

- For claims, set one or all of the **Claim Status**, **Reported Date**, and **Assigned to Group** drop-downs.
- For policy locations, set **Policy Locations**.

The map updates immediately.

Search in the heat map

About this task

You can create a list of all catastrophe claims in the selected region of the **Catastrophe Search** heat map.

Procedure

1. Select a region of the map that contains the claims that interest you. Shift-click the mouse at one corner of the area you want to select and drag diagonally to create a bounding search rectangle with a green border.
2. The selection message located below the map shows how many claims and policy locations you have selected. Lists of the claims and policy locations found in the search rectangle also appear under the map. The search does not return more than 300 claims, for performance reasons. You can configure this limit in Guidewire Studio by editing the `config.xml` file.
3. You can click a claim number to navigate to its claim summary. If your policy system supports it, you can click a policy number to navigate to the policy in a new browser window.
4. To return to the map, click the **Search** tab and navigate to **Claims > Catastrophe Search**. The map opens with the claim and policy list in the same view as before you navigated away.

Service provider performance reviews

An important part of claim handling is using and recommending service providers that help resolve losses, such as a body shop, assessor, attorney, or physical therapy clinic. ClaimCenter enables you to evaluate your carrier's service providers by gathering review information on them. Having this information helps in selecting the best providers, controlling your claim costs, increasing customer satisfaction, and increasing claim processing efficiency.

In particular, you can:

- Conduct post-service reviews on any type of vendor.
- Score each review as part of the claim associated with the vendor's work.
- Score each vendor by combining its individual review scores.

After you have collected reviews on your vendors, you can:

- Define lists of preferred vendors based on their past performance, as quantified by their reviews.
- Search for nearby vendors with high review scores.
- Assign nearby and high-rated vendors to provide services.
- Remove poorly performing vendors and steer business to high performers.
- Negotiate contracts with vendors for future services based on objective past performance standards.

Because this feature is available only if ClaimCenter is integrated with ContactManager, the full description is in the *Contact Management Guide*. See the *Contact Management Guide*.

part 4

ClaimCenter lines of business

Homeowners line of business

The Homeowners line of business enables you to collect the data needed to track, manage, and, if necessary, pay on the claim. Claimants typically file Homeowners claims when a loss occurred at the claimant's property that affected either the property itself or the contents of the property. Claimants can also file claims if someone was injured on the property.

ClaimCenter handles Homeowners claims and provides the following features:

- **Summary information located in one place** – A quick view of the current status of the claim to help you determine if you need to take action.
- **View the policy** – Both in ClaimCenter and in a policy administration system (PAS).
- **New Claim wizard** – Guides you through the FNOL claims intake process.
- **Services can be arranged early in the claim intake process** – Helps to accelerate the adjudication process and mitigate further damage.
- **Automatic incident creation** – Assists in the claim intake process.
- **Manage contents** – Enables you to manage damaged items on a claim, including scheduled items.

Homeowners Screens

The homeowners line of business provides screens that capture information specifically needed to process that type of claim. ClaimCenter organizes that data in meaningful sections. This topic describes the screens and the fields that pertain to this line of business.

This topic includes:

- “Summary Screens” on page 179
- “Loss Details Screens” on page 180
- “Policy Screens” on page 181

Summary Screens

The **Summary**, **Claim Status**, and **Claim Health Metrics** screens contain the most relevant information for you to determine the status of a claim.

See also

- “Claim summary screens” on page 32

- “Claim status screen” on page 440
- “Claim health metrics” on page 436

Loss Details Screens

The **Loss Details** screens contain information about the loss as it specifically relates to homeowners. These screens are organized into **Loss Details > General, Associations, and Special Investigation Details**.

The **Loss Details** screen contains the following sections:

- **Details** – This section contains information about what occurred, the loss date, loss location, cause, fault rating, if there was a catastrophe, or if weather was a factor.
- **Damage Type** – If fire or water was selected in the **New Claim** wizard and the questions were answered, this section shows the selections made there, **Fire or Water** or both. You can also edit the **Loss Details** screen and select **Fire or Water** or both under **Damage Type**. If neither damage type is selected, you do not see this section.
- **Loss Items** – This section can show any or all of the following incidents. If you click **Edit** and then click **Add** under **Loss Items**, you can see the entire drop-down list and make changes in a screen for each incident type.
 - **Dwelling** – There can be only one loss related to a dwelling. This section contains sections that describe the damage, services, related exposures, and repairs, if any.
 - **Injury** – Captures information about people who might have injuries.
 - **Living Expenses** – The living expenses incident is associated with the **Loss of Use** coverage type. This section captures information about temporary dwelling costs and duration and meal costs. Additionally, there might be related exposures and services that had to be performed, both of which can also be captured in the **Living Expenses** screen.
 - **Other Structure** – This incident captures information about structures other than the main dwelling, such as a secondary building like a shed or artist’s studio. This section is also where you enter data if a shared fence was damaged. Additionally, there might be related exposures and services that had to be performed, both of which can also be captured in the **Other Structure** screen.

The **Other Structure** screen also provides an **Assessment** card that captures information about damage to the structure. The information includes a description, estimated loss amount, if already repaired, and if any fences were damaged. Additionally, there might be related exposures and services that had to be performed, both of which can also be captured in this card.

- **Personal Property** – The personal property incident is associated with the personal property coverage type. Use this section to capture the list of damaged content items, including scheduled items. Additionally, you can add any services needed related to that property damage. See “**Line Items**” on page 181.
 - If you select the item to edit or click **Add** to create a new scheduled item, you can see how many scheduled items are listed on the policy. You can specify in detail how the value of replacing the item is to be determined.
- **Property Liability** – Use this screen to capture any damage to third party property. Additionally, you can specify any services needed that are related to that property damage and information about repairs.
 - The **Property Liability** screen also provides an **Assessment** card that captures information about the assessment of damages. Among other things, the information can include who the assessor was, when the assessment will be done, details on the damage, and estimates of the costs. See “**Assessments**” on page 159.
- **Witnesses** – In edit mode, you can list witnesses that might be important to the claim.
- **Officials** – If any official, such as a police officer or coroner, was involved and wrote a report, you can enter that information in this section.
- **Metropolitan Reports** – If you received any reports, you can list them in this section and link to the document.
- **Notification and Contact** – Use this section to document how the claim was reported, who reported it, who is the main contact, and so forth.
- **Line Items** – This section shows specific line items that are mentioned in the policy. See “**Line Items**” on page 181.

Notes

- In the base configuration, the **ISO** card is not enforced. If you want to use that feature for ISO or any other statutory reporting organization, you must set up ISO rules in Studio.
- If you try to create exposures for all the earthquake and flood coverage subtypes and exposure types, ClaimCenter warns that **No two exposures can have the same Coverage/Claimant/Coverage Subtype combination**.

Line Items

A claimant's policy can contain specific items that are mentioned in the policy. Examples could include a heirloom grandfather clock or a wedding ring. If these items are damaged or stolen, the way an adjuster determines those amounts depends on the claimant's policy.

There are two ways to determine the amount of money that the insurer pays to indemnify the claimant for a particular line item. This is the replacement value (RCV) or actual cash value (ACV). Depending on the type of coverage the insured has, reimbursement is either by RCV or ACV.

- **Replacement Cost Value (RCV)** – The maximum amount the carrier pays the claimant for damage to covered property without a deduction for depreciation. The RCV payment uses the current cost to replace the property with new, identical, or comparable property. For example, five years ago the insured paid \$100, plus sales tax, for a table. It is no longer available, but a comparable item currently costs \$125. With RCV coverage, the maximum amount the carrier pays the insured for the item is \$125, plus sales tax.
- **Actual Cash Value (ACV)** – The amount the carrier pays the claimant for damage to covered property with a deduction for depreciation. The formula is:

When the RCV value is null, then the ACV is equal to the original cost minus depreciation: $ACV = \text{Original cost} - \text{Depreciation}$.

Otherwise, the ACV is equal to the RCV minus depreciation: $ACV = RCV - \text{Depreciation}$.

For example, five years ago the insured paid \$100, plus sales tax, for a table. Since ACV is the current replacement cost less depreciation, you must consider wear and tear, if any. If the table had a reasonable life expectancy of 10 years, and the insured used it for five years, the table might have depreciated 50% of its value. The item, or a comparable equivalent if the item is no longer available, currently costs \$125. With ACV coverage, the maximum amount the carrier pays the insured for the table is \$62.50, plus sales tax: current replacement cost, \$125, plus sales tax, less 50% depreciation.

Homeowners policies normally have limits for each of the line item categories in the policy language. If the policy has a limit for a particular content category being itemized on the personal property incident, then you enter that limit into the **Limit Amount** field. Since there is no transactional validation in the base configuration, you must configure rules to restrict this programmatically.

Associations Screen

Use this screen to associate any other claims with this claim. For example, if there was a large accident at work and there were several claimants, you might associate all the claims together.

Special Investigation Details

This screen contains a question set that, depending on the answers, can trigger an investigation to rule out fraud. To learn about this feature see "Claim fraud" on page 151.

Policy Screens

The **Policy** screens contain information related to the policy. ClaimCenter organizes these screens into **General**, **Locations**, **Endorsements**, and **Aggregate Limits** sections

- **General** – Enables you to edit the policy, refresh it, select another policy, and view the policy in a policy system.

| Action | Description |
|------------------------------------|---|
| Edit | ClaimCenter warns you that if you edit a policy, then it is marked as unverified. Edits made to the policy are saved only in ClaimCenter. |
| Refresh | This selection replaces policy information with a fresh policy snapshot. |
| Select another policy | Selecting a new policy removes any references on the claim such as vehicles, properties, and coverages. |
| View the policy in a policy system | If ClaimCenter is integrated with a policy administration system or with Guidewire PolicyCenter, a new browser window opens into that application. See the <i>Installation Guide</i> . |

The **General** screen contains information related to the policy, such as policy number, type, dates, status, agent, underwriter, data on the insured, and other related information. If you edit this information, you cause the policy to be no longer verified with the policy system.

See “Working with policies in claims” on page 111 to learn more.

- **Locations** – Contains address details of the locations and details on the type of coverage. For example, a policy can have earthquake coverage with a \$5,000 USD deductible and an incident limit of \$800,000 USD. If you add or edit locations, you cause the policy to be no longer verified with the policy system.
- **Endorsements** – Lists any endorsements that might be on the policy. For example, the homeowners policy has a limit of \$4000 USD for jewelry, but the insured decided to have a separate endorsement for a very expensive heirloom necklace.
- **Aggregate Limits** – An *aggregate limit* is the maximum financial amount that an insurer is required to pay on a policy or coverage during a given policy period. For more information, see “Aggregate limits” on page 123.

Homeowners Coverage Types

To understand the relationships between coverages, subtypes, exposures, and incidents, it might be useful to see how lines of business are set up in Guidewire Studio.

1. Open ClaimCenter Studio by navigating in a command window to the ClaimCenter installation directory and entering `gwb studio`.
2. Navigate in the **Project** window to **configuration > config > Extensions > Typelist**, and then double-click `PolicyType.ttx`.
3. In the Typelist editor, expand **PolicyType > Homeowners > Children** to see the list of coverage types in the table that follows.
 - Expand a coverage type and then expand **Children** to see its coverage subtypes.
 - Expand a coverage subtype and then expand **Children** to see its exposure type.
 - Expand an exposure type and then expand **Other Categories** to see the type of incident.

The following table lists some sample homeowners coverage types, subtypes, and exposures.

| Coverage Type Name | Coverage Subtype | Exposure Type |
|-----------------------------|-------------------------------------|-----------------|
| Coverage A - Dwelling | Coverage A - Dwelling | Dwelling |
| Coverage D - Loss of Use | Coverage D - Loss of Use | Living Expenses |
| Identity Theft Protection | Identity Theft Protection | General |
| Scheduled Personal Property | Scheduled Personal Property Content | |

Personal travel line of business

Personal travel insurance overview

Travelers can purchase insurance to cover the risks associated with traveling. These policies are short term, usually for the duration of the trip. The policy typically covers issues such as lost or stolen luggage, medical payments while on the trip, or issues resulting from delayed, canceled, or interrupted flights. There are several types of travel insurance available such as:

- **Personal** – Purchased for the duration of a specific trip and based on your itinerary.
- **Group** – Purchased by a travel agency for groups of people on the same trip.
- **Business** – Typically purchased by your company as a multi-region, annual policy.

The ClaimCenter default configuration contains the Personal Travel line of business, which includes a single person or families.

Personal travel coverage scenarios

There are multiple reasons that a traveler might purchase a personal travel policy. Following are some scenarios.

Personal property/baggage/contents

A traveler might need this coverage for any of the following scenarios:

- The insured traveler loses a bag with personal possessions in a foreign country and must purchase essentials to last through the trip. The insured mails a claim form to the insurance company with the appropriate documentation. The insurer issues a check after assessing the line items for items that were replaced. Items include clothes, toiletries, small electronics, and so forth that are claimed as a loss, without a replacement.
- The insured traveler files a claim for the loss of high value electronic items such as cameras, video cameras, and laptop computers. If there is no proof of purchase or ownership, ClaimCenter flags the claim and creates activities to check for fraud.
- The insured traveler loses travel documents such as a passport. Personal property coverage covers costs incurred for additional travel to obtain new travel documents.

Cancellation or interruption

Examples of cancellation can be the need to cancel a flight, hotel, and rental car due to a death in the family, with proof. The insurer pays out cancellation fees for all bookings as well as agent fees, if applicable, up to the maximum covered.

Delay

This coverage applies to costs arising from a delayed or canceled departure. If a claim has not yet been filed, the insured must file a claim against the travel provider, as well as proof of delay. Usually, the insured must be delayed for at least six hours for the claim to be valid. The insured receives a payment for every 24 hour delay thereafter up to the coverage limit. Costs can also be for hotel, car rental, and meal expenses.

Health/medical

This coverage applies to health-related costs for a disabling injury, sickness, or disease. Costs paid can include medical bills, ambulance costs, accommodation costs, and so forth. However, the insured cannot have any associated pre-existing conditions in the set time period.

Rental car

The insured has an accident in the rental car. The auto policy covers a portion of all damages incurred. The rental car coverage pays for auto damages in excess of the coverage provided by the purchased auto rental insurance. The insured is liable for any further excesses. The liability coverage pays for damage to a third party's property or death.

Travelers typically need to provide proof when submitting a claim such as:

- Travel vouchers, boarding cards, passport copies, and entry/exit visas
- Police report filed within a reasonable time frame
- Doctor's notification of illness
- Other supporting documentation such as military reporting date or jury reporting date
- Proof of baggage loss

Personal travel non-covered items

The travel policy determines what is covered. Typically, policies do not cover:

- Delay due to detention by customs, government officials, or other authorities
- Missed flight due to mechanical failure of a personal car
- Existing medical conditions
- Theft, loss, or damage if proper care was not taken, such as failing to lock the car or hotel room or leaving possessions unattended

Working with the personal travel line of business

About this task

You can work with a personal travel claim by using the New Claim wizard.

Procedure

1. Click the drop-down button on the **Claim** tab, and then click **New Claim**.
The New Claim wizard opens.
2. In Step 1, you must either find a policy to associate with the claim or create an unverified policy.
 - a) If you find a policy, enter a loss date. At this point, in the **Type of Claim** radio button, you can use either the travel New Claim wizard, the Quick Claim Baggage wizard, or the Quick Trip Cancel wizard. Your choice determines which wizard you complete. Use **Travel** for this example.
 - b) If you are creating an unverified policy, indicate if it is regular **Travel**, **Quick Claim Baggage**, or **Quick Trip Cancel**.
3. Step 2 of the wizard gathers basic information. Optionally, you can edit the contact information.

4. Use Step 3 of the wizard to enter loss details. Select a loss cause where you can create the following type of incidents: trip, baggage damage, injury, vehicle, and property damage. Click the buttons **Add Trip**, **Add Baggage Damage**, **Add Injury**, **Add Vehicle**, and **Add Property Damage** in turn to create each kind of incident.
5. Use Step 4 of the wizard to assign the claim and exposures and save your claim.

Personal travel screens

The travel line of business provides screens that specifically capture information that is needed to process that type of claim. ClaimCenter organizes data in meaningful groups. While you might see some of these screens in the New Claim wizard, it is possible that an adjuster might have limited information when the claim is first entered. The adjuster can return to the claim to add more information or to work on the claim. This section provides descriptions of screens and fields that specifically pertain to this line of business.

See also

- “Personal travel summary screens” on page 185
- “Personal travel loss details screens” on page 185

Personal travel summary screens

The **Summary**, **Claim Status**, and **Claim Health Metrics** screens contain the most relevant information for you to determine the status of a claim. You can determine the following:

- How long the claim has been open.
- What occurred, such as that the claimant lost her passport.
- If any monies have been paid.
- If there are any high risks to this claim.
- What exposures are on the claim and their status.
- Where the incident occurred.
- Who was involved.
- If there are any planned activities.

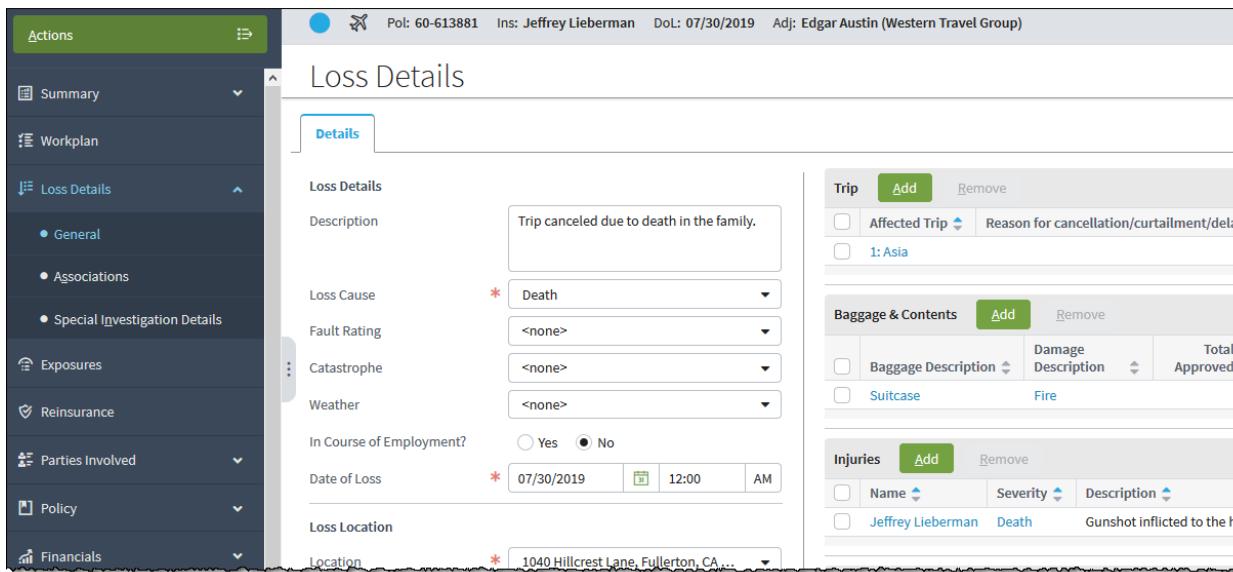
From the **Summary** screen, you can click an exposure under the **Exposures** section. Clicking an exposure displays the **Exposures Details** page, where you can edit, assign, create a reserve for, or close the exposure.

See also

- “Claim performance monitoring” on page 435
- “Claim summary screens” on page 32
- “Claim status screen” on page 440
- “Claim health metrics” on page 436

Personal travel loss details screens

The **Loss Details** screens contain information about the loss as it specifically relates to travel, and are organized into: **Loss Details**, **Associations**, and **Special Investigation Details**. If you click **Edit** on the **Loss Details** screen, an edit page opens.



The screenshot displays the 'Loss Details' screen in the Guidewire ClaimCenter application. The left sidebar contains navigation links such as Actions, Summary, Workplan, Loss Details (selected), General, Associations, Special Investigation Details, Exposures, Reinsurance, Parties Involved, Policy, and Financials. The main content area is titled 'Loss Details' and includes a 'Details' tab. Under 'Loss Details', there are fields for Description (Trip canceled due to death in the family), Loss Cause (Death), Fault Rating (<none>), Catastrophe (<none>), Weather (<none>), In Course of Employment? (Yes selected), Date of Loss (07/30/2019), and Loss Location (1040 Hillcrest Lane, Fullerton, CA). To the right of the main form are three expandable sections: 'Trip' (Affected Trip: 1: Asia, Reason for cancellation/curtailment/delay: None), 'Baggage & Contents' (Baggage Description: Suitcase, Damage Description: Fire, Total Approved: None), and 'Injuries' (Name: Jeffrey Lieberman, Severity: Death, Description: Gunshot inflicted to the head).

The editable **Loss Details** screen contains the following sections:

- **Loss Details** – Contains information about the incident. Of note is the drop-down list for **Loss Cause**, which enables you to set the cause of the loss. For example, the cause of the loss was that the passport document was lost. This list is configurable.
- **Loss Location** – Contains geographical details concerning where the loss occurred.
- **Notification and Contact** – Captures information regarding how the loss was reported, who reported it, and who is the main contact.
- **Witnesses** – Witness information, including if the witness gave a statement and where they were when they witnessed the incident.
- **Contributing Factors** – Captures additional information if applicable. For example, the default choices for **Category** are driver or environmental conditions. You can enter data indicating that the driver was driving too fast or that the highway had no barrier.
- **Loss Items** – The incidents are listed as follows:
 - **Trip** – Captures details of the trip incident, which is a subtype of **Incident**. Adding a trip opens the **Trip Incident** screen. Use this section to capture details of the trip, reason for the cancellation or delay, and any transportation and accommodation details such as associated fees. For example:

Trip Details

| | | |
|---------------------|--------------------------|---|
| Trip Involved | 1: Asia | Reason for cancellation/curtailment/delay Claimant's mother passed away. |
| Geographical Region | Worldwide ex. USA/Canada | |
| Start Date | 07/30/2019 | |
| End Date | 08/29/2019 | |

Services to Perform

| Type | Related To | Services | Vendor |
|--------------------|------------|----------|--------|
| No data to display | | | |

Transportation Details Accommodation Details

Original Transportation

| Type | Transportation Description | Status | Approval Status | Approved Amount | Reason For Denial |
|---------|---|----------|-----------------|-----------------|-------------------|
| Airline | Singapore Airlines 21, 07/30/19 04:49 PM, LAX-BKK | Canceled | Approved | \$3,587.00 | |
| Airline | Singapore Airlines 22, 08/24/19 10:50 PM, BKK-LAX | Canceled | Approved | \$100.00 | |

- **Baggage & Contents** – Captures details of the Baggage exposure type, which has a baggage incident type. You must select a baggage type, such as backpack, tote, suitcase, or travel documents. There are also baggage and contents line items that can be listed. To see how to calculate the value of a line item, the details of how the claimant is to be reimbursed, see “Personal travel loss details line items” on page 187.
- **Injuries** – Editing this section displays the **Injury Incident** screen. Enter any injury details.
- **Vehicles** – Capture information on vehicles if they were involved.
- **Properties** – The new property incident if there was property damage.
- **Officials** – If any official, such as a police officer or coroner, was involved and wrote a report, you can enter it that information in this section.

Note: In the base configuration, the ISO card is not supported. If you want to use that feature for ISO, or any other statutory reporting organization, you must set up ISO rules in Studio.

Personal travel loss details line items

A claimant’s policy can contain specific items that are mentioned in the policy. Examples could include cameras, computers, electronics, and so forth. If these items are damaged or stolen, the way an adjuster determines those amounts depends on the claimant’s policy.

There are two ways to determine the amount of money the insurer pays to indemnify the claimant for a particular line item: replacement value (RCV) and actual cash value (ACV). Depending on the type of coverage, the insured is either reimbursed by RCV or ACV.

- **Replacement Cost Value (RCV)** – The maximum amount the carrier pays the claimant for damage to covered property, without a deduction for depreciation. The RCV payment is based on the current cost to replace the property with new, identical, or comparable property. For example, five years ago the claimant paid \$100, plus sales

tax, for a camera. That model of camera is no longer available, but a comparable item currently costs \$125. With RCV coverage, the maximum amount the carrier pays the claimant for the item is \$125, plus sales tax.

- **Actual Cash Value (ACV)** – The amount the carrier pays the claimant for damage to covered property, minus a deduction for depreciation. The formula is as follows:

When the RCV value is null, then the ACV is equal to the original cost minus depreciation. ($ACV = \text{Original cost} - \text{Depreciation}$)

Otherwise, the ACV is equal to the RCV minus depreciation. ($ACV = RCV - \text{Depreciation}$)

For example, five years ago you paid \$100, plus sales tax, for a camera. Since ACV is the current replacement cost less depreciation, you must consider wear and tear, if any. If the camera had a reasonable life expectancy of 10 years, and you used it for five years, the camera could have depleted 50% of its value. The item, or a comparable equivalent if the item is no longer available, currently costs \$125. With ACV coverage, the maximum amount the carrier will pay you for the camera is \$62.50, plus sales tax (current replacement cost, \$125, plus sales tax, less 50% depreciation).

Travel policies normally have limits for each of the line item categories in the policy language. If the policy has a limit for a particular content category being itemized on the incident, then you enter that limit into the **Limit Amount** field. Since there is no transactional validation in the base configuration, you must configure rules to restrict this value programmatically.

Personal travel loss details associations screen

Use this screen to associate any other claims with this one. For example, if there was a large accident at a beach resort and several claimants, you could associate all the claims with one another.

Personal travel loss details special investigation details

This section contains a question set that depending on the answers, can trigger an investigation to rule out fraud. To learn about this feature see “Claim fraud” on page 151.

Personal travel coverage types

Personal travel has the following coverage types:

- **Baggage** – General coverage for items such as suitcases, the contents inside suitcases, personal property such as electronics, cell phones, cameras, wallets, and documents such as passports
- **Health** – Medical payments
- **Hired Auto** – Generally excesses for hired or rented autos
- **Liability** – Third-party liability
- **Trip** – If your journey was canceled or delayed

View the personal travel line of business

About this task

To identify the relationships between coverages, subtypes, exposures, and incidents, you can view the Personal Travel line of business in Guidewire Studio.

Procedure

1. Open ClaimCenter studio by navigating in a command window to the ClaimCenter installation directory and entering `gwb studio`.
2. Navigate in the **Project** window to **configuration > config > Extensions > Typelist**, and then double-click `PolicyType.ttx`.

3. In the Typelist editor, expand **PolicyType > Personal Travel > Children** to see the list of coverage types.
 - Expand a coverage type and then expand **Children** to see its coverage subtypes.
 - Expand a coverage subtype and then expand **Children** to see its exposure type.
 - Expand an exposure type and then expand **Other Categories** to see the type of incident.

See also

- “Personal travel coverage types, subtypes, exposures, and incidents” on page 189

Personal travel coverage types, subtypes, exposures, and incidents

The following table lists the relationships among personal travel coverage types, subtypes, exposures, and incidents.

| Coverage Type Name | Coverage Subtype | Exposure Type | Incident |
|--------------------|----------------------------------|----------------------------|-----------------------|
| Baggage | Baggage - Loss, Damage, or Delay | Baggage | BaggageIncident |
| Health | Travel - Medical Expenses | Med Pay | InjuryIncident |
| Hired Auto | Hired Auto Damages | Vehicle | VehicleIncident |
| Liability | Liability - Auto Damages | Vehicle | VehicleIncident |
| Liability | Liability - Bodily Injury Damage | Bodily Injury | InjuryIncident |
| Liability | Liability - General Damage | General | Incident |
| Liability | Liability - Property Damage | Property | FixedPropertyIncident |
| Trip | Trip - Cancellation or Delay | Trip Cancellation or Delay | TripIncident |

chapter 20

Workers' compensation line of business

A workers' compensation claim is a specialized claim typically involving an employer, employee, and a work-related injury. The ClaimCenter workers' compensation line of business is designed to collect the data needed to track, manage, and make payments on these specialized claims.

See also

- “Overview of workers' compensation” on page 191
- “Working with workers' compensation claims” on page 192
- “Compensability decision” on page 199
- “Finding injured workers” on page 200
- “Jurisdictional benefit calculation management” on page 201
- “Workers' compensation administration” on page 202
- “Workers' compensation coverage types” on page 202

Overview of workers' compensation

Usually, employers file workers' compensation claims when employees are injured at their place of employment. Injured employees might seek medical treatment and possibly reimbursement of pay for missed work. The most serious claims involve injuries that are permanent, and awards might be paid to the injured worker. Employers file these claims with their insurer, and ClaimCenter assists in the handling of these claims.

ClaimCenter provides the following features:

- **Summary**— Located in one place, the claim summary offers a quick glimpse of the current status of the claim and helps determine if you need to take action.
- **Medical details** – Grouped in sections for convenience, this includes views of summary information, details, medical case management, and ISO status.
 - **Body Parts** – Provides specific details on the injured body part.
 - **Medical Diagnosis** – Tracks diagnosis to injury using international standards.
 - **Medical Notes** – Automatically marked for security reasons, so that only those with requisite permissions can view them.

- **Activities** - Shows any activities associated with the claim.
- **Indemnity** – Includes views of summary and benefits information. The benefit information includes type of disability, waiting period, other jurisdictional factors and information on settlements that you can modify.
- **Employer Liability** – Includes view of damage, settlement and key financials information.
- **Search** – Ability to find workers' compensation claims by injured worker.

Workers' compensation incidents and exposures

When you create a workers' compensation claim using the **New Claim** wizard, ClaimCenter creates an injury incident at the claim level. Each workers' compensation claim represents one injured worker, so, at the least, one Medical Details exposure on a workers' compensation claim corresponds to the injury. If the worker lost time from work, ClaimCenter creates an Indemnity exposure.

Note: After a workers' compensation claim is created where the worker lost time from work, ClaimCenter creates two incidents corresponding to the two automatically created exposures. These are placeholder incidents and can be ignored.

After claim creation, the Employer Liability exposure is created if necessary. For more information, see “Employer liability exposure for workers' compensation claims” on page 199.

The claim injury incident stores the data that is visible on the **Loss Details > General** screen in the **Injury** section and contains the main information on the injury. The exposures, **Medical Details** and **Indemnity**, are menu links in the sidebar.

Workers' compensation exposures

Workers' compensation claims, when complete, can generate three associated exposures:

- **Medical Details** – A Medical Details exposure is created when one of the following is set in the **Loss Details** step of the New Claim wizard:
 - **Yes to Incident Only?** and **Yes** to Medical treatment
 - **No to Incident Only?** and **Yes** to Medical treatment
 - **No to Incident Only?** and **No** to Medical treatment
- **Indemnity** – An Indemnity exposure is created when you choose **Yes** to **Lost time from work?** in the **Lost Time** section.
Both the Medical Details and Indemnity exposures are created upon completion of the New Claim wizard.
- **Employer Liability** – After claim creation, if there is employer liability, you can add this exposure by navigating to the **Loss Details > General** screen. In the **Classification** section, select **Yes** for **Employer Liability**.

Working with workers' compensation claims

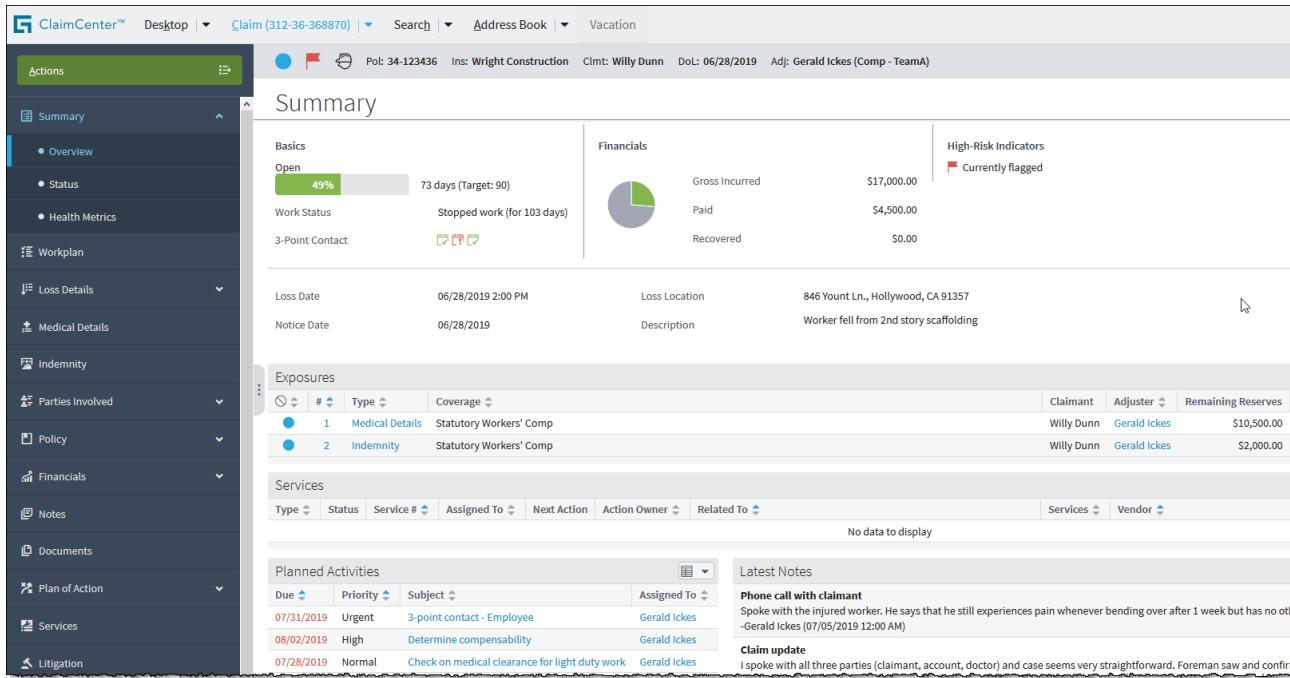
The workers' compensation line of business provides screens that capture information that is specifically needed to process this type of claim. ClaimCenter organizes claim data into meaningful groups so an adjuster can process the claim efficiently. While you might see some of these screens in the **New Claim** wizard, it is possible that an adjuster might have limited information when the claim is first entered. The adjuster would then need to return to the claim either to add more information or to work on it. The following topics describe workers' compensation screens and associated fields in more detail.

Status of a workers' compensation claim

The **Summary**, **Status**, and **Health Metrics** screens contain the most relevant information for you to determine the status of a claim.

For example, in the **Summary** screen, you see the number of days the claim has been open, financial data, information on the loss, and any associated services, exposures, and activities. The current work status and 3-point contact activity

status are also shown in this screen. The following figure is an example of the Summary screen for a workers' compensation claim.



Initiating 3-point contact

Workers' compensation claims include activities to establish communication with the three main parties involved in the claim—the employee, the employer, and the medical provider. When a workers' compensation claim is saved and assigned, the 3-point contact process is initiated.

Activities are created and assigned to the appropriate parties, as follows:

- The activity to contact the employee and employer is assigned to the owner of the medical exposure.
- The activity to contact the medical provider is assigned to the Nurse Case Manager, if one is assigned to the claim. Otherwise, it is assigned to the owner of the medical exposure.

All 3-point contact activities are prioritized as **Urgent**. The **3-Point Contact** indicator in the **Summary** section is color-coded based on the status of the generated activities. The indicator is green if the activity has been completed, canceled, or skipped, that is, a decision was made on it. It is coded red if the activity is open past the due date.

The **3-Point Contact** indicator does not appear if all associated activities have been completed.

See also

- “Claim summary screens” on page 32.
- “Claim performance monitoring” on page 435.

Selecting the employment class code

During the creation of a workers' compensation claim, select the injured worker's employment class code associated with the policy location in the **Loss Details** step of the New Claim wizard (in the **Employment Data** section). The employment class code is a 4-digit NCCI code or other code that describes the type of work performed at a location, such as clerical, janitorial, construction, and so on. Generally, this class code corresponds to the code or codes associated with a location on the policy. For example, a manufacturing company could have five locations, with each location associated with several types of work.

If a claim's class code is incorrect or missing, such as an injury caused by mining or excavation being reported at a location where no mining takes place, this is a potential problem or fraud that needs investigation by the insurer as well.

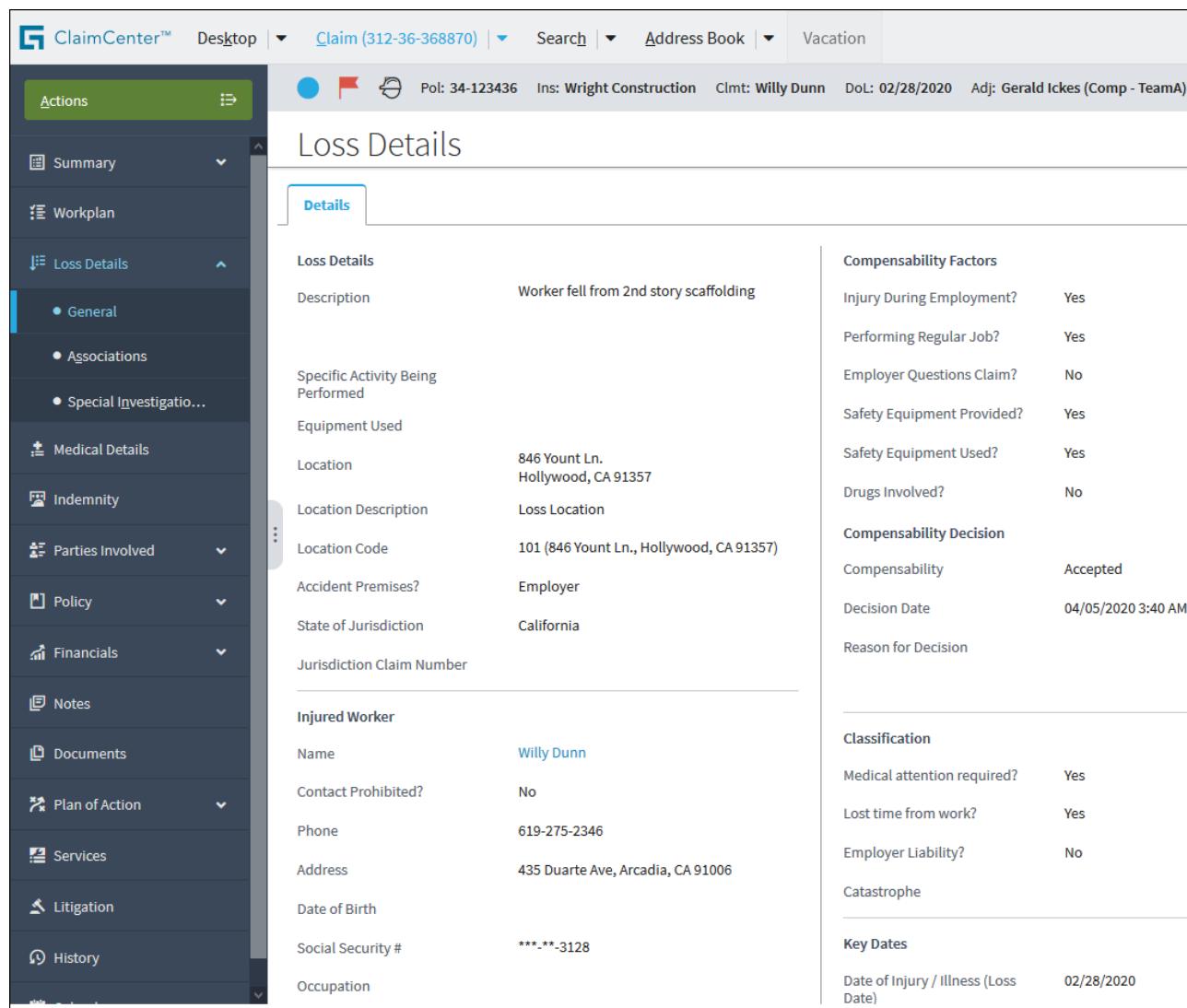
as the policy underwriter. The policy administration system, which is the source of truth for the policy, must have correct class codes on locations to cover what workers' jobs and duties are. Class codes are a major factor in determining the policy's premium.

In the New Claim wizard, if the class code is unknown, select No in the **Select Class Code by Location** radio button. When the claim is saved, an activity is generated to contact the underwriter regarding incorrect class code for policy location. The activity is also generated when this value is selected on an existing claim in the **Loss Details** screen. For details on this activity, refer to the **Contact underwriter regarding incorrect class code** activity pattern.

Loss details for workers' compensation

The **Loss Details** screens contain information about the loss as it relates to workers' compensation. Specific sub-screens include **General**, **Associations**, and **Special Investigation Details**, as shown in the following figure.

Note: Due to the large size of this screen in the ClaimCenter application, the following figure does not depict all sections of **Loss Details > General**.



The screenshot shows the 'Loss Details' screen in the Guidewire ClaimCenter application. The top navigation bar includes the 'ClaimCenter™' logo, 'Desktop' dropdown, 'Claim (312-36-368870)' dropdown, 'Search' dropdown, 'Address Book' dropdown, and 'Vacation' link. The main header displays claim information: Pol: 34-123436, Ins: Wright Construction, Clmt: Willy Dunn, DoL: 02/28/2020, Adj: Gerald Ickes (Comp - TeamA). On the left, a vertical sidebar lists various claim components: Summary, Workplan, Loss Details (selected), Associations, Special Investigation Details, Medical Details, Indemnity, Parties Involved, Policy, Financials, Notes, Documents, Plan of Action, Services, Litigation, and History. The 'Loss Details' section is expanded, showing sub-sections: 'Loss Details' (Description: Worker fell from 2nd story scaffolding, Specific Activity Being Performed: Equipment Used, Location: 846 Yount Ln., Hollywood, CA 91357, Location Description: Loss Location, Location Code: 101 (846 Yount Ln., Hollywood, CA 91357), Accident Premises?: Employer, State of Jurisdiction: California, Jurisdiction Claim Number), 'Injured Worker' (Name: Willy Dunn, Contact Prohibited?: No, Phone: 619-275-2346, Address: 435 Duarte Ave, Arcadia, CA 91006, Date of Birth, Social Security #: ***-**-3128, Occupation), 'Compensability Factors' (Injury During Employment?: Yes, Performing Regular Job?: Yes, Employer Questions Claim?: No, Safety Equipment Provided?: Yes, Safety Equipment Used?: Yes, Drugs Involved?: No), 'Compensability Decision' (Compensability: Accepted, Decision Date: 04/05/2020 3:40 AM), 'Reason for Decision' (empty), 'Classification' (Medical attention required?: Yes, Lost time from work?: Yes, Employer Liability?: No), 'Catastrophe' (empty), and 'Key Dates' (Date of Injury / Illness (Loss Date): 02/28/2020).

Loss details screen

The **General** screen is editable and provides the following sections:

- **Loss Details** – Information about the incurred injury and where it occurred.

- **Injured Worker** – Standard information about the claimant.
- **Injury** – Description of the injury. The severity of the injury can trigger a high-risk indicator. For example, if the claimant died, a fatality risk indicator would be shown in the **Info bar** and **Summary** screen.
- **Body Part Details** – Specifies the area or areas of the body that were injured, including the body part, side, and Permanent Partial Disability (PPD) compensation percentage. See “**Body part details**” on page 195.
- **Employment Data** – Work-related information such as the average weekly wage, date of hire, state of hire, employment status, and pay period.
- **Concurrent Employers** – Information on other employers, if any.
- **Other Benefits** – Specifies if the claimant is receiving any other benefits, such as from the government or other parties. You can list them along with the amount and duration.
- **Officials** – Information on any official, such as a police officer or coroner, who was involved in the incident and wrote a report.
- **Metropolitan Reports** – Any reports received can be listed in this section with links to the relevant documents. See “**Metropolitan reports**” on page 635.
- **Compensability Factors** – Section that helps determine if the claim is compensable using a set of questions. The subsection, **Compensability Decision**, captures more details on the decision made, such as the date, whether the claim is to be accepted or not, and the reason for it.

Note: Even if you refuse the claim, you must still close it.

- **Classification** – Various ways you can classify a claim. If you select **Employer Liability**, ClaimCenter creates that exposure, and the **Employer Liability** menu link becomes available in the sidebar.
- **Key Dates** – The dates relevant to the claim, such as the date of injury, date employer was notified, and time of injury.
- **Notification and Contact** – Information on how the injury was reported, who reported it, and the main contact.

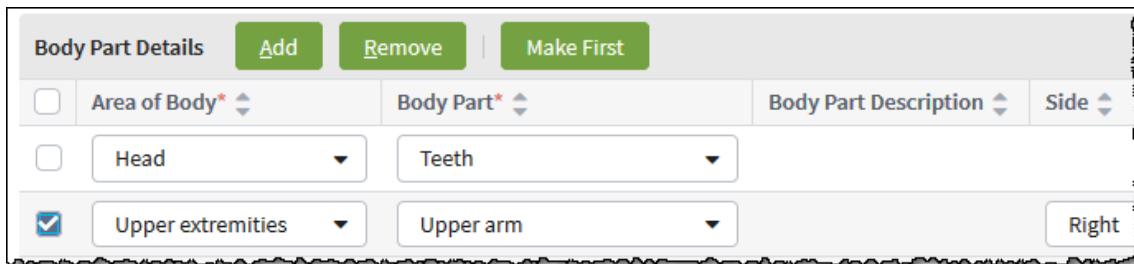
Note: In the base configuration, even though you can see the **ISO** card, you must first integrate ISO to be able to use this card. See the *Integration Guide*.

Body part details

If a worker sustains multiple injuries (such as cuts on their right arm and gashes on their right leg), add each injury corresponding to the injured body part in the **Body Part Details** list view. During intake (also known as First Report of Injury), the first body part entered in the list view is set by default as the primary body part injured. The purpose of designating a primary body part is to identify the most significant body part injured or the body part associated with the cause or root of the work-related illness or impairment. This may not be apparent at first, so you have the ability of changing the order of body parts after intake. For example, at intake, suppose the injury is for leg pain and the primary body part is the left leg. The worker also complains of back pain so the back is added as a secondary body part during intake. However, it is diagnosed later that the leg pain is caused by disc herniation in the back. Therefore, you make the back injury the primary as it is more serious and cause for the leg pain.

This information can be useful once ICD codes are entered on the claim when working with Medical Details exposures. An ICD code officially identifies the diagnosis. The adjuster or medical case manager nurse may compare the injuries entered from First Report of Injury (FROI) in **Body Part Details** to the ICD code. If there is a discrepancy (such as the ICD code representing a foot injury and the body part on the injury being someone's thigh), this may be caught and resolved. The **Body Part Details** list view is also available in the **Medical Details** exposure screen.

After intake, you can make edits to body parts in the **Loss Details** screen. In the **Loss Details** screen, you can select a body part and click **Make First** to change the primary body part, as shown in the following figure.



| Body Part Details | | Add | Remove | Make First |
|-------------------------------------|-------------------|------------|-----------------------|------------|
| <input type="checkbox"/> | Area of Body* | Body Part* | Body Part Description | Side |
| <input type="checkbox"/> | Head | Teeth | | |
| <input checked="" type="checkbox"/> | Upper extremities | Upper arm | | Right |

Each row in the **Body Part Details** list view is a series of dependent drop-downs which let users specify injury details. You can also indicate if a decision was made whether to accept or deny compensability on a body part basis. You can also designate the PPD percentage on a body part basis.

Note: In the **Body Part Details** list view, the *primary* body part is the same as the *first* body part.

Associations screen

Use this screen to associate any other claims with this one. For example, if there was a large accident at work and there were several claimants, you could associate all the claims together.

Special investigation details screen

This screen provides a question set that, depending on the answers, can trigger an investigation to rule out fraud. See “Claim fraud” on page 151 to learn more about this feature.

Working with medical details for workers’ compensations claims

A Medical Details exposure is typically created as a result of information entered in the New Claim wizard during the creation of a workers’ compensation claim. The **Medical Details** screen is organized into **Summary**, **Details**, **Medical Case Mgmt**, and **ISO** cards.

There are several actions that you can perform in the Medical Details screen.

- You can edit certain fields, such as **Alternate Contact** or **Nurse Case Manager**.
- You can assign the exposure to someone else, either by using automated assignment or by directly finding another adjuster.
- You can choose to close the Medical Details exposure by selecting **Close Exposure**. You then select an **Outcome** for the closure, and choices include **Completed**, **Duplicate**, **Fraud**, **Mistake**, **Payments complete**, and **Unnecessary**.
- You can create a reserve from this screen. If you select **Create Reserve**, the items added or changed on the **Set Reserves** screen are submitted as a group. Any line item that has not been changed is not saved. Any line item with Pending Approval reserves that has its **New Available Reserves** set to equal its **Currently Available** reserves will have those Pending Approval reserves deleted. Comments are saved only when another field on the line has changed.

Summary

The **Summary** card provides the following sections:

- **Exposure** – Contains basic information related to the exposure, including the adjuster, the creation date, the validation level, and any alternate contacts.
- **Financials** – Lists the remaining reserves, future payments, total paid, total recoveries, and net total incurred.
- **Coding** – Records basic information collected when the claim was first entered into the system, such as the segment and handling strategy.
- **Body Parts** – Lists the physical areas affected, which are determined either through the **New Claim** wizard or later in the **Loss Details** screen.
- **Medical Diagnosis** – Shows any codes that an adjuster has entered. You enter or update codes from the **Medical Case Mgmt** tab.

- **Activities** – Lists any activities associated with this Medical Details exposure.
- **Medical Notes** – Lists any medical notes made concerning the exposure. Choose **Actions > Note** to create a medical note for the claim.

Details

The **Details** card provides the following sections:

- **Medical Provider Network** – Confirms if the physician and the injured worker are in the medical provider network.
- **Maximum Medical Improvement** – Details the date on which the claimant has reached the Maximum Medical Improvement (MMI) limit, defined by one of the following events:
 - The claimant's condition cannot be improved any further.
 - The claimant has reached a treatment plateau.
 - The claimant has fully recovered from the injury.
 - The claimant's medical condition has stabilized, and no major medical or emotional change is expected.

When a claimant who is receiving workers' compensation benefits reaches the MMI limit, their condition is assessed and a degree of permanent or partial impairment is determined. This degree impacts the claimant's benefit amount.

The MMI limit indicates that treatment options have been exhausted. Temporary disability payments are terminated and a settlement is worked out regarding the condition of the worker at this point.

- **Initial Provider Contact** – Section in which the initial provider records the complaints as reported by the claimant and assesses the condition based on the provider's medical background.
- **First Report of Injury** – Captures critical information, including the attending doctor, the diagnosis, and if further treatment is needed.
- **Settlement** – Indicates if there was a settlement date and method.

Medical case mgmt

The **Medical Case Mgmt** card provides the following sections:

- **Medical Personnel** – Information on the medical people involved.
- **Medical Treatment Approvals** – Lists the medical treatments that have been approved for the claimant.
- **Medical Actions and Information** – Lists the medical actions that were reported, such as the condition of the claimant, who the provider was, source of information, treatment status, and the next follow-up date.
- **Medical Diagnosis** – Section to add, edit, or remove a medical diagnosis, make a diagnosis primary, and reconfirm the diagnosis. The medical diagnosis uses ICD codes that are accepted worldwide. Using these codes ensures that the diagnosis matches the treatment.

Workers' compensation is one of several lines of business that uses ICD codes as seen in the **Medical Diagnosis** section and shown in the following. See "Managing icd codes" on page 549 to learn more about these codes.

Medical Diagnosis

| | ICD Code | Description | Provider Name | Compensability | Started On ↑ | Ended On |
|--|----------|---------------------------------|------------------|----------------|--------------|----------|
| | V81.9XXA | Occupant of rail trn/veh i... | DoctorFrom Ar... | | | |
| | V81.2XXA | Occ of rail trn/veh inj in c... | DoctorFrom Ar... | | | |

Typically, an adjuster receives a form with one or more ICD codes. You can enter these codes on the **Medical Case Management** screen and you can also view them on the **Summary** tab of the **Medical Details** screen. If there is more than one code, then you must make one primary. Making a code primary is necessary for sovereign organizations, such as the ISO in the United States.

You can also enter dates and comments and indicate whether there is compensability on the exposure. This check box serves as a reminder that the incident is compensable. You can also select a diagnosis and reconfirm it. Reconfirming

has two purposes. It serves as a reminder that you looked at the medical diagnosis and are certain that it still applies. It also adds an entry to the **Diagnosis Notes** and **Medical Notes** sections of the screen.

Note: The link to the ICD number can open a new browser window providing a complete description of the diagnosis.

The **Medical Diagnosis** section is located in different areas of the user interface depending on the line of business. For example, in a personal auto claim, you would navigate to the **Loss Details** screen and click the name of a person in the **Injuries** section. The **Medical Diagnosis** section is then accessible on the **Injury Incident** screen.

- **IME Medical Actions** – Lists any independent medical evaluations by experts.
- **Drugs Prescribed** – Lists the drugs prescribed for the injured party, the prescribing physician, date of prescription, and expiration date.

[Severity and litigation analytics for workers' compensation claims](#)

If ClaimCenter integrates with Guidewire Predictive Analytics, it is possible to see the following additional tabs on the **Medical Details** screen:

- **Severity Analytics**
- **Litigation Analytics**

[Indemnity screen for workers' compensation claims](#)

The **Indemnity** screen is organized into **Summary** and **Benefits** cards, and there are several actions that you can perform that are the same as in the previous topic.

[Summary card](#)

The **Summary** card provides the following sections in the base application:

- **Exposure** – Information on the exposure, including the type and status.
- **Return to Work** – Details if the injured employee can return to work with full or modified duties.
- **Compensation** – The average weekly wage defined in the **Employment Data** section on the **Loss Details** screen. This value is read-only in this screen. You can also enter a **PPDPercentage** value.
- **Dependents** – Information on dependents of the injured employee.
- **Lost Time/Work Status** – Information on the duration of the claimant's time lost from work and ability to work.
- **Wage Statement** – Information from the claimant's pay stub.
- **Coding** – Basic information, such as claim segment and validation level, collected when the claim was first entered into the system.
- **Financials** – Some financial information is repeated in this section for convenience and is not editable.

[Benefits card](#)

The **Benefits** card is used to add or remove defined benefit periods and provides the following sections:

- **Claim Parameters** – Lists the amounts the claimant earned before and after the injury. You can also identify the jurisdiction state or province.
- The following four sections in **Benefits** derive their data from jurisdictional parameters entered on the **WC Parameters** screen. You cannot override the amounts. Only the weekly compensation rate can be entered manually in this page.
 - **Temporary Total Disability (TTD)**
 - **Temporary Partial Disability (TPD)**
 - **Permanent Total Disability (PTD)**

- Permanent Partial Disability (PPD)

See “Jurisdictional benefit calculation management” on page 201 for definitions of these parameters.

Note: You must set up these parameters by clicking the **Administration** tab and navigating to **Business Settings > WC Parameters** so that they display in the **Benefits** tab.

- **Waiting Period** – Data from the Jurisdictional Benefit Calculation Management section. Some portions in this section are editable. See “Jurisdictional benefit calculation management” on page 201.
- **Other Jurisdictional Factors** – Read-only section that obtains its data from the **WC Parameters** screen, which contains additional information that a carrier can capture. To open this screen, click the **Administration** tab and navigate to **Business Settings > WC Parameters**.
- **Settlements** – Indicates any settlements on the claim.

Employer liability exposure for workers' compensation claims

The Employer Liability exposure is created by clicking **Yes** in the **Employer Liability** field on the **Loss Details** screen.

The **Employer Liability** screen provides the following sections:

- **Exposure** – Includes information on the exposure, such as the type, status, and validation level.
- **Damage** – Describes the damage, if any, and the estimated loss.
- **Settlement** – Details on the settlement, including the date and method.
- **Coding** – General information on the claim, including the jurisdiction state, segment, and handling strategy.
- **Financials** – Summarizes the exposure's key financials in one location.

Compensability decision

Compensability decision overview

The *compensability decision*, indicated in the **Loss Details** screen, involves determining if a workers' compensation claim is valid and hence, payable. There are several factors to consider when determining compensability. For example, an adjuster can ask a series of questions, such as, “Was safety equipment used?” or “Was the person using illegal substances?”. The adjuster also needs to determine if the incident was accidental in nature or in the course of employment, or if there was jurisdiction. Jurisdiction addresses time, place, and employment relationship.

How jurisdiction affects the compensability decision

Insurers must adhere to the jurisdictional deadline to accept or deny a claim. This deadline, which changes by jurisdiction, is based on either of the following:

- A number of predetermined days after the loss date
- The date that the employer was notified

Use ClaimCenter to manage the jurisdictional deadline and the related process.

For example, an employer contacts the insurance company to create a new claim. The adjuster enters the **Loss Date** and the **Date Employer Notified** in the New Claim wizard. The insurer now has a number of days to accept, deny, or delay the claim. The number of days is based on what each state mandates. These dates are kept in the Compensability Parameters reference table on the **WC Parameters** screen. To open this screen, click the **Administration** tab and navigate to **Business Settings > WC Parameters**. See “Managing WC parameters” on page 542 for details.

Working with jurisdictional compensability

When a workers' compensation claim is created, ClaimCenter generates an activity, **Determine compensability**, to determine whether to accept or deny compensability. This activity is based on the activity pattern, **claim_acceptance**.

You see this activity in your **Desktop > Activities** list. If you select it and then click **Update: Determine Compensability Decision on Loss Details**, ClaimCenter displays the **Loss Details** screen. You can select the compensability decision in the **Compensability** field, include a reason for the decision and complete the activity.

How the activity due date is calculated for a compensability decision

If a valid record exists in the **Compensability Parameters** reference table, the reference data is utilized to indicate which formula to use, as follows:

- **Formula 1** – Y days after the Notice Date
- **Formula 2** – X days after the Loss Date
- **Formula 3** – Greater of X days after the Loss Date or Y days after the Notice Date

If a valid record does not exist in the reference table, ClaimCenter uses the default value from the activity pattern. In the base configuration:

- The imported data for the **claim_acceptance** activity pattern is set to five business days after the claim notice date.
- The escalation date is three days prior to the due date.
- The claim's **Compensability Due Date** is also set to the activity's due date. The **Claim** entity field for this value is **DateCompDcsnDue**.

Managing denial of compensation for workers' compensation claims

In the case of some workers' compensation claims, compensation can be denied or in question. ClaimCenter evaluates these claims based on the compensability parameters, as follows:

- **Compensability is denied for the claim** – You cannot create reserves or payments. ClaimCenter displays a validation error indicating that the claim's compensation has been denied.
- **Compensability is disputed and claim cost reserves/payments are being created** – ClaimCenter displays a warning requesting confirmation to complete the financial transaction.
- **Compensability is not determined, that is, it has no value or is Pending** – The **CompensabilityParameters** in **Business Settings > WC Parameters** in the **Administration** tab determine how financials are handled. Navigate to **Compensability Parameters** and locate the claim's jurisdiction.

When a claim cost reserve or payment is created, one of the following actions occurs:

- If **Benefit Payment Implies Acceptance** is set to **Yes** for the claim's jurisdiction, ClaimCenter displays a validation error informing you that making a payment before compensability is determined implies acceptance.
- If **Benefit Payment Implies Acceptance** is set to **No** for the claim's jurisdiction, ClaimCenter displays a warning asking you to confirm if you want to proceed with the financial transaction.

Note: The claim's Loss Date or Notice Date is used in the Denial Period Formula in the **Compensability Parameters** screen. The Denial Period Formula, in combination with the jurisdiction, determines the number of days past these dates that compensability is determined.

See also

- “How jurisdiction affects the compensability decision”

Finding injured workers

Because a company can have more than one injured worker, ClaimCenter can be configured to enable you to sort by injured worker. You can view the list of injured workers in the following locations:

- The adjuster's **Desktop > Claims** link.
- The **Claim Search** screen in the list of search results.

For all users, in these two screens, there is a **Claimant** column. This column is not sortable.

For many claim types, such as the personal auto line of business, there can be many claimants associated with one or more exposures. For adjusters whose default claim loss type, as defined by the administrator, is workers' compensation, the claimant column is actually **Injured Worker**, and that column is sortable.

See also

- “Change a user’s sort criteria” on page 201

Change a user’s sort criteria

About this task

You can change a user’s sort criteria to enable the user to search for injured workers instead of claimants. A workers’ compensation adjuster might find this search useful because the claimant will be the insurer, and the insurer can have multiple injured workers.

Note: If you log in as a user without these workers’ compensation settings, on the claim search screen you see a column with the header **Claimant** rather than **Injured Worker**. For loss types other than workers’ compensation, there can be multiple claimants, and for those loss types, sorting on this column is meaningless.

Procedure

1. Log in as a user that has a role with administrator permissions.
2. Click the **Administration** tab and navigate to **Users & Security > Users**.
3. Find the user and click the user’s link.
4. Click the **Profile** card and click **Edit**.
5. Under **Policy Type**, click **Workers’ Compensation**.
6. Under **Loss Type**, click **Workers’ Comp**.
7. Click **Update**.

What to do next

To test, log in as that user and click the **Search** tab and then click **Claims**. Search for claims and see that there is an **Injured Worker** column in the search results.

Jurisdictional benefit calculation management

One of the key activities that a workers’ compensation adjuster performs is calculating the payments for lost time due to disabilities, the *Indemnity exposure*. You can see this information on the **Indemnity > Benefits** card. Benefits calculations for the following categories vary by jurisdiction in accordance with regulatory formulas.

The primary categories are:

- Temporary Disability (TD)
- Permanent Disability (PD)

Temporary disability (td)

If an employee is injured, but the expectation is that the employee will make a recovery or return to work, there are two possibilities for temporary disability:

- **TPD - Temporary Partial Disability** – An example is an employee who is injured in a relatively minor way, such as falling and spraining a wrist. The injured worker can work, but in a reduced capacity.
- **TTD - Temporary Total Disability** – An employee who is injured on the job and cannot return to work immediately is entitled to receive TTD benefits during the convalescence. An example is a worker who suffers an injury at work that requires surgery. The worker cannot perform work duties for some period of time.

Permanent disability (pd)

If an injured worker is still totally or partially disabled after reaching the Maximum Medical Improvement (MMI) limit, then permanent disability benefits are determined.

- **PPD - Permanent Partial Disability** – An example is an employee whose finger is cut off or who loses an eye. The loss is permanent, but at some point, the employee can still work. PPD can vary depending on the body part that is injured.
- **PTD - Permanent Total Disability** – PTD benefits are payable to employees who are never able to return to gainful employment. An employee who is determined to be permanently and totally disabled because of an on-the-job injury is entitled to PTD benefits.

A workers compensation benefit manager or administrator can calculate and enter disability amounts by clicking the **Administration** tab and navigating to **Business Settings > WC Parameters**.

The calculations, which are defined in Gosu code, use these numbers. For example, you can calculate the *comp rate*, the weekly benefit for the injured worker, based on the worker's *baseRate* and the applicable jurisdictional parameters. You can also configure the maximum number of weeks to pay the benefit. However, an adjuster can manually override those amounts from the **Indemnity > Benefits** card in a claim.

Jurisdictional waiting period

A key component to managing benefit payments is the jurisdictional waiting period. Each state can mandate a set number of days the employer must wait before paying benefits. The **Waiting Period** section on the **Benefits** card provides details on the jurisdictional waiting period.

See also

- For information on calculations, administering benefits, and the workers compensation reference tables that are accessed from the user interface, see “Managing WC parameters” on page 542.

Workers' compensation administration

On the **Administration** tab, you can change the following workers' compensation settings if you have appropriate permissions:

- **WC Parameters** – Enter the benefit parameters, PPD minimum and maximum values, PPD weeks, and compensability parameters. See “Managing WC parameters” on page 542.
- **ICD Codes** – Administer the codes that are used in medical diagnosis. See “Managing icd codes” on page 549.

See also

- “Workers’ compensation permissions” on page 547.

Workers' compensation coverage types

The ClaimCenter base configuration provides coverage types for Workers' Compensation. To see these coverage types, you can open the *CoverageType* typelist in either the *Data Dictionary* or Guidewire Studio. Examine the typecodes that start with *WC*.

View workers' compensation coverage types

About this task

To identify the relationships among coverages, subtypes, exposures, and incidents, you can view the lines of business in Guidewire Studio.

Procedure

1. Open Guidewire Studio.
At a command prompt in the ClaimCenter installation directory, enter `gwb studio`.
2. Navigate in the **Project** window to **configuration > config > Extensions > Typelist**, and then double-click `PolicyType.ttx`.
3. In the Typelist editor, expand **PolicyType > Workers' Compensation > Children** to see the list of coverage types.
 - Expand a coverage type and then expand **Children** to see its coverage subtypes.
 - Expand a coverage subtype and then expand **Children** to see its exposure type.
 - Expand an exposure type and then expand **Other Categories** to see the type of incident.

Workers' compensation coverage types, subtypes, exposures, incidents

The following table lists the relationships among workers' compensation coverage types, coverage subtypes, exposure types, and incidents.

| Coverage Type | Coverage Subtype | Exposure Type | Incident |
|---|--|--------------------|----------------|
| Federal Employer's Liability | Federal Employer's Liability | Employer Liability | Incident |
| Other States Insurance | Other States Insurance - Med Only | Medical Details | InjuryIncident |
| Other States Insurance | Other States Insurance - Other than Med | Indemnity | InjuryIncident |
| Statutory Workers' Comp | WC Coverage - Other than Med | Indemnity | InjuryIncident |
| Statutory Workers' Comp | WC Coverage -Med Only | Medical Details | InjuryIncident |
| Workers' Comp Employer's Liability | Workers' Comp Employer's Liability | Employer Liability | Incident |
| Workers' Comp State-Specific Deductible | State Specific Deductible - Med Only | Medical Details | InjuryIncident |
| Workers' Comp State-Specific Deductible | State Specific Deductible - Other than Med | Indemnity | InjuryIncident |

part 5

Additional features of ClaimCenter

Claim segmentation

Overview of claim segmentation

Claims are segmented into logical groups to enable multiple users to handle different parts of a claim.

Segmentation enables you to categorize incoming claims and their exposures into both segments and strategies based on business criteria, such as:

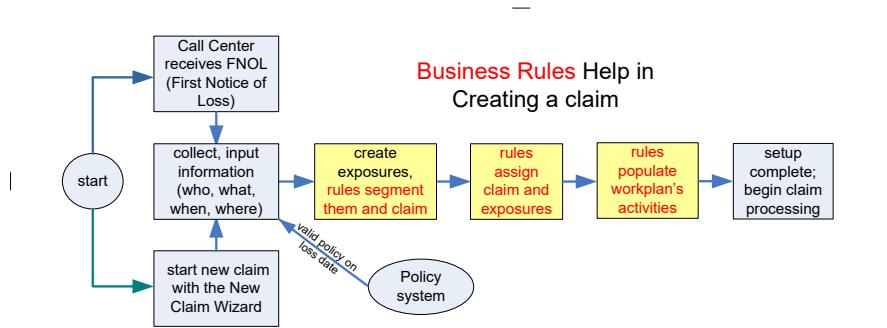
- Segments that describe the type and severity of losses, such as multi-car, single car, injuries, and glass only
- Segments that describe the loss location, such as close to field office
- Strategies based on policyholder type, such as normal, preferred, sensitive, or questionable

These category pairings, called segmentation, help assignment rules make good choices when deciding how to handle the loss. For example, if the segment is Theft and the strategy is Preferred, then assign the claim to the closest office for fast-track processing.

Automated claim setup

After the initial claim information is entered into ClaimCenter, automated processes set up the claim to go to its new owner, ready to be worked on. Setup rules determine claim segmentation, assign the work, and generate a workplan.

For claims generated in ClaimCenter, these setup rules run on exiting the New Claim wizard. If the claim does not pass final validation at the New Loss level, all setup rule actions are reversed. For imported claims, these setup rules again run prior to your saving the claim. The claim must then pass validation at the New Loss level.



Assignment of work

Assignment determines the baseline strategy to be applied to the claim and defines the preliminary handling. ClaimCenter makes assignments based on claim attributes and adjuster profiles, including adjuster skills, current workload, and any other available information. Besides assigning new claims to adjusters, the ClaimCenter rules make assignments both for individual exposures within the claims and for activities associated with the claims.

See also

- “Work assignment” on page 211

Workplan generation

The claim’s workplan is its list of all activities. In creating a new claim, ClaimCenter uses business rules to create an initial set of activities for processing each new claim. The workplan’s list of activities show finished and unfinished tasks, including any activities that are overdue or escalated. The claim owner or supervisor can add or reassign these activities. ClaimCenter can also add activities, such as resolving escalations.

Uses of segmentation

The original, and most common, purpose of segmentation is to assist assignment rules in assigning work to the best group and the most capable user. A rule that examines the segment and loss location parameters can determine whether to assign the exposure to a local or regional office. This assignment would be based on both the severity, as described in the segment, and the location. However, the segment can also determine other claim-related actions, as described in the topics that follow.

Segmentation and reserve levels

One common use of segmentation is to set reserve levels. For example, you can write a series of rules to set an exposure’s reserves based on its segment value:

```
If the exposure is part of an auto claim,  
  If the exposure's segment is "Auto - Glass", set the reserve level to a very low level.  
  Else if the exposure's segment is "Injury - High Complexity", set a much higher reserve level.  
  Else if "Injury - Low Complexity" segment value, set another reserve value.
```

Claim segmentation based on exposure segments

You can use segmentation rules to categorize the entire claim, independent of its exposures’ segment properties. However, it can be more useful to assign the most serious segment found among the claim’s exposures to the entire claim. You can also set the strategy in this rule set.

Segmentation and activities

Activities appropriate to some types of exposures are inappropriate to others. For example, a claim can have an exposure segment of Injury - High Complexity and a loss severity of High. This is useful in deciding whether to create medical review activities and assign them to a nursing case manager.

Segmentation and the data model

Segment and Strategy are properties—single fields—of both `Claim` and `Exposure` objects. The `ClaimSegment` and `ClaimStrategy` typelists provide the values for both claims and exposures. You can extend both typelists.

See also

- *Gosu Rules Guide*

Comparing segmentation to strategy

Each claim and exposure can be categorized (or coded) using a *segment* and a *strategy*. Segmentation and strategy serve different purposes. Segmentation, in summary, categorizes based on the type of claim and how complex the claim

is, while strategy categorizes based on how to handle a claim or exposure. Segmentation and strategy values are set by ClaimCenter rules.

In ClaimCenter, claim segmentation and strategy information appears on the **Status** page. Exposure segmentation and strategy information appears in the **Coding** section and is labeled as **Segment** and **Handling Strategy**, respectively.

The following describes the segments and strategies available in the base application.

| Segmentation | Strategy |
|--|--|
| Categorize claims and exposures based on characteristics and level of complexity. | Categorize based on how claims and exposures are processed or how a claim is adjudicated. |
| With the exception of workers' comp claims, segments are first split into groups based on line of business (or exposure type) and then by level of complexity (<i>low complexity</i> , <i>mid complexity</i> , or <i>high complexity</i>). | Generally, strategies are first split into groups based on line of business (or exposure type) and then given either a <i>Fast Track</i> or <i>Investigate</i> strategy. Fast track means the claim or exposure is expected to be closed in a short amount of time. Investigate means the claim or exposure may need additional time or resources. |

Most often (but not always) used to assign claims and exposures. Not used for assignment.

In the base application, the following segments are provided in the **ClaimSegment** typelist:

- Auto - glass
- Auto - high complexity
- Auto - low complexity
- Auto - mid complexity
- Contents - high complexity
- Contents - low complexity
- Injury - high complexity
- Injury - low complexity
- Injury - mid complexity
- Liability - high complexity
- Liability - low complexity
- Liability - mid complexity
- Property - high complexity
- Property - low complexity
- Property - mid complexity
- Travel - high complexity
- Travel - low complexity
- Travel - mid complexity
- Unknown
- Workers' Comp - employer's liability
- Workers' Comp - lost time
- Workers' Comp - med only

In the base application, the following strategies are provided in the **ClaimStrategy** typelist:

- Auto - Fast Track
- Auto - Investigate
- Contents - Fast Track
- Contents - Investigate
- Injury - Fast Track
- Injury - Investigate
- Liability - Fast Track
- Liability - Investigate
- Property - Fast Track
- Property - Investigate
- Unknown
- Workers' Comp - Fast Track
- Workers' Comp - Investigate
- Workers' Comp - Manage Loss

Uses of segmentation and strategy

You can customize the list of segments and strategies in ClaimCenter. Claims and exposures often benefit from being assigned a segment and strategy, but, either an 'unknown' segment or strategy can be assigned, or, not assigned at all.

- Using many segment values can result in more accurate assignment and in the creation of more specialized workplans. But a smaller number of strategies can be useful for looking at the statistics of claim outcomes.
- Another use of strategies might be to randomly assign claims with the same segmentation into two strategy groups. Then you could use different approaches to handling the claims, based on the claim's strategy value. You can then compare the effectiveness of the old and new approaches.

Segmentation rules

ClaimCenter uses segmentation rules to set the segment and strategy properties of claims and exposures. These properties categorize the claim and exposures. Other rules can then take category-specific actions on them. After you select automated assignment for a new claim or exposure, ClaimCenter runs segmentation rules prior to running assignment rules. Typically, values set for the segmentation and strategy for a claim or exposure are later used to assign the claim or exposure.

Arriving at a decision on the segment of an exposure requires examining the fields on the exposure. For example, for an injury there could be fields like severity, body part injured, nature of injury, and first-party as opposed to third-party claimant. Other possible fields on the claim can be: cause of loss, loss location, or type of insured.

It is easier to make decisions about the segmentation of the claim as a whole after each exposure has been categorized. For example, an auto claim can be categorized as complex if there are any third-party injury exposures. For this reason, the exposure segmentation rule set runs before the claim segmentation rule set.

Segmentation rule example

The following code is in the claim segmentation rule CSG011 - Auto, which segments auto losses:

Rule conditions:

```
true
/* This example claim segmentation rule is not as efficient as the one found in CSG02100 - Property,
   but it is more easily understood. If efficiency of claim segmentation is of primary concern, you
   should consider using the model from the other rule instead.
*/
```

Rule actions:

```
uses gw.api.util.Logger

/* Find an exposure with the most important segmentation. If not found, repeat for
   the rest of the segmentations in reverse order of importance. As soon as an
   exposure is found in any of these searches, segment the claim in the manner of
   the exposure and then leave the claim segmentation rules. If no exposure is found,
   leave this rule and drop into the default rule.
*/
var highestExposure = claim.Exposures.firstWhere(\ e -> e.Segment == "auto_high")

if (highestExposure == null) {
  highestExposure = claim.Exposures.firstWhere(\ e -> e.Segment == "auto_mid")
}
if (highestExposure == null) {
  highestExposure = claim.Exposures.firstWhere(\ e -> e.Segment == "auto_low")
}
if (highestExposure != null) {
  claim.Segment = highestExposure.Segment
  Logger.logDebug(displayKey.Rules.Segmentation.Claim(actions.ShortRuleName))
  Logger.logDebug(displayKey.Rules.Segmentation.Claim.SegmentedTo(claim.Segment))
  actions.exit()
}
```

Segmentation values example

| | |
|---|--|
| ClaimSegment typelist could contain these segment values for an auto claim or exposure | ClaimStrategy typelist could also contain these strategy values for an auto claim or exposure |
|---|--|

| | |
|--|-------------------|
| auto - glass, auto - low complexity, auto - mid complexity, auto - high complexity | Auto - Fast Track |
|--|-------------------|

| | |
|--|--------|
| single car, pedestrian, two-car, multi-car | normal |
|--|--------|

| | |
|--|--------------------|
| injury - low complexity, injury - mid complexity, injury - high complexity | Auto - Investigate |
|--|--------------------|

Work assignment

Overview of assignment

All work in ClaimCenter has an *owner*, someone who is responsible for making sure the work is done properly. After work is *assigned* to someone, that ClaimCenter user becomes its owner. Work assignment is complete when a work item is assigned to both a user and group.

Work is often assigned when it is first created, but can be assigned or reassigned later to a different owner. ClaimCenter can make assignments automatically, based on rules that model your business practices. ClaimCenter also provides the ability to assign work manually, enabling managers and supervisors to choose who they assign work to.

In ClaimCenter, all assignable objects, such as claims and exposures, are assigned to groups and users, who become their owners. The purpose of assignment is to:

- Assign work to users capable of completing the work.
- Assign each adjuster an appropriate amount of work.
- Manage and organize work properly according to special factors (vacation, part-time work, user experience rating, and so on).
- Assign work using automated assignment strategies, or, allow users to manually assign work by explicitly selecting the owner.

ClaimCenter provides a variety of ways of organizing users into groups to facilitate work assignment. Assignment can take into account the area that a group covers, the special capabilities of a group, the amount of work already owned by the group, and other considerations. During automatic assignment, business rules make assignments by considering these factors. There are automatic methods that assign based on location, proximity, user attributes (such as language or particular skills), workload, and other factors. Use these flexible methods to model and configure an assignment process.

Assignable work

The following entities can be assigned in ClaimCenter:

- **Activity** – Often assigned to the owner of the related claim or exposure. ClaimCenter can also look for particular types of activities and assign them to specialists such as local inspectors, clerical workers, or medical reviewers. Activities can also be assigned to a queue; users can then pick activities off the queue and assign to themselves or supervisors can review queues and make assignments. See “Working with activities” on page 233.

Note: In ClaimCenter, only Activities can be assigned to queues.

- **Claim** – Can be assigned based on its attributes, such as its segmentation type, number and type of exposures, and geographic location.

- **Exposure** – Can be assigned to the claim owner, or can be assigned to someone else based on exposure attributes.
- **Matter** – Often assigned to the claim owner or to a user with a special role or a custom user attribute, like a legal expert.
- **ServiceRequest** – Can be assigned to the claim owner or can be assigned to someone else based on service request attributes.
- **Subrogation** – Can be assigned to a member of the subrogation team or can be assigned to anyone else who would be handling the subrogation.

You cannot make any other entities in the base configuration of ClaimCenter assignable.

However, you can make extension entities that you create assignable. For example, you can define a subrogation entity if you decide that a payment you made might be recoverable. Assign that entity to a member of the subrogation group, along with an activity.

See also

- “Assign a user an experience rating” on page 483

How ClaimCenter assigns work

Assignment can be performed manually or automatically. The automated assignment engine uses rule sets to define assignment logic and behavior. Manual assignment uses the ClaimCenter user interface to give users the option of assigning work explicitly. Custom assignment methods can also be configured.

In this topic:

- “Global and default rule sets for automated assignment” on page 212
- “Automated assignment” on page 213
- “Custom automated assignment” on page 216
- “Reassignment” on page 217
- “Manual assignment” on page 218

Global and default rule sets for automated assignment

ClaimCenter contains both a global and default rule set for each assignable entity. The assignment engine runs the global rule set before the default rule set. The main purpose of a global rule set is to consider all groups and make an assignment to the proper one. The global rule set runs either as soon as the work is created or when a user requests automated assignment.

Multiple default rule sets and pending assignment queue

Although each entity has a single global rule set, different subentities can have their own default rule sets.

For example, after the global rule set has selected a group, the group’s default rule set runs to finish assignment. It targets first the group or one of its subgroups, and then a user. The default rule set can also assign the item to a queue or create an activity to assign it into the group supervisor’s **Pending Assignment** queue.

The item is placed in a pending assignment state for a supervisor to assign manually. The default rule set determines whether ClaimCenter also suggests an owner for the supervisor to consider when finishing the assignment. Manual assignment can make sense when a supervisor wants to maintain tight workflow control over their team, or when work is assigned to a small work team and the supervisor must decide who in the group will own it.

Assignment engine

The assignment engine is the normal way ClaimCenter executes the global and default rule sets, where the global rule set is executed first. It handles all assignment methods. You can call it at any time. It is commonly run just after a new assignable object is created. The overall logic of the assignment engine is:

Global assignment rules run first. There are several outcomes possible:

- A rule assigns both a group and a user. In this case, assignment is finished and the assignment engine exits.
- One of the rules assigns a group, but no user. The assignment process continues with the Default rule set.
- No group or user is assigned. The entity is assigned to a default user and group, and the assignment engine exits.

Default assignment rules run only when the assignment engine has assigned a group, but not a user, as follows:

- A default rule assigns a user. In this case, assignment is finished and the assignment engine exits.
- No rule assigns a user, but a rule assigns a different group. The assignment engine runs the default rules again.
- No rule assigns a user, but the group assignment does not change. In this case, the assignment has failed, and the assignment engine exits.

Note: This logic can cause the default rule set to execute more than once. Write rules carefully to avoid this situation. Also, the engine-run rules are not guaranteed to succeed. See the *Gosu Rules Guide* for more information.

Global and default rule sets define how assignments are made. You can assign work to an owner—the person responsible for completing it—as follows:

- By explicit or manual assignment. See “Manual assignment” on page 218.
- By automatic assignment, which can mean:
 - The assignment engine runs the global and default rule sets. See “Automated assignment” on page 213.
 - The rule set is called from Gosu in a PCF file. See “Assignment without using the assignment engine” on page 216.
 - You write your own version of automated assignment. See “Configure your own assignment logic” on page 216.

Default owner

The application’s assignment engine can fail to make an assignment. However, if the customized assignment rules do not cover all cases, and the engine cannot find any group and user for assignment, it makes the assignment to a user. This user is from the sample data and is called Default (first name) Owner (last name). Never delete this user, and never assign anything to this user. Instead, write a rule to reassign all items assigned to this Default Owner, and to correct the assignment rules that cause the assignment engine to fail. See the *Gosu Rules Guide* for a description of how to write assignment rules that do not fail.

Automated assignment

ClaimCenter uses business rules in the work’s global and/or group’s default assignment rule sets to determine how to assign an item automatically. These rules can consider certain attributes of the item being assigned, the workload of each owner being considered, any special skills that are required, and more.

For example, a claim can be assigned to the members of a local group by using round-robin selection, or the claim can be assigned to a member of a specialty group that has experience with that particular type of loss. Automated assignment runs when the work is created, or when, while performing manual assignment, you choose the **Use automated assignment** option.

There are four types of automated assignment:

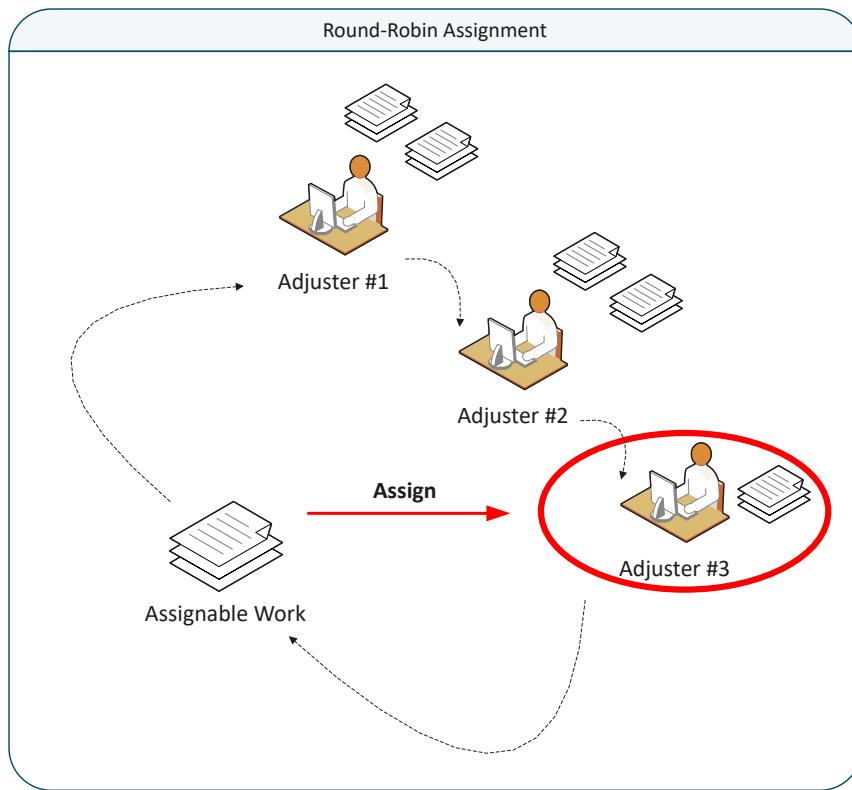
- Round-robin
- Weighted workload
- Assignment by location
- Assignment by proximity

Round-robin assignment

Users in a group are assigned work in a cyclical fashion based on knowledge of past assignments and other defined criteria such as user attributes. The load and difficulty of the work assigned is not taken into account. The purpose of round-robin is to assign work at an equal rate in a group.

Round-robin assignment can in certain situations take into account a user's load factor, but do not consider the load factor of users in other groups. A load factor is a proportional number representing the frequency of work to be assigned. For example, a load factor of 50 means a user is only assigned work half the time. See "Load factors" on page 483.

Round-robin assignment is performed by assigning work in a sequence. For example, work is first assigned to Adjuster #1, then to Adjuster #2, then to Adjuster #3, and back to Adjuster #1 again (as shown in the following). The following figure illustrates a simple sequential round-robin example where no user attributes or load factors are used in determining assignment.



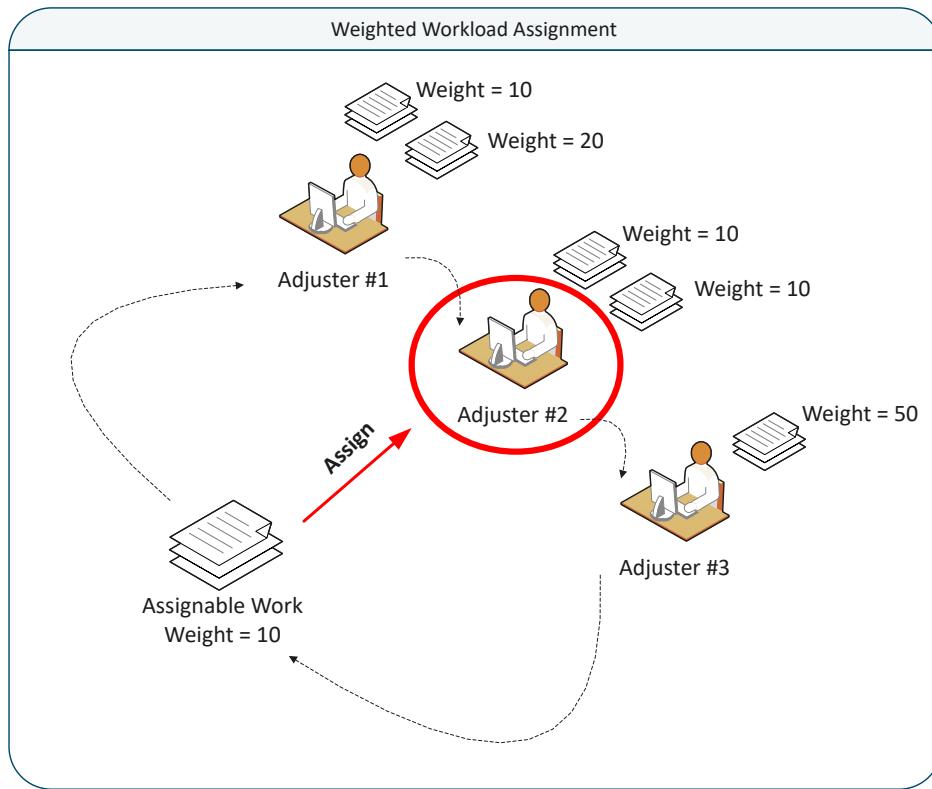
Round-robin assignment methods assign work sequentially to users in the group specified in the method. Round-robin assignment can be configured to either assign work only within a specific group, or, among a group and all its subgroups. Round-robin methods list the group's users in order by user ID, remember the last user in the list to have been given a round-robin assignment, and assign work to the next person on the list. The round-robin list order is by user ID, which is based on the date a user account was created. Therefore, users created first are at the start of a round-robin list and users created last are at the end. For example, a new adjuster that was just hired will be at the end of a round-robin list because their user account was most recently created.

Other round-robin assignment methods can use a set of criteria such as user attributes or user location to construct the set of potential assignees, which can span groups. The criteria, not group membership, are important. Load factors cannot be used with these methods. A round-robin assignment rule that uses attributes to assign work will first perform round-robin assignment among users with those attributes before assigning to other users. In ClaimCenter, there are eight types of round-robin assignment methods, some of which use attributes and others that do not, or, use other information such as proximity or location. For more information, see "Custom user attributes" on page 481.

Weighted workload

Users in a group are assigned work based on the calculated weight that represents the complexity of their current assignments. The purpose of weighted workload is to ensure everyone has the same amount of work at any given time.

The following figure illustrates a weighted workload example.



Load factors can be used with weighted workload to control how much work is assigned in a group. For more information on Weighted workload, see: “Weighted workload” on page 225.

Assignment by location

You can assign work to users by matching on a user's street address or other location, such as an adjuster in a specific zip code or postal code. If a set of multiple users match on a specific location, assignment is performed by round-robin through the set of users in that location. Use this method if assignment is based on geographic ownership, such as auto appraisers located in a particular set of zip codes in a state. If no matching users are found, the item is assigned to the claim owner.

Assigning by location assumes that you have configured ClaimCenter to look for address elements. In the base configuration, this is first by zip code, second by county, and third by state. You may configure ClaimCenter to look for other non-United States address elements (such as Province or Postal Code), and chose the order to consider the elements accordingly.

This gives you more control over the lookup sequence, in order to have an order that matches your region settings and the likelihood of the data being available. You can also internationalize the lookup.

Note: ClaimCenter provides two options for assigning by location: manual and automated. The method described here is automated location assignment. This is not the same as the **Search by location** and **Search by distance from a location** radio buttons in the assignment screen. For more information on manual assignment, see “Manual assignment” on page 218.

Assignment by proximity

Users in a group are assigned work based on a geographic region they are responsible for, such as a metropolitan area, jurisdiction, state, or province.

User proximity to a certain geographical location can be used as one of the criteria for assignment. Proximity is an important factor in assigning often-performed, simple tasks.

Some examples:

- You want to assign claims to adjusters who live or work near the loss site.
- If the activity pattern is a vehicle inspection and the vehicle location is known, perform a proximity search and choose an activity owner by round-robin from the closest users.
- If the policyholder is Spanish-speaking, find the closest Spanish-speaking adjusters, and chose a claim owner by using round-robin.
- You can search for all preferred vendors, such as auto repair shops within five miles of the claim loss location who specialize in European cars. After retrieving a list of contacts that fit the criteria, you can use an assignment rule to add one of those contacts to a claim.
- The user in the current group who is closest to a location you specify.
- The closest user in the group and all its subgroups, and, if several users are approximately the same distance away, choose one by round-robin.
- The user who best satisfies a pre-defined search criterion, such as *within 10 miles*, or *no further than 50 kilometers* from a chosen location. This technique can also perform a round-robin selection of users within a similar distance of the chosen location.

Note: The difference between assignment by location and proximity is that proximity assignment uses a geocoding service to identify users in a radius worldwide. Location assignment only matches on a specific part of a United States address, such as a zip code or county.

How to remove a user from automated assignment

It is often desirable to temporarily remove a user from receiving assignments by round-robin. ClaimCenter provides mechanisms for this.

- If the assignment method uses load factor to control assignment, set the user's load factor to 0 by using the **Administration** or **Team** screen.
- Set the user's Vacation status to On Vacation (Inactive) so the user does not receive automated assignments. Use the **Administration** or **Team** screen.
- Choose **Inactive** in the user's User Profile. However, doing so also disables access to ClaimCenter, and the user receives no assignments at all by any means, not just round-robin.

Note that the **Inactive** status is also used to remove former employees from ClaimCenter.

Custom automated assignment

Assignment without using the assignment engine

You can make assignments without using the assignment engine to run the global and default rule sets. You do so by writing your own Gosu in PCF pages to call assignment rules and methods directly. For example, you can add an **Assignment** button to any saveable PCF page and complete the assignment as you save that page.

Note: Some assignment methods cannot be used in rules that execute independently of the assignment engine.

Configure your own assignment logic

Use the Dynamic Assignment interface and its methods to create your own assignments. These can reflect your own logic, such as selecting users across groups, and creating your own measures of work load. Dynamic assignment is not

an assignment method, but a generic hook for you to implement your own assignment logic, for both users and groups. It is intended to supplant round-robin assignment when it is not sufficient for proper automatic assignment.

About this task

In the base configuration, ClaimCenter does not implement dynamic assignment because it is potentially time-consuming. All methods of this type are a trade-off between speed and accuracy, and this implementation requires more database queries and locks. Dynamic assignment can allow automated assignment under more complex conditions:

- Round-robin assignment to users in different groups because you do not want to have your group structure mirror your assignment logic.
- Automatic assignment that also considers a user's current workload.
- Automatic assignment that takes into account assignments made outside of round-robin assignment.

However, Guidewire does provide a package, key methods, and sample code. ClaimCenter provides an interface that enables you to define and implement your own strategy for assignment. In general, you define these steps, and provide methods to help implement them.

In general, if you wish to implement dynamic assignment, you need to perform the following steps.

Procedure

1. Find the set of users who might get the assignment in question.
2. Get and acquire the locks that control workload and related information for these users.
3. Select a user based on this set of information.
4. Update this information, release the locks, and return the selected user.

Dynamic assignment is not yet complete after these steps. This is because during FNOL intake or creating a new claim in a wizard, assignment occurs and your workload information for future assignments updates before the claim is saved. If ClaimCenter cannot save the claim, the database still shows the increase in your workload. So this mechanism allows for the failure with the steps that follow.

5. If the commit fails, roll back all changes made to the user's information, if possible.
6. Otherwise, save the user name and reassign that user to the item whenever it is saved.

See also

- If you want to implement a version of dynamic assignment, see the *Gosu Rules Guide*.

Reassignment

After reassigning a claim or an exposure, ClaimCenter tries to reassign all related work to the new owner automatically. This feature is called *cascading assignment* because the new assignment for the top-level item cascades down to other related items. You do not have to write rule sets to get this behavior, as ClaimCenter rule sets perform cascading assignment by default.

ClaimCenter uses the following logic to automatically cascade assignments:

- If a claim is reassigned, ClaimCenter reassigns activities, exposures, and matters that were assigned to the previous claim owner, as follows:
 - Reassigns the previous claim owner's activities that are connected to that claim, and not to any specific exposure, to the new claim owner.
 - Reassigns the previous claim owner's non-closed exposures that are connected to that claim to the new claim owner.
 - Reassigns matters associated with the claim to the new claim owner.
- If an exposure is reassigned, ClaimCenter reassigns all its related activities to the new exposure owner, unless the activity was already assigned outside his group.

If the reassigned claim or exposure is kept for manual assignment, assignment cascading proceeds in two steps. All related work remains unassigned until the final claim or exposure owner is selected. Related work is then assigned to the new claim or exposure owner.

Manual assignment

You can assign work explicitly to a user and a group. To assign work manually, you can select a specific owner or use search tools to select the assignee from a list that ClaimCenter provides. Manual assignment requires user intervention and can be significantly more time-consuming than automated assignment methods. You can assign work manually:

To a user

Select the owner's name. The group might already have been chosen by the global rule set for that type of work.

There is a list of group members and a search option to help consider subgroups. If the final group has not already been chosen, then, in specifying the user, you also specify the group to which that user belongs.

To a group

You choose the group, and then run the group's default assignment rule set. This rule set either assigns the work to a user or the supervisor's **Pending Assignment** for later assignment to the final owner.

To a queue

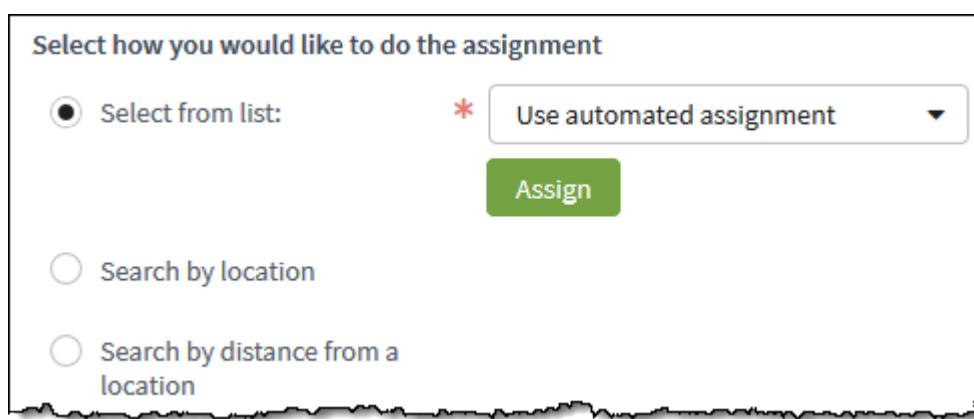
You can assign activities directly to an activity queue.

From a queue

You can pick activities for yourself, or with the correct permissions, you can assign work from a queue to others.

Search by location

You can search for users and groups by location (such as an address, zip code, or postal code) using the **Search by location** and **Search by distance from a location** radio buttons in the assignment screen, as shown in the following:



Searching by distance from a location automatically populates the address of the Claim's loss location. You can override this location by entering in a new location. This option provides a **Search Radius** field where you can select a radius in miles or from a range of the five to fifty closest users. The other manual search options are available, such as limiting the search by role or attributes. For example, you can search for all adjusters within 3 miles of a specific street address, or the ten closest adjusters to a zip code.

Search and manual assignment

After searching through a list of group members during an assignment activity, you can search for potential assignees. This search returns workload statistics—how many open activities each potential assignee already has—which is the same information that shows on a supervisor's calendar. Clicking the calendar icon that accompanies the search results returns the user's personal calendar.

An important feature of manual assignment is the use of calendar information, which you can see before making an assignment. In the standard search return values, workload information—the same data shown on a supervisor's calendar—is included. This feature enables you to make assignments based on workload.

You can also view a user's calendar before making an assignment. Each manual assignment search returns, by default, a calendar row. Clicking the calendar icon on this row opens the particular user's calendar, as shown in the following:

The screenshot shows the 'Calendar' view for a user named Ray Newton. The top bar displays policy information: Pol: 54-123456, Ins: Ray Newton, DoL: 08/27/2019, and Adj: Rick Ralston (Auto1 - TeamB). The calendar grid spans from July 29 to September 1, 2019. A tooltip for the event on August 27, 2019, for Lennar Construction specifies: 'Lennar Construction : Determine compensability', 'Claim #: 000-00-000130', and 'Insured: Lennar Construction'. The interface includes dropdown menus for 'Jump To' (set to Aug 2019), 'Show' (All activities), 'Activity Type' (All activity types), and 'Priority' (All priorities).

Assignment methods

There are two basic kinds of assignment methods:

- Methods that choose an appropriate group to which you can assign work. These methods can also redefine the current group.
- Methods that assign work to subgroups and then to users within the current or a selected group.

In addition, there are methods useful for:

- Auto-assignment and manual assignment.
- Assignment of groups and users by proximity to a location—an address.
- Assignment based on both location and user attributes, such as assigning a user either by attribute and location or by location using proximity search, or assigning a group by location.
- Sequential assignment to users in a group—*round-robin* assignment.
- Assignment to a user or group based on your calculation of total workload—*dynamic* assignment.
- Assignment based on an attribute of a user, such as workload factor or user attribute.
- Immediate assignment using **autoassign**.

See also

- *Gosu Rules Guide*

Using group types and load factors in assignment

Assignment rules can consider a group's *group type* attribute. For example, when assigning a minor claim, a rule can insist that it be given only to a group of the type *local office*, since no special expertise is needed. The `GroupType` typelist contains these types.

A group's load factor attribute can be used for assignment, similarly to a user's load factor (see "Load factors" on page 483).

Using regions in assignment

You can give a group the attribute of a region to help in determining how best to assign work. Each group can belong to multiple regions. See "Understanding regions" on page 488 for more details.

For example, a group can be defined as belonging to a region consisting of all ZIP codes between 90000 and 90999. In addition, the group can belong to another region consisting of Los Angeles and San Bernadino counties. Administrators define these regions when creating or editing groups. This information can also be imported.

The `assignGroupByLocation` method uses regions as part of making assignments to a group. This feature is restricted to counties, states, and ZIP codes in the United States, and the method looks for a matching region.

Using security zones indirectly in assignment

You can configure a list of security zones, and an administrator can then associate each group with one of these zones.

Since assignment gives ownership to both a user and the user's group, the group's security zone is associated with the assigned claim. Access Profiles can grant preferred permissions to view or edit claims to users related to the claim by being in the same security zone. "Access profile creation and editing" on page 498 describes claim Access Control, and how to grant permissions to users in the same security zone.

You can make an assignment rule that uses another method of assignment, but also makes sure that the assigned group belongs to a security zone that allows it access using claim Access Control. For example, when deciding how to assign a matter, create a rule that picks a group of legal experts located in the same region as the claim owner and also in the same security zone.

Assigning to roles

A *role* is a collection of permissions. Users possess one or more roles. Their permissions enable users to view or edit different ClaimCenter objects. It is useful to assign work to a user who has the permission to perform it. For example, assigning a claim to an adjuster guarantees that the user has the necessary permissions to complete the work.

Administrators can create roles, add permissions to them, and grant them to users.

Activity assignment by activity pattern

Although you assign most activities to the claim or exposure owner or both, some activities are best performed by a specialist, such as a field inspector or specialty medical group. A useful way of choosing is to look at the activity's *activity pattern*. Activity patterns contain an identifying `Code` value that Gosu can associate with a particular user. For example, a claim activity assignment rule assigns a **Get Witness Statement** to the claim user, but a matter activity assignment rule assigns the similar activity to a legal expert. Each activity is created with a different pattern.

Activity assignment based on its activity pattern often occurs just after an assignment is created, either as a part of the initial workplan generation, or when a user generates a new assignment from the New Activity menu action of a claim page.

User assignment to the current group

Global assignment rules typically drill down the group hierarchy until they find the correct group. During this process, each rule can move another step down a hierarchy. ClaimCenter keeps the group chosen by the last rule and passes it to the next rule. `CurrentGroup` is the way such assignment rules communicate.

After the global assignment rule set finishes, the current group is available to the rules in the current group's default rule set, unless global assignment rules finish assignment. ClaimCenter can again redefine the current group as it looks for subgroups and finally finds a user.

After a rule finds the correct group and starts looking for a user in that group, the notion of the current group is no longer important. Most assignment rules in a global assignment rule set move one level down the hierarchy, and the next rule moves down another level. The current group is the selection of the first rule, which becomes the starting point for the next one. All rules require a current group as an argument.

Summary of assignment strategies

The following table summarizes the most commonly used automated assignment methods and strategies in ClaimCenter as well as some considerations for your implementation.

| Strategy | Uses | Considerations | See also |
|-------------------|---|---|---|
| Round-Robin | <ul style="list-style-type: none"> Ideal for situations when you want work assigned according to the same frequency for a set of users in a group. Ideal for situations where users routinely work on specific types of claims or assignable work. The round-robin with attributes method does a good job of assigning to users with specific attributes (language, LOB, specific skills, and so on) that match the type of work. | <ul style="list-style-type: none"> Round-robin sequence is based on user ID, which is generated when a user was added. Therefore, users added first to the system are always assigned work first. During go-live, be aware these users will most likely be assigned work before other users. Round-robin with attributes always takes precedence over round-robin without attributes in a group. Therefore, if work is assigned solely based on attributes, only users with matching attributes will be assigned work, and, users without attributes may not get work assigned to them. Consider how assignment logic can be altered to include users without attributes. Round-robin ignores workload factors such as the complexity or difficulty of an incoming work item, or, if work items have been manually assigned. For example, if a user was just assigned 20 activities, if they are next in the round-robin list, they will be assigned more work. Consider using Weighted Workload when these factors are of high importance. Also consider using experience rating as an attribute for assignment logic. In this way, complex and/or challenging work can be prevented from being assigned to new/inexperienced staff. Consider monitoring user and group workload counts during go-live in the Team dashboard. This dashboard shows totals of all work items assigned by user and/or group. | <p>"Round-robin assignment" on page 214 <i>Gosu Rules Guide</i> "Assign a user an experience rating" on page 483 "Workload counts" on page 486</p> |
| Weighted Workload | <ul style="list-style-type: none"> Work is assigned and balanced based on complexity. Ideal for situations when you want equal amounts of work distributed to users. Ideal for situations where users work on | <ul style="list-style-type: none"> Can be challenging at first to assign an accurate weight integer to assignable objects; may need to intervene using supplementary weights. | <p>"Weighted workload" on page 225</p> |

| Strategy | Uses | Considerations | See also |
|-------------------|---|--|---------------------------------|
| | different types of claims and/or work items. | | |
| Load Factors | Use only with assignment methods where it applies: <ul style="list-style-type: none"> • Assign user or group by round-robin • Weighted workload assignment to user or group | <ul style="list-style-type: none"> • Load factor does not apply when attributes, location, or proximity is used for group or user assignment. Adjusting load factor in these situations will have no impact. | "Load factors" on page 483 |
| Manual assignment | <ul style="list-style-type: none"> • Commercial lines with very low volume of claims or other situations with low volume of assignable work | <ul style="list-style-type: none"> • Requires user intervention - either managers must manually assign work or adjusters explicitly assign themselves to new work items. • If automated, round-robin may work instead of manual assignment | "Manual assignment" on page 218 |

Desirable rule set characteristics

This topic provides guidance for designing automated assignment rule sets.

Design assignment rules for success

It is difficult to construct a set of assignment rules with infallible logic; there are likely to be unforeseen situations which could cause the assignment logic to fail. For example, if you try to assign a claim to a group by round-robin and the group contains no members, then the rule will not make any assignment.

To ensure a set of assignment rules succeed, each assignment rule returns true or false, depending on whether it succeeded. This makes it easy to write a series of assignment rules such that a rule's conditions include a test of whether the previous assignment rule succeeded. This of course allows complex logic with decision points, and allows a series of rules with quits after the first rule is successful, but otherwise continues until a successful rule is reached.

To prevent failure, your rule sets must end with a rule that always makes an assignment. This rule cannot not have any conditions (it always runs), and it must pick a user guaranteed to exist. This rule ensures an assignment is made in case all prior rules in the rule set fail. ClaimCenter provides the `defaultOwner` user (first name Default and last name Owner, a member of the root group) as a user of last resort. If you use this owner, you must write activities that remind someone to check to see if assignments are made to this fictional person.

Assign to a default user first

In general, it is a good idea to have an assignment rule set that starts by defining a user who is likely to exist - like the claim owner. This is a default assignment. Subsequent assignment rules then attempt to find a more appropriate user, using custom user attributes, user roles, load factors, location, and so on. If they fail, the default user is there to fall back on (as explained in the previous section). Although ClaimCenter provides Default Owner the assignee of last resort, it is always better to provide your own default behavior to cover unexpected situations.

Maintain a small number of default rule sets

You introduce complications by creating default rule sets that are customized for a single group - or even a few groups - as this greatly increases the number of rule sets to track and modify as business logic changes. Instead, try to create generic default rule sets that can be reused by similar groups.

Queues

ClaimCenter can create, maintain, and show queues of activities for each group. Assignment to one of a group's queues is an alternative to assignment to one of a group's members. Activities in a queue wait for a group member to take

ownership of them. After any group member claims an activity in a queue, assignment of an activity to a user is complete.

The `assignActivityToQueue` method assigns the current activity to the current group. It also generates the necessary queue if the queue does not already exist.

Only activities can be assigned to a queue. Claims, exposures, and matters cannot be assigned to a queue.

How to use a queue to assign claims

Although it is only possible to use a queue to assign activities directly, it is possible to indirectly assign claims, exposures, or matters using a queue. The following workflow illustrates how to use a queue to assign first notice of loss (FNOL) claims:

- After you import an FNOL, ClaimCenter triggers the rule sets listed in the following table.
- These rule sets generate review activities and places the activities on a queue.
- A group member then takes an activity from the queue and completes it by manually assigning the FNOL to a final user and group.

The following table summarizes these tasks:

| Task performed by rule | Rule set | Action |
|---|-----------------------------------|--|
| Assign FNOL claim to an intake group | Global Claim Assignment | Choose the current group that will make the final claim assignment. |
| Assign claim to the group supervisor | Default Group Claim Assignment | Assign the claim to a temporary owner until it can be properly assigned. |
| Create FNOL review activity | Claim Workplan | Use a pre-defined activity pattern to make a new activity. |
| Assign FNOL review activity to same group | Global Activity Assignment | Now both the claim and the activity have the same current group. |
| Assign FNOL review activity to queue | Default Group Activity Assignment | A current group's user takes the activity from the queue and manually assigns the claim to another group and user. |

Using the pending assignment queue

After assignment selects a group, the `confirmManually` method puts an activity for manually assigning the work in that group supervisor's **Pending Assignment** queue. By completing this activity, the supervisor assigns the related work. For example:

```
activity.CurrentAssignment.confirmManually(activity.CurrentAssignment.AssignedGroup.Supervisor)
```

Until supervisors are comfortable with automatic assignment, rules can put most work into their pending assignment queues. The **Pending Assignment** queue is part of the **Desktop**, but visible only by administrators and supervisors.

Viewing assignments

You can view all claims for which you are assigned work. Note that you cannot view all matters to which you have been assigned.

View claims to which you are assigned

Procedure

1. Use the **All open owned** or **New owned (this week)** filters in the **Desktop > Claims** screen or the **Desktop > Exposures** screen.

2. Review the activities in the **Desktop > Activities**.

View all matters related to a specific claim

Procedure

1. Open a **Claim** and click **Parties Involved** in the menu on the left.
2. Click **Users**.
Your matters, if any, appear in the **User Details** tab.

View all matters assigned to anyone

Procedure

1. Open a **Claim** and click **Litigation** in the menu on the left.
2. Review the matters on the **Matters** screen.

Weighted workload

ClaimCenter provides the ability to assign work based on the efficiency of an adjuster and the complexity of the workload, also known as *weighted workload*. Weighted workload assignment gives you a robust and configurable way to balance work.

Note: Weighted workload is one of the methods that can be used with Automated Assignment in ClaimCenter. See “Automated assignment” on page 213.

See also

- “Work assignment” on page 211
- *Configuration Guide*

Overview of weighted workload

The weighted workload assignment method assigns work to users based on the calculated weight that represents the complexity of their current assignments.

Weighted workload can be used for any assignable object.

Note: In the base configuration, weighted workload is not enabled. When enabled, it is configured for claims and exposures. Additional configuration is required to enable weighted workload assignment for other types of assignable entities such as matters and activities.

See also

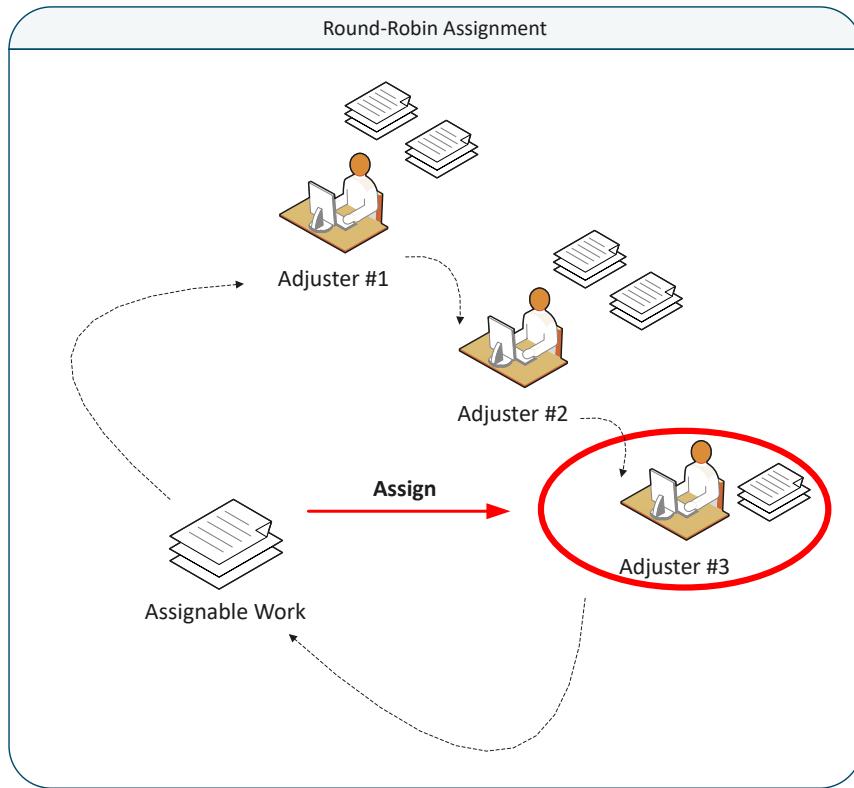
- “Work assignment” on page 211

Comparing round-robin and weighted workload assignment methods

In automated assignment using the round-robin method, work is assigned in a cyclical fashion, and users in a given group end up with the same number of assignments. The idea is to evenly distribute work across the group.

The drawback of round-robin assignment is that it does not take into account how efficient a worker is or how complex or time-consuming a specific assignment could be.

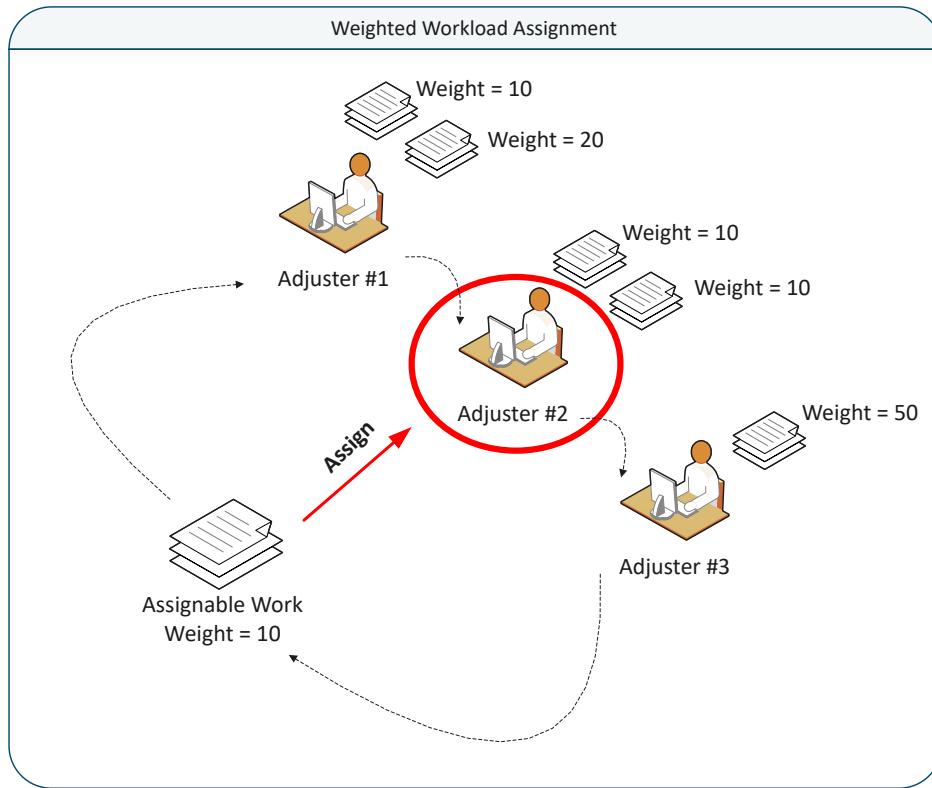
The following figure illustrates a round-robin example.



In the example, round-robin assignment results in Adjuster #3 being assigned the next assignment, because Adjuster #3 is next in line after Adjuster #2. The previous object was assigned to Adjuster #2. An adjuster might be more efficient, and one assignment can be more or less time-consuming than another, but these factors are not relevant.

In the case of weighted workload assignment, each assignable object is given a specific integer value, which is its weight. As work gets assigned to users, their workload, a cumulative number comprised of the individual objects they own, is calculated. The workload determines the owner of the next assignment.

The following figure illustrates a weighted workload example.



In this case, weighted-workload assignment results in the adjuster with the lightest load, Adjuster #2, being assigned the work. The weight of each user's workload is calculated from the weight of the assignable objects owned by the user. Calculations can be customized to take into account other factors, such as a user's load factor.

The total number of objects assigned to each adjuster does not figure in the assignment.

Weighted workload classifications

Each claim, exposure, or other assignable object needs to have an associated weight value, a non-negative integer, for weighted workload balancing. ClaimCenter uses predefined workload *classifications*, based on the complexity of the job, whose values are then matched to the assignable objects.

For example, if you have a new personal auto claim, and the **Personal Auto Claim** classification has a weighted value of 8, the claim is given a weight 8. If an assignable object does not match any existing classification, it is assigned the default global workload weight, which is defined in `config.xml`.

Classifications are managed in the **Administration > Business Settings > Weighted Workload > Weighted Workload Classifications** screen. You require the appropriate permissions to view and manage classifications. See the *Configuration Guide*.

Note: Weighted workload balancing must be enabled in configuration for these screens to be available.

Add classifications

Before you begin

Ensure weighted workload is enabled. See "About weighted workload configuration parameters" topic in the *Configuration Guide*.

About this task

In the base configuration, you can create weighted workload classifications for two types of assignable objects, claims and exposures.

Procedure

1. Click the **Administration** tab and navigate to **Business Settings > Weighted Workload > Weighted Workload Classifications**.
2. Navigate to one of the following:
 - **Add Classification > Add Claim Classification**
 - **Add Classification > Add Exposure Classification**.
3. Enter information in the **General** section on the classification, including the **Name**, **Description**, and whether or not the classification is **Active**.
4. Enter the following:
 - **Rank** – A non-negative integer that represents the priority given to the assignable. The **Rank** is used only when a claim matches more than one classification, and the lower the **Rank**, the higher the priority assigned to the claim.
 - **Weight** – A non-negative integer.
5. Enter **Criteria** for potential matches.

Criteria can be restrictive, requiring an exact match on specified fields, or non-restrictive, where at least one value must match.

- a) Enter the following restrictive criteria:

| Criterion | Description |
|------------------------|-----------------|
| Claim Loss Type | Required field. |
| Claim Line of Business | |
| Claim Policy Type | |

- a) Enter the following non-restrictive criteria:

| Criterion | Description |
|--|---|
| Exposures | Select All, or select Restrict to any of the following, click Add, and enter a Coverage Type, Coverage Subtype, and Loss Party. |
| Claim/Exposure Segments | Select All, or select Restrict to any of the following, click Add, and enter a Segment. |
| Claim Loss Causes/Exposure Incident Severities | Select All, or select Restrict to any of the following. If you select the latter, select Add and enter a Loss Cause or Incident Severity. |
| Service Tiers/Exposure Jurisdictions | Select All, or select Restrict to any of the following. If you select the latter, select Add and enter a Service Tier or Jurisdiction. |

6. Click **Update**.
ClaimCenter displays a message indicating that to apply this newly created classification to existing open claims and exposures, you need to run the Weighted Workload batch process.
7. Click **OK**.

Edit existing classifications

About this task

You can edit an existing workload classification.

Note: It is recommended that changes to workload classifications be made early in the planning stages of implementation. Once assignable objects such as claims and exposure are created, any subsequent changes will need to be manually adjusted by executing the **User Workload Update** batch process. See the *Administration Guide*.

Procedure

1. Click the **Administration** tab and navigate to **Business Settings > Weighted Workload > Weighted Workload Classifications**.
2. Select a classification name from the list.
3. Click **Edit**.
4. Make the necessary changes and click **Update**.

Types of weights used in workload balancing

ClaimCenter uses weighted workload balancing to match a classification to an assignable object, and then gives the assignable object the weight of the associated classification. ClaimCenter then assigns the object to the most suitable user in a group by using weighted workload calculations.

There are various types of weights used by ClaimCenter to calculate the workload of a user.

Classification weight

The weight of a predefined workload classification.

Total weight

The total weight of an assignable object is calculated as follows:

$\text{Total Weight} = (\text{Workload Classification Weight or Default Global Workload Weight}) + \text{Supplemental Weight}$

Note: The Default Global Workload Weight is used if a claim or exposure does not match any existing workload classification.

Supplemental weight

An additional integer value specified by the supervisor for an individual claim or exposure that further refines the level of effort required. Supervisors can define the supplemental weight for a claim, for example, in the **Summary > Status** screen under the **Workload** section. The corresponding **SupplementalWorkloadWeight** field on the **Claim** entity can also be used in rules.

Supplemental weight values can be positive or negative. A positive value increases the level of difficulty of the assignable object, and a negative value reduces it.

Default weight

The default weight is defined in configuration and is only used when an assignable object does not match any existing classification.

Adjusted weight

The adjusted weight is used for users within a group before assignment. This type of weight calculation takes into account the load factor of the group.

The adjusted weight of a user within a group is calculated as follows:

Adjusted Weight = (Total Weight * 100)/Load Factor

In the base configuration, the adjusted weight is used in the default assignment strategy.

Group weight

A user's *Group weight* is the sum of the weights of all of the user's assigned claims and exposures in a given group. The group weight is the default weight value used by the weighted workload engine to determine assignment.

Absolute weight

A user's *absolute weight* is the total weight of the user's assigned claims and exposures across all of ClaimCenter. The absolute weight is unaffected by group associations.

In the case of users in multiple groups, the absolute weight is the sum of all of a user's group weights.

Weighted workload assignment

When a new claim, exposure, or other assignable object is created, ClaimCenter applies weighted workload balancing by using the following process to complete the assignment:

1. Calculate the total weight of the assignable object using existing classifications and supplemental weights, if any. See "Types of weights used in workload balancing" on page 229.
When an assignable object matches more than one classification, the weight of the classification with the lowest **Rank** value takes precedence and is assigned to the object.
2. Assign the object to the most suitable group and user.

Assigning objects to users

After its total weight is calculated, an assignable object is routed to the most eligible user in the appropriate group. An eligible user is one who has the requisite permissions to own the object, is **active**, and has a **Vacation Status** value of **At Work**.

The user with the lowest weighted workload within the group is selected for assignment. Each user's Adjusted Weight is used for this process.

Weighted workload assignment within a group adds an additional level of precision by using dynamic assignment strategies to process assignment decisions. In the base configuration, the default assignment strategy is **GroupUserWorkloadAssignmentStrategy**.

Assignment strategies and their calculations are configurable.

See also

- *Configuration Guide*

Resolving a tie

If the weighted workload values of two or more users are equal, ClaimCenter applies the following additional conditions in the following order of preference:

1. Select the user whose total workload was updated least recently. If unavailable, select the most recently updated user.
 2. Select the user based on the sort order of the **User Name**, which is always unique.
- A user with a group load factor of zero is blocked from assignment.

View weights

About this task

You can view the weights associated with an individual claim or exposure.

Note: Supervisors can also view the weights associated with claims or exposures in the **Desktop** tab by clicking **Claims or Exposures**.

Procedure

1. Open a claim.
2. Navigate to **Summary > Status** to view the claim's associated weights in the **Workload** section.
3. Click the **Exposures** menu link.
4. Click an individual exposure to see the associated weights in the **Workload** section.

chapter 24

Working with activities

ClaimCenter tracks all tasks, or units of work, involved in handling a claim. Actions such as inspecting a vehicle, reviewing medical information, negotiating with the claimant, making payments, and so on are called *activities*.

Activities are the central mechanism for tracking completion of all varieties of tasks. ClaimCenter divides the work for a claim into activities and provides a list of these activities to enable you to track them to completion. These activities track everything that must be done to settle every claim.

The claim segmentation process creates an initial set of activities for a new claim. Additional activities can be added to the claim at any time. Multiple users can be assigned activities on a single claim. Assigned activities represent units of work for the claim and enable the work units to be divided among users.

Tracking work by using activities enables claim owners to perform all necessary claim-handling tasks and identify missed tasks. Supervisors and managers can also track assigned work and identify problem claims, such as claims with many overdue or escalated activities.

See also

- “Claim segmentation” on page 207.

Activities as tasks

Activities are tasks necessary to process claims. Each activity is a single task that can be assigned to a person and completed, including work that cannot be completed directly in ClaimCenter. ClaimCenter tracks the assignment and completion of all activities to ensure that the claim is correctly handled.

Activities store information about what needs to be done, who does it, and a history of information about the activity after it is completed. Activities themselves do not store the results of the work. Some examples of work resulting from activities are:

- An externally stored, signed agreement document.
- A note within ClaimCenter summarizing the activity’s investigative results.
- A new reserve that was set up, or a settlement plan that was created.

Elements of an activity

The following fields define an activity:

- **Subject** - Activity name.

- **Description** - Text describing the activity.
- **Related To** - Indicates if the task is a claim level task or is related to a person or a covered item that is part of the claim.
- **Due Date** - The date the activity is scheduled to be completed, after which the activity appears in red.
- **Escalation Date** - The date on which ClaimCenter sends alerts that the activity is overdue or generates other activities to deal with the overdue activity.
- **Priority** - Used for sorting a list of activities. Values are **urgent**, **high**, **normal**, or **low**.
- **Calendar Importance** - Used for calendar display of the activity. Values are **Top**, **High**, **Medium**, **Low**, or **Not On Calendar**.
- **Mandatory** - Indicates whether or not the activity can be skipped. If not mandatory, an activity is just a suggestion.
- **Externally Owned** - Indicates whether the activity is to be done by an outside group or user.
- **External Owner** - If externally owned, name of the user who owns the activity.
- **Document Template** - Name of the template used by a correspondence activity to generate a document.
- **Email Template** - Name of the template used to generate an email.
- **Assign To** - Indicates whether the task is assigned automatically or assigned to a specific user, to the claim or exposure owner, or to the company or the Super User.
- **Recurring** - Indicates whether or not the activity repeats. If the activity repeats, completing the activity creates a new one.

The activity template associated with the activity gives the initial, or default, values for these attributes.

Some of these fields are visible on the **Desktop > Activities** screen. Most of the fields are visible when you click an activity's **Subject** field to open the **Activity Detail** worksheet for the activity.

See also

- “Workplans and activity lists” on page 240.

Creating activities

Because activities are central to the claim process, they can be created in a number of ways:

- By users in the ClaimCenter user interface. Users create activities for themselves or, with authority, for other users.
- Externally, by using API calls.
- By running batch processes, which can generate activities.
- By ClaimCenter rules, which can create activities while ClaimCenter is:
 - Generating workplans.
 - Responding to escalations or claim exceptions.
 - Handling manual assignments.
 - Obtaining approvals, investigating fraud, and processing other events.

Automated activity generation

During a new claim’s setup process, ClaimCenter uses your organization’s business rules to create activities automatically. For example, after you enter an auto claim, ClaimCenter can create activities to contact the witnesses, get the police report, and have the vehicle inspected. Claim segmentation often determines which activities are appropriate. For example, an auto claim would produce one set of activities, while a property claim would produce several different activities.

ClaimCenter can also automatically create activities to convey information or to require someone to make a decision. For example, in the base configuration, if you try to issue a payment that exceeds your authority, ClaimCenter

automatically creates an activity for your supervisor to review that transaction. If rejected, ClaimCenter creates another activity to inform you that the activity was rejected.

The workplan rule sets for claims, exposures, and matters generate activities in this way.

Batch processes and activities

Several batch processes can identify claims and activities for which you might want to create new activities. For example, new activities can be created for claims and activities that have reached their escalation dates or have not been looked at for a long period. Some useful batch processes include:

| Batch process | What it finds | Parameter name |
|-----------------------------|---|---|
| Activity Escalation | Activities that have reached their escalation dates | Escalation Days or Hours, set in the Activity Pattern |
| Claim Exception | Claims with exceptions (new, since last run) | none |
| Idle Claim Exception | Open claims with no activity for a defined period | IdleClaimThresholdDays in config.xml—defaults to 7 days |
| Idle Closed Claim Exception | Closed claims with no activity for a defined period | IdleClosedClaimThresholdDays in config.xml—defaults to 7 days |

See also

- “Automated claim setup” on page 207
- *Administration Guide*

Create a new activity

About this task

You can create activities for yourself and for other users, as follows:

Procedure

1. Open a claim.
2. Navigate to **Actions > New Activity** and select an activity type.
Choose the general activity type and then the specific activity type, an activity pattern, from the menu actions under **New Activity**. If the specific type of activity is not present, you can create a new one by creating a new activity pattern.
3. On the **New Activity** screen, enter the activity details. See “Elements of an activity” on page 233 for the meanings of individual fields.
4. For **Assign To**, indicate how or to whom the activity is to be assigned. Do one of the following:
 - Click **Select from list** and use the drop-down list. You can choose **Use automated assignment** and have the application use rules to assign the activity, or you can choose the assignee.
 - Click **Search for user, group, or queue** to find an assignee, and then click **Assign** for the one you want.
5. Click **Update** to save the activity.

See also

- “Automated assignment” on page 213
- “Assigning activities” on page 236
- “Creating and editing activity patterns” on page 242

Assigning activities

An activity must eventually be assigned to a user after it is generated. Many activities, including those generated after new claim creation, are assigned to the owner of the new claim. If you have created an activity, you can assign it either to yourself or to someone else. You can also reassign an activity that you own.

Assign activities from a queue

About this task

Automatic assignment, often used in conjunction with automated activity generation, can put automatically generated activities on a queue. From this queue, you can assign activities to yourself or others, as follows:

Procedure

1. Navigate to **Desktop > Queues** and choose a queue.
2. Filter the queue's list of activities to locate those of interest.
3. Assign the selected activities, depending on your user permissions.

Not a manager or supervisor You have the following choices only:

- Click **Assign Next in Queue to Me**.
- Click the **Subject** field of an activity to open it in the **Workplan** screen so you can assign it.

A manager or supervisor You have the same choices listed previously. Additionally, you can select a check box for each activity you want to manage and then you have the following choices:

- Click **Assign Selected to Me**.
- Click **Assign** and then, depending on the radio button you select, you can do the following:
 - If you choose **Select from list** to do the assignment, choose an item from the list and click **Assign** to perform the assignment. If you are taken to a screen showing the **Update** button, click that button to complete the reassignment.
 - If you chose **Find as user, group, or queue** to do the assignment, find the user, group, or queue, and then click **Assign** for the one you want.

See also

- “Automated assignment” on page 213
- “Reassign an activity” on page 236

Reassign an activity

About this task

With the correct permissions, an activity owner or the supervisor can reassign an activity to another group member. Also, activities belonging to a claim or exposure are automatically reassigned to the new owner after the claim or exposure is reassigned.

Procedure

1. On the **Claim** tab under **Activities** on the left, click **Workplan**.
2. Depending on your permissions, you can do one of the following to assign an activity on the list:
 - Select an activity by clicking its check box, and then click the **Assign** button.
 - Click the subject of an activity to open its **Edit** screen below the list of activities, and then click **Assign**.

3. Choose one of the following options on the **Assign Activities** screen to assign the activity.
 - If you choose **Select from list** to do the assignment, choose an item from the list and click **Assign** to perform the assignment. If you are taken to a screen showing the **Update** button, click that button to complete the reassignment.
 - If you chose **Find as user, group, or queue** to do the assignment, find the user, group, or queue, and then click **Assign** for the one you want.

Completing or skipping activities

About this task

To avoid having a finished activity marked overdue and escalated, you must mark it as complete when you finish the associated task. After the activity is marked completed, ClaimCenter changes its status to Complete, logs this event, and creates an entry in the claim history.

See also

- For information on claim history, see “Claim history” on page 141.

Mark an activity as complete

Procedure

1. Locate the activity in either a **Claim > Workplan** activity list or in the **Desktop > Activities** list.
2. Select the check box for the activity and then click **Complete**.

Before clicking **Complete**, you can click the activity’s **Subject** link and view or edit the **Activity Detail** worksheet for the activity.

What to do next

Some activities can recur, meaning ClaimCenter creates another activity whenever this activity completes. On the **Activity Detail** worksheet, look under **Activity Tracking** to see the setting for **Recurring**.

Skip an activity

About this task

Activities that are not **Mandatory** are skippable. To skip a non-mandatory activity, do the following:

Procedure

1. Locate the activity in the **Claim > Workplan** activity list or in the **Desktop > Activities** list.
2. Select the check box for the activity and then click **Skip**.

ClaimCenter treats skipped activities similarly to completed activities. ClaimCenter changes the status to **Skipped**, logs this event, and creates an entry in the claim history. You cannot resurrect a completed or skipped activity. You must create a new activity instead.

Complete a recurring activity

About this task

You can schedule the next occurrence while completing the current recurring activity.

Procedure

1. Locate the recurring activity in the **Claim > Workplan** activity list or in the **Desktop > Activities** list.
2. Click the **Subject** field of the activity to open the **Activity Detail** worksheet.
3. Enter the dates and any other information needed to complete the current activity.
4. Click **Complete and Create New**.
5. Edit the dates and any other part of the new activity and click **Update**.

Completing a review activity

About this task

If adjusters schedule payments that exceed their authority, ClaimCenter creates approval activities that are assigned to the adjuster's supervisor. If you fill this supervisory role in your organization, you can be assigned the activity of reviewing the payment and either approving or rejecting it. To perform this type of activity:

Procedure

1. Locate the activity. For example, navigate to **Claim > Workplan** or **Desktop > Activities**.
2. Click the **Subject** field of the activity to open its **Activity Detail** worksheet.
3. Review the payment in the **Activity Detail** worksheet.
4. Enter the reason you approve or deny the payment in the **Approval Rationale** box.
5. Select either **Approve** or **Reject** to complete the activity.

Results

ClaimCenter generates an activity for the original issuer of the payment if the payment is rejected. It also logs the decision and notes it in the claim history.

Complete a correspondence activity

About this task

Sending a letter or an email is a correspondence activity. Typically, whenever the activity is created, a document or email template is attached to be used for the correspondence task.

Procedure

1. Click the **Subject** field for the activity and open its **Activity Detail** worksheet.
2. Click either **Create Email** or **Create Document** as appropriate and complete the correspondence.
3. Print and mail the document as needed or click **Send Email** to send the document electronically. After you complete the correspondence, the **Activity Detail** worksheet opens again.
4. If you have created a document that you want to link to the activity, you can click **Link Document** to find the document and link it.
5. Click **Complete** to indicate that you have sent the letter or email.

See also

- “Working with email in claims” on page 250
- “View documents for an activity” on page 619
- “Using an activity to create a document” on page 624

Working with documents in activities

Documents related to activities appear in the **Documents** section of the **Activity Detail** worksheet. In this section, you can view, link, search for, and delete documents directly from the originating activity.

The **Link Document** button enables you to search for and associate a document with the activity. You can find and select existing documents by using search criteria such as author, document type, and so on. This page is similar to the **Documents** page.

Note: Linking a document is different from relating a document to an entity. A document can be related only to one entity, but it can be linked to many entities, such as notes, activities, and financials.

See also

- “View documents for an activity” on page 619
- “Using an activity to create a document” on page 624
- “Link a document to an activity” on page 627

Activity escalation

After an activity reaches its due date, the date appears in red, and a star symbol appears in the **Desktop > Activities** list. If the activity later reaches its escalation date, this event triggers escalation rules that expedite handling of the activity. For example, a rule can create a new activity for the supervisor of the user who owns the escalated activity, requesting that the supervisor intervene.

The Activity Escalation Rules rule set contains the rules that determine the actions to take after an activity reaches its escalation date. The Activity Escalation batch process, which in the base configuration runs every 30 minutes, executes this rule set.

Activity statistics

ClaimCenter keeps statistics that measure how you are handling your workload. These measurements include open, overdue, and completed activities, and open, new, and closed claims. Supervisors can also see statistics for their teams, including overdue activities and open, new, and closed claims. To see these statistics from the **Desktop** tab, select **Actions > Statistics**. The **Statistics** tab at the bottom of the screen shows statistics about your activities and claims and, if you are a supervisor, your team’s activities as well. Supervisors can see details for their teams by clicking the **Team** tab and drilling down to the level of detail needed.

Statistics are recalculated on a predetermined schedule, so you do not always see the latest numbers.

See also

- “Team management” on page 447
- “Claim health metrics calculations” on page 437

Viewing activities

Activities are central to claim handling, and ClaimCenter displays them in a number of ways:

- To see a list of all your activities for all claims, navigate to **Desktop > Activities**. On the **Activities** screen, in the base configuration, by default you see your activities for the current day. You can filter activities in several ways in addition to **My activities today**, such as:
 - **Due within 7 days** – Activities that are open and due in the next week.
 - **All open** – All activities that are open regardless of status or due date.
 - **Overdue only** – Activities that are overdue or will become overdue at today’s end.
 - **All open external** – All activities assigned to people without access to ClaimCenter.

- **Closed in last 30 days** – All activities closed in the last 30 days.
 - To see a list of all the activities of one claim, including those owned by others, open the claim and click **Workplan**.
 - To see a list of all activities belonging to your group that are open, overdue, and completed today, click the **Team** tab. You must have the `viewteam` permission to see this tab.
 - If navigate to **Desktop > Actions > Statistics**, you can see the summary of activity statistics.
 - To find specific activities, choose **Search > Activities** and enter your search criteria.
- Calendars also display lists of activities. See “Activity calendars” on page 245 for details. After viewing any list or calendar of activities, clicking the **Subject** field of an activity opens its **Activity Detail** worksheet.

See also

- “Activity statistics” on page 239
- “Workplans and activity lists” on page 240

Team activities

As a supervisor, you have access to lists of activities for all the groups, or teams, that you manage. You reach these lists through the **Team** tab.

See also

- “Team management” on page 447

Activity detail worksheet

Clicking the **Subject** field of an activity opens a detailed view of its fields. The fields of the **Activity Detail** worksheet are described in “Elements of an activity” on page 233.

See also

- “Viewing activities” on page 239
- “Completing or skipping activities” on page 237

Workplans and activity lists

All activities are associated with a specific claim or a bulk invoice. The *workplan* is a screen showing all activities related to one claim. The **Workplan** screen displays the following information for each activity:

- **New or Updated** ★ – A ★ icon in this column indicates that the assigned activity new, has been reassigned to you by someone else, or has been edited by someone else recently.
- **Escalated** 🔍 – A 🔍 icon in this column indicates that the activity has been escalated.
- **Due** - Indicates the activity’s targeted completion date. The due date is red if the date has passed, indicating that the activity is overdue.
- **Priority** - The importance of the activity, typically Urgent, High, Normal, or Low. You work first on activities that are escalated or new, and then on urgent or high priority activities.
- **Status** - Whether the activity is open, complete, skipped, or canceled.
- **Subject** - The title of the activity. Clicking an activity’s **Subject** field opens its **Activity Detail** worksheet.
- **Exposures** - Any associated exposure.
- **External** - Whether the activity is owned by a user without access to ClaimCenter.
- **Ext Owner** - Indicates who the owner is if external.
- **Assigned By** - The user that assigned this activity, if any.
- **Assigned To** - The owner of the activity.

The **Workplan** screen provides the following buttons that help in managing the activities, some of which are visible only if you are a manager or supervisor:

- **Filter** - Show the activity list after being filtered by various criteria, such as showing just today's activities, activities due within seven days, overdue activities, or all open activities.
- **Assign** - Assign an activity to someone else, either by selecting a user or group or by using automated assignment.
- **Skip** - Skip non-mandatory activities.
- **Complete** - Change the status of the activity to completed, and mark the completion date as today.
- **Approve** - If the activity is to approve a transaction for another user, then approve it and mark it complete.
- **Reject** - If the activity is to approve a transaction for another user, then reject it.
- **Print/Export** - Save the list of activities as a PDF file or export them to a CSV file.

The desktop and activities

The **Desktop > Activities** list of activities shows all your activities for all claims. The information is similar to that shown in the **Workplan** screen, but has none of that screen's information about other users. The **Activities** screen has the same buttons as the **Workplan** screen.

The following fields are the same as in the **Workplan** screen:

- **New or Updated, Escalated, Due, Priority, Subject, Exposures, and External**.

In addition, the **Activities** screen provides the following fields for each activity:

- **Claim, Insured, LOB, State** – Information about the claim with which the activity is associated.

See also

- For information on the **Workplan** screen, see “Workplans and activity lists” on page 240.

Searching for activities

Procedure

1. Click **Search > Activities** to find activities.
2. Specify one of the following search criteria:
 - **Claim Number** – Claim to which the activity belongs.
 - **Assigned to Group** – The group to which the activity was assigned.
 - **Assigned to User** – The user who is working on the activity.
 - **Created by** – The user who created the activity.
 - **External Owner** – Activities owned by users who do not have access to ClaimCenter.
3. Specify optional criteria to narrow the search results, such as:
 - A particular **Status, Description, Subject, Priority, Due date, Closed date, or Creation date**
 - A specific time period, such as activities due in the last 30 days
 - A **Completed late** date or activities that are **Pending Assignment** or are **Overdue Now**

See also

- For descriptions of some of these search criteria, see “Workplans and activity lists” on page 240.

Understanding activity patterns

Activity patterns are templates that standardize the way ClaimCenter generates activities. Both rules and selections made in the user interface create activities based on these patterns. Each pattern describes one kind of activity that

might be needed in handling a claim. For example, **Get vehicle inspected** is a common activity pattern for auto claims. It is used to generate a **Get vehicle inspected** activity when needed as part of an auto claim.

Activity patterns contain default characteristics for each activity, such as name, relative priority, and due date. After an activity is added to a claim's **Workplan**, ClaimCenter uses the pattern as a template to set the activity's default values, such as **Subject**, **Priority**, and **Target Days**. You can override these default values, either as you create activities or through rules. You can also set activity patterns to adjust due dates and escalation dates according to specific holidays in a loss location's region or geographic location (known as zones in ClaimCenter).

An activity pattern and an activity created from the pattern can have the same name. The default activity name is that of the activity pattern. You can think of a pattern as an entity, and the corresponding activity as an instance of it.

You can see the list of available activity patterns by opening a claim and clicking **Actions**. Click each menu action under **New Activity** to see the activity patterns in the submenu.

Administrators can view, create, and edit patterns by navigating to **Administration > Business Settings > Activity Patterns**. Users and rules can create activities based on these patterns, as can external systems using API calls.

See also

- “Creating activities” on page 234

Activity pattern types and categories

Every activity pattern has both a type and a category. A category classifies activity patterns into related groups. Each typecode of the **ActivityCategory** typelist is an activity pattern category and relates each category attribute to the typelist **ActivityType**.

Each activity pattern has a defined type. You can add an activity pattern only with a **General** type and only if you have administration permissions. General activities are patterned after a diary—work for a claim that is assigned to a person and has a deadline. For example, getting a vehicle inspected has a general activity pattern type.

See also:

- “Internal activity patterns” on page 244

Creating and editing activity patterns

About this task

With administrator permissions, you can edit or create new activity patterns.

Procedure

1. Navigate to **Administration > Business Settings > Activity Patterns** and then click **Add Activity Pattern**.
2. On the **New Activity Pattern** screen, you must specify:
 - **Subject** – The activity's name, which is shown both in lists of activities and in lists of patterns.
 - **Short Subject** – Names the activity in a calendar entry or for a subject name that is too long to display in full. There is a limit of 10 characters.
 - **Class** – Determines if the activity is a **Task** and has either a due date (target days) or an **Event**, which does not have target days. For example, trial dates are events—they occur on a given date, but cannot become overdue or escalated.
 - **Type** – All patterns that you create or change must be of type **General**. ClaimCenter reserves all other types for the patterns it uses to generate activities. The **ActivityType** typelist defines these types. See “Activity pattern types and categories” on page 242.
 - **Category** – ClaimCenter uses this value to show available activity patterns in its **New Activity** drop-down list. Pick a category that is appropriate for the activity pattern. For example, in the base configuration, the **Interview** category includes the **Get a statement from witness**, **Make initial contact with claimant**, and **Make initial contact with insured** patterns.

- **Code** – Name used in Gosu code. The maximum length is 30 characters and the convention is to use a name similar to the subject that uses lowercase letters with underscores. For example, the code name for the **Make initial contact with insured** activity pattern is **contact_insured**.
 - **Priority** – Enables ClaimCenter to sort activities into urgent, high, normal, or low priority in a list of activities.
 - **Mandatory** – Indicates whether the activity must be completed or can be skipped.
 - **Calendar Importance** – Indicates the importance for display in the calendar. Values are **Top**, **High**, **Medium**, **Low**, or **Not On Calendar**. For the activity to display in the desktop calendar, the value must be **Top** or **High**. For the activity to display in the claim calendar, the value must be **Top**, **High**, or **Medium**.
 - **Claim loss type** – Type of claim loss—auto, liability, property, travel, or workers' compensation—for which the pattern is allowed.
 - **Automated Only** – Indicates whether an activity can be created only by rules or if a user can also create an activity based on the activity pattern.
- You can use this field instead of removing an activity pattern, which is not recommended. To effectively remove an activity pattern, set this value to true. Doing so prevents users from creating new activities from this pattern, but does not break existing rules that use the pattern.
- **Available for closed claim** – Set to true if it the activity can be added to a closed claim.
 - **Externally Owned** – Indicates if an outside group or user can own the activity. This setting is used for activities not under the control of the owner, such as a car repair, which a vendor completes in a time not under owner control.
 - **Document Template** – Optionally appears on the activity. Useful if the activity is sending a letter or other document.
 - **Email Template** – Optionally appears on the activity. Useful if the activity is sending an email.
 - **Recurring** – Indicates if the activity recurs—when one activity ends, another is created.
 - **Description** – A text description that is visible when looking at the activity's details.

3. Each activity pattern includes two calculated dates and the settings used to calculate them. Enter target and escalation information:

- **Target Date** – Date on which to complete the activity, after which ClaimCenter displays the activity in red. This value determines the due date.

The following settings determine the **Target Date**:

- **Target days** - Days between the start and target date.
- **Target hours** - Hours between the start and target date.
- **Target start point** - Activity creation date, loss date, or notice date.

– **Include these days** - All days or only business days. If you select **Business days**, the additional **Business calendar** type drop-down list is shown. From this list, you can select the types of business days to include, such as company or federal holidays. If you select **Claim Loss Location** in the **Business calendar type** field, the activity due date will be calculated considering holidays in the zone specified by the claim's loss location.

Note: For example, an activity on a claim with a loss location of the province of Ontario, Canada is due one weekday later during early August. This is because the first Monday in August is a holiday in Ontario. An activity on a claim in California generated from the same activity pattern is due according to the target date.

- **Escalation Date** – Date on which ClaimCenter sends alerts that the activity is overdue or generates other activities to deal with the overdue activity.

The following variables determine the **Escalation Date**:

- **Escalation days** - Days between the start and escalation date.
- **Escalation hours** - Hours between the start and escalation date.

- **Escalation start point** - Activity creation date, loss date, or notice date.
- **Include these days** - All days or only business days. If you select **Business days**, the additional **Business calendar type** drop-down list is shown. From this list, you can select types of business days to include, such as company or federal holidays. If you select **Claim Loss Location** in the **Business calendar type** field, the activity escalation date will be calculated considering holidays in the zone of the claim's loss location.

See also

- “Managing holidays” on page 529 for information of how to define holidays and weekends after calculating dates.

Generating an activity from an activity pattern

Activity patterns are used to generate activities in several ways:

- You can manually generate an activity in the ClaimCenter user interface. Open a claim and click **Actions**, and then click a menu action under **New Activity** to see its activity patterns. The menu actions under **New Activity** are categories, and their submenus show activity patterns. You click an activity pattern to create an activity. When you create an activity, you can override all default values set by the pattern.
- Rules can automatically create activities in response to the following events:
 - Making a workplan during claim creation.
 - Escalations, claim exceptions, or other events.
 - Assistance needed with manual assignment.
 - Actions requiring approval.
- External systems can also create activities through API calls.

Activity assignment

An activity pattern does not control how an activity is assigned. There are, however, several ways activity patterns can assist assignment:

- Assignment rules can assign an activity based on the activity pattern by using its code value. For example, writing a request to **Get an initial medical report** is an activity that might be assigned to a medical case manager.
- While creating a new activity, you can choose auto-assignment rules or select a user manually by using a search feature on the activity creation screen.
- After searching through a list of group members during an assignment activity, you can search for potential assignees. This search returns workload statistics—how many open activities you have already—which is the same information as seen on a supervisor’s calendar. Selecting the calendar icon that accompanies the search results returns your personal calendar.

Internal activity patterns

In the base configuration, ClaimCenter defines a number of internal activity pattern types in the **ActivityType** typelist. Activity patterns with types other than **General** are usable by Gosu code and must not be removed. However, administrators can customize attributes of these internal activity patterns, such as, for example, their due dates.

The internal activity pattern types are:

- **Approval** - Activities to approve or deny a financial transaction, like a payment or reserve increase.
- **Assignment Review** - Assignment activities added to a supervisor’s Pending Assignment queue.
- **Approval Denied** - Activities for reviewing a denied approval request.
- **Litigation** - Activities related to a legal action, matter, or negotiation.

Some examples of internal activity type codes in **activity-patterns.csv** are:

- `last_payment_reminder` - Used by financials code.

- approval_denied - Used by financials code in approval handling.
- unable_to_void_check - Used by financials code.
- unable_to_stop_check - Used by financials code.
- trial_date - Used by matters code and in the litigation calendar.
- mediation_date - Used by matters code and in the litigation calendar.
- arbitration_date - Used by matters code and in the litigation calendar.
- hearing_date - Used by matters code and in the litigation calendar.

Note: Any preexisting activity patterns of type General are examples provided by Guidewire that you can fully customize or delete.

Activity calendars

In the base configuration, ClaimCenter provides a variety of calendars to help organize activities. They show activities in both monthly and weekly views. You can access these calendars from either the **Desktop** tab or the **Claim** tab, and you can filter the listed activities in a number of ways. For example, you can filter the activities to show those related to legal matters. Supervisors can also view activities of other users.

Calendar displays

On the **Desktop** tab, click **Calendar** in the sidebar to open your calendar. If you are a manager or supervisor, you can also open a Supervisor calendar. Select a calendar to show:

- Calendars for the current week and month, or any other start date. Weekly calendars always start with the current day. The monthly calendar always starts on the previous Monday.
- Activities related to all claims and matters, those unrelated to legal matters, or those related only to matters.
 - If looking at matter-related activities, either a display of all such activities or just all trial dates.
- Activities assigned any priority, or just activities of a specific priority, such as **Urgent**.

After opening a claim, you can open a calendar showing all activities, including matter activities, relating to just that one claim. With a claim open, click **Calendar** in the sidebar to open both the current monthly and weekly calendar. You can view all the activities for this claim that are assigned to anyone, or just the activities assigned to you.

Information in the monthly view

If you need to obtain more calendar details, do the following in the monthly view:

- **Calendar items are truncated** - Hover your mouse over a truncated item to reveal the full name. If you click the name, the **Activity Detail** worksheet opens to show more information.
- **Calendar cells show up to four items** - If there are more than four items on one date, the calendar cell displays **More**. Click **More** to see that day's activities.
- **Calendar items are numbered** - The numbering correlates with the numbering in the weekly view and with extra information that appears below the calendar. This extra information is either the claim number and name of the insured if the activity is claim-related or the name of the matter if related to a matter.
- **An activity has been escalated** - An escalated activity is red.
- **A calendar becomes cluttered** - A supervisor's calendar can look at a large number of subordinates. To avoid clutter, the calendar can show only the total number of open activities of each priority owned by each supervised group. These totals reflect all the activities of each employee. In the totals are the activities the supervisor assigned and the activities assigned to the supervisor's subordinates by virtue of their membership in other groups. This feature helps a supervisor get a better assessment of the total workload.

Information in the weekly view

If you need more calendar details, do the following in the weekly view:

- **Calendar items are truncated** - Hover your mouse over a truncated item to reveal the full name. If you click the name, the **Activity Detail** worksheet opens to show more information.
- **An activity has been escalated** - An escalated activity is red.
- **Each claim-related activity shown has standard information** - Includes its name, claim number, and the insured name.
- **The calendar might show only trial dates** - The detail shown includes the insured, the venue, the jurisdiction, and the names of the opposing attorneys.
- **A supervisor's calendar shows limited information** - Lists the activities with highest priority.

[Calendar importance governs what shows in a calendar](#)

Activities have a Calendar Importance tag, which is assigned after the activity is created. The default value comes from the value of the **Calendar Importance** field of the activity pattern that helped create the activity. You can assign an importance level of **Top**, **High**, **Medium**, **Low**, or **Not On Calendar**. These values come from the **ImportanceLevel** typelist.

The calendar uses the importance of each activity to determine whether to display it. Whether an item displays depends on the calendar:

- **Supervisor Calendar** - The item displays only if the importance is **Top**.
- **Desktop Calendar** – The item displays only if the importance is **Top** or **High**.
- **Claim Calendar** – The item displays only if the importance is **Top**, **High**, or **Medium**.
- **Matter Calendar** - The item displays only if the importance is **Top**, **High**, **Medium**, or **Low**.

Note: If the importance is **Not On Calendar**, the activity does not appear on any calendar.

[Calendars and manual assignment](#)

Using calendar information can be helpful in making a manual assignment. In the standard search for potential assignees, workload information appears. This information is the same data as that seen on a supervisor's calendar. Viewing this information helps you in making assignments based on workload.

You can also view a user's calendar before making an assignment. Each assignment search returns, by default, a calendar row. Selecting the calendar icon on this row displays the particular user's calendar.

[Calendars and holidays](#)

The calendar displays all days of the week, but does not show weekends or holidays.

Activities and the data model

This topic lists the main entities and typelists that relate to activities.

[Main entities related to activities](#)

| Entity | Description |
|--------------|--|
| Activity | The main entity. It has foreign keys to Claim , Exposure , Matter , ServiceRequest , Document (array), TransactionSet , ActivityPattern , and BulkInvoice with which it is associated or previously was associated. It also has foreign keys to Group , and User . It also contains typekeys to the ActivityClass , ActivityStatus , ActivityType , ImportanceLevel , and Priority typelists, shown in the following table. |
| ActivityView | Displays activities efficiently as lists. Has the following subtypes for specialized views: <ul style="list-style-type: none"> • ActivityDesktopView - View in the Desktop tab. • ActivitySearchView - For search results and the claim summary screen. |

| Entity | Description |
|-----------------|--|
| | <ul style="list-style-type: none">• ActivityTeamView - For the Team pages.• ActivityUnassignedView - For the Awaiting Assignment display.• ActivityVacationView - For the Vacation display.• ActivityWorkplanView - In the Workplan screen. |
| ActivityPattern | The template used to create activities. See “Creating and editing activity patterns” on page 242 for more information. |

Typelists related to activities

| TypeList | Description |
|---------------------------|---|
| ActivityCategory | Used by activity patterns to create different categories. Examples are Approval, Interview, Litigation, File Review, New Mail, Request, ISO. |
| ActivityClass | Used to indicate if an activity is a task, which has a due date, or an event, which does not. Used by activity pattern. |
| ActivityStatus | Whether an activity is open or complete, or has been canceled or skipped. |
| ActivitySubjectSearchType | Whether to search for an activity by its ActivityPattern or by text it contains. Used by the activity search entity ActivitySubjectSearchCriteria. |
| ActivityType | Activities you create must be of type General. All other types are used internally. |
| CalendarContext | Used to retrieve and sort activities for different calendar views. |
| ImportanceLevel | Set by activity patterns. Sorts calendar displays. |
| Priority | Choices are urgent, high, normal, or low. Priority is used by activity patterns. ClaimCenter sorts list of activities by priority, and then alphabetizes each priority group. |

chapter 25

Email

Email is a communication tool that can be used by adjusters and other users involved with the claim resolution process. From ClaimCenter, you can write and send emails. You have the ability to:

- Define and store a variety of email templates.
- Create email messages from templates or from scratch.
- Fill in names and email addresses by using contact information or by doing it manually.
- Send emails from all claim screens.
- Send attachments with emails.
- Define activity patterns that enable the sending of emails from activities created by the pattern.
- Create activities that involve sending emails.
- Store and retrieve emails as claim documents.
- Use Gosu to automatically create a history event when you send an email.
- Use Gosu to send an email, including emails that contain attachments, from a rule.

ClaimCenter sends emails only in the context of a specific claim. ClaimCenter can store sent emails as documents attached to that claim.

Note: You must configure email in Guidewire studio before you can send email in ClaimCenter. See the *Integration Guide*.

How emails are sent

ClaimCenter sends emails asynchronously by using its messaging subsystem. You must also register an email `MessageTransport` class to hold the email messages and do the actual sending. Email messages are processed and sent one at a time, like any other message.

Because emails are sent by using the normal messaging mechanism, emails that fail to reach their recipients are treated just as other messages. An administrator gets a report of these messages and must take action, so the sender is not directly notified.

See also

- *Gosu Rules Guide*
- *Administration Guide*

Handling incoming email

Some document management systems accept incoming emails, parse them to read the claim number they contain, and store them as documents attached to that claim. Such systems accept either scanned email or emails from an email server. Linking ClaimCenter to incoming emails requires you to integrate with a document management system with such capabilities. You must configure this feature.

Working with email in claims

You compose and send mail from the **Email** worksheet. There are multiple ways to access this worksheet, all of which require that you have a claim open.

See also

- “Opening the email worksheet” on page 250
- “Using the email worksheet” on page 251

Sending an email from a rule

Gosu provides methods that you can use in rules that send emails and email attachments and that create history events.

See also

- *Gosu Rules Guide*

Opening the email worksheet

You can open the **Email** worksheet from any claim and from some activities.

Access the email worksheet from a claim

Procedure

1. In Guidewire ClaimCenter, open a claim.
2. From a claim, there are two ways to open the **Email** worksheet:
 - Enter **Email** in the **QuickJump** box and press **Enter** to open the **Email** worksheet.
 - Choose **Actions > New > Email**.

Access the email worksheet from an activity

About this task

An activity created with an activity pattern that specifies an email template includes a **Create Email** button.

Procedure

1. In Guidewire ClaimCenter, open an activity for sending an email.
2. Click the **Create Email** button to open the main **Email** worksheet.

This **Email** worksheet is the same one that you reach directly from a claim, except that it lacks the **Use Template** button. Instead, it displays the subject and body of the template specified by its activity pattern.

3. Use the template’s text as the email body, or modify or delete the template text.

You have to work with the email template provided by the activity pattern. You cannot work with different template in this worksheet.

See also

- “Viewing activities” on page 239

Configure an activity pattern to send an email

Procedure

1. After creating or editing an activity pattern, specify an email template name in the optional field. All activities created from this pattern provide the **Create Email** button.
2. Click the **Create Email** button to open the main **Email** worksheet.
3. Continue with the email creation.

See also

- “Creating and editing activity patterns” on page 242

Using the email worksheet

You compose and send email in the **Email** worksheet. This worksheet has the functionality of a typical email client, enabling you to specify recipients, subject, and attachments, and to enter text in the body of the email. You can also send and store an email from this worksheet. Closing the **Email** worksheet returns you to the claim.

You can use the worksheet to:

- “Select an email template” on page 251
- “Select email recipients” on page 252
- “Add attachments to an email” on page 252
- “Send an email” on page 252
- “Save an email” on page 253

See also

- “Access the email worksheet from a claim” on page 250

Select an email template

Before you begin

You must have the **Email** worksheet open to perform this task. See “Access the email worksheet from a claim” on page 250.

About this task

An email template provides a body and a subject field for your email. If you do not use a template, you can enter the subject and body directly into the **Send Email** screen.

Procedure

1. To use a template, click **Use Template** to open the **Find Email Templates** screen that searches for templates.
2. Search by **Topic** or for one or more **Keywords**, or both. You can also click **Search** without entering any values.

The email template specifies topics and keywords on which you can search. Each template has a **topic** attribute and a **keywords** attribute used by the template creator to specify one or more values. To search by topic or keyword, you must enter topics and keywords. There is no drop-down list from which to select.

3. Click **Search** to display the search results.
4. Click **Select** next to a template to choose it.
The **Email** screen opens with the subject and body specified by the template.

5. Cancel the template selection by clicking **Cancel** or **Return to Email**.
6. Conduct another search by clicking **Reset**.

See also

- “Access the email worksheet from a claim” on page 250
- *Gosu Rules Guide*

Select email recipients

Before you begin

You must have the **Email** worksheet open to perform this task. See “Access the email worksheet from a claim” on page 250.

About this task

Each email must have at least one recipient.

Procedure

1. Add email recipients as follows:
 - Click **Add** to add each primary recipient.
 - Click **Add CC Recipients** to add copy recipients.
 - Click **Add BCC Recipients** to add copy recipients who are hidden from the other recipients.
2. After clicking one of these buttons, click **Add** to add each recipient of this type.
3. Enter a name and email address or, if ClaimCenter is integrated with a contact management system, such as ContactManager, click **Search**  to search for recipients.

See also

- “Working with contacts in ClaimCenter and ContactManager” on page 610

Add attachments to an email

Before you begin

You must have the **Email** worksheet open to perform this task. See “Access the email worksheet from a claim” on page 250.

Procedure

1. Click **Add** in the **Attachments** section of the **Email** worksheet to open the document search screen.
2. Select any document already associated with the claim.

The document must be present either in ClaimCenter or in the document management system with which ClaimCenter is integrated. You cannot attach documents that are not already present.

After you select a document, it is added to the list in the **Attachments** section.

3. To remove a document from the list, select its check box and click **Remove**.

Send an email

Before you begin

You must have the **Email** worksheet open to perform this task. See “Access the email worksheet from a claim” on page 250.

About this task

Click the **Send Email** button in the **Email** worksheet to send the email and close the worksheet.

Save an email

Before you begin

You must have the **Email** worksheet open to perform this task. See “Access the email worksheet from a claim” on page 250.

About this task

If you select the **Save as a New Document** check box in the **Email** worksheet, the email becomes a document stored in the document management system.

Saving an email as a document mixes the email with other documents.

chapter 26

Incidents

ClaimCenter uses the **Incident** data entity to track important items related to a claim. In ClaimCenter, an **Incident** entity subtype captures specific information such as vehicles, property, and injuries involved in the claim. For example, the **LivingExpensesIncident** entity tracks living expenses related to a homeowners claim.

IMPORTANT: The insurance industry uses the term *incident* differently from Guidewire. Most commonly in the insurance industry, an incident is an event or accident or near-miss that might or might not develop into a claim. ClaimCenter supports this alternate concept as well with the incident-only claim. If you indicate that a claim is incident-only, ClaimCenter sets the **Claim.IncidentReport** to true.

ClaimCenter uses incident subtypes to ensure that you can capture a large amount of information, independent of selecting coverage and creating an exposure. For example:

1. A call center representative (CSR) does not have enough information to create an exposure on a claim or does not have permission to create an exposure. The CSR captures details about the claim in an incident report.
2. An adjuster decides at a later date to use those incidents as the basis for exposures, potentially resulting in payments against the claim.

Incident-only claims

In the base configuration, the **Loss Details** screen of the **New Claim** wizard provides an **Incident Only** selection option. Clicking this option sets a Boolean **IncidentReport** property on the **Claim** entity. Set this indicator to **true** if you expect that you will never have to make payments on a claim, for any reason.

IMPORTANT: The **Claim.IncidentReport** property has nothing to do with the **Incident** entity. Setting this property does not create an incident. Rather, it marks a claim to indicate that there is no intention of ever making payments against it. You create or add an incident through the **Incident** screens that you access through the **Loss Details** screen of the claim. You can also add an incident when you add an exposure to a claim.

Overview of incidents

Typically, you gather information about incidents during the intake process. This information is useful in determining the indemnities—the claim costs—needed to pay for the claim. The nature of this information varies according to line of business. For example:

- In an auto claim, the list of incidents can include vehicles.

- In a property claim, the list of incidents can include fixed properties such as buildings.
- In a workers' compensation claim, an incident typically includes an injury.
- In an homeowners claim, incidents can include living expenses incurred during the time that the claimant is unable to live in a house that was damaged by fire.

Incidents serve these primary purposes:

- **Capturing information about the loss without having to create exposures** – This purpose is useful for a CSR who does not have sufficient expertise to create exposures. An incident is also useful if the CSR is unsure of what exposures are necessary at the time the claim is created. For example, it might not be immediately obvious which coverage covers the loss.
- **Sharing information about a lost or damaged item across multiple exposures** – This purpose is useful if a single item suffers multiple losses covered by multiple exposures, such as an auto policy with separate vehicle damage and towing coverages.

You can use ClaimCenter incidents for the following purposes:

- To gather injury, vehicle, and property damage data that is independent of exposure creation.
- To view all injuries, vehicles, or properties associated with a claim from a single screen.
- To see the relationships between a contact and vehicles or properties.
- To view injury fields in each claim contact record and to store incident injury information.

Incident permissions

You do not need any special permissions to create or edit incidents.

- If you have the Edit Claim permission `claimedit`, you can create and edit incidents.
- If you have the View Claim permission `claimview`, you can link an incident to an exposure, but you cannot further edit the exposure.

Incidents, exposures, and claims

In working with incidents, claims, and exposures, it is important to understand the following:

- Incidents capture the information about what was lost, hurt, or damaged. They do not capture coverage, coding, financials, or other carrier involvement.
- Incidents and claims have a *many-to-one* relationship—a single claim can have multiple associated incidents.
- Incidents and exposures have a *one-to-many* relationship—a single incident can have multiple associated exposures.

It is possible to associate an incident with an exposure, but you do not have to do so. For example, you do not associate an incident with an exposure in the following circumstances:

- You do not know what coverage is to be applied. Or, it is possible that you do not have the authorization to choose a particular coverage.
- No claim or exposure will result from the incident. If an incident describes damage to abandoned property, there is no claimant in that case.

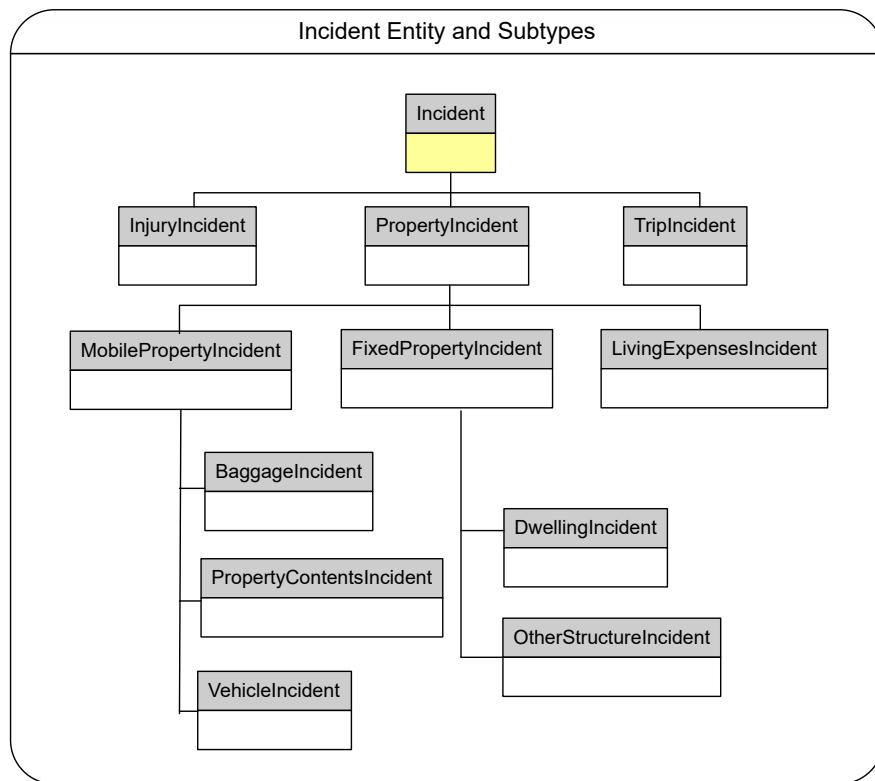
Initially, all incidents relate to a claim. At a later date, you can associate an incident with a specific exposure. You can also create an incident when you create an exposure if no incident currently exists. For example, in the Personal Auto line of business, if you create an exposure after creating the claim, you must identify an incident before you update the new exposure. At this point, you can also choose to edit the incident details before updating the exposure. ClaimCenter displays the **Vehicle Incident** screen so you can add more information.

Incident Data model

The Incident entity has a number of subtypes. Additionally, every exposure type maps to the Incident entity or to one of its subtypes.

Incident entity and its subtypes

The following diagram illustrates the relationships between the Incident entity and its subtypes in the ClaimCenter base configuration. For more information on the Incident entity and its subtypes, see the ClaimCenter *Data Dictionary*.



Mapping between exposures and incidents

Every exposure type maps to the Incident entity or to one of its subtypes. Every exposure has at least one underlying incident. As you create a new exposure, ClaimCenter also creates and initializes an incident. The link between ExposureType and Incident identifies the type of incident to create and initialize. The following table lists these relationships.

| ExposureType | Incident subtype | Description |
|---------------|--------------------------|--|
| Baggage | BaggageIncident | Loss, damage, or delay of baggage. Also includes the loss of travel documents, such as tickets and passports. |
| Bodily Injury | InjuryIncident | Generic for all lines of business, contains all injury-related data for workers' compensation (WC), auto, Personal PIP, and Medical Payments (MP). |
| Content | PropertyContentsIncident | Includes items such as electronics, jewelry, furniture, and similar items. |

| ExposureType | Incident subtype | Description |
|----------------------------|------------------------|---|
| Dwelling | DwellingIncident | Covers damage to a dwelling, such as a damaged roof or rooms in a building. Also includes property damaged by an earthquake. |
| Employer Liability | Incident | Used mainly for employer liability, both private and federal, associated with workers' compensation. Contains just description and loss estimate. |
| General | Incident | Generic for use with all lines of business, contains just description and loss estimate. |
| Living Expenses | LivingExpensesIncident | Captures food and lodging details. |
| Loss of Use | PropertyIncident | Used for all kinds of property damage, including third-party and rental car loss of use. |
| Med Pay | InjuryIncident | Generic, for use with all lines of business. |
| Medical Details | InjuryIncident | Generic, used mainly for workers' compensation injury exposures. |
| Other Structure | OtherStructureIncident | Covers another building on a property. |
| Personal Property | MobilePropertyIncident | Primarily for loss of the contents of a vehicle, such as theft or vehicle loss, or for moveable property such as a cellular phone. |
| PIP | InjuryIncident | Generic, primarily for personal injury protection, not commercial losses. |
| Property | FixedPropertyIncident | Loss unrelated to a vehicle, for example, a building and its contents, inland marine, and similar items. |
| Theft | VehicleIncident | Auto coverages related to vehicle theft. |
| Time Loss | InjuryIncident | Mainly for workers' compensation, contains just description and loss estimate. |
| Towing and Labor | VehicleIncident | Auto coverages, especially towing and labor. |
| Trip Cancellation or Delay | TripIncident | If you missed your destination due to trip cancellation or delay. |
| Vehicle | VehicleIncident | Covers auto coverages related to vehicle damage. |

Creating incidents

To create an incident, you can do any of the following:

- You can manually enter all information to create incidents in the **New Claim** wizard.
- You can manually enter the required information to create an incident as you create an exposure on a claim.
- You can indicate that one of the risk units on the policy, such as a vehicle on an auto policy, is involved in the claim. ClaimCenter then uses that risk unit as the basis for an involved incident.

Creating an incident by manually entering information

Typically, you identify an incident during the intake process through the **New Claim** wizard in the **Loss Details** screen. In many cases, ClaimCenter requires that you create an incident as you create an exposure on the claim.

Add an incident in the new claim wizard

Procedure

1. In ClaimCenter, create a new claim by using the **New Claim** wizard.

2. Access the **Loss Details** screen.
3. Select an incident type from those shown at the bottom of the screen.
For example, depending on the claim type, it is possible to see one or more of the following incident types:
 - **Add Vehicle**
 - **Add Property Damage**
 - **Add Pedestrian**
4. Click the appropriate incident type.
ClaimCenter opens a screen for that incident type.
5. Enter the details about the incident.
For example, if you elect to add a new vehicle incident, ClaimCenter opens the **Vehicle Details** screen. Use this screen to enter information about the vehicle type, year, make, and model, as well as information on the driver of the involved vehicle.

Add an incident to an existing claim

Procedure

1. Access the claim to which you want to add an incident.
2. Navigate to the **Loss Details** screen for that claim.
3. Click **Edit**.
4. Select an incident type from those shown at the right side of the screen.
For example, depending on the claim type, it is possible to see one or more of the following:
 - **Vehicles**
 - **Properties**
 - **Injuries**
5. Click **Add**.
ClaimCenter opens a screen in which you can enter the details about the incident.
6. Enter the details for the incident.
For example, if you elect to add a new vehicle incident, ClaimCenter opens the **New Vehicle Incident** screen. Use this screen to enter information about the vehicle type, year, make, and model, as well as information on the driver of the involved vehicle.

Create an incident on an exposure

Procedure

1. Open the claim to which you want to add an incident.
2. Click the **Actions** menu and choose one of the following from the **New Exposure** section:
 - **Choose by Coverage Type**
 - **Choose by Coverage**
3. Choose a specific coverage.
4. Enter the incident information as requested.
ClaimCenter requires that you associate incident information with each exposure as you create it. It is possible to update this information at a later time.

Creating an incident by using policy information

It is possible to use policy information from a policy administration system as the basis for potential incident descriptions. In the base configuration, you have the option of selecting information that can be the basis of an incident

if you are working with a verified policy. Selecting information in this way helps to minimize mistakes that might arise from entering the information manually.

For example, if you have already selected a verified policy, you can do the following in the **New Claim** wizard of a personal auto claim:

- You can select one or more vehicles to include on **Claim** as incidents from the list of vehicles in the **Basic Info** screen of the **New Claim** wizard.
- You can add information regarding other vehicles, pedestrians, or property damage in the **Loss Details** screen of the **New Claim** wizard.
- You can add driver and passenger information on the **Vehicle Details** screen.

chapter 27

Legal matters

Most claims are settled without conflict. Some, however, cannot be settled without mediation, arbitration, or lawsuits, all of which are called *matters* in ClaimCenter.

See also

- “Overview of legal matters” on page 261
- “Working with matters” on page 267
- “Organizing financial legal information” on page 269

Overview of legal matters

ClaimCenter provides tools that organize information for the following methods of conflict resolution:

- A formal legal process, involving hearings and lawsuits.
- Arbitration as a formal alternative to a legal process.
- Mediation, an informal alternative.
- Simple negotiations with no legal underpinning. ClaimCenter handles negotiations differently from legal matters.

In these cases, you determine the possible extent of your legal liability by evaluating your possible and maximum settlement costs. You can either track and manage your legal costs in the **Budget Lines** card or use the **Evaluations** screen.

The Matters feature enables you to:

- Create matters screens that support both informal mediation and formal legal process flows.
- Show information relevant just to new matters.
- Create screens for each matter in a claim, then manage multiple issues on each matter’s single screen.
- Organize information as separate matters of different types—General, Lawsuit, Arbitration, Hearing, and Mediation.
- Manage your legal costs with a **Budget Lines** card that tracks both budgeted and actual legal expenses.
- Show all matters on a legal calendar.
- Prevent deletion of a user who has an open matter.
- Use Access Control Lists to divide matters into different security classes and define security for each one.

Matters screen

If you have defined one or more matters for a claim, you can open the claim and click **Litigation** in the sidebar to see the **Matters** screen. This screen shows some information about each matter. In this screen, you can select one or more matters and then click:

- **Assign** – Assign a matter to another user.
- **Refresh** – Refresh the list of matters.
- **Close Matter** – When all work on a matter is complete, you can close it.
- **New Matter** – Start a new matter.
- **My Calendar** – See a calendar showing your scheduled work for the matter.

The information shown for each matter in the list view is:

- **Name** – The name of the matter. Click the name to open the details screen for the matter.
- **Case Number** – An identifying value assigned to the case. For example, the court might assign a case number for a litigation matter.
- **Final Settlement** – The total final cost of the settlement.
- **Trial Date** – The date the trial is scheduled, or the date it occurred.
- **Assigned To** – The user, such as a claims adjuster, that is tracking the matter for the claim.

See also

- “Working with matters” on page 267

Matter details screen

If you have defined one or more matters for a claim, you can open the claim to see the **Matters** details screen. Click **Litigation** in the sidebar, and then click the name of a listed matter.

The **Matter** details screen shows the following information:

- The name of the matter at the top.
- Sections that describe the details of the matter, such as **Matter**, **Litigation Details**, **Primary Counsel**, **Trial Details**, and **Trial Details**, **Arbitration Details**, **Hearing Details**, **Additional Details** and **Resolution**. These sections vary by matter type. Click **Edit** to change the information in these sections.
- A **My Calendar** button, which displays the **Matter Calendar**.
- A **Status Lines** list view where you enter matter status milestones, each of which has a **Start Date** and a **Completion Date**. Milestones include Matter Filed, Discovery Completed, Trial Begun, and other litigation status types listed in the **MatterStatus** typelist.
- A **Secondary Attorney** list view where you can add and delete contacts by using a contact picker. There is an **Attorney** contact subtype for this claim contact.
- A **Planned Activities** list view that shows all activities created by certain activity patterns, such as Arbitration Date, Hearing Date, and Legal Review.
- The **Latest Notes** relating to the matter. You see each note along with the name of the user who created it.

The following example shows a matter open for edit. This edit screen shows the elements of the General matter type.

Pol: 54-123456 Ins: Ray Newton DoL: 07/06/2024 Adj: Andy Applegate (Auto1 - TeamA)

Ray Newton matter Up to Litigation

Owner: Andy Applegate
Group: Auto1 - TeamA
Type: General
Plaintiff: <none>
Defendant: Ray Newton
Related to Subrogation?: Yes
Close Date:
Reason Reopened:

Litigation Details

Court Type: State
Court District: California
Legal Specialty: Motor vehicle liability
Primary Cause: Delay or insufficient claimant contact

Primary Counsel

Plaintiff Attorney: <none>
Plaintiff Law Firm: <none>
Defense Attorney: <none>

Arbitration Details

Room:
Judge: <none>

Hearing Details

Hearing Date: MM/DD/YYYY hh:mm aa
Hearing Venue: <none>
Hearing Room:
Hearing Judge: <none>

Additional Details

Docket Number:
Filing Date: 03/05/2023 10:00 AM
Filed By: <none>

See also

- “Matter type sections in the matters detail screen” on page 263
- “Activity calendars” on page 245

Matter type sections in the matters detail screen

The **Matters** detail screen displays different information that depends on the matter type selected. There are several types of matters specified in the **MatterType** typelist provided in the base configuration. Each matter type tracks different kinds of information.

The following table lists the types of matters that are in the base configuration. Each section that shows in the **Matters** detail screen for a matter type is indicated by a dot. You can modify the matter types to include other information needed by your business model, and you can add new types. The General type includes all the sections except mediation details.

| Matter Type | Matter | Litigation Details | Primary Counsel | Trial Details | Arbitration Details | Hearing Details | Mediation Details | Additional Details | Resolution |
|-------------|--------|--------------------|-----------------|---------------|---------------------|-----------------|-------------------|--------------------|------------|
| General | . | . | . | . | . | . | . | . | . |
| Lawsuit | . | . | . | . | | | . | . | . |
| Arbitration | . | | . | . | | | . | . | . |
| Hearing | . | | . | | . | . | . | . | . |
| Mediation | . | | | | | . | | | . |

The sections that can appear on the **Matters** screen are described in the following topics:

- “Matter section” on page 264
- “Litigation details section” on page 264
- “Primary counsel section” on page 265
- “Trial details section” on page 265
- “Arbitration details section” on page 265
- “Hearing details section” on page 266
- “Mediation details section” on page 266
- “Additional details section” on page 266
- “Resolution section” on page 267

Matter section

The **Matter** section on the ClaimCenter **Matters** screen contains the basic information needed by any matter type. All fields are optional except **Name**. The fields are as follows:

- **Name** – The name of the matter.
- **Case Number** – The assigned case number, if any.
- **Owner and Group** – Who the matter is assigned to and which claim group that user belongs to. These fields are set by ClaimCenter when you create the matter or when you reassign it.
- **Type** – Values in the base configuration can be <none>, **General**, **Lawsuit**, **Arbitration**, **Hearing**, or **Mediation**. Default is **General**.
- **Plaintiff and Defendant** – You can choose from a list, search for contacts, or enter new contacts manually. Use the picker  to search for or create a contact. Searching returns results only if a contact management system, like ContactManager, is integrated with ClaimCenter.
- **Related to Subrogation?** – Subrogation often involves legal action. This field helps classify the matter.
- **Close Date** – ClaimCenter enters this date for you when you close the matter, and it removes the date if you reopen the matter.
- **Reason Reopened** – After you reopen a closed matter, this field shows a description of why you did so.

See also

- “Subrogation” on page 289
- “ContactManager integration” on page 609

Litigation details section

The **Litigation Details** section on the ClaimCenter **Matters** screen contains information used by **General** and **Lawsuit** matter types:

- **Court Type** – In the base configuration, **Federal**, **State**, and **County** are the choices in the drop-down list, which come from the **MatterCourtType** typelist.
- **Court District** – In the base configuration, you can choose any state of the United States from the drop-down list. The choices come from the **MatterCourtDistrict** typelist.
- **Legal Specialty** – In the base configuration, values of the drop-down list can be **Personal injury**, **Motor vehicle liability**, **General liability**, and **Workers' compensation**, all from the **LegalSpeciality** typelist .
- **Primary Cause** – Primary cause of the legal suit, such as **Unreasonable Demand** or **Low settlement offer**. The choices in the drop-down list come from the **PrimaryCauseType** typelist.

Primary counsel section

The **Primary Counsel** section on the ClaimCenter **Matters** screen contains the following information used by all matter types except **Mediation**:

- **Plaintiff Attorney**
- **Plaintiff Law Firm**
- **Defense Attorney**
- **Defense Law Firm**

You enter these contacts either by selecting a contact from the list or by searching for or entering a new contact. Use the picker  by each entry to search for or create a contact. Searching returns results only if a contact management system, like ContactManager, is integrated with ClaimCenter.

Additionally, there are two entries related to defense attorneys:

- **Defense Appointed Date** – The date a defending attorney was appointed. You can enter a date by clicking the calendar .
- **Sent To Defense Date** – The date the matter was sent to the defending law firm or attorney. You can enter a date by clicking the calendar .

See also

- “ContactManager integration” on page 609

Trial details section

The **Trial Details** section on the ClaimCenter **Matters** screen contains the following information used by **General** and **Lawsuit** matter types:

- **Trial Date** – The date that the trial is scheduled or already took place. You can enter a date by clicking the calendar .
- **Trial Venue** – Pick an existing venue or add a new one by clicking the contact picker icon. There is a **Legal Venue** contact subtype. Use the picker  to search for or create a venue. Searching returns results only if a contact management system, like ContactManager, is integrated with ClaimCenter.
- **Room** – Enter text identifying the room where the trial is to take place.
- **Judge** – Pick an existing judge or add a new one. There is an **Adjudicator** contact subtype. Use the picker  to search for or create a contact. Searching returns results only if a contact management system, like ContactManager, is integrated with ClaimCenter.

See also

- “ContactManager integration” on page 609

Arbitration details section

The **Arbitration Details** section on the ClaimCenter **Matters** screen contains information used by **General** and **Arbitration** matter types. This information is analogous to that for **Trial Details**:

- **Hearing Date** – The date on which the arbitration hearing is scheduled or took place. You can enter a date by clicking the calendar .
- **Arbitration Venue** – Pick an existing venue or add a new one. There is a **Legal Venue** contact subtype. Use the picker  to search for or create a venue. Searching returns results only if a contact management system, like ContactManager, is integrated with ClaimCenter.
- **Room** – Enter text identifying the room where the arbitration is to take place.
- **Arbitrator** – Pick an existing arbitrator or add a new one. There is an **Adjudicator** contact subtype. Use the picker  to search for or create a contact. Searching returns results only if a contact management system, like ContactManager, is integrated with ClaimCenter.

See also

- “ContactManager integration” on page 609

Hearing details section

The **Hearing Details** section on the ClaimCenter **Matters** screen contains information needed by **General** and **Hearing** matter types. This information is analogous to that for **Trial Details**:

- **Hearing Date** – The date on which the hearing is scheduled or took place. You can enter a date by clicking the calendar .
- **Hearing Venue** – Pick an existing venue or add a new one. There is a **Legal Venue** contact subtype. Use the picker  to search for or create a venue. Searching returns results only if a contact management system, like ContactManager, is integrated with ClaimCenter.
- **Hearing Room** – Enter text identifying the room where the hearing is to take place.
- **Hearing Judge** – Pick an existing judge or add a new one. There is an **Adjudicator** contact subtype. Use the picker  to search for or create a contact. Searching returns results only if a contact management system, like ContactManager, is integrated with ClaimCenter.

See also

- “ContactManager integration” on page 609

Mediation details section

The **Mediation Details** section on the ClaimCenter **Matters** screen contains information needed by the **Mediation** matter type. This information is analogous to that for **Trial Details**.

- **Mediation Date** – The date on which the mediation meeting is scheduled or took place. You can enter a date by clicking the calendar .
- **Mediation Venue** – Pick an existing venue or add a new one. There is a **Legal Venue** contact subtype. Use the picker  to search for or create a venue. Searching returns results only if a contact management system, like ContactManager, is integrated with ClaimCenter.
- **Room** – Enter text identifying the room where the mediation is to take place.
- **Mediator** – Pick an existing mediator or add a new one. There is an **Adjudicator** contact subtype. Use the picker  to search for or create a contact. Searching returns results only if a contact management system, like ContactManager, is integrated with ClaimCenter.

See also

- “ContactManager integration” on page 609

Additional details section

The **Additional Details** section on the ClaimCenter **Matters** screen contains information that can be required by all matter types except **Mediation**. All fields are optional:

- **Docket Number** – Enter text in the field.
- **Filing Date** – The date that the matter was filed. You can enter a date by clicking the calendar .
- **Filed By** – Pick an existing contact or add a new one. Use the picker  to search for or create a contact. Searching returns results only if a contact management system, like ContactManager, is integrated with ClaimCenter.
- **Service Date** – The date that legal documents are scheduled to be served or were served on the recipient. You can enter a date by clicking the calendar .
- **Method Served** – The method used to serve legal documents on the recipient. Values available in the base configuration are **Certified Mail** or **Sheriff**, which come from the **MatterMethodServed** typelist.

- **Response Due, Response Filed** – Enter these dates by using the calendar icon. You can enter a date by clicking the calendar .
- **Ad Damnum?** – Click **Yes** if there are any actual or anticipated costs so far. Click **No** if you know that none will be coming.
- **Punitive Damages?** – Click **Yes** if punitive damages are being claimed. Click **No** if you know that none will be claimed.

See also

- “ContactManager integration” on page 609

Resolution section

The **Resolution** section on the ClaimCenter **Matters** screen, shown in all matter types, tracks:

- **Resolution** – The outcome of the matter, such as **Summary judgment**, **Verdict for the plaintiff**, or **Dismissed**. The values in this drop-down list come from the **ResolutionType** typelist.
- **Final Legal Cost, Final Settlement Cost** – You must enter these costs directly.
- **Final Settlement Date** – The date on which the settlement became final. You can enter a date by clicking the calendar .

Budget lines card

Legal costs can be considerable, and knowing what they are or could become, can be critical in deciding if and how to pursue legal action. ClaimCenter provides a **Budget Lines** card to estimate legal costs and track payments made on them. This card tracks all reserve lines that have the cost category of Legal.

ClaimCenter defines a number of line item categories and associates these categories with matter types. For example, there are **Deposition** and **File Review** line items for all matter types, but the **Hearing** line item is available only for General, Hearing, and Lawsuit matter types. See the **LineCategory** typelist for the complete list. After you create exposures, ensure that you use the cost category of Legal, so that these line item categories are available.

In the base configuration, the **Budget Lines** card is not visible.

See also

- For information on making this card visible and using it, see “Organizing financial legal information” on page 269.

Payments and matters

ClaimCenter not only enables you to estimate and track legal payments, but also creates checks for legal matters that include the matter type and the line category. Both check wizards require that you enter a line item category when making a payment on a reserve line with a legal cost category. The printed check also reflects this information.

Working with matters

You can use the matters screens of ClaimCenter both to track legal related financial costs and to organize people, venues, and dates.

Open a matter

About this task

You can open an existing matter for a claim.

Procedure

1. In ClaimCenter, open a claim and click **Litigation** in the Sidebar.

2. Click a matter name in the table to open it.
A list view opens that displays all matters pertaining to that claim.

Create a matter

About this task

You can create a matter for a claim.

Procedure

1. In ClaimCenter, open the claim.
2. Do one of the following:
 - Click **Actions > New > Matter**.
 - Click **Litigation** in the Sidebar to open the **Matters** screen, and then click **New Matter**.
3. To assign the matter, do one of the following:
 - a) For a new matter, as you create the matter, select a value from the **Owner** drop-down list.
You can choose automated assignment or you can choose an assignee directly.
 - b) For an existing matter, click **Assign** and assign the matter.

Close a matter

Procedure

1. In ClaimCenter, open a claim and click **Litigation** in the Sidebar.
2. Select a matter and then click **Close** to close it.
3. Choose a **Resolution** from that drop-down list, which gets its values from the **ResolutionType** typelist.
4. (Optional) Enter a note describing the reason for closing the matter.
5. Click **Close Matter**.

Reopen a matter

Procedure

1. Open a claim and click **Litigation** in the Sidebar.
2. Click the name of a closed matter to display its **Details** view.
3. Click the **Reopen** button.
4. Choose a reason from the **Reason** drop-down list.
This drop-down list obtains its values from the **MatterReopenedReason** typelist.
5. (Optional) Enter a note describing the reason for reopening the matter.

Results

Reopening a matter removes its **Close Date** from the **Matter** section and fills in the **Reason Reopened** item chosen from the **Reason** drop-down list.

Setting a matter type

You can select a matter type for a specific matter by clicking the **Type** field in the **Matter** section of the ClaimCenter **Matters** screen for that matter.

If the matter begins as a negotiation, and then becomes a lawsuit, and is finally settled by a binding arbitration, you can track these changes in several ways:

- Open and close in turn a Negotiation, then a Lawsuit, and finally an Arbitration matter type.
- Open a single **Matter** and edit its **Type** as the matter progresses.
- Open a **General** matter, which contains all panes in all matter types, and use it until there is a resolution.

See also

- “Open a matter” on page 267

Organizing financial legal information

You can edit the **Budget Lines** card to organize financial information for a matter. This card has a list view that shows the following for each line item category of reserve lines that has a legal cost type:

- The estimated cost for each line item of that reserve line
- The sum of all payments made on that reserve line
- The difference between the expenses and payments

Display the budget lines card

Before you begin

You must have the required administrative privileges, to set the `UtilizeMatterBudget` script parameter to display the **Budget Lines** card.

Procedure

1. In ClaimCenter, click the **Administration** tab and navigate to **Utilities > Script Parameters**.
2. Set the value of the `UtilizeMatterBudget` script parameter to `true`.
After setting this script parameter, each time you open a matter, you see a **Budget Lines** card.

Edit the budget lines card

About this task

In the **Matters** screen, the **Budget Lines** list view is initially empty. You can edit it and add information.

Note: It is not possible to edit the actual payments made. ClaimCenter adds the budget line information whenever you write a check that includes a payment with the line item category that matches the category of a line in this table.

Procedure

1. In ClaimCenter, open a claim and click **Litigation** in the Sidebar.
2. Click a matter name in the table to open its **Details** view.
3. Click the **Budget Lines** card.
4. Click **Add**, and then choose a **Type** to add a line with the line item category you have chosen.

Budget line types include Court Costs, Deposition, Hearing, and other values that are typecodes in the `LineCategory` typelist and have the `legal` cost category and the `mattertype` category list.

5. Enter **Estimated Expenses** on the line you add, or change **Estimated Expenses** on the other lines while in edit mode.
An estimated expense is independent of the reserve amount of that reserve line.

See also

- “Budget lines card” on page 267

Making payments connected to a matter

After you write a check, both check wizards detect payments made on reserve lines with the **legal** cost category. You must enter the category, the line item.

You enter the line item category on screen two of the **Check** wizard and on screen one of the **Quick Check** wizard.

ClaimCenter updates the **Total Payments** column of the **Budget Lines** list view when the check status becomes submitting or notifying.

chapter 28

Notes

One of an adjuster's tasks is adding notes that track the progress of a claim and associate detailed information with the claim. Notes enable you to keep a detailed record of all of the information, actions, and considerations related to the processing of each claim. Notes cannot exist independently, but are always associated with a specific claim or one of the claim's parts.

You can use the Notes feature to:

- Create a note in most claim related screens, including all claim, exposure, financial, and matter screens, as well as all **New Claim** wizard screens.
- Create general notes without a note template.
- Create notes with a note template for specific note types.
- Attach a note to a single claim or to one of its exposures, activities, matters, or claim contacts.
- Make a note confidential.
- Add additional security with ACLs.
- Edit and delete notes, if you have the proper permission.
- Search for notes with a wide variety of filters.
- Link external documents to a note.
- Create a note with rules or in workflows.
- Create new note templates.

Differences between notes and documents

Notes and documents have distinct functions in ClaimCenter, and the application handles them differently. The following table highlights the main differences.

| Characteristics of Notes | Characteristics of Documents |
|--|---|
| Written in plain text. | Can have many different MIME types, such as PDF, Word, or Excel. |
| Created by a user or through Gosu. | Created by a user, or through Gosu, or in an external document management system. |
| Stored only in the ClaimCenter database. | Stored either in the ClaimCenter database or in a document management system. |
| Related to one claim or claim entity. | Can be related to one claim, linked to many others, and attached to notes. |

See also

- “Document management” on page 615

Working with notes

The primary screens and worksheets related to notes are:

- **Notes** – This screen has a search area in its upper part with fields that enable you to search by text, author, topic, and date range. The main screen shows the results of the last search in its lower section.
You can also search by related exposure, activity, matter, or claim contact.
To reach this main **Notes** screen, you can click **Notes** in the sidebar if you have either a claim or the **New Claim** wizard open.
- **New Note** – This worksheet is where you create notes. You can optionally use a template. You can also search for note templates. To access this worksheet, click **Actions > New > Note**.
- **Activity Detail** – This worksheet is where you create notes that are related to an activity. For example, you can navigate to **Desktop tab Activities**. If you then click the **Subject** of an activity assigned to you, **Activity Detail** worksheet of that activity opens below the list of activities. The worksheet has a **New Note** section.
- **Summary** – This screen, opened by clicking **Summary** in the sidebar, has a **Latest Notes** section that displays notes related to the claim.
- **Matters Details** – This screen, opened by clicking **Litigation** in the sidebar and then clicking a matter **Name** field, has a **Latest Notes** section that displays notes related to the matter.

Searching for notes

To search for notes, open a claim and click **Notes** in the sidebar to open the **Notes** screen. Use the search section at the top of the **Notes** screen to search for notes.

The only required field is **Related To**, which in the base configuration defaults to Claim.

You can use the following filters and search fields:

- **Find Text** – Search for a word or text string in the subject or body of the note.
- **Author** – The user who wrote the note. ClaimCenter attaches the name of the user to a note when it is created. You cannot change the author of a note.
- **Related To** – A note created in an exposure, activity, or matter is related to that entity. This required filter finds notes related to the claim or to a specific exposure, activity, matter, or claim contact. A note can be related to just one entity.
- **Topic** – A typecode that classifies the note, which you choose from a drop-down list. This list is populated from the **NoteTopicType** typelist.

This typelist has typecodes with names like First notice of loss, Coverage, and Medical issues, Litigation, Denial, and General.

- **Date Range** – Search for a preselected time period, such as Today or Last 7 Days, or enter a range of dates.
- **Sort By** – Sort the results by author, date, exposure, subject, or topic in either ascending or descending order. These values are typecodes from the **SortByRange** typelist. In the base configuration, the default sort is by date in descending order.

In the base configuration, you cannot search for the Note fields **SecurityType** or **Confidential**.

Viewing notes

Use the **Notes** screen to see the most recent notes, and use the upper search section of the screen to find notes. If the note appears in a list, click it to see it.

The most recent notes related to an exposure, a matter, or an activity are also visible on the claim **Summary**, **Matter**, and **Activity** screens.

To view the details of a note, click **Edit**. All the note's attributes display in the **Edit Note** screen.

You can configure the **Notes** screen to show more than the default information available in the base configuration.

See also

- “Configuring notes and note templates” on page 275

Viewing notes related to an activity or matter

A note created in an **Activity** worksheet or in the **Notes** editor for an existing matter is linked to that activity or matter.

You can view these notes as follows:

- Clicking **View Notes** on the **Activity Detail** screen opens a search screen similar to the **Search** pane on the **Notes** screen that can find notes linked to that activity.
- If you click **Litigation** and open the detail view of a **Matter**, you can see notes for that matter in the **Related Notes** section.

Edit a note

Before you begin

If you have the **noteedit** and **noteeditbody** permissions, you can click **Edit** for each note.

Procedure

1. Click **Edit** to start editing.
2. Click **Update** to save.

Delete a note

Before you begin

If you have the **notedelete** permission, you can click **Delete** for each note.

About this task

Note: The note is deleted immediately, so be sure you want to delete it before clicking **Delete**.

Click **Delete** to delete a note.

How to print a note

To print a note, you must have permission to view it.

You can print a note from the **Notes** screen's list of notes.

Click **Print** for any note you see in the list.

The note is converted to a PDF file. You can view the PDF file in Acrobat Reader and print from that application, or you can save the file.

Create a note

Procedure

1. In ClaimCenter, choose **Actions > New...Note** to open a **Note** worksheet.

2. Choose values for the required attribute fields—**Topic**, **Related To**, and **Confidential**—and optionally fill in the **Subject** and **Security Type** attributes. The **Security Type** field specifies the access control list (ACL) for the note.
3. Enter the note text. Notes must always contain some text.
4. Click **Update** after you are finished with your note.

Create a note from a note template

About this task

You can use a template to create a note.

Procedure

1. In ClaimCenter, choose **Actions > New > Note**.
2. In the **Note** worksheet, click **Use Template**.
3. In the **Find Note Template** screen, optionally select template attributes to limit the search, and then click **Search**.
The search returns a list of templates matching your search criteria, or all templates if you enter no criteria.
4. Click **Select** to choose the template to use for creating the note.
After you select a template, the template's attributes and text populate the **Note** worksheet.
5. Change any information added by the template and edit other fields and body text as needed.
6. Click **Update** when you are finished.

Creating a note in an activity

To create a note associated with an activity, use the **New Note** section in the **Activity Details** worksheet.

See also

- “Viewing activities” on page 239

Linking documents to notes

You can link documents to a note only when you create the note. In the **Note** worksheet, click **Link Document** to embed a link to a document at the cursor position in the **Text** field of the note. A document link is formatted with the ID of the document, such as `$ccDocLink(1)`. The link is text, and while you are still creating the note in edit mode, you can move it wherever you want in the body of the note. After you save the note, you can no longer edit the body of the note, the **Text** field.

When you view a saved note, this link is rendered as a readable link, the name of the file. Clicking the link downloads the document's content to your web browser.

You can link only to documents that already exist in your document management system. A document that indicates existence of a hard-copy document has no content on the system, and therefore the link text created for it is not an active link.

See also

- “View documents for a note” on page 621
- “Link a document to a note” on page 628

Note security

ClaimCenter provides a set of system permissions to provide security for all notes, listed in “Permissions related to notes” on page 275. Use these permissions to define different security types for notes and assign permissions to users that relate to these ACLs.

Select the ACL to which you want the note to belong by specifying its **Security Type** when you create the note.

See also

- “Access control for exposures” on page 503

Permissions related to notes

The following system permissions provide security for notes.

| Permission | Code | Description |
|-------------------------------|----------------|---|
| Create notes | notecreate | Permission to add notes. |
| Create notes on closed claims | notecreateclsd | Permission to add notes on closed claims. |
| Delete medical note | delmednote | Permission to delete a medical note. |
| Delete notes | notedelete | Permission to remove notes. |
| Delete private note | delprivnote | Permission to delete a private note. |
| Delete sensitive note | delsensnote | Permission to delete a sensitive note. |
| Edit medical note | editmednote | Permission to edit a medical note. |
| Edit note | noteedit | Permission to edit any part of a note. |
| Edit note body | noteeditbody | Permission to edit the body of notes. |
| Edit internal notes | editintnote | Permission to edit an internal note. |
| Edit private note | editprivnote | Permission to edit a private note. |
| Edit sensitive note | editsensnote | Permission to edit a sensitive note. |
| View claim Notes page | viewclaimnotes | Permission to view the Notes page of a claim or matter. |
| View confidential notes | noteviewconf | Permission to view confidential notes. |
| View medical note | viewmednote | Permission to view medical notes. |
| View notes | noteview | Permission to view notes. |
| View private note | viewprivnote | Permission to view private notes. |
| View sensitive note | viewsensnote | Permission to view sensitive notes. |

Confidential notes

After you create a note, you can mark it confidential. A confidential note that you create is visible only to:

- You, the creator of the note.
- The chain of supervisors in the claim’s assigned group.
- Anyone with `noteviewconf` permission, which enables viewing of confidential notes.

All users have the permission to set the **Confidential** field of notes they write. You can find, edit, and delete confidential notes that you write. However, the `noteviewconf` permission is required to view and edit a confidential note that you did not write, unless you are in that claim’s assigned group’s supervisory hierarchy. ACLs are independent of this field.

Configuring notes and note templates

The Notes feature requires little configuration.

The file `config.xml` supports the following configuration parameters:

- `MaxNoteSearchResults` – The maximum number of note search results to display before showing a warning in the user interface. The default in the base configuration is 25. If the limit is exceeded, the user sees a warning and no search results.

- `CreateNoteWithArchiveUpgradeIssues` – Indicates if a note will be created for a restored claim that required upgrading, but the upgrade encountered problems. The default value of this parameter is `true`.

If a claim was archived in a previous release of ClaimCenter and then ClaimCenter was upgraded and the claim is restored, the claim must be upgraded during the restore. If there were problems with the upgrade that did not prevent the restore from succeeding, they are recorded in a note that is attached to the restored claim. Setting this parameter to `false` prevents the note from being created.

You cannot add and delete search filters in the `search-config.xml` file, as you can for other types of searches.

Note plugin interfaces

There are two plugin interfaces associated with notes. They do not affect the primary use of notes, which are stored in the database and do not require an external system, such as a document management system. They are related to note templates, which can be a customized method of creating notes. The plugin interfaces are:

- `INoteTemplateSource` – Retrieves note templates—`INoteTemplateDescriptor` objects—that are used to help create notes. The default implementation is `gw.plugin.note.impl.LocalNoteTemplateSource`. This Gosu class retrieves templates from the server file system, but can also be customized to get them from a document management system.
- `INoteTemplateSerializer` – Customizes reading and writing of `INoteTemplateDescriptor` objects.

Note fields

Notes and note templates have a set of fields, also called properties. ClaimCenter uses these fields to attach the notes to various claim entities and to search for notes and note templates.

The following table describes the fields of a Note that are visible in ClaimCenter screens.

| Attribute Name | Definition of Attribute | How Set | Search for Note? | Editable? |
|----------------|--|------------------------------------|--------------------|-----------|
| Author | Logged-in user who wrote the note | By ClaimCenter | yes | no |
| Body | Contents, the text of the note | By author in editor | yes - any string | yes |
| AuthoringDate | Date the note was originally written | By ClaimCenter | yes - and by range | no |
| NoteRelatedTo | Must exist and be unique | By author in editor | yes | yes |
| Confidential | Boolean value in note | By author in editor | no | yes |
| SecurityType | Value from the NoteSecurityType typelist | By author in editor | no | yes |
| Topic | Value from the NoteTopicType typelist | By author in editor or by template | yes | yes |
| Subject | Defined in the template and given to its notes | By author in editor or by template | no | yes |

The author, body, date, related to, confidential, and security type are fields unique to notes and are not a part of note templates.

The following fields are used in note templates. The first two are applied by the note template to a note created from it.

| Field Name | Definition of Field | Search for Template? | Search for Note? | Editable in Note? |
|------------|---|----------------------|------------------|-------------------|
| Subject | The subject of the template and of notes created from it. | no | no | yes |
| Topic | The topic of the template and of notes created from it. A typecode of the NoteTopicType typelist. | yes | yes | yes |

| Field Name | Definition of Field | Search for Template? | Search for Note? | Editable in Note? |
|------------|--|----------------------|------------------|-------------------|
| Type | A typecode of the NoteType typelist, such as diagram, action plan, or status report. You can add others. | yes | no | no |

Creating a note template

A note template is a pair of Gosu files, a .gosu file and a .gosu.descriptor file. To access the files, open Guidewire Studio and navigate in the **Project** window to **configuration > config > resources > notetemplates**.

The easiest way to create a new template is to modify copies of two existing files for one of these templates. Then save the two files with new, matching names in the same location as the other note template files.

Note template files

A note template consists of two separate files:

- A descriptor file with a name ending in .gosu.descriptor. The file contains metadata about the template.
For example, ActionPlan.gosu.descriptor.
- A template file with a name ending in .gosu. This file contains the text for the body of the note.
For example, ActionPlan.gosu.

In the base configuration, a note descriptor file has the following fields.

| Field | Description |
|----------|--|
| name | A String value that is a unique, readable name for the template. Can be used in template search. |
| type | A String value that is the type of the note, a string that matches a typecode from the NoteType typelist. Can be used in template search. Base configuration values include <code>actionplan</code> , <code>diagram</code> , <code>interviewreport</code> , <code>reviewactivity</code> , and <code>statusreport</code> . |
| lob | The loss type that the note is associated with, a String value that matches a typecode from the LossType typelist. For example, <code>AUTO</code> , <code>GL</code> , <code>PR</code> , <code>TRAV</code> , or <code>WC</code> . Can be used in template search. |
| keywords | A String value, a comma-separated list of keywords that can be used to search for the template. |
| topic | The topic of the note, a String value that matches a typecode from the NoteTopicType typelist. For example, <code>general</code> , <code>fnol</code> , <code>medical</code> , <code>salvage</code> , or <code>settlement</code> . Can be used in template search. |
| subject | The subject of the notes created with this template, a String value. |
| body | A String value that is the name of the Gosu file containing the body of the note. Be sure to include the .gosu extension. |

See also

- An external system can retrieve and validate note templates. For information, see “Document management” on page 615
- *Integration Guide*

Note template example

The sample file ActionPlan.gosu.descriptor defines an Action Plan descriptor file.

```
<?xml version="1.0" encoding="UTF-8"?>
<serialization>
```

```
<notetemplate-descriptor  
    name="Action Plan"  
    type="actionplan"  
    lob="gl"  
    keywords="claim"  
    topic="evaluation"  
    subject="Case Action Plan"  
    body="ActionPlan.gosu"  
/>  
</serialization>
```

The ActionPlan.gosu.descriptor file pairs with the template file ActionPlan.gosu, which contains:

```
Claim Number: <%= claim.ClaimNumber %>  
  
Case Strategy:  
Brief statement (a few words or a sentence at most) about the direction  
of the case at this particular time.  
Examples might be "Investigate", "Settle", "Deny" or "Defend"  
  
Current Status/Liability Assessment:  
Brief statement on where the case stands. What's been established so far.  
Example might be "Liability probable, damages unknown" or  
"Liability questionable, soft tissue injuries alleged".  
This is not a recap of the entire file.  
  
Target Investigation ACES:  
What area of the claim do we need to focus on to bring it to conclusion?  
Examples might be "Obtain damages" or "Investigate liability, obtain damages".  
This section is intended to be a brief statement on the direction or  
target of the planned future claim activity.  
  
Action Items:  
This is a list of specific items or tasks that need to be completed  
in order to address the "Target Investigation ACES" above.  
This is a "to do" list which gets us to the targeted issues.  
Each item should have its own due date based on reasonable time needed  
to complete that task.  
Due dates should be proactive, but realistic.  
Avoid batching items such as "Complete liability investigation".  
Instead show the actual items you need to complete and when they are to be completed.  
  
Is LCE/ECE adequate?  
  
Should reserves be updated in view of any newly developed information?
```

Holidays and business weeks

Holidays, weekends, and business weeks define the ClaimCenter business calendar. Holidays can vary according to zone, such as country. For example, some countries might have an accepted practice of working half the day on Saturdays. For example, you can define a zone to be a state or ZIP code in the United States. Business weeks and business hours can vary by zone. A large international company might need to track differing business days and holidays of multiple locations to ensure that work is handled in a timely manner. The ClaimCenter business calendar calculates these dates and ensures the correct usage of holidays, weekends, and business weeks.

Some examples:

- Activities usually reach their due dates and escalation dates after a defined number of business days. The activity patterns calculate the number of business days by using the holidays of the area in which the activity is performed.
- A regulatory agency specifies the maximum number of business days to perform an activity. The corresponding activity can use the holiday schedule of that agency's area to calculate the due date.
- Auto-assignment of an activity by location can determine who is assigned the activity. It can also consider how much time can be allocated for the activity based on the business calendar, or holiday schedule, of the claim's region.
- Recurring checks use business days to schedule checks. Checks need to arrive on time, and the mail is affected by the holiday schedules of all countries the mail passes through. Determining how long it normally takes for international mail to arrive must take into account the mail holidays of all these countries.

Specifying holiday dates

In the base configuration, ClaimCenter determines weekends and work days by using configuration parameters in the `config.xml` file. However, you specify holidays through the user interface. Using the user interface gives you more flexibility in defining holidays, and you can make changes without having to restart the server.

To specify the holidays observed by your business, on the ClaimCenter **Administration** tab, navigate to the **Business Settings > Holidays** screen. ClaimCenter stores all holidays you define in this screen in the database. All holidays are editable. With administrator privileges, you specify:

- **Name** – There is no limit on the holidays or on the names you give them. Each holiday is one day, so you must enter all the actual days if a holiday results in multiple days off. For example, you must specify two holidays for Thanksgiving in the United States if the company gives employees Thursday and Friday off.
- **Date** – The dates of some holidays vary each year, so this screen enables annual updates.
- **Applies to All Zones** – Determines who observes the holiday. You can further select the type of zone, such as state, county, or city in the United States if the holiday does not apply to all zones.

- **Types** – Provides one way to categorize holidays. You can also define other types. Default values in the base configuration, defined in the **HolidayTagCode** typelist, include **General**, **Federal Holidays**, and **Company Holidays**.

Holiday types

You can give holidays different classifications, or categories, which their **Type** field captures. For example, after deciding when to mail a letter, a rule can consider excluding only holidays when mail is not delivered. The **Federal Holidays** type, which refers to federal holidays, describes this subset. If you are sending mail to another country, you can have another type to describe days when mail is not delivered in that country as well. You can write Gosu code that checks a mailing address. If going to another country, the code could consider both types of holidays to determine the correct number of business days to allow for mail delivery.

As another example, if your company grants a holiday to all employees on the birthday of the company founder, you can create a **Birthday** holiday type. This rule avoids scheduling due dates on that date.

Holiday zones

You can configure zones to apply to any area. For example, in the United States, you can define zone type by jurisdiction, city, county, and ZIP code. To correctly add Martin Luther King Jr. Day as a holiday, you must include every state where it is observed.

ClaimCenter provides zone data for the United States and Canada in the base configuration. You can configure ClaimCenter to have other zones.

Working with holidays and zones

This topic describes how to work with holidays in the user interface.

Holiday permissions

The following system permissions control whether you can view the **Holidays** screen and edit the holidays.

- **holidayview**
- **holidaymanage**

To determine which roles have this permission, refer to the *Security Dictionary*.

Add a holiday

Before you begin

To add a holiday, the ClaimCenter user must be logged in with administrator privileges.

Procedure

1. From the **Administration** tab, select **Business Settings > Holidays** to open the **Holidays** screen with its list of holidays.
2. Click **Add Holiday** to create a new holiday.
3. Enter the holiday name, date, and type.
4. If you choose **No** for **Applies to All Zones**, you can further refine your choices of the zones that apply by specifying **Zone Type** and **Zones**.
5. Click **Update**.

Edit a holiday

Procedure

1. From the **Administration** tab, select **Business Settings > Holidays** to view the **Holidays** screen and the list of holidays.
2. Select the holiday to edit by clicking its link in the **Holiday** column. The holiday's field values are shown.
3. Click **Edit**.
4. Edit the field values.

You can assign both **Type** and **Zone** to any choices that already exist, but you cannot create new choices for **Type** or **Zone** in this screen.

5. Click **Update**.

What to do next

You might need to change the **Date** of some holidays annually.

Delete a holiday

Procedure

1. From the **Administration** tab, select **Business Settings > Holidays** to view the **Holidays** screen and the list of holidays.
2. Select the holiday to delete.
3. Click **Delete**.

What to do next

See also

- “Managing holidays” on page 529 for more information about adding, editing, and deleting regional holidays.

Create a new zone or type

Procedure

1. In Guidewire Studio, navigate to the typelist that you want to modify.
2. Edit the typelist fields.
 - **Zone Type** – Defined by the **ZoneType** typelist, includes the typecodes **city**, **county**, **state**, **province**, **postalcode**, and **fsa**. You can add other types to this typelist.
 - **State** – Defines the states of the United States, Australia, and Germany, provinces of Canada, and prefectures of Japan that are in the **State** typelist.
 - **Type** – Defined by the **HolidayTagCode** typelist. You can add other types to this typelist.

The **HolidayTagCode** typelist includes the typecodes **General**, **FederalHolidays**, and **CompanyHolidays**.

Using Gosu methods to work with holidays

You can write Gosu code to set business days differently for various tasks.

For example:

- A regulatory requirement mandates that a task be completed within a defined number of business days. Your code can take into account the holiday schedule of an agency in a certain jurisdiction.

- After auto-assigning a task to be completed in a certain number of business days, Gosu code can take into account the holiday schedule of the assignee.
- Gosu code can check General holiday types in all zones through which the mail passes to determine the correct number of days to allow for mail to be delivered. Use this code for determining when to send time-sensitive mail.

Use Gosu methods that use holiday **Type** and **Zone** to determine the correct number of business days.

Gosu holiday methods that use zones and types

The methods `getConfiguredHolidays`, `addBusinessDays`, and `businessDaysBetween` on the `Date` entity get lists of holidays, add business days to dates, or compute business days between dates. Depending on the parameters, these methods can take into consideration holiday types or zones. You can find these methods in `gw.util.GWBaseDateEnhancement`, and you call them by using a `Date` object.

See also

- “Gosu methods for business hours” on page 284

Business weeks and business hours

ClaimCenter can accommodate your business schedule by specifying your exact work week and hours. For example, the normal business hours of an insurer begin on Monday and end on Saturday. For this insurer, you configure ClaimCenter to have the hours from Monday to Friday begin at 8 a.m and end at 7 p.m. For Saturday, you configure the business hours to begin at 10 a.m and end at 2 p.m.

The `config.xml` file contains business calendar parameters. ClaimCenter applies these parameters system-wide. These parameters are the default values.

The business calendar parameters enable you to specify:

- For each day of the week, whether it is a business day. For example, to make Monday a business day, set `IsMondayBusinessDay` to `true`.
- The time that each business day starts and ends. Set `BusinessDayStart` and `BusinessDayEnd`.
- The day that is the end of the business week. Set `BusinessWeekEnd`.
- The time that marks the start of a new business day. Set `BusinessDayDemarcation`.

You can configure business weeks at a more granular level and in one place. Click the **Administration** tab and navigate to **Business Settings > Business Week**. The values you set in this screen override the configuration parameters in `config.xml`.

A result of setting the business week on the **Business Week** screen is that you can define business weeks based on zones. For example, your main claim office is based in California and is open Monday through Friday 8:00 a.m. to 5:00 p.m. However, the customer service center in Arizona is open until 9:00 p.m. on weeknights and on Saturdays from 8:00 a.m. to 3:00 p.m. You can define by zone how business weeks and hours are defined.

See also

- “Work with business weeks” on page 283
- *Configuration Guide*

Business week implementation

`BusinessWeek.eti` defines the table schema for the `BusinessWeek` entity. This entity stores data identifying the days of the week that are business days and what the business days' business hours are. You can also specify the zones to which a business week applies or specify that it applies to all zones. You accomplish these tasks in the **Business Weeks** screen. Open this screen on the **Administration** tab by navigating to **Business Settings > Business Week**.

There are `config.xml` parameters that ClaimCenter uses when no `BusinessWeek` entity exists in the database. If at least one `BusinessWeek` is active in the database, ClaimCenter uses the `BusinessWeek` that best matches the relevant zone. The relevant zone can be explicitly passed in as a parameter or inferred from a passed-in address.

For example, the `BusinessWeek` entity has the following behavior.

- If at least one `BusinessWeek` is active in the database, ClaimCenter uses the `BusinessWeek` that best matches the relevant zone. You can explicitly pass in the relevant zone as a parameter, or ClaimCenter can infer it from a passed-in address.
- If only one `BusinessWeek` is in the database and its `AppliesToAllZones` field is `true`, all business calendar calculations use this defined business week. The `config.xml` parameters are ignored.
- If the database contains a business week that is linked to the zone Arizona and a business calendar calculation specifies the same zone, then this Business Week is used.
- If the database contains two Business Weeks, matching is first attempted on zones of deeper granularity of `ZoneType`. For example, the first Business Week has the `California` zone and the second has the `San Francisco` zone. Additionally, a business calendar calculation specifies an `Address` with `State="California"` and `City="San Francisco"`. In this case, the San Francisco `BusinessWeek` is used. In this example, `City` is a more granular `ZoneType` than `State`.

If a `BusinessWeek` entity does not exist in the database, ClaimCenter uses the business week parameters defined in `config.xml`.

See also

- “Work with business weeks” on page 283

Business day demarcation

The `BusinessDayDemarcation` field on `BusinessWeek` is a time value, such as 5:00 p.m., that is helpful when a time falls between the business hours of two days.

For example, your business days start at 8:00 a.m. and end at 5:00 p.m., and a claim is called in at 6:00 p.m. ClaimCenter uses `BusinessDayDemarcation` to determine whether that claim is considered part of the previous business day or the following business day.

`BusinessDayDemarcation` cannot be set to a time that is within your defined business hours.

See also

- “Work with business weeks” on page 283

Work with business weeks

Procedure

1. From the **Administration** tab, select **Business Settings > Business Week**.
2. Click **Add Business Week**. The **New Business Week** screen opens.
3. Enter a business week name and indicate if it applies to all zones.
4. If you select **No**, you must define the zones to which this business week applies.
5. Define the day that ends your business week and the business day demarcation.
6. Define for each day of the week if it is a business day and, if so, the hours in that day.
7. Click **Update** to save your work.

Business hours

Business hours are defined in the `BusinessDayStart` and `BusinessDayEnd` configuration parameters. These times are based on the server clock. ClaimCenter provides Gosu methods that calculate elapsed hours by using these defined business hours. However, these defined hours do not deal with holidays accurately.

Specifying holidays affects only dates, not hours. However, you can write Gosu code for a task usually accomplished in hours rather than in days by using Gosu business hour methods. These methods take holidays into consideration after calculating business hours. They are completely separate from business day methods.

For example, an insurer promises to respond to all inquiries and claims within two hours after receiving an inquiry. You call the insurer on Friday at 4:30 p.m., and Monday is a holiday. The insurer must respond by Tuesday, one and a half hours after the business day starts.

Gosu methods for business hours

The methods `addBusinessHours` and `businessHoursBetween` on the `Date` entity add business hours to dates or compute business hours between specific dates. Depending on the parameters, these methods can take into consideration holiday types or zones. The methods also use the settings for business hours, days, and weeks in the `config.xml` file.

The methods are defined in `gw.util.GWBaseDateEnhancement`, and you call them by using a `Date` object.

While certain methods might appear to be similar, they can have different results.

- The method `addBusinessDays` works differently from `addBusinessHours`. For example, in the base configuration, a business day runs from 8:00 a.m. to 5:00 p.m. Adding one business day to Sunday 12:00 a.m. results in Monday 12:00 a.m. However, adding nine business hours to Sunday 12:00 a.m. results in Tuesday 8:00 a.m. In the base configuration, for calculation purposes, a business day includes the times 8:00 a.m. through 4:59 p.m. Therefore, adding 9 hours to a weekend day goes past the next business day, Monday, to 8:00 a.m. the following day, Tuesday.
- The method `businessDaysBetween` works differently from `businessHoursBetween`. If the business day is between 8:00 a.m. and 5:00 p.m., calling `businessDaysBetween` for Sunday 12:00 a.m. and Monday 12:00 a.m. returns a value of 1. Calling `businessHoursBetween` for Sunday 12:00 a.m. and Monday 12:00 a.m. returns 0.

Business week permissions

The following system permissions control whether you can view and edit the **Business Week** screen.

- `buswkview`
- `buswkmanage`

Vacation status

If you are unable to work on claims because you are not in the office, ClaimCenter can redistribute your work load through the vacation status feature. You can change your vacation status and designate a backup user in your absence.

ClaimCenter assigns work to users, such as work on claims, exposures, or activities, either through assignment rules, such as by round-robin, or by manual assignment. Vacations and other time off must be taken into account in assigning and reassigning work.

Vacation status can affect both current and new work assignments. These status values are available in the **Vacation Status** worksheet, as described in “Set your vacation status” on page 285. They are defined in the **VacationStatusType** typelist, which in the base configuration provides typecodes supporting the following statuses:

- **At work** – You receive new assignments. This setting is the default value.
- **On vacation** – You continue to receive new work, but current work assignments go to your designated backup. Your backup must check the **Vacation** tab to see these assignments.
- **On vacation (inactive)** – This status is identical to **On Vacation** with one exception: You are not assigned new work by an assignment rule that considers multiple assignees. For example, the `assignToCreator` method assigns work, but the `assignUserByRoundRobin` method does not.

These rules apply to claims, exposures, and activities of the person who is on vacation.

If you have administrative permissions, you can change vacation status and backup users through the **Administration** tab.

Additionally, a user who has the group’s View load factor permission can see load factors, vacation statuses, and backup users for all team members in the **Load and Vacation** screen. On the **Desktop** tab, navigate to **Actions > Load and Vacation**. A user who has the load factor permission Admin for the group can also edit this screen and change load factor, vacation status, and backup user for any team member. For information on setting these two permissions, see the discussion of the **Load and Vacation** screen at “Overview of team management” on page 447.

For information on load factors, see “Load factors” on page 483.

Set your vacation status

About this task

Use the following steps to change your status.

Procedure

1. Log in to ClaimCenter.
2. On the **Desktop** tab, navigate to **Actions > Vacation Status**.
3. On the **Vacation Status** worksheet, select the status **At work**, **On vacation**, or **On vacation (Inactive)** from the **Vacation Status** drop-down list.
4. To select a backup user to do your work while you are on vacation, use the **Backup User** drop-down list or select a user by using the picker  drop-down menu. If possible, choose a user with the same permissions, from the same security zone, and with the same authority limits as you.
The **Backup User** drop-down list shows users in your group.
The picker enables you to:
 - **Search for a User** – Useful if you know someone in another group who can fill in for you.
 - **Select User** – Shows a hierarchical list of all the groups in your organization.
5. When you return from vacation, navigate to the **Vacation Status** worksheet and select **At work** from the **Vacation Status** drop down menu.

Access the vacation tab as a backup user

About this task

You can view work assigned to you as a backup user by another user currently on vacation.

Click the **Vacation** tab.

This tab is not available if there is no work for you. This tab is where you select any activities, claims, or exposures assigned to you to work on as a backup for another user who is on vacation.

See also

- “Backup users and permissions” on page 286

Backup users and permissions

Generally, the Backup User feature works best if the backup user is in the same office and has the same level of responsibility as the person going on vacation.

System permissions are not inherited by the backup user from the user who is on vacation. Therefore, ideally, the backup user would have the same set of permissions as the person on vacation so the backup user can assume the same level of responsibility. For example, if the user on vacation can work on sensitive claims, but the backup user does not have those permissions, the backup user cannot work on those sensitive claims.

Additionally, security zones cannot be inherited, so it makes sense to have a backup user from the same security zone as the user going on vacation.

Another factor to consider is authority limits. Ideally, the backup user would have the same authority limits as the user on vacation. If the backup user does not have the same or greater authority limits, the backup user cannot see any activities that require those authority limits. For example, if the backup user does not have the appropriate authority limit, the user cannot see the activity to approve reserves on the **Activities** screen of the **Vacation** tab.

IMPORTANT: If you are designated as a backup user, and you go on vacation, ClaimCenter does not send any activities to your backup. The system also does not warn you of this behavior.

Backup users and activities

The person designated as a backup user can edit activities owned by the vacationing user. Backup users can update, complete, skip, assign, or link a document to an activity. They can also view notes on an activity, but only if they have

the same permissions. However, backup users cannot approve *approval type* activities unless they have the `actapproveany` permission. For example, a supervisor wants to assign his or her manager as the backup user, but the manager has not been assigned the supervisor's role.

In the base configuration, you can do the following:

- If you are the backup user and you have the permissions and authority limits to approve a certain type of activity, you can reassign the activity to yourself. Then, in the **Activities** screen on the **Desktop** tab, you can find the reassigned activity and approve it.
- An administrator can add the permission *Approve any approval activity* (code is `actapproveany`) to the backup user's role. This permission grants the user approval rights to any approval activity and is not restricted to being used in the backup role. The backup user still must have the correct authority limits. In the base configuration, this permission is not found on the supervisor's role, but on the manager's role. While this choice is an option, it might not best serve your business requirements.

Subrogation

Subrogation is the legal technique by which one party represents another party, using their rights and remedies against a third party. In the insurance industry, a carrier sometimes settles a claim, knowing that another party can be liable for the costs. The carrier then attempts to recover those costs from the other party on behalf of their insured. Most insurance policies cede the insured's recovery rights to their carriers.

A common example is pursuing recovery after an insurer pays its insured client for accident costs for which a third-party person or insurer is liable. The insurer then has the right to pursue a recovery effort from the third-party person or the third party's insurance company. In other words, the insured client subrogates these recovery rights to the insurance company. Another use of subrogation is to recover damages from a company that has made a defective product. For example, if a tire failure due to a manufacturing defect causes an accident, a carrier's subrogation rights enables them to sue the tire manufacturer.

Subrogation typically involves recovering costs from the liable party's insurance company, usually through informal negotiations between the two carriers involved. If the third party has no insurance, however, subrogation can involve legal action or collection agencies.

Subrogation can be managed at the claim level and the exposure level. This topic describes the subrogation feature and includes:

Note: In ClaimCenter, the third party is also known as the *Adverse* or *Responsible Party*. The data model uses *Adverse* for brevity, and the user interface uses the term *Responsible* because it is less confrontational.

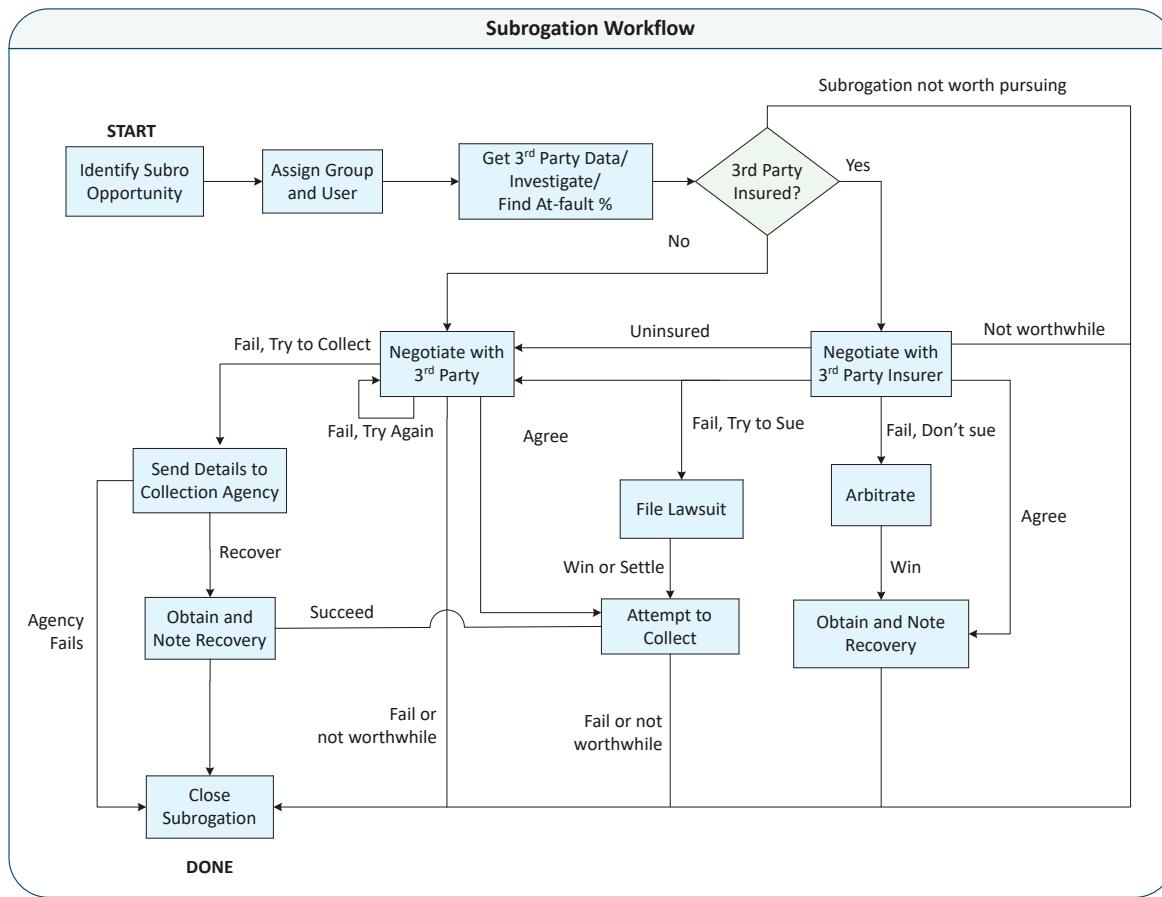
Personal auto claims

If enabled, you see a **Predictive Analytics Summary** area on the **Subrogation** screen for personal auto claims. This area contains analytics on the likelihood of subrogation on the claim.

Working with subrogation

In ClaimCenter, a subrogation is an assignable object and can be associated with the claim or with individual exposures. A subrogation typically involves a third party, whose fault rating can also be specified for the claim or if needed, for each exposure that is in subrogation.

The following figure is a conceptual overview of a subrogation process:



A subrogation primarily involves the following activities:

- “Start a subrogation” on page 290
- “Recording a subrogation investigation” on page 292
- “Refer a claim to subrogation” on page 294
- “Viewing responsible parties” on page 294
- “Assigning a subrogation” on page 295
- “Pursuing a subrogation strategy” on page 296
- “Working with subrogation recoveries and recovery reserves” on page 296
- “Schedule delayed recovery payments” on page 298
- “Requirements for closing a subrogated claim” on page 298

Start a subrogation

About this task

In a claim, a subrogation typically involves a third party. For more information on subrogation, see “Subrogation” on page 289.

Procedure

1. Start a subrogation in one of the following ways:

- Edit the **Loss Details** screen of a claim to signify that the other party is at fault. See “Edit the loss details screen for subrogation” on page 291.
 - Specify a **Loss Cause** in the **Loss Details** screen of a claim that implies that the other party is at fault. For example, **Rear-end collision**.
 - Set the **Subrogation Status** of the claim to **Open** or **Review**. See “Set subrogation status” on page 291.
2. Access the **Subrogation** screen by opening a claim and clicking **Subrogation** in the sidebar.

Edit the loss details screen for subrogation

About this task

Typically, to start a subrogation, you edit the **Loss Details** screen.

Procedure

1. Open a claim, click **Loss Details** in the sidebar, and click **Edit**.
2. Set the **Fault Rating** field to **Other party at fault**.

The **Fault Rating** determines whether some other party bears some responsibility for the loss. Values come from the **FaultRating.ttx** typelist that you can extend in Guidewire Studio. In the base configuration, the values you can select are **<none>**, **Other party at fault**, **Fault unknown**, **Insured at fault**, and **No fault**.

This field is not available in workers compensation claims.

3. Set the **Fault Rating** to **Insured at fault**.
Insured's Liability % displays below **Fault Rating**.
4. Set **Insured's Liability %** to less than 100%.

In this case, someone else shares responsibility, and a claim contact with a **Responsible Party** role exists.

What to do next

You can write rules in Guidewire Studio that evaluate values in the **Loss Details** screen to determine if subrogation is to be pursued.

See also

- “Insured’s liability percentage for a subrogation” on page 291

Insured's liability percentage for a subrogation

The **Insured's Liability %** is the amount of responsibility the insured bears for the loss. The field displays on the **Loss Details** screen after you set the **Fault Rating** field to **Insured at fault**.

In auto claims, especially, subrogation is possible only if the other driver, or another party, bears a significant amount of responsibility for the loss. Determining this value and deciding whether another party is mostly at fault are critical in identifying whether there is an opportunity for subrogation. In auto claims, police reports are often a good first source of information.

Set subrogation status

About this task

In addition to setting the fault rating, you can make the **Subrogation** menu item visible by setting the **Subrogation Status**. After you have started a subrogation, **Subrogation Status** is also available from the **Subrogation** screen.

Procedure

1. Open a claim and navigate to **Summary > Status**.

2. On the **Claim Status** screen, click **Edit**.
3. Set the **Subrogation Status** field to **Open** or **In Review**.
4. Click **Update** to save your changes.
The **Subrogation** menu link becomes visible in the sidebar.

See also

- “Edit the loss details screen for subrogation” on page 291

Recording a subrogation investigation

ClaimCenter provides **Subrogation** screens that can help you organize each subrogation investigation. The screens are available from the **Subrogation** menu link in the sidebar. You must have started a subrogation for this menu link to be visible.

Navigate to **Subrogation > Summary** to open the **Subrogation: Summary** screen, which provides an overview of the subrogation. The summary is automatically created when it is determined that there is an opportunity for subrogation. A subrogation summary can have one or more subrogations. It includes general details such as the jurisdiction, status, subrogation owner and deductible information. It also lists information on the Responsible Parties and Statute of Limitations. You can associate notes and documents with subrogations as well.

The **Subrogation: Summary** screen has three cards: **General**, **Notes**, and **Documents**.

General card of the subrogation summary

Use **General** to record:

- **Jurisdiction** – Specifies the jurisdiction state of the subrogation. This value is derived from the **Loss Details** screen and is read-only.
- **Fault** – Determines whether some other party bears some responsibility for the loss. Values are derived from the **FaultRating.ttx** typelist, which you can extend in Guidewire Studio. This field is the same as **Fault Rating** in the **Loss Details** screen. See “Edit the loss details screen for subrogation” on page 291.
- **Insured’s Liability %** – The amount of responsibility the insured bears for the loss. The field displays directly under **Fault Rating** after you set the **Fault Rating** field to **Insured at fault**. This is the same as **Insured’s Liability %** in the **Loss Details** screen. See “Edit the loss details screen for subrogation” on page 291.
- **Subrogation Status** – This field has the following possible values, three of which are defined in the **SubrogationStatus.ttx** typelist:
 - **<none>** – No subrogation has been attempted for this claim.
 - **Closed** – The subrogation attempt has been completed or abandoned.
 - **Open** – A subrogation pursuit has been started.
 - **In Review** – The subrogation opportunity or pursuit is awaiting review by the adjuster’s manager or another ClaimCenter user, such as a member of a subrogation team.

In cases where there is more than one subrogation, the **Subrogation Status** value shown is an aggregate of individual values. If at least one subrogation is **In Review**, the summary status is considered **In Review** as well. Otherwise, if at least one subrogation is **Open**, the **Subrogation: Summary** status is considered **Open**. In all other cases, the subrogation is considered **Closed**.

- **Externally Owned** – Indicates whether subrogation for this claim has been assigned to an outside firm, like a collection or arbitration agency. If you answer **Yes**, enter the name of the **External Subrogator**.

In the case of claims in subrogation, the deductible to be returned to the insured is a calculated value based on the expected recoveries. The deductible might be prorated, that is, adjusted according to the affected time period or damage incurred, or paid in full.

In the **Deductible** section, you can record the following information:

- **Prorate Deductible** – Boolean value that specifies if the deductible amount is prorated or not. In the base configuration, the default value is **True**.
- **Deductible to Repay** – Displays the calculated deductible amount to be repaid to the insured, typically the total of the deductible amount and expected recovery percentage across all exposures and responsible parties. This amount is based on how much of the deductible the insurer has collected, either by receiving a recovery from the insured or by applying the deductible on a payment.
- **Deductible Repaid** – Boolean value that indicates if the deductible amount above has been repaid to the insured or not. In the base configuration, the default value is **No**. Deductibles are reimbursed by creating a check to the insured and applying the deductible.

Note: If the **Deductible to Repay** is greater than zero and the **Deductible Repaid** value is **No**, the subrogation cannot be closed.

In addition to these fields, the **General** tab displays summaries of:

- **Responsible Parties** – This editable list view displays all responsible parties with a few of their characteristics, such as their responsibility percentages. You can add or remove responsible parties in this screen, or you can use the **Responsible Parties** screen to add, remove, or provide more information about them. See “Detail card for subrogation responsible parties” on page 294.
- **Exposures in Subrogation** – Subrogation can be handled at the exposure level as well. Click **Subrogate Individual Exposures** to display the **Exposures in Subrogation** list view. All the exposures for the claim are listed in this section, and you can edit various details of each exposure, such as the **Subrogation Status**, **Close Date**, and **Outcome**. The **Close Date** and **Outcome** fields are editable only when the **Subrogation Status** is set to **Closed**, and **Outcome** is a required field.

In the base configuration, the **Outcome** field has the following choices:

- **Compromised**
- **Discontinued**
- **Full Recovery**
- **Not Pursued**
- **Uncollectible**

These values are derived from the `SubroClosedOutcome.ttx` typelist, which you can view and modify, if needed, in Guidewire Studio.

Note: The status in this screen refers to the subrogation state only, not the state of the exposure itself. If the **Subrogation Status** is **Closed**, the subrogation related to the exposure is closed.

- **Statute of Limitations** – It is important to track the statute of limitations laws that govern the time after which subrogation is no longer possible. These laws are different for injuries and property damage, and governments are governed by different statutes. In the list view on the subrogation screen, you can add and remove statutes of limitations, and you can view and enter the following information:
 - **Type** – The subrogation type can be **Medical costs**, **Property Damage**, or **Other**.
 - **Jurisdiction** – The state, province, or other jurisdiction of the statute, depending on the country.
 - **Description** – Text describing the subrogation.
 - **Statute Deadline** – The deadline imposed by the statute.

Notes card of the subrogation summary

Use this card to add new notes to the subrogation or to edit, delete, or print a note.

Documents card of the subrogation summary

Use this card to create new documents, edit documents, or link documents to the subrogation.

Refer a claim to subrogation

About this task

In the **Subrogation: Summary** screen, you can refer a claim to a subrogation specialist group by using the following steps:

Procedure

1. Click **Refer to Subrogation** to refer the claim to a group that is previously designated to handle subrogation.
2. In the Refer to Subrogation screen, enter a **Referral Comment**.
3. Click **Update**.

You cannot change **Refer to Subrogation** to **No** after you have entered **Yes** for this field.

After you click **Update**, the **Referral Date** and time of referral also appear on the **Subrogation: Summary** screen.

See also

- “Notes” on page 271
- “View documents for a subrogation” on page 619
- “Link a document to a subrogation” on page 627

Viewing responsible parties

The **Subrogation > Responsible Parties** screen includes details on the parties responsible for the loss, financial information for the subrogation, and associated documents.

The **Subrogation: Responsible Parties** screen has three cards: **Detail**, **Financials**, and **Documents**.

See also

- “View documents for a subrogation” on page 619

Detail card for subrogation responsible parties

This screen shows the same information as the **Responsible Parties** list view in the **Subrogation: Summary** screen on the **General** card. Select any party and edit information that is important for deciding whether to attempt to collect from this party, and, if so, how to pursue collection.

Some of the fields you modify on this screen are:

- **Name** – The name of the responsible party. You can pick from a list of names already associated with the policy or enter a new name.
- **Liability %** – Your estimate of the legal percentage of fault for the loss, often based on police reports or precedents from similar situations. The sum of these percentages from all responsible parties must be no more than 100%.
- **Expected Recovery %** – Your estimate of the actual amount that you expect to recover.

If the configuration parameter **UseRecoveryReserves** is set to **true**, entering a percentage enables the **Set Open Recovery Reserve** button in the **ClaimTotal: Financials** card. Clicking that button sets the open recovery reserves to the amount based on that percentage. If you edit that amount, you must click the button again so ClaimCenter can recalculate new values.

- **Classification** – Values, from the **SubroClassification.ttx** typelist, which are limited in the base configuration to **<none>**, **Insured**, and **Uninsured**. The **Classification** governs the **Strategy** choices that you see. If you select **Insured**, you must also specify at least the name of the responsible insurance company in the contact information for the party.
- **Strategy** – What to do in pursuing a subrogation recovery against this responsible party. The choices come from the **SubroStrategy.ttx** typelist. The strategy choices are often set or reset after a review, usually by the subrogator’s manager. The party’s **Classification** categorizes these choices.

- **Government Involved?** – If a government agency is a responsible party, or if a private responsible party is performing work for a government agency, then other information must be collected. This information includes the name and jurisdiction of the government agency, a description of the agency's involvement, and any time limitations due to a statute of limitations restriction. Enter the actual information in the **Statute of Limitations** table in the **General** tab of the **Subrogation** screen.

- **Primary Contact** – Optional information about the person to contact. It can be the same as the responsible party.

Finally, this screen contains a summary of the recoveries already received and to be received from each party. The summary values are:

- **Total Amount Recovered** – This amount includes all recoveries from this contact for all cost types, such as expenses and claim costs. Although you might not expect any recoveries of this kind from the responsible party, any non-subrogation recovery types, such as Salvage, are included in the total.
- **Total Claim Costs Recovered via Subrogation** – The portion of the **Total Amount Recovered** for the cost type Claim Costs and the recovery category Subrogation.
- **Scheduled Payment - Applicable?** – Choosing Yes opens additional fields that can help in tracking the expected recovery receipts.

See also

- “General card of the subrogation summary” on page 292
- For information on the differing strategies available for insured and uninsured parties, see “Pursuing a subrogation strategy” on page 296.
- For information on tracking recovery receipts, see “Schedule delayed recovery payments” on page 298.

Using the financials card for subrogation responsible parties

The **Financials** card shows the claim financials and corresponding subrogation financials for each responsible party. You can also view the subrogation financials for the entire claim by clicking the **Claim Total** row. Use this view to create open recovery reserves based on pending recoveries. See “Working with subrogation recoveries and recovery reserves” on page 296 for more information.

The **Financials** card list view displays claim financials data and subrogation financials data listed by exposure.

Following are some industry best practices that the base configuration of ClaimCenter uses to display financial information related to subrogation recoveries. If your organization handles subrogation differently, this feature requires configuration.

- Claim costs are more likely to be recovered than claim expenses, so the **Financials** card shows reserve lines only for non-expenses. Additionally, the reserve lines shown are only for the claim cost types supplied with the application. If you want to show expenses, or if you have added other non-expense cost types that you want ClaimCenter to show, you must configure ClaimCenter to do so.
- The field titled **Net Paid** displays the true net cost of the claim to the insurer after recoveries, such as salvage, and prior to any recoveries from subrogation.

Assigning a subrogation

A subrogation is an assignable object in ClaimCenter. You can assign a subrogation by using automatic or manual assignment. When initially created, a subrogation is unassigned until referred to a subrogation unit. Once referred, it can then be reassigned manually.

To assign subrogation activities to experts in subrogation, first identify the experts in one of the following ways:

- Place qualified users in a special group, such as a Subrogation Specialists group.
- Grant users a special user role in the **UserRole** typelist.
- Define and use a new user attribute of **UserAttributeType**.

See also

- “Work assignment” on page 211
- “Users, groups, and regions” on page 479

Pursuing a subrogation strategy

After identifying and deciding to pursue a subrogation opportunity, you must decide on a strategy and pursue the actions it specifies. See the diagram in “Working with subrogation” on page 289 for a visual representation of these strategies.

You enter the **Strategy** in the **Responsible Parties** screen, described at “Detail card for subrogation responsible parties” on page 294. The **Strategy** field lists options for the common ways to proceed. The values listed depend on the value of the **Classification** field, **<none>**, **Uninsured**, or **Insured**.

You can choose to add rules in Guidewire Studio that use the strategy value as a **Strategy** condition to create activities. For example, a rule indicates that if the strategy is **Pursue** and no letter has been sent to ask for payment, then create an activity to send the first one. Available strategies are in the **SubroStrategy.ttx** typelist.

Classification for liable party is uninsured

In the **Responsible Parties** screen, a value of **Uninsured** in the **Classification** field of the **Detail** card limits choices to the following **Strategy** values:

- **Pursue** – Send a series of collection letters. Negotiate directly with the party. You can write a series of dunning letters and create activities to send the letters at predetermined times.
- **Utilize Collection Agency** – Use a collection agency and share any recovery with that agency. If you select this option, you must enter the name and other contact information for the agency. Also, the **Strategy** value can trigger a rule to create the activity to contact the selected agency.
- **Lawsuit** – Take legal action and absorb the costs of litigation. Use the **Matters** screen, available from the **Litigation** menu link.
- **Drop Pursuit** – Do not pursue subrogation. The time and cost of recovery are not worth the effort.

If the result of these strategies is a promissory note, a section of the **Financials** card can track the note and its received payments. See “Schedule delayed recovery payments” on page 298.

Classification for liable party is insured

In the **Responsible Parties** screen, a value of **Insured** in the **Classification** field of the **Detail** card limits choices to the following **Strategy** values:

- **Pursue against Insurer or Negotiate against Insurer** – These strategies are similar to the previous **Pursue** strategy.
- **Arbitration** – Use the services of an arbitrator or arbitration agency.
- **Lawsuit** – Take legal action and absorb the costs of litigation. Use the **Matters** screen, available from the **Litigation** menu link.
- **Drop Pursuit** – Do not pursue subrogation. The time and cost of recovery are not worth the effort.

As part of some of these strategies, all recoveries are recorded in the **Financials** card of the **Subrogation: Responsible Parties** screen.

Working with subrogation recoveries and recovery reserves

This topic is applicable if your company sets recovery reserves. You can set recovery reserves directly, and you can record subrogation recoveries and let ClaimCenter generate corresponding recovery reserves. You might want to set a recovery reserve directly if you want to track an expected total recovery amount and no recoveries have yet come in.

See also

- “Recoveries and recovery reserves” on page 347.

Set a subrogation recovery reserve directly

About this task

You can enter a subrogation recovery reserve directly.

Procedure

1. Navigate to **Actions > New Transaction > Other > Recovery Reserve**.
2. Click **Add** to create a new recovery reserve.
3. Set the **Recovery Category** to **Subrogation** and other fields as appropriate.

See also

- For information on some of the fields in this screen, see “Working with an existing subrogation recovery reserve” on page 297.

Working with an existing subrogation recovery reserve

For an existing subrogation recovery reserve, you can set the value of the **New Open Recovery Reserves** field to the expected total recovery amount.

Alternatively, on the **Subrogation: Responsible Parties** screen, you can use the **Set Open Recovery Reserves** button to update recovery reserves.

The **Set Open Recovery Reserves** button is visible but not available to be selected if one of the following conditions is true:

- The total **Expected Recovery Percentage** from all responsible parties is equal to or more than the **Anticipated Recovery %**.
- The current recovery is already greater than the expected percentage in one or more reserve lines.
- The **Net Paid** value is zero or less.

Note: If a recovery on an individual reserve line exceeds the **Expected Recovery %**, ClaimCenter does not recalculate this value. Instead ClaimCenter shows the message, “Current recovery is already greater than the expected percentage in one or more reserve lines.” For example, you have already recovered 65% of the costs on one reserve line and 15% on a second reserve line, and the expected recovery is 50%.

- Multicurrency reserving is turned on. That is, `EnableMulticurrencyReserving` is set to `true` in `config.xml`.

Enter a subrogation recovery

Procedure

1. To enter a subrogation recovery, navigate to **Actions > New Transaction > Other > Recovery**.
2. Set the **Recovery Category** to **Subrogation** and enter the recovery information. ClaimCenter also generates a recovery reserve, if necessary.
3. In the **On Behalf Of** field, enter the party on whose behalf the recovery is being paid.

This field enables a third-party insurance company to submit a check directly to your company and have the correct responsible party be credited for this payment. In this case, the insurance company of the responsible party is the **Payer**, and you would enter the responsible party in the **On Behalf Of** field.

4. Confirm on the **Financials** card in the **Subrogation: Responsible Parties** screen that the payment has been applied to the correct **Responsible Party**.

Schedule delayed recovery payments

About this task

Sometimes, the result of a subrogation is that an uninsured responsible party agrees to make a recovery payment, but cannot do so immediately. Alternatively, a responsible party agrees to binding arbitration, the result of which is that a recovery payment must be made. In both cases, a subrogation feature helps you track the expected recovery payments.

Procedure

1. With the claim open, navigate to **Subrogation > Responsible Parties**.
2. Select the **Responsible Party** to open the **Detail** card.
3. Click **Edit**.
4. Under **Scheduled Payment**, set **Applicable?** to **Yes**.
5. Enter the **Type**, either **Promissory Note** or **Arbitration Settlement**.
 - If you select **Promissory Note**, enter the **Note Sent** date and the signed **Note Received** date.
 - If the **Type** is **Arbitration Settlement**, these fields do not appear.
6. Under **Scheduled Payments**, click **Add** and then add **Date of Planned Payment** and **Installment Amount** for each recovery you expect.

Requirements for closing a subrogated claim

Typically, you do not close a claim while a subrogation is pending. ClaimCenter prevents you from closing a claim if any condition in the following list is true:

- The claim has a subrogation status of **Open** or **In Review**. To close the claim, the status must be **Closed**.
- A payment has been made on the claim and the **Fault Rating** is **Unknown** or **Other Party at Fault**.
- If you select **Other Party at Fault** and the total **Liability %** is less than 100%.
- If you select **Insured at Fault** and the **Insured's Liability %** is less than 100%.

Although it is not mandatory, set the **Strategy** to **Drop Pursuit** before closing the claim.

Assign an exposure to salvage

About this task

If a vehicle has been completely destroyed or damaged and the insurer decides it is not worth fixing the damage, it is consigned to salvage. After reimbursing the claimant for the value of the vehicle, the insurer can take possession of the vehicle and rebuild it or attempt to sell it for its parts.

In ClaimCenter, you can assign an exposure to salvage by marking it as a total loss. You can then enter and manage salvage-related activities in the **Salvage** screens. Currently, salvage is used only for vehicle damage exposures and the Auto line of business.

Procedure

1. Navigate to **Claim > Loss Details**.
2. Click **Edit**.
3. Select the exposure to be assigned, such as an involved vehicle.
4. In the **Vehicle Incident** screen:
 - a) Click **Yes** for **Total Loss**.

- b) Click **OK**.
- c) Click **Update**.
- d) Click the **Exposures** menu link.
- e) Select the exposure that you modified.
The **Vehicle Salvage** card displays.
- f) You can edit this card to enter details of the **Salvage Process**, including a **Salvage Service** vendor, whether or not the owner is retaining the vehicle, and **Salvage Financials** for the salvaged vehicle.
The following figure shows the salvage-related fields for a vehicle incident.

(1) 1st Party Vehicle - Ray Newton < > [Up to Exposures](#)

[Edit](#) [Assign](#) [Close Exposure](#) [Create Reserve](#) [Send To ISO](#) [Refresh Responses](#)

[Details](#) [Total Loss Calculator](#) **Vehicle Salvage** [ISO](#)

Salvage Process

| | |
|-------------------------------------|----------------------------|
| Total Loss? | Yes |
| Date Assigned to Salvage | 10/13/2014 |
| Salvage Service | Mike's Auto detailing shop |
| Date Recovered | |
| Date Sold | |
| Is the owner retaining the vehicle? | |

Salvage Financials

| | |
|--------------|------------|
| Sale Amount | \$1,500.00 |
| Towing Fee | \$100.00 |
| Storage Fee | \$100.00 |
| Title Fees | |
| Prep Fees | \$50.00 |
| Net Recovery | \$1,250.00 |

Salvage-related roles specified in this screen, such as **Salvage Service** and **Salvage Buyer**, are included in the claim's **Parties Involved** screen.

5. Select the **Workplan** menu link. You can now view two salvage-related activities that were generated. For example:

- **Recover Vehicle**
- **Salvage Vehicle**

Because this vehicle incident has been indicated as a total loss, existing exposures and future exposures created on this incident will have the same two salvage-related activities generated for them.

Salvage rules

You can open Guidewire Studio to see the rules related to salvage. The following descriptions are for some of the scenarios in the base configuration for salvage-related rules. For more information on configuring rules, see the *Gosu Rules Guide*.

Create activities for salvaged exposures

This rule (EPU02000 - Salvage) is part of the **configuration > config > Rule Sets > Preupdate > ExposurePreupdate** rule set in the Studio **Project** window.

- **Condition** – The exposure's TotalLoss field is set to True, marking it for salvage.
- **Action** – Generate salvage activities, such as `salvage_vehicle` or `recover_vehicle`.

Note: This rule is disabled in the base configuration because a ClaimCenter business rule in the base configuration performs the same task. For more information on this and other activity business rules, see “Activity rule summary” on page 580.

Populate vehicle recovery date when salvage vehicle activity is completed

This rule (CAC01000 - Salvage) is part of the **configuration > config > Rule Sets > Closed > ActivityClosed** rule set in the Studio **Project** window.

- **Condition** – The `salvage_vehicle` activity is complete.
- **Action** – Populate the date of vehicle recovery automatically with the current date.

Check salvage costs for negative recoveries

This rule (EXV07000 - Salvage) is part of the **configuration > config > Rule Sets > Validation > ExposureValidationRules** rule set in the Studio **Project** window.

- **Condition** – The recovery amount from the salvage (towing and storage) is negative or zero.
- **Action** – Reject the salvage recovery at validation level of New loss completion. A salvage recovery amount cannot be negative or zero.

Archiving in ClaimCenter

Archiving is the process of moving data associated with aged, closed claims from the active ClaimCenter database to a document storage area from which they can be retrieved or purged.

Archiving overview

Comparing claim archiving to claim purging

In ClaimCenter, you generally archive a claim if preserving access to information about the claim fulfills a business need, such as litigation or proof of regulatory compliance. Claims that have this type of enduring future use often are archived. Claims that do not serve such a purpose typically are purged instead.

So that archived claims can provide potential future business uses, ClaimCenter lets you search for archived claims for review. ClaimCenter keeps a summary of each archived claim in its database.

If the summary information about an archived claim is insufficient for a specific future business use, you can retrieve it from the archive and activate it again. For example, you might need to:

- View more than just the summary information of the archived claim.
- Work on the claim.

After you retrieve an archived claim, it behaves like any other closed claim in ClaimCenter.

See also

- “Claims and claim entities not possible to archive” on page 305

Archiving components

In the base configuration, ClaimCenter supports archiving with the following three components:

- **Archiving Item Writer Batch Process** – Converts aged, closed claims from the ClaimCenter database to XML documents and then moves them to an archiving data store for long-term retention.
The archive batch process performs the following steps:
 - Reads Guidewire internal and user-defined rules to skip or exclude certain claims that are otherwise eligible for archiving based on their closed status and age.
 - Calls a class, `ClaimInfoArchiveSource`, that implements the `IArchiveSource` plugin interface to store the claim’s XML representation in the archiving data store.

- Writes summary information to `ClaimInfo` and other Info entities to enable searching on the archived claims.

See “Archiving item writer batch process” on page 304.

- **Archive Search Interface** – Finds summary information about archived claims by using the following entities:

- `ClaimInfo`
- `ClaimInfoAccess`
- `ClaimInfoSearchView`
- `ClaimInfoCriteria`
- `ContactInfo`
- `LocationInfo`

See “Searching for archived claims” on page 306.

- **Archive Retrieval Process** – Retrieves archived claims from the data store and puts them back in the ClaimCenter database for display and use in the ClaimCenter application.

This process relies on the `ClaimInfoArchiveSource` class to interact with the archiving data store. The data that was originally written to the Info entities during the archive batch process is deleted when the claim is successfully retrieved and stored.

You can use the `ClaimInfoArchiveSource` and `ArchiveSource` classes as templates to write your own class to retrieve archived claims. For example, you might want to leave the archived claim in the archiving data store or remove it.

Note: If you create your own class, register it as a plugin in the `IArchiveSource.gwp` plugin registry.

Whether to enable archiving

Archiving in ClaimCenter is not enabled in the base configuration because not all ClaimCenter installations benefit from archiving. The main reason to archive claims is to improve ClaimCenter performance in high volume systems or in ClaimCenter systems deployed on lower-capacity hardware.

To enable archiving, set the `ArchiveEnabled` configuration parameter in `config.xml` to `true`.

If the hardware used in your ClaimCenter deployment is adequate to handle your claim volume, you might see no advantage in archiving. In this case, it might make sense to keep all claims in the active ClaimCenter database until they no longer serve any business need, and then purge them. You do not have to create and maintain a separate archiving data store.

More information on archiving

You can find more information about archiving in the following topics:

- *Upgrading archived entities using a version trigger* in the *Upgrade Guide*
- *Configuration Guide*
- *Gosu Rules Guide*
- *Installation Guide*
- *Administration Guide*
- *Integration Guide*

ClaimCenter preparations for archiving

ClaimCenter uses the archiving framework to:

- Set the boundary of an entire claim so that all its relevant objects can be correctly identified and archived during Archive batch processing.

- Define the summary information that is written to the ClaimCenter database to enable locating an archived claim later.

Defining the boundary of an archived claim

The boundary of the claim for purposes of archiving is defined by its archiving domain graph. In ClaimCenter, the root entity of the archiving domain graph is the `Claim` entity type.

The archiving domain graph starts at the entity `Claim` and proceeds outward to all entities that:

- Implement `Extractable`
- Directly or indirectly related to the `Claim` entity through ownership relationships

Entities included in the archiving domain graph include the policy snapshot, incidents, exposures, notes, calendars, activities, matters, and access control lists (ACLs) for the claim.

Whenever ClaimCenter creates a claim, it also creates a `ClaimInfo` entity instance, which implements the delegate `RootInfo`. The `ClaimInfo` instance remains in the active database after ClaimCenter archives the claim.

WARNING: Incorrect configuration of the archiving domain graph can prevent the application server from starting.

See also

- *Configuration Guide*

Defining claim summary data

ClaimCenter uses claim summary data to search for and review archived claims without retrieving them. Claim summary data is written to the ClaimCenter database when the claim is archived. It is deleted from the ClaimCenter database if the claim is retrieved.

Claim summary data is written into `ClaimInfo` and entities associated with `ClaimInfo`. The entities include the root entity `ClaimInfo`, as well as `ContactInfo`, `LocationInfo`, `ClaimInfoAccess`, and `CoverageLineMatchDataInfo`.

`ClaimInfo` and these other associated entities serve multiple purposes:

- They contain enough information to retrieve the original claim, such as the `ClaimNumber`.
- They enable searching for the archived claim.
- They enable you to see summary information about an archived claim.

These purposes can overlap. For example, `ClaimNumber` in `ClaimInfo` is useful for all three purposes. The `PolicyNumber` in `ClaimInfo` is useful for searching and summary information. The `LocationInfo` entity is used only for summary information.

A `ClaimInfo` entity instance retains all links to bulk invoices, aggregate limits, and claim associations. This linkage permits a retrieved claim to remain connected to these multi-claim entity instances, which are outside the domain graph and therefore always in the ClaimCenter database.

When a claim is archived, the `CoverageLineMatchDataInfo` entity keeps track of coverage lines with transactions. This tracking is useful for preventing the creation of additional coverage lines that might match these transactions while the claim is still archived.

You can extend these `Info` entities. An example would be if you have added new entities and want information on them to be available when the claim is archived.

See also

- “Info entities and their part in search” on page 307
- “Archiving claims with aggregate limits” on page 125

Archiving item writer batch process

The archive batch process, Archiving Item Writer, and its work queue operate on closed, aged claims and do two things with the data for a claim:

- Store the entire claim graph in the archiving data store.
- Retain enough information in the ClaimCenter database about the claim to make it possible to find the archived claim and retrieve it.

Note: In the base configuration, this batch process is not visible in the **Server Tools** tab. You must set the `ArchiveEnabled` configuration parameter in `config.xml` to true and restart ClaimCenter to see it.

ClaimCenter archives claims based on the value of `Claim.DateEligibleforArchive` and other claim data described later in this topic. For the archive batch process, if the value of `DateEligibleforArchive` is in the past, the claim qualifies for initial evaluation. The **ClaimClosed** rules in the base configuration set this value when the claim is closed. The value is the sum of the date the claim is closed plus the value of the `DaysClosedBeforeArchive` configuration parameter in the `config.xml` file. See the *Configuration Guide*.

You can write **ClaimClosed** rules to set `DateEligibleforArchive` to a different value.

To process these eligible closed claims, run the archive batch process in one of two ways:

- Configure the scheduler to run the process at defined intervals. For more information, see the *Administration Guide*.
- Use the **Server Tools** page to start a single run of the Archiving Item Writer batch process. Alternatively you can run the batch process from the command line by navigating to `ClaimCenter/admin/bin` and entering the following command:

```
maintenance_tools -password password -startprocess archive
```

See also

- *Administration Guide*

Archive item writer batch process execution

Running the Archiving Item Writer batch process causes ClaimCenter to do the following:

1. Queue the claims that are active for which `DateEligibleForArchive` is in the past and the `ExcludeFromArchive` flag is not set on the claim's `ClaimInfo` entity instance.
The Archiving Item Writer performs a simple query to find all initially eligible claims based on the `DateEligibleForArchive`. Claims marked as excluded from archiving are not returned.
2. The Archiving Item Writer does a series of verifications to determine which eligible claims to reject. These verifications, which are not configurable, include:
 - Verifying the date again and skipping it for this iteration if the date is no longer eligible.
 - Rejecting any claim with any active messages or workflows and skipping it for this iteration.
3. Rules in the **Archive > DefaultGroupClaimArchivingRules** rule set mark claims that must not be archived. These rules can mark claims either to be skipped for the current run of the batch process or to be excluded from all future runs of the batch process. You can configure these rules. In the base configuration, these rules cause claims to be skipped that:
 - Are not closed. Claims that were reopened since the archive process started.
 - Are linked to a bulk invoice item with a status of Draft, Not Valid, Approved, Check Pending Approval, or Awaiting Submission.
 - Have open activities.
 - Have vendor reviews that are incomplete or not yet synchronized with ContactManager.
 - Have transactions that have yet to be escalated or acknowledged.

4. Use the claim graph to tag entities in claims that pass the exclude and skip rules.
5. Convert tagged entities on each claim to an XML stream.
6. Write data to the XML archive file and the Claim Center database as follows:
 - a. Call a plugin implementing the `IArchiveSource` interface to store XML in the archive file.
 - b. Delete the claim from ClaimCenter, creating a Claim Archived History record on the claim.
 - c. Write data to Info entities, including any additional data defined in the `IArchiveSource` plugin implementation.

In the base implementation, ClaimCenter calls the method `updateInfoOnStore` on the plugin implementation `gw.plugin.archiving.ClaimInfoArchiveSource`. You cannot edit this class, but you can use it and the `ArchiveSource` classes as guidelines for your own class. If you want different behavior, you must write your own class that implements `IArchiveSource` and register the class in the `IArchiveSource.gwp` plugin registry.

You can also extend the existing Info entities or create new ones to preserve more information in the ClaimCenter database than can be stored in `ClaimInfo`, `ContactInfo`, and `LocationInfo`.

7. Generate a `ClaimInfoChanged` event to indicate whether archiving succeeded or failed.
8. Write information on the archive batch process to the data store and to ClaimCenter logs. Some of the ClaimCenter log data is viewable from the `Server Tools` page.

Claims and claim entities not possible to archive

In the base configuration of ClaimCenter, there are a number of entities associated with claims that cannot be archived. Additionally, it is not possible to archive all claims. There are internal conditions that cannot be configured that prevent a claim from being archived. Finally, there are rules that mark claims to be excluded or skipped. These rules can be configured.

Entities that cannot be archived

In the base configuration of ClaimCenter, it is not possible to archive the following entities:

- `BulkInvoice`
- `ClaimInfo`
- `ClaimAssociation`
- `AggregateLimit`
- `PolicyPeriod`

Non-configurable exclusions from archiving

In the base configuration, the following conditions are evaluated internally and prevent ClaimCenter from archiving a claim or a claim entity. These conditions are not configurable.

| Condition | Description |
|--|--|
| Claims with pending messages | The pending messages table must be empty. It cannot contain messages that have been sent. It is unlikely that an old, closed claim will be in this condition. If it is, the archiving batch process skips this claim and tries later, until it finds that there are no more active messages. |
| Claims that are part of an unfinished workflow | It is not possible to archive a claim that has an active workflow. |
| Previously excluded claims | Claims already marked as excluded are not processed for archiving. |

| Condition | Description |
|--|---|
| Claims for which DateEligibleForArchive is null or in the future | You can set the DateEligibleForArchive field and make settings that affect its value. However, you cannot configure ClaimCenter to archive a claim when this value is null or has a date that has not yet occurred. |

Configurable exclusions from archiving

In the base configuration, the following conditions are evaluated in the **DefaultGroupClaimArchivingRules** rule set and the claims are marked to be skipped during archiving. These rules are configurable.

| Condition | Description |
|---|--|
| The claim is open. | A claim cannot be archived if it was reopened between the time the claim was queued for archiving and the time the archive batch process processes it. The rule ARCO1000 - Claim State Rule marks such claims to be skipped during archiving. |
| The claim is linked to a bulk invoice item with a status of Draft, Not Valid, Approved, Check Pending Approval, or Awaiting Submission. | A claim cannot be archived when it is linked to a bulk invoice item with one of these statuses. Archiving the claim might force the user to retrieve the claim when the item is ready to be escalated. The In Review and Rejected statuses do not prevent archiving, since an invoice item can retain those statuses long after its bulk invoice is escalated and cleared. This behavior is defined in the rule ARCO3000 - Bulk Invoice Item State Rule. |
| The claim has open activities. | Claims with open activities are not archived. If a claim were archived with open activities, those activities would disappear from the owner's Desktop and would not be found or closed unless the claim was retrieved. The rule ARCO4000 - Open Activities Rule marks claims with open activities to be skipped during archiving. This rule is run in case an activity was opened between the time a claim was queued for archive and the time the archive batch process processes it. The rule skips the claim. Guidewire recommends that you not modify this rule. |
| The claim has vendor reviews that are incomplete or not yet synchronized with ContactManager. | Claims with incomplete or unsynchronized vendor reviews cannot be archived until the reviews are completed and synchronized. The rules ARCO5000 - Incomplete Review Rule and ARCO6000 - Unsynchronized Review Rule mark these claims to be skipped during archiving. |
| The claim has transactions that have not been escalated or acknowledged. | Claims with unescalated or unacknowledged transactions cannot be archived until the transactions are escalated or acknowledged. The rule ARCO7000 - Transaction State Rule marks these claims to be skipped during archiving. |

Searching for archived claims

Archiving claims, instead of purging them, enables you to review or reopen the claims to accomplish a business purpose.

The ClaimCenter claim search pages on the **Search** tab under **Claims** enable you to locate claims that have been archived. ClaimCenter provides a search against archived claims on both the **Simple Search** and the **Advanced Search** pages. The search query elements on these pages use fields that are written to ClaimCenter Info entities at the time of claim archiving.

- **Simple claim searches** – The query fields in the **Simple Search** page are a subset of those found in **ClaimInfo** entity, **ContactInfo** entity, and other Info entities. Using these fields, **Simple Search** can find both active and archived claims. **Simple Search** shows active claims in the search result set in the **Simple Search** page and provides a link to the **Advanced Search** screen for viewing archived claims.
- **Advanced claim searches** – The query page for active claim searches can contain fields that are not on Info entities. The query page for archived searches has fields that are only on the Info entities. The **Source** drop-down list enables you to search for either active or archived claims.

Info entities and their part in search

In ClaimCenter, when a claim is archived, a set of summary information about the claim is stored in entities called Info entities. These entities and their creation are described in “Defining claim summary data” on page 303. The data stored in these entities determines:

- How search queries are formed against archived claims.
- Who can view a given archived claim in a search results set.

It is useful when designing your archiving implementation to establish the reasons that you want to retrieve claims from the archive. These reasons determine the set of query fields you provide on the ClaimCenter **Simple Search** and **Advanced Search** screens. The fields you provide will determine whether you need to extend the provided Info entities or create new ones.

For example, you might need to revisit some legal issues with catastrophe claims. To do so, you create fields on Info entities that enable finding archived claims filed in connection with catastrophes. You can extend the `ClaimInfo` entity to include these fields. Optionally, you might want to create a whole new `CatastropheInfo_Ext` entity to make this information available for search and display.

You can also use Info entities to limit who can see particular claims in a search query results set. The `ClaimInfoAccess` entity determines who can view each archived claim in the search results. For instance, some archived catastrophe claims with associated fraud investigations might have access restricted to only the Fraud Manager or the Fraud Management group.

Simple search for archived claims

It is possible to use any of the following criteria for simple claim searches.

- Claim number
- Policy number
- First name
- Last name
- Organization name
- Tax ID

Note: You cannot perform a simple search by loss date or notice date.

In a simple claim search from the **Search** tab under **Claims > Simple Search**, you cannot specify whether to search for active or archived claims. ClaimCenter always searches for both types. The application displays summaries only for the active claims it finds.

If ClaimCenter finds an archived claim when you perform a simple search, you see a link directing you to the **Advanced Search** screen. You can do one of two things with an archived claim listing:

- If you are certain that the claim is the one you want, click **Retrieve from Archive** to retrieve it.
- If you are not certain that the claim is the one you want, click the claim link. Doing so opens the **Archived Claim Summary** screen, in which you can view summary information for the claim.

Note: In a simple search for archived claims, you cannot search for additional insured or any party involved. These search criteria are defined in the `ClaimSearchNameSearchType.tti` typelist.

Perform a simple search for archived claims

Procedure

1. In Guidewire ClaimCenter, click the **Search** tab and navigate to **Claims > Simple Search**.
2. Enter at least one search criterion on the **Search Claims** screen and then click **Search**.

The search results show summaries of active claims only.

3. To view summaries of the archived claims found, click **View archived claims**. ClaimCenter displays the **Advanced Search** screen.
4. In the lower section of the screen are the **Search Results**. You can:
 - Click the claim to view its details on the **Archived Claim Summary** screen.
 - Select a claim and click **Retrieve from Archive** to retrieve the claim.

Advanced search for archived claims

In an advanced claim search from the **Search** tab under **Claims > Advanced Search**, if you select **Archive**, your search criteria are limited to archived claims. Alternatively, you can use the **Search for Date** field. You must enter either a date or a range of dates for this field.

Perform an advanced search for archived claims

1. Click the **Search** tab and navigate to **Claims > Advanced Search**.
2. In the **Source** field, select the type of claim to search for, **Active Database** or **Archive**. In this example, select **Archive**.

Unlike simple searches, an advanced search displays each claim found.
3. In the lower section of the screen are the **Search Results**. You can:
 - Click the claim to view its details on the **Archived Claim Summary** screen.
 - Select a claim and click **Retrieve from Archive** to retrieve the claim.

Finding archived claims without searching

There are two methods to find archived claims without searching.

- Enter the number of an archived claim, **Claim #**, in the **Claim** tab drop-down list.
- Select an archived claim by entering its number in the **QuickJump** box. However, if you select an archived claim in this way, you must retrieve the claim from the archive before you can work with it.

About retrieved archived claims

Whenever you retrieve a claim, ClaimCenter does the following:

- Reassigns the claim.
- Generates an activity for the user assigned to the claim.
- Generates a note on the claim.
- Generates a **ClaimChanged** event used by the claim history generation and reporting systems.

The retrieved claim is identical to a claim that has never undergone the archiving process, except that:

- The history for the claim shows that ClaimCenter archived and retrieved the claim.
- Metadata about the archiving status of the claim has changed in the **ClaimInfo** entity and on the **Claim** entity itself.
- Custom code in your **IArchiveSource** plugin implementation might have made further changes to the claim after it was restored to the ClaimCenter database.

See also

- “Retrieve an archived claim” on page 309

Retrieve an archived claim

After you have located an archived claim and reviewed its search results or summary page, you might still need to retrieve the full claim for further review or work.

1. To retrieve a claim, click the **Retrieve from Archive** button available on the **Advanced Search or Archived Claim Summary** screen.
2. Enter a comment about the retrieval and click **Retrieve from Archive** again.

You must enter a comment before you can retrieve the claim.

Permissions needed to retrieve a claim

The `ClaimInfoAccess` entity controls when a user sees any given claim. Archiving permissions further determine whether the **Retrieve from Archive** button is visible or is enabled or disabled for a particular user. To retrieve an archived claim, you must have both view and edit permissions on the claim. If the claim has an access control list (ACL), you must qualify according to the ACL to be able to retrieve the claim.

Archived claim retrieval process

The archived claim retrieval process executes as a single database transaction, including adding the history record, note, and activity at the very end of the process. In detail:

1. The user clicks the **Retrieve from Archive** button available on the **Advanced Search or Archived Claim Summary** screen.
2. The archived claim retrieval process locates the `ClaimInfo` entity for the selected archived claim and passes it to the registered class that implements the `IArchiveSource` plugin.
3. The class that implements the `IArchiveSource` plugin interface, by default `ClaimInfoArchiveSource`, retrieves the archived claim from the data store and saves it in memory as a serialized XML document.
4. The archived claim retrieval process clears the `ClaimInfo` and other Info entities of all data except metadata describing the retrieval.
5. The archived claim retrieval process runs upgrade steps on the XML representation of the claim as necessary to bring it up to the current data model version.
6. The class that implements the `IArchiveSource` plugin interface, by default `ClaimInfoArchiveSource`, makes user-defined changes to the `ClaimInfo` entity and other Info entities before committing the claim to the database. These changes typically consist of deleting fields populated by `ClaimInfoArchiveSource` when the claim was archived. The `ClaimInfo` entity is the only Info entity that persists. If any changes to `ClaimInfo` are made, then a `ClaimInfoChanged` event is generated.
7. The archived claim retrieval process recreates the claim in the ClaimCenter database, and then:
 - a. Resets `Claim.DateEligibleforArchive` by using the current date plus the value set in the `config.xml` configuration parameter `DaysRetrievedBeforeArchive`.
 - b. While restoring the claim, the class that implements the `IArchiveSource` plugin interface is called to make any user-defined changes to the `Claim` entity and its foreign keys. This class, by default `ClaimInfoArchiveSource`, can also delete the claim from the archiving data store at this time. This class can also perform any other type of document or metadata cleanup required in the archiving data store.
 - c. The claim is assigned as described in “Reassigning retrieved claims” on page 310.
 - d. After the claim has been restored, the archived claim retrieval process creates a note and an Archived Restored History record. See “New note generation in retrieved claims” on page 310.
 - e. The archived claim retrieval process also creates activities by using the activity pattern set in the `RestorePattern` configuration parameter in `config.xml`. ClaimCenter creates at least two activities and assigns one to the current user and one to the assigned user for the claim. See “New activity generation in retrieved claims” on page 310.

8. You can now view and work with the claim as usual in the ClaimCenter user interface.

Reassigning retrieved claims

All retrieved claims must be assigned, just as all newly created claims are. The `AssignClaimToRetriever` parameter in the `config.xml` file determines claims assignment. If you want to reassign retrieved claims to the user who retrieves them, set this parameter to `true`. The default is `false`, which assigns a retrieved claim to the group and user who owned it at the time ClaimCenter archived the claim.

If it is not possible to reassign to the original user, ClaimCenter assigns the retrieved claim to the supervisor of the group. If ClaimCenter cannot reassign the retrieved claim to the original group, ClaimCenter assigns the claim to `defaultowner`.

The default owner in the base configuration has no roles and is in the root group. Its purpose is to provide an owner for claims that ClaimCenter cannot reassign to anyone.

IMPORTANT: Do not delete the default owner from the application. If you do, there can be problems assigning retrieved claims if the retrieved owner is not a member of a group.

New activity generation in retrieved claims

Retrieving a claim creates at least two activities by using the activity pattern defined in the `config.xml` parameter `RestorePattern`. These activities notify the claim owner and the retriever of the claim that this retrieved claim is again available in the ClaimCenter user interface. If the owner of the claim is inactive, ClaimCenter sends a notification to the inactive user's supervisor.

The activity can also enable its recipient to reassign the activity. Reassigning the activity might be necessary if the retrieve process assigns an activity to a user who no longer exists or no longer has permission to see the claim. If you have configured the activity to do so, it can contain an **Assign** button at the top of the activity screen. Use this button to reassign the activity to someone else.

New note generation in retrieved claims

Retrieving a claim generates a new note that is attached to the claim. This note contains the comment that you enter after clicking **Retrieve from Archive**. If you retrieve a claim using the `-restore` maintenance tool command, Guidewire recommends that you enter the body of the note in the `-comment` option of the command. If you use an API call, you also add a comment to create the new note.

Purging archived claims

You can purge claims from the archive. When you do so, you also remove the `ClaimInfo` entity for the claim from the ClaimCenter database. After you purge a claim, and you can no longer find the claim when you search for claims. The only way to get a purged claim back into ClaimCenter is to retrieve it from a backup.

ClaimCenter notifies the archive that an archived claim record is to be deleted by calling the `delete(RootInfo)` method on the class that implements the `IArchiveSource` plugin interface. This class is `ClaimInfoArchiveSource` in the base configuration. The `delete` method is actually defined in the class `ArchiveSource`, which `ClaimInfoArchiveSource` extends.

Note: When a claim that contributes to an aggregate limit is purged, the purged claim no longer contributes to any aggregate limit on the policy period.

See also

- *Administration Guide*

Personal data destruction

Note: The data destruction features described in these topics provide a set of features that help enable insurers to comply with some of their data destruction requirements. These requirements may be driven by insurers' policies and practices, as well as by their interpretation of various regulatory requirements. Such regulatory requirements may come from, for example, the European Union General Data Protection Regulation (GDPR) or the New York State Cybersecurity Requirements for Financial Services Companies law.

ClaimCenter supports destruction of some kinds of data. Destruction can mean either purging the data completely from the database or it can mean obfuscating data, making the original contents permanently unreadable.

Guidewire recognizes the need for insurers to be able to destroy personal information both on an on-demand basis or on a time-based basis. Destruction can be mandated by regulation or business practices, within the requirements of regulation, codes of conduct, or other business practices.

ClaimCenter provides support for data destruction and obfuscation that can be configured in Guidewire Studio.

See also

- *Configuration Guide*

Encapsulation of business logic for retention and destruction

Regulations, codes of conduct, and other generally accepted business practices vary from jurisdiction to jurisdiction. Additionally, business policies and interpretation of conflicting legal requirements vary from insurer to insurer. Therefore no single approach meets the needs of all insurers. To accommodate varying needs, ClaimCenter provides a configurable solution that captures business logic for retention and destruction in one place.

There is a configurable plugin that has access to the business objects to be removed through a root object. For example:

- Contact
- Claim

The examination of objects to be destroyed starts with the root object and traverses a graph of objects, enabling detailed examination of the business objects. You can mark requests requiring user review for those data destruction requests that require special handling, prior to the destruction actually occurring.

See also

- *Configuration Guide*

Notification of data protection officer on errors or conflicts

Requirements for destruction and for retention can conflict with each other. While the plugin class might be able to resolve conflicts in a generic way, situations can arise when the two sets of requirements are not reconcilable. Additionally, the data destruction process can encounter errors. In these situations, notification is done through a configurable plugin.

The default behavior of this plugin is that a message is logged that describes the situation.

After the situation has been resolved, the destruction request can be queued again for reprocessing.

See also

- *Configuration Guide*

Wide-swath data destruction

In many situations, there is a need to destroy the personal data related to a specific business object. This data might be:

- A contact (a person)
- A record of a contract
- A record related to performance of a contract (claim)

These objects can affect many individual data objects. A single call allows the entirety of related data to be removed. In the case where these business objects are nested, a best-effort destruction is performed.

ClaimCenter components provide the ability to purge rows from the database for business objects such as `Contact` and `Claim` and their related data. This approach is suitable for high-volume data destruction.

See also

- *Configuration Guide*

Individual-entity data destruction

While wide-swath data destruction meets the needs of the insurer in most cases, there are special cases where specific personal data cannot be deleted. For example, there might be database integrity concerns, or the data to be deleted, such as data for previous employee, might be related to a large number of claims.

In such cases, where individual instances of data cannot be deleted, ClaimCenter provides the ability to obfuscate data. Obfuscation can include wiping a field completely, replacing it with a neutral value, or replacing it with a unique, irreversible value.

The entities and fields to which obfuscation can be applied, as well as the method for determining the replacement value, are configurable.

See also

- *Configuration Guide*

Integration with other systems

ClaimCenter needs to be able to respond to data destruction requests from external systems, as well as have the ability to notify data consumers of data destruction.

ClaimCenter provides a web service that:

- Takes a reference to an individual contact.
- Takes application-specific action to destroy the data related to that contact.
- Reports back to the caller on the level of success of the request. Callers can query the status of a given request.

See also

- *Integration Guide*

Notification of downstream systems

ClaimCenter provides a messaging system to assist you in ensuring that the destruction of personal data flows into systems connected with components. Additionally, you might need to notify outside organizations that process data on your behalf. The messaging system supports broadcasting personal data destruction response messages.

These messages are delivered by using the existing ClaimCenter guaranteed-delivery messaging system.

See also

- *Configuration Guide*

part 6

ClaimCenter financials

Claim financials

The financial features of ClaimCenter focus entirely on the monetary aspects of settling a claim. These aspects include estimating settlement costs, making payments, and optionally recovering money from other sources to offset certain costs. You can use the ClaimCenter financials features to provide estimates of potential claim costs. You can also track and put financial controls on the flow of money used to satisfy the claim.

See also

- “Multiple currencies” on page 373
- “Bulk invoices” on page 395
- *Configuration Guide*
- *Integration Guide*

Overview of ClaimCenter financials

The financial component is critical to the ClaimCenter application. Not only does the system track claims, but it also records the finances associated with each claim or exposure. You can create reserves for claims, make payments, and create recovery reserves.

ClaimCenter financials example

An adjuster receives a claim for an auto accident, and as part of the claim process, the adjuster creates several exposures and the reserves that are affiliated with each exposure.

- There is a reserve line for potential auto damage costs and a reserve line to estimate medical costs of an injured driver. These reserve lines enable the adjuster to track each type of potential payment.
- Payments consist of transactions. As these costs become clear, the adjuster approves these payments and issues checks against these reserves, decreasing the reserves.
- The adjuster readjusts reserve levels and then determines that another driver was at fault. The adjuster then creates a recovery reserve for the amount expected from that driver’s insurance carrier.
- After the carrier sends the adjuster a check, the adjuster notes this amount as a recovery, which decreases the claim’s recovery reserve.

To manage these financial tasks, ClaimCenter uses these concepts:

| Financial concept | Description |
|-------------------|---|
| Reserve Lines | ClaimCenter uses reserve lines to track specific costs that are related to a claim. A reserve line represents the categorization or coding of a transaction, and is a combination of exposure, cost type, and cost category. |
| Reserves | Estimates of how much money might be needed to satisfy future claim liabilities and associated costs. |
| Transactions | Modify the amount of money in a reserve line. A reserve transaction modifies the amount of money set aside for the reserve line. A payment transaction moves money from a reserve line to a payment to a claimant or other party. |
| Payments | Records of all claim related disbursements made to satisfy the claim, in part or whole. |
| Checks | A single transfer of money from one or more reserve lines to one or more individuals or organizations. |
| Recovery Reserves | Estimates of how much money might be recovered from others while settling the claim. |
| Recoveries | The receipt of claim costs from others, including salvage and subrogation. |

Transactions

The transaction is the basic unit of all financial operations in ClaimCenter. The **Transaction** object is the main financial entity in ClaimCenter. It has the following subtypes:

- Payment
- Reserve
- Recovery
- RecoveryReserve

The following list describes the transaction subtypes:

| Financial Item | Description |
|------------------|--|
| Reserves | Can be created, updated, approved, or deleted. Payments usually decrease them. |
| Payments | Can be created, updated, and approved or canceled. Payments are usually made by checks. |
| Recovery Reserve | Transactions similar to negative reserves. Recoveries always decrease recovery reserves. |
| Recoveries | Negative payments—checks received. Recoveries can be entered, updated, approved, or deleted. |

See also

- See “Financials data model” on page 366

Transaction approval

ClaimCenter provides transaction approval rules that ensure that you have authorization to submit certain financial transactions. A transaction set contains one or more transactions that are submitted as a group for approval. If you attempt to save a transaction set, ClaimCenter rules can ensure that the transaction be marked as requiring approval.

You can write rules that allow transactions based on a financial condition.

You can give a user a role that contains permissions and approval limits to do the following:

- Govern the upper limit of reserves the user can set.
- Set the payments the user can approve.
- Set the checks the user can write.

See also

- “ClaimCenter financial calculations” on page 366
- “Security: Roles, permissions, and access controls” on page 491.

Checks and payments

ClaimCenter distinguishes checks from payments. A *payment* is closely associated with a reserve and is the way ClaimCenter tracks the claim’s settlement costs. A *check* is the physical transfer of funds to make a payment.

One check can make more than one payment to a claimant. For example, an insured can receive payments for both medical costs and car damage in one check. However, several checks can be issued to make one payment. An example is compensation payment for an injury that is split into a check for the injured person and a percentage going to the injured’s lawyer through a second check.

Transactions and transaction line items

The transaction is the main financial entity in the ClaimCenter data model. It is an abstract entity with the final subtypes **Payment**, **Reserve**, **Recovery**, and **RecoveryReserve**. Every transaction contains one or more *transaction line item* objects that hold the monetary amount, or a part of the monetary amount, of the transaction. Payments and recoveries can contain more than one transaction line item. Reserves and recovery reserves can contain only one transaction line item. The amount of a transaction is the sum of all its transaction line item amounts. Each transaction line item contains a *line category* field that further categorizes the amount beyond the **CostType** and **CostCategory** of the entire transaction.

For example, the **LineCategory** field of a **TransactionLineItem** on a **Payment** or **Recovery** can further divide the transaction amount. You might have a reserve line with a cost category called Fees, and you might set aside money for all fees by creating reserves on that reserve line. By adding line categories of Management Fee, Surveyor Fee, and so on, you can make more granular distinctions when creating a payment or recovery. However, you cannot access the line categorizations through financial calculations. Financial calculations track amounts only at the reserve line level.

See also

- “Payments” on page 327
- “Recoveries and recovery reserves” on page 347

Transaction sets

All transactions made at the same time are grouped together in a transaction set. The **TransactionSet** entity also groups together checks created at the same time to make a payment. This grouping occurs even if the checks are issued on separate dates or to different payees or both. See also **TransactionSet** entry in the “Financials data model” on page 366.

Reserves

Reserves are estimates of how much it will cost to satisfy a claim or part of a claim. Reserves are the primary way an insurer estimates its future liabilities. Such estimates are required both for internal business decisions and for regulatory purposes. A unique reserve line categorizes each of a claim’s reserves. Initially, reserves are estimates. As the claim process progresses, a reserve amount can be updated for better accuracy or if higher liabilities seem probable.

Note: Increasing reserves can also indicate a problem, such as fraud.

Unless defined otherwise, payments decrease reserves. If the reserve levels have been set correctly, payments deplete them by the time the claim is settled.

See also

- For more information on payments and their effect on reserves, see “Eroding and non-eroding payments” on page 327.

Estimating reserve amounts

There are two ways to estimate reserve amounts: *Case Reserves* and *Average Reserves*.

Case Reserves – Use case reserves to estimate reserves and then adjust them on a case-by-case basis. To be most effective, first subdivide claims into exposures, cost types, and cost categories, each with its separate reserves. Estimating these smaller pieces makes the overall estimate of the needed reserves more accurate. After applying case reserves, you can monitor the decrease of reserves as payments are made to determine if a claim is resolved within normal cost limits. This method is the one used in the base configuration.

Average Reserves – Use average reserves to estimate claim or exposure reserves based on actuarial information about the cost to settle similar claims in the past. The claim's liability estimate does not change and is not affected by any payments made. Business rules can even set reserves levels automatically. In this case, you segment the claim into exposures, such as vehicle collision. Rules classify the exposure into high, medium, or light damage, and then set reserves by using this classification. The average reserves method works best when allocating reserves to each exposure rather than to the claim as a whole.

Many carriers base their current claim liability on the sum of reserves tailored to the specific claim that are still remaining, plus the payments already made. Other carriers set reserves to averages based on actuarial information from similar claims. They continue to use this initial value in estimating their liabilities, not altering this initial estimate as normal payments are made, only considering extraordinary payments to it.

Note: The base configuration is set up for case reserves. You can configure the system for average reserves.

Uses of reserves

Reserves drive the application's financials. Specifically, reserves do the following:

- **Categorize liabilities by coverage (exposure)** – You can subcategorize reserves into smaller divisions, such as a bodily injury exposure dividing into physician, hospital, therapy, and administrative costs. Categorizing reserves makes tracking of specific claim costs more accurate.
- **Track projected costs of claims as soon as they are created** – This tracking enables timely and more complete estimates of an insurance company's liabilities. Regulatory agencies often require up-to-date estimates of expected claim liabilities to compute an insurer's solvency. They want to include claims whose details are not yet well known.
- **Prevent excessive payments made on a claim** – ClaimCenter controls who can set or increase reserve levels and can stop payments in excess of reserves. These actions can help identify fraud.
- **Ensure that a claim can be paid** – After a reserve is associated with an exposure, and therefore a coverage, it is easy to compare the policy's coverage limit with the potential claim amount.
- **Help in assigning claims** – For example, steer claims with large potential liabilities away from inexperienced adjusters.
- **Assess adjusters' performance** – You can compare actual settlements to the amount of reserves.

Effect on reserves of closing a claim or exposure

After a reserve line's claim or exposure is closed, its open reserves are set to zero. Zeroing the open reserves reduces total reserves to the sum of all eroding payments made against it. On closing of the claim or exposure, total reserves become equal to all eroding payments, and total incurred becomes the total of all payments, eroding and non-eroding. An exposure cannot be closed if any of its reserve lines are negative.

Note: The reserve amounts are stored in multiple currencies—transaction, reserving, claim, reporting—and the zeroing transaction will zero in all these amounts. See “Overview of multicurrency” on page 373.

For example, a reserve is set to \$1000, payments of \$600 are made, and the claim is closed. Total Reserves would no longer be \$1000, but rather \$600 with an offsetting, zeroing transaction of \$400. Open Reserves remain at zero.

See also

- For more information on zeroing reserves, see “Payments and zeroing reserves” on page 331.
- For more information on open reserves, total reserves, and total incurred, see “Definitions of reserve calculations” on page 321.
- For information on eroding and non-eroding payments, see “Eroding and non-eroding payments” on page 327.

Payments and available reserves

Payments can exceed reserves when the `AllowPaymentsExceedReservesLimits` configuration parameter in `config.xml` is set to `true`. Large enough payments can produce negative values for available reserves and remaining reserves. Negative values for these reserves typically result from a payment that is scheduled for the future, eroding its reserve before a requested reserve increase is approved.

However, open reserves cannot be negative. If the system escalates a check, such as through the `FinancialsEsc` batch process, its payments can make open reserves negative. ClaimCenter then creates the offsetting reserves to keep the open reserves at zero.

For other ways for reserves to be negative see:

- “Eroding and non-eroding payments” on page 327
- “Negative and zero dollar transactions and checks” on page 330

Definitions of reserve calculations

Reserves can decrease as payments are made against them. ClaimCenter defines several reserve calculations that differ depending on when the payments that decrease reserves are recognized.

The following are calculations used in reserves.

- **Total Reserves** – All Approved reserves, with no payments deducted. Total Reserves is never changed by payments while the reserve line’s claim or exposure is open. On a closed claim, the Total Reserve value is equal to the sum of all eroding payments. See “Effect on reserves of closing a claim or exposure” on page 320.
- **Open Reserves** – Total Reserves minus all eroding payments made today or earlier.
- **Remaining Reserves** – Open Reserves minus all Approved eroding payments to be made after today.
- **Available Reserves** – Remaining Reserves minus all eroding payments that are Pending Approval.

Note: Payments on open claims never decrease Total Reserves, and recoveries never change any reserves. Eroding payments do decrease Remaining Reserves.

See also

- “Eroding and non-eroding payments” on page 327
- For a full list of financial calculations, see the *Configuration Guide*.

Definitions of total incurred calculations

The **Total Incurred** value on the title bar of each **Financials** screen provides a quick indicator of a claim’s current cost. **Total Incurred** on these screens is the financial calculation Total Incurred Net described in the following definitions.

ClaimCenter defines three types of Total Incurred:

- **Total Incurred Gross** – Open Reserves plus Total Payments.
- **Total Incurred Net** – Total Incurred Gross minus Total Recoveries.
- **Total Incurred Net Recovery Reserves** – Total Incurred Gross minus Total Recovery Reserves.

Eroding payments do not affect **Total Incurred** on open claims, but supplemental payments on a closed claim or exposure do affect **Total Incurred**.

The following terms are used in the definitions of Total Incurred:

- **Open Reserves** – Total Reserves minus all eroding payments made today or earlier. See “Definitions of reserve calculations” on page 321.
- **Total Payments** – Sum of all Submitted payments and payments Awaiting Submission with a scheduled send date either before or on the current date.
- **Total Recoveries** – Sum of all Submitted recoveries.
- **Total Recovery Reserves** – Sum of all Submitted recovery reserves.

For a full list of financial calculations, see the *Configuration Guide*.

Set reserves

About this task

You can add reserves directly.

Every time you change the amount of reserves for a reserve line, ClaimCenter creates anew reserve transaction. You can see this on the **Financials > Transactions** screen by selecting **Reserves** from the drop-down list. A new entry exists with the new date, amount, and current status.

Procedure

1. Open a claim and click **Actions**.
2. Under **New Transaction**, click **Reserve** to open the **Set Reserves** screen.
3. Double-click each drop-down field to select an exposure, a cost type, and a cost category.
4. Enter the available reserves, optionally enter a comment, and click **Save** to add the reserve.
ClaimCenter adds the reserve with a status of Pending Approval. Or, if the reserve does not need approval, ClaimCenter immediately escalates the status to Submitting.

How ClaimCenter displays reserves

In most of its financial screens, ClaimCenter typically displays either Open Reserves, or both Remaining Reserves and Future Payments.

ClaimCenter shows Available Reserves when you are creating or updating reserve amounts. It shows:

- **Currently Available Reserves** – Same as Available Reserves.
 - **New Available Reserves** – New available reserve amount that you enter.
Available Reserves is the most conservative estimate of unused reserves. All payments—current, future, and not yet approved—have been deducted.
 - **Change** – Defined as New Available Reserves minus Currently Available. This value will be the amount of the newly created reserve transaction.
- On the **Set Recovery Reserves** screen, the **Change** column is equal to New Open Recovery Reserves minus Open Recovery Reserves.

Configuring the set reserves screen

The **Set Reserves** screen can run in two modes depending on the **SetReservesByTotalIncurred** configuration parameter in the **config.xml** file.

In the base configuration, the **SetReservesByTotalIncurred** parameter is set to **false**, and the Set Reserves screen shows the **New Available Reserves** column. This default mode focuses on how much reserve you have left to make payments.

You can configure the **Set Reserves** screen to show **Current Total Incurred** and **New Total Incurred** columns by setting the configuration parameter **SetReservesByTotalIncurred** to **true**. The column **New Total Incurred** replaces **New**

Available Reserves. This mode puts the focus on how much you are increasing the Total Incurred of the claim by increasing reserves.

Note: Total Incurred on this screen is the calculation Total Incurred Net, which takes recoveries into account.

See also

- “Definitions of total incurred calculations” on page 321
- “Recoveries” on page 347
- *Configuration Guide*

Reserves in multiple currencies

In ClaimCenter, financial calculations are typically conducted in the *Claim Currency*, the currency inherited by the claim from the associated policy. You can write checks, create reserves, and make payments in the claim currency. Although you can conduct financial transactions in other currencies, in all calculations, this currency is effectively converted to the claim currency.

ClaimCenter configuration also enables you to specify if you want to use multiple currencies in your financial transactions. If you enable multicurrency, you can create reserves, checks, and make payments in different currencies. Apart from the claim currency, each reserve, then, has a designated *Reserving Currency*. Payments erode reserves in the corresponding reserving currency.

Set reserves in multiple currencies

About this task

If you enable multicurrency, you can create reserves in multiple currencies in the **Edit Reserves** screen.

IMPORTANT: After you save a reserve, the currency selection, like the cost type and cost category, cannot be changed.

Procedure

1. Open a claim and click **Actions**.
2. Under **New Transaction**, click **Reserve**.
3. Select **Add** to add a new reserve.
4. Select the currency of choice in the **Reserving Currency** column.
ClaimCenter updates the **New Available Reserves** column to show the new currency symbol.
5. Enter the reserve amount.
After you specify the reserving currency, ClaimCenter shows all amounts and calculations for the reserve in this currency.

See also

- “Reserves in multiple currencies” on page 323
- “Effect of single currency setting on reserves” on page 323

Effect of single currency setting on reserves

If multicurrency is disabled in ClaimCenter, the reserve currency defaults to the claim currency specified in the configuration file. All financial calculations are conducted in the claim currency.

With multicurrency disabled, you can use the **Enter an amount in another currency** button () to calculate and create a reserve in another currency. For example, when creating reserves, an adjuster planning to create payments in another currency could use this feature to set a reserve to that currency.

The **Enter an amount in another currency** button is enabled only when the claim currency equals the reserve currency. For more information on creating reserves, see: “Set reserves” on page 322.

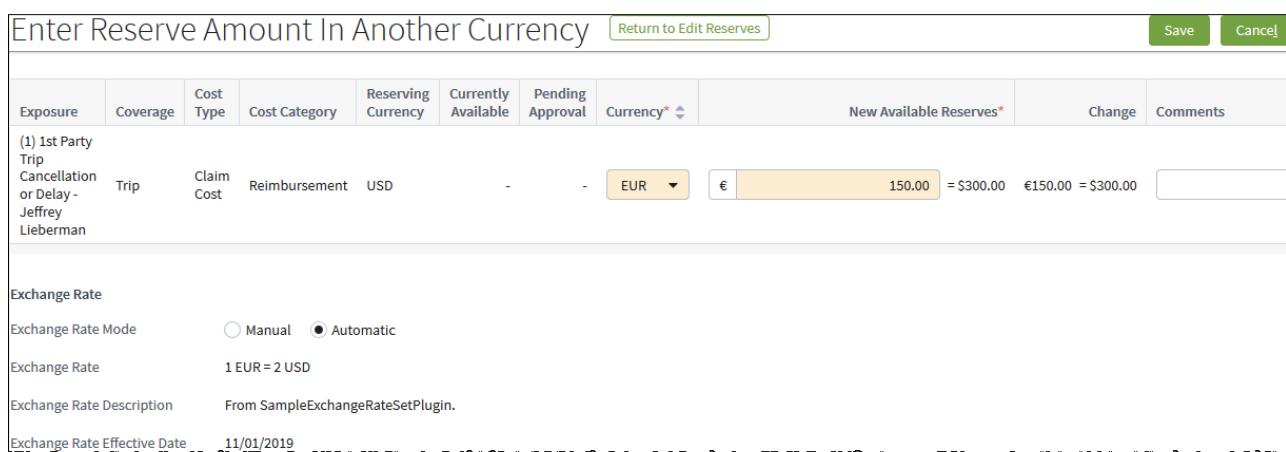
Note: You must run the Exchange Rate batch process before obtaining exchange rates in ClaimCenter. See “Exchange rate batch process” on page 381.

Note: In the base configuration, ClaimCenter tracks reserves only in the claim currency. You can create a reserve in another currency to help you determine the amount of claim currency to put aside to make a payment. Multicurrency payments are made against the reserve in claim currency.

For information on enabling multicurrency, see “Configuring multiple currencies” on page 375.

Enter reserve amount in another currency screen

The following figure shows the screen that appears when you click the **Enter an amount in another currency** button. In this screen, you can change the currency in the **Currency** column and choose whether the new exchange rate is entered manually or looked up automatically.



| Exposure | Coverage | Cost Type | Cost Category | Reserving Currency | Currently Available | Pending Approval | Currency* | New Available Reserves* | Change | Comments |
|---|----------|------------|---------------|--------------------|---------------------|------------------|-----------|-------------------------|--------------------|----------|
| (1) 1st Party Trip Cancellation Trip or Delay - Jeffrey Lieberman | | Claim Cost | Reimbursement | USD | - | - | EUR ▾ | € 150.00 = \$300.00 | €150.00 = \$300.00 | |

Exchange Rate

Exchange Rate Mode Manual Automatic

Exchange Rate 1 EUR = 2 USD

Exchange Rate Description From SampleExchangeRateSetPlugin.

Exchange Rate Effective Date 11/01/2019

Amounts are shown in two currencies with the primary amounts in the selected currency. In this example, the primary amount is in Euros. The selected currency becomes the transaction currency for the new reserve. Secondary amounts are in the claim currency and are shown under the transaction amount.

Note: The automatic **Exchange Rate Mode** in the base configuration uses the `SampleExchangeRateSetPlugin`, which uses unrealistic whole-number exchange rates between currencies. See “Obtaining market exchange rates” on page 380.

Exchange rates and setting reserves

If you change the currency to a non-claim currency, the screen shows exchange rate information with the automatic exchange rate mode button selected.

This button is enabled if you have the Exchange Rate Manual Override permission, `exchratemanual`. If you do not have that permission, the **Exchange Rate Mode** button is disabled.

Reserve lines

Overview of reserve lines

In the base application, a *reserve line* represents a unique combination of exposure, cost type, and cost category. It is used to categorize and track transactions.

IMPORTANT: If multicurrency reserving is enabled, a reserve line is a unique combination of exposure, cost type, cost category, and reserving currency. See “Reserve lines with multicurrency reserving mode” on page 326.

All transactions are related to a reserve line. Each transaction, whether setting or changing a reserve amount, making a payment against a reserve, creating a recovery reserve, or recording a recovery, is marked against one reserve line. There is a `ReserveLine` entity created for each unique combination of `Exposure` or `Claim`, `CostType`, and `CostCategory` if a transaction has been created with that combination.

The `Exposure` entity can be `null`, which means that the reserve line is not at the exposure level, but rather at the claim level. In fact, that is how you set a claim level reserve on the **Set Reserves** screen. If you do not select an exposure, the system creates the reserve line at the claim level.

However, `CostType` and `CostCategory` are both required values. On that same screen, you must select a cost type and cost category. You can select an **Unspecified Cost Type** and **Unspecified Cost Category** from the drop down menus.

Coding

ClaimCenter refers to the combination of exposure, cost type, and cost category fields as the transaction's *coding*. These fields exist on both the `Transaction` and `ReserveLine` entities. You categorize a transaction by setting up those coding fields, and then the transaction is associated with the `ReserveLine` that uniquely represents that coding. As a result, transactions with the same coding are associated with each other through a reserve line, to track their totals for financial calculations.

The `ReserveLine` is the most granular level at which ClaimCenter tracks financial calculations. You can filter the totals for financial calculations in many different ways, such as Total Payments with a cost type of `claimcost`, which applies across the entire claim. This filter would select all reserve lines on the claim with a cost type of `claimcost`, and then add up the Total Payments value for each reserve line. There are additional fields for further categorization of transaction amounts, such as `RecoveryCategory` on Recovery and `LineCategory` on `TransactionLineItem`. However, the `ReserveLine` entity, and hence financials calculations, do not take these fields into account. There are no breakdown amounts.

If you save a new transaction, ClaimCenter either finds the existing reserve line that matches the transaction's coding or creates a new one. You do not create reserve lines directly. The `Exposure`, `CostType`, and `CostCategory` values for the `ReserveLine` derive from the same fields on the `Transaction` entity. These values are set either by you through the user interface or by Gosu code.

Creating reserve lines

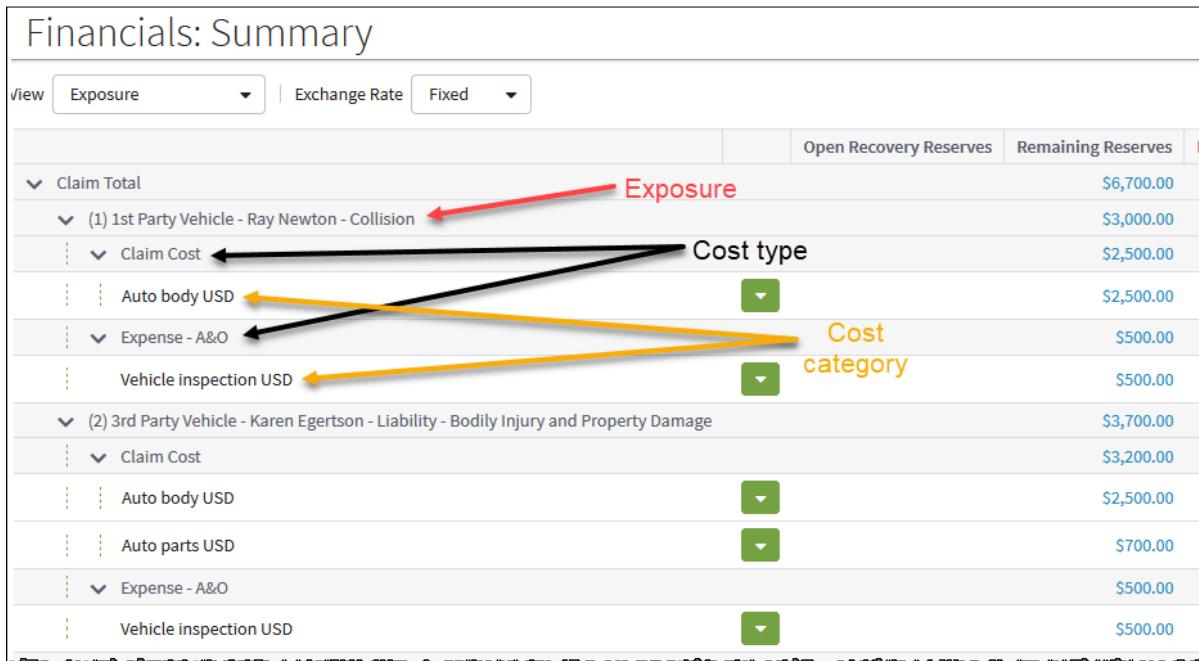
In the user interface, you can see how reserve lines are created. When you create a new transaction from **Actions > New Transaction > Reserve**, the **Set Reserves** screen opens. In this screen you can either edit or add to the Available Reserves on a reserve line. Rows that are pre-populated represent a claim's existing reserve lines with their corresponding reserve amounts. If you add a new row, you create a new reserve transaction on a new reserve line coding combination, causing ClaimCenter to create a reserve line.

Note: The reserve line is created during transaction setup, so the reserve line on a transaction will have been set up when the PostSetup and PreUpdate rule sets were run. See the *Gosu Rules Guide* for additional information.

When you make a payment or you record receipt of a recovery, if no reserve or recovery reserve yet exists, ClaimCenter creates a reserve line.

Viewing reserve lines on the financials summary screen

Multiple reserve lines itemize different kinds of costs for the claim. The **Financials Summary** screen, which displays one reserve line on each row, shows how reserve lines logically categorize a claim's financial information. An example is shown in the following figure:



This figure illustrates the following:

- There are two exposures visible, which are numbered (1 and 2).
- There are no claim-level reserve lines. If there were, you would see what looks like a fourth exposure labeled **Claim Level**.
- Cost types divide each exposure's costs into two major areas, administrative expenses and claim costs.
- Cost categories further subdivide these major areas, making them unique.
- There are five reserve lines visible. Each reserve line is a unique combination of exposure, cost type, and cost category, as shown in the following table:

| Exposure | Cost Type | Cost Category |
|--|-------------|--------------------|
| (1) 1st Party Vehicle - Ray Newton - Collision | Claim Cost | Auto body |
| (1) 1st Party Vehicle - Ray Newton - Collision | Expense A&O | Vehicle inspection |
| (2) 1st Party Med Pay - Karen Egertson - Liability - Bodily Injury and Property Damage | Claim Cost | Auto body |
| (2) 1st Party Med Pay - Karen Egertson - Liability - Bodily Injury and Property Damage | Expense A&O | Auto parts |
| (2) 1st Party Med Pay - Karen Egertson - Liability - Bodily Injury and Property Damage | Expense A&O | Vehicle inspection |

Reserve lines with multicurrency reserving mode

If multicurrency reserving mode is enabled, a fourth field (reserving currency) is used to uniquely identify each reserve line. Therefore, each *reserve line* represents a unique combination of exposure, cost type, cost category, and reserving currency.

See also

- “Multiple currencies” on page 373
- “Configuring multiple currencies” on page 375
- “Multicurrency reserving” on page 377

Viewing reserve lines on the financials transactions screen with multicurrency reserving mode

The following **Financials Transactions** screen example shows how two reserve lines can have the same exposure, cost type, and cost category, but different reserving currencies:

| Financials: Transactions | | | | | | | | |
|--------------------------|------------|------------|----------|-----------|------------|---------------|--------------------|--|
| Type | Date | Amount | Exposure | Coverage | Cost Type | Cost Category | Reserving Currency | |
| Reserve | 03/19/2020 | \$2,500.00 | 1 | Collision | Claim Cost | Auto body | USD | |
| Reserve | 03/23/2020 | CAS850.00 | 1 | Collision | Claim Cost | Auto body | CAD | |

This figure illustrates the following:

- Two reserve lines on a personal auto claim associated with Exposure "1" with the same cost type (Claim Cost) and cost category (Auto body), but one for \$850 Canadian dollars and another for \$2,500 US dollars. This represents a cross-border example where auto body work was started in Canada and finished in the United States.

Payments

Payments encompass all monetary amounts paid to satisfy a claim. This money includes the claim's liabilities and its associated LAE (Loss Adjustment Expenses) and other administrative expenses. Payments have the following associations:

- Every payment is associated with a specific reserve line to categorize the payment amount.
- Every payment belongs to a check.

A payment is classified as either eroding or non-eroding. An eroding payment decreases the amount of available reserves on its reserve line. If you create an eroding payment that exceeds the amount of available reserves, ClaimCenter creates a new reserve transaction to bring the reserves back up to zero. An exception is payments that you schedule to be sent on a future date.

Note: Payments are not the same as checks. See “Checks” on page 333.

There are different types of payments, each of which is used for different purposes.

Eroding and non-eroding payments

ClaimCenter defines two kinds of payments:

- Eroding** – A payment that decreases the available reserves on its reserve line by the payment amount.
- Non-eroding** – A payment that does not affect available reserves.

Every payment, independent of its type, can be denoted as eroding or non-eroding. The following are examples of non-eroding payments:

- Supplemental payments made after a claim or exposure is closed and therefore has zero reserves. There are no more reserves to erode.
- If a carrier does not include its LAE estimates in its reserves, it can make LAE payments non-eroding.
- If the carrier measures its liabilities by using Total Incurred instead of Open Reserves, eroding reserves are not important. Only non-eroding payments increase Total Incurred.

Payments and negative reserves

All eroding payments reduce their associated reserves. If the `AllowPaymentsExceedReservesLimits` parameter in `config.xml` is set to `true`, payments can exceed the amount of available reserves.

To prevent negative reserves, ClaimCenter creates an offsetting reserve for such payments. However, these reserves are not created until the scheduled send date for the payment's check. Therefore, reserves remain negative from the time

the payment is approved to the day it is sent in the case of a future-dated check. Otherwise, an offset will be created when the check is issued.

The offset reserve is created as soon as an eroding payment is in Awaiting Submission status. An offset reserve is not created for non-eroding payments.

Partial, final, and supplemental payment types

During the check writing process, a payment type is applied to a payment. Payment types complement reserve lines in providing an additional way to classify payments. In the New Check wizard, the Payment Type drop-down list choices can be **Partial**, **Final**, and **Supplemental** depending on the situation. For example, the **Partial** option is available if the open claim or exposure has reserves.

Note: It is not possible to add other types to the `PaymentType` typelist.

Partial payments

A partial payment transaction is a transaction that usually pays for some of, but not all, the financial obligation of the reserve line on an open claim or exposure. The available reserves remaining in the reserve line will presumably be used in some future check to complete the financial obligation. These partial payments are eroding unless you specify otherwise. If you are creating eroding partial payments and the `AllowPaymentsExceedReservesLimits` parameter is set to `false`, the reserve line must have the available reserves to cover those amounts. If it does not, then you must either increase the reserves to cover that amount or create a new reserve.

Partial payments are not allowed when the reserve line does not already have reserves and the `AllowPaymentsExceedReservesLimits` parameter is set to `false`. This setting is the default in the base configuration. Setting this parameter to `true` means that you can make a partial payment with available reserves that are less than the partial payment amount. In that case, ClaimCenter automatically adds reserves to the reserve line to prevent the available reserves from becoming negative.

Final payments

A final payment transaction is a transaction that completes the financial obligation of the reserve line. Because the financial obligation has been met, there is no need to keep money set aside in the reserve line. The purpose of final payments is to close exposures and, potentially, even close the claim. Final payments can be either eroding or non-eroding.

On creation, the final payment zeroes out the Open Reserves on its reserve line. ClaimCenter automatically creates an additional reserve transaction that zeroes out the reserve line.

A final payment performs the following actions when its check is escalated by the Financials Escalation batch process:

- If there are no reserves on the exposure and the `CloseExposureAfterFinalPayment` configuration parameter in the `config.xml` file is `true`, the final payment attempts to close the payment's exposure. Other reserve lines on the exposure with non-zero reserves prevent closing of the exposure. If the Close Exposure Validation rules fail while closing the exposure, a warning activity is created and the exposure is not closed.
- If all exposures on the claim are closed and there are no claim level reserves and the `CloseClaimAfterFinalPayment` configuration parameter is `true`, ClaimCenter attempts to close the claim. If the Close Claim validation rules fail while closing the claim, a warning activity is created and the claim is not closed.

To automatically close claims and exposures, two financial parameters in the `config.xml` file must be enabled, `CloseClaimAfterFinalPayment` and `CloseExposureAfterFinalPayment`. These parameters are enabled by default in the base configuration. For more information, see the *Configuration Guide*.

Note: ClaimCenter does not ensure that a final payment is the last payment. Generally, if a final payment has not been escalated, you can make an additional partial payment. If it has been escalated, you can make a supplemental payment.

You can also use final payments to quickly deal with small, simple claims. They can even be made before a reserve has been specified. For example, a single First and Final payment can often settle a personal auto claim. If reserves have not been set, a final payment creates an offsetting reserve to cover it.

Supplemental payments

Supplemental payments are additional payments that are made on an already closed claim or exposure. They are the only way to make a payment on a closed claim or exposure without opening the exposure or claim. They can be submitted on the current date, or you can specify a future date. They are always non-eroding. A closed claim's or exposure's available reserves will have already been zeroed, so there is nothing to erode.

Note: If you think you have a future liability, do not make a supplemental payment on a closed claim. Instead, reopen the claim, create a reserve, and make payments against it.

Supplemental payments without any previous payments

If the `AllowNoPriorPaymentSupplement` configuration parameter in `config.xml` is set to `true`, then you can make supplemental payments if no prior payments existed. In this case, the reserve line drop-down list in the **New Check** wizard shows the reserve lines of all closed exposures, including those with and without a prior payment.

Modifying payments

Depending on its Transaction Status, you can edit, delete, void, or stop a payment or a check. You can also recode and transfer a check, as described at “Transaction and check status” on page 355.

Editing or deleting payments

You can edit or delete a payment as long as it belongs solely to ClaimCenter. The check must not have been sent to be entered into an external accounting system. Editing and deleting are possible when a payment is Pending Approval, is Awaiting Submission, or has Rejected status. The claim or exposure must be open to edit or delete a payment in Rejected status. See also “Lifecycles of transactions” on page 356.

Recoding a payment to another reserve line

Recoding involves moving a payment to another reserve line or changing the line category of the payment’s transaction line items after the payment is sent downstream. You can consider a check to be recoded when you recode its payments, but checks are unaffected by recoding—their amount is unchanged.

Note: If a check is in Awaiting Submission status or an earlier status, you can edit the check and its payments any way you like, but you cannot recode. After the check is escalated to Requesting status and is sent downstream to the check processing system, the only way to fix a coding error is to recode the payment. For more information on check statuses, see “Lifecycles of checks” on page 358.

Using **Recode**, you can split an amount from one payment into multiple payments, but you cannot consolidate multiple payments on an escalated check into fewer payments. However, multiple payments on the same check can have the same reserve line, so you can always recode the right amount of money onto the proper reserve line. The amount might be split across multiple payment transactions with that same reserve line.

Recode a payment

About this task

Recoding is available on the **Payments** screen of the **Transactions** tab of the **Financials** screen.

If you are using multicurrency reserving, only reserve lines in the same currency as the reserve line of the payment will be available for selection. All payments on a check must be from reserve lines with the same reserving currency.

Procedure

1. Select a claim.
2. Click **Financials** in the Sidebar on the left.
3. Click a payment amount to open the **Transactions** screen.

4. Click the **Amount** link of a **Payment** transaction.
This action opens the **Payment Details** screen.
5. Click **Recode**.
The **Recode Payment** screen opens.
6. In the **Recode Payment** screen, you can do the following:
 - Change the reserve line.
 - Enter a comment.
 - Add additional line items and set the line category and amount for each line item.
 - Click **Add Payment** and then edit the reserve line and amounts of the payments to reflect the new reserve line and amount on each. Their amounts must add up to the original payment's amount.

Transferring a payment to another claim

You cannot transfer a payment to another claim, at least not directly. You can transfer a check, and when you do so, all payments on the check are also transferred. For more information, see “Transferring checks from one claim to another” on page 338.

Voiding or stopping a payment

After a check is submitted to an external check writing application to be issued, its payments are also submitted. While they can no longer be edited or deleted, ClaimCenter does provide both a Void and a Stop mechanism. Their details depend on your implementation. However, these actions are more common to checks. When you void or stop a check, ClaimCenter also creates offsets that void the associated payments and reserves for you.

ClaimCenter generates offset transactions for all voids and stops and their payments. The description field of the offset reads **Offsetting transaction for voided check to Payee on Date**.

Negative and zero dollar transactions and checks

There are times when you want to make zero-dollar or negative transactions. For example, you can receive an invoice containing credit or no-cost items, and then create a payment to record that it was paid. Or, if you make an overpayment to a claimant, the claimant’s next check can have a line item for that reserve line. The line item would show a negative amount to offset the overpayment.

You may also configure ClaimCenter transaction validation rules to prevent the creation of checks with negative amounts or zero amounts, especially in the case when the check payment method is set to Electronic funds transfer (EFT).

Note: A check with a negative amount can only be created if it does not result in negative total eroding payments on the reserve line.

Note: You cannot create negative or zero value checks if you select the **Instant** check payment method in the **New Check** wizard.

In ClaimCenter, you can create:

- A check with a negative amount.
If you want to create the check manually, the configuration parameter `AllowNegativeManualChecks` in the `config.xml` file must be set to `true`.
- A check for \$0.
- A check with a negative amount as one or more of its payments.
- A payment with a negative amount on one or more of its line items.
- A check with \$0 entries on one or more of its payments.
- A payment with \$0 entries on one or more of its line items.

- A recovery with a negative amount, but only if the recovery does not result in negative total recoveries on the reserve line or the claim.
- A recovery with \$0 entries on one or more of its line items.
- A recovery of \$0.
- A reserve of \$0.

Making payments with rules

For automatic payments or other payments made by using a Gosu rule, you must use the `setAsNonEroding` and `setAsEroding` methods on `Payment` to change whether the payments erode reserves.

See also

- “Transaction business rules” on page 369

Payments and zeroing reserves

When an exposure or claim is closed, reserves on its reserve lines are set to zero. Payments can have an impact on the zeroing of reserves as well, and this topic describes some of the scenarios in which zeroing transactions would be created in ClaimCenter.

When a final payment is made that requires an offsetting reserve transaction, zeroing of various amounts is done in that transaction. When payments, partial or final, do not result in offsetting reserve transactions, reserves are zeroed only when the exposure or claim is closed.

The following topics are various scenarios in which reserves are zeroed.

- “Example of zeroing reserves in single currency mode” on page 331
- “Example of zeroing reserves and exchange rate fluctuation” on page 332
- “Example of zeroing reserves with a final payment with offsetting transaction” on page 332

Example of zeroing reserves in single currency mode

In this first example, transactions are conducted in a single currency and a final payment triggers an offsetting transaction and the zeroing of reserves.

ClaimCenter configuration:

- Multicurrency display is disabled.
- Multicurrency reserving is disabled.

Currency: USD

| Financial Entity | Transaction Amount | Reserving Amount | Claim Amount | Reporting Amount |
|---------------------|--------------------|------------------|--------------|------------------|
| Available Reserves | 200 USD | 200 USD | 200 USD | 200 USD |
| Final Payment | 120 USD | 120 USD | 120 USD | 120 USD |
| Zeroing Transaction | -80 USD | -80 USD | -80 USD | -80 USD |

In this example, a final payment of \$120 is made, which prompts ClaimCenter to create the zeroing transaction to zero the claim amount balance of -80 USD. If the final payment equals the existing open reserves, no such offsetting transaction would be created.

Note: The **Comments** field typically contains a special description for zeroing transactions.

Example of zeroing reserves and exchange rate fluctuation

In this example, a final payment is made that equals the total reserve amount, so no offsets are required. However, by the time the payment is made, the exchange rate has changed.

ClaimCenter configuration:

- Multicurrency display is enabled.
- Multicurrency reserving is enabled.

Currencies:

- Transaction currency: United States Dollars (USD)
- Reserving currency: USD
- Claim currency: Canadian Dollars (CAD)
- Default currency: USD

| Financial Entity | Transaction Amount | Reserving Amount | Claim Amount | Reporting Amount | Exchange Rate (USD:CAD) |
|---|--------------------|------------------|--------------|------------------|-------------------------|
| Available Reserves | 200 USD | 200 USD | 200 CAD | 200 USD | 1:1 |
| Exchange Rate has now changed. | | | | | 2:1 |
| Final Payment | 200 USD | 200 USD | 100 CAD | 200 USD | 2:1 |
| When the exposure or claim is closed, the zeroing transaction is created. | | | | | |
| Zeroing Transaction | 0 USD | 0 USD | -100 CAD | 0 USD | |

In this example, the exchange rate change prompts ClaimCenter to create the zeroing transaction when the claim or exposure is closed to zero the claim amount balance of -100 CAD.

Example of zeroing reserves with a final payment with offsetting transaction

In this example, a final payment is made that is less than the total reserve amount, which results in an offsetting transaction. This results in the zeroing of that transaction in all amount types.

ClaimCenter configuration:

- Multicurrency display is enabled.
- Multicurrency reserving is enabled.

Currencies:

- Transaction currency: United States Dollars (USD)
- Reserving currency: USD
- Claim currency: CAD
- Default currency: Euros (EUR)

| Financial Entity | Transaction Amount | Reserving Amount | Claim Amount | Reporting Amount | Exchange Rate (USD:CAD) | Exchange Rate (CAD:EUR) |
|---|--------------------|------------------|--------------|------------------|-------------------------|-------------------------|
| Available Reserves | 200 USD | 200 USD | 200 CAD | 100 EUR | 1:1 | 1:0.5 |
| Exchange Rate has now changed. | | | | | | |
| Final Payment | 150 USD | 150 USD | 225 CAD | 90 EUR | 1:1.5 | 1:0.4 |
| When the final payment is made, the zeroing transaction is created. | | | | | | |

| Financial Entity | Transaction Amount | Reserving Amount | Claim Amount | Reporting Amount | Exchange Rate (USD:CAD) | Exchange Rate (CAD:EUR) |
|-----------------------------|--------------------|------------------|--------------|------------------|----------------------------|----------------------------|
| Zeroing Transaction -50 USD | -50 USD | 25 CAD | -10 EUR | | | |

In the example illustrated in the preceding table, the final payment of 150 USD results in corresponding zeroing of the reserving, claim, and reporting amounts.

When a final or partial payment is made that does not require an offsetting reserve transaction, the zeroing of reserves is done only when the exposure or claim is closed.

See also

- “Overview of multicurrency” on page 373
- “Effect on reserves of closing a claim or exposure” on page 320

Checks

ClaimCenter uses checks as the delivery mechanism to make one or more payments. A check is a disbursement of money to a payee or payees. A payment is associated with a reserve line. When creating a check, you can create and edit payments associated with that check in the check wizard.

A check in ClaimCenter encompasses three general payment methods:

1. Paper check
2. Electronic funds transfer (EFT)
3. Instant

Note: An EFT check is a transfer of funds directly to a bank account and is also known as ACH (in the United States). An example of an EFT payment is a deposit to an individual person's checking account. See “Electronic funds transfer (EFT)” on page 342 for details.

Note: An instant check is a rapid disbursement of funds to an individual. A payee is notified of the transaction using an SMS (text) message or email, and funds are immediately disbursed after a verification process with a third-party payment gateway vendor. The actual disbursement is handled by an external payment gateway, and could be payment by Zelle, PayPal, debit card, or other methods supported by the vendor. See “Instant” on page 344 for details.

ClaimCenter can be integrated with an external financial application that prints and sends checks to make claim payments. To make a claim-related disbursement, you create the necessary check descriptions in ClaimCenter to pay the disbursement. After the check issue date occurs, ClaimCenter sends a request to your check-writing application, which in turn writes the actual check.

Instead of issuing a paper check, your external system can send funds electronically.

Payments and checks

The terms check and payment in ClaimCenter refer to separate items:

Payment

A *payment* is a transaction that you perform in ClaimCenter that is applied against a specific reserve line.

ClaimCenter uses payments to track the financial status of a claim. Fundamentally, payments track how funds set in reserve are paid to settle a claim and pay its settlement expenses.

Check

A *check* is a request that ClaimCenter creates and then sends to an external check writing or financial management application. ClaimCenter records all the salient details of the check. These details include to whom the check was

made out and for how much, and against which reserve line the check is written. The application then requests that the external system create and issue the physical check or electronic disbursement.

A single check, check group, or check set can comprise one or more payments of the same claim. Also, a single payment can be made by more than one check, provided that all the checks are part of the same check group or check set. However, a payment cannot be split among multiple check sets.

Types of checks

You create checks in ClaimCenter by using the **New Check** wizard. In most cases, after they are approved and when their issue date is reached, ClaimCenter sends them to its check writing system to be issued. See “Transaction and check status” on page 355 for a description of the statuses that describe a check’s lifecycle. ClaimCenter recognizes that checks created in the same use of the **New Check** wizard are related, and manages them together.

In some cases, you can issue a check that is not directly related to any other check. A common example is a payment to a body shop, which is typically a one-time payment to a single vendor. The vendor repairs the damage. You send the vendor a check to cover the fee. In most cases, there is only a single payee, so the **New Check** wizard writes only one check.

However, when a payment must be divided among several payees, a different check can be issued to each of them. Multiple checks created at the same time are organized into check sets and check groups.

Some definitions:

- **Check** – A ClaimCenter request to generate a single physical check or electronic payment. Each check has a primary payee and can also have one or more joint payees, with the exception of instant checks. Instant checks do not allow joint payees. A check can represent one or more payments.
- **Check set** – All the checks created by a single execution of the **New Check** wizard. The set includes checks that will be issued at different times, such as a recurring check set. All the checks in a check set are submitted together, and they must be approved or rejected as one. A single-payee, non-recurring check belongs to its own check set.
- **Check group** – All the checks created by a single execution of the **New Check** wizard that are scheduled to be issued at the same time. If a single payee check is written, it is in its own check group.

For a set of recurring checks, check groups organize the checks into groups to be issued at the same time. A check group contains multiple checks when there are multiple payees.

A way to see the difference between a check and a check set is to compare them to joint payees and multiple payees.

- **Joint payees** – Two or more different payees that are listed in the same **Pay To** field of a single check. An example of a check written to joint payees might be an auto claim, where the insurer pays a body shop for repairs to the insured’s car. The insurer might write the check to both parties as joint payees. This is because both parties are then required to sign the check before it can be deposited or cashed. This is one check, because the names of the payees appear on a single physical check.
- **Multiple payees** – Unique payees, each of whom receives separate checks for one payment. For example, a workers’ compensation claimant gets one check, while the claimant’s ex-spouse receives another for court-mandated child support. The claimant is the primary payee, and the ex-spouse is a secondary payee.

The multiple payee example also illustrates check groups. In this case, both checks are in one check group. The **Grouped Checks** section of a check detail screen lists them together. If these checks were to recur 12 times, there would be 12 groups of two, and all 24 checks would be contained in one check set.

In the data model, checks are not a transaction subtype, but sets of checks are grouped into check sets, which are a subtype of transaction sets.

Note: If a check is created in the Auto First and Final wizard and its associated exposure or claim is not at the Ability to Pay validation level, it requires approval.

Recurring check sets

You can create a check set that includes a series of checks that ClaimCenter issues periodically. A typical use for recurring checks is for a workers’ compensation claim. Damages for lost wages are paid on a monthly or weekly basis.

A single use of the **New Check** wizard can create a check set containing check groups, which in turn contain single instances of the recurring checks.

The following table describes the recurrence types available in the **Set check instructions** step of the **New Check** wizard.

| Recurrence Type | Description |
|-----------------|--|
| Single | Use to specify a single payment only, an occurrence of one. This type is the default in the base configuration. |
| Weekly | Use to select the following: <ul style="list-style-type: none">• Weekly frequency—for example, every week, or every two weeks• Day of week• Number of days in advance to send the check• Total number of checks to create ClaimCenter shows the total recurrence amount after you specify the total number of checks. |
| Monthly | Use to select the following: <ul style="list-style-type: none">• Monthly frequency—for example, every month or every third month• Day of the month or the day of a week in a month to send the check• Number of days in advance to send the check• Total number of checks to create ClaimCenter shows the total recurrence amount after you specify the total number of checks. |

Notes

- After you initially create them, recurring checks must be written to the same payees and be for the same amount. However, you can edit and clone check sets and make changes to either payees or amounts if necessary.
- If you have enabled multicurrency in ClaimCenter, you cannot change the exchange rate of multi-payee checks in a recurrence. The exchange rate on the checks is locked in for the entire recurrence. Because the fixed amount on a check portion can be shared across multiple checks in a recurrence, the exchange rate for all the checks in the recurrence must be identical. To learn about check portions, see the definition for **CheckPortion** in the *Configuration Guide*.

See also

- *Configuration Guide*

Service dates and service periods for checks

A check can have a service date or a service period.

- A *service date* identifies the date on which a loss occurred that results in a payment.
- A *service period* identifies the period of time over which a payment represented in a check is earned.

Whether a payment applies to a service date or a service period depends on the nature of the exposure to which the payment applies.

The most common example of a check's service period is found in workers' compensation claims. A primary type of loss in this kind of claim is for the worker's lost wages. In this case, the insured is entitled to all or part of the wages they would have earned had they been physically able to work. For example, if that period of time was from August 1 – 14, the check's service period would be August 1 – 14. The payment in the check identifies the time period over which the damage—in this case, lost wages—occurred.

Another example of a service period is an auto policy that includes rental car benefits that apply if the insured's vehicle is not drivable. The insured rents a car for six days, and you send a check for reimbursement. The six days of the rental are the service period for the check.

Manual checks

In most cases, if you need to make a payment, you create a check in ClaimCenter, which records the payment and sends a request to your check writing system. But you might need to quickly write out a check by hand and bypass ClaimCenter. If ClaimCenter does not create the check, it does not know about it, and the check is not counted against reserves. Thus, writing a check by hand can cause confusion in the application's financial records.

You can account for checks written by hand by creating a *manual check*, a check record you create within ClaimCenter to acknowledge a check that you write outside ClaimCenter. After a manual check reaches its issue date, ClaimCenter changes its status to Notifying and sends a message, rather than a print request, to its external check writing application.

ClaimCenter does not verify payment amount against available reserves when creating manual checks. Similarly, when recoding payments on a manual check or transferring a manual check, available reserves are not verified.

Manual checks do not normally require approval and go directly to Notifying status. They cannot reach Pending Approval, Awaiting Submission, or Rejected status unless you write custom approval rules. You can also transfer a manual check in Notifying or later statuses, just as with a normal check.

Working with checks

This topic describes at a high level how to modify checks.

If a check has the appropriate status, you can edit, delete, transfer, clone, reissue, void, or stop payment on it. "Lifecycles of checks" on page 358 defines the states for which these operations are available. To modify a check, use the **New Check** wizard and select the check.

Deleting checks

You can delete any check until its status becomes Requesting. You can also delete a check in Rejected status if its reserve line is in a claim or exposure that is still open. If you have written recurring checks, you can delete any in the series that have not been sent downstream to the external check writing application.

Editing checks

You can edit a single check before its status becomes Requesting, but editing such a check after it is approved can return its status to Pending Approval. You can also edit a Rejected check if its reserve line is part of a claim or exposure that is still open.

After editing a check recurrence, you cannot change the amount after it is approved. Instead, you can indirectly edit the total amount by changing the number of checks in the recurrence, which forces the underlying check set to be resubmitted for approval. You can edit a check in a recurrence on the **Check Details** screen in two ways:

- If you click the **Edit** button, your changes apply only to that check.
- If you click the **Edit Recurrence** button, your changes apply to all remaining checks in the recurrence.

Note: You must have the `resdelete` permission to edit a final check. Otherwise, the check wizard cannot delete and recreate the offsetting reserve.

Cloning checks

Cloning is a time-saving device that enables you to use an existing check or check set as a template to create a new check or check set. You can clone an existing check set that is either single or recurring and then use the **New Check** wizard to make changes.

One typical use for cloning a single check is that you already have one or more checks written to joint payees. If you want to create a new check for the same payees, clone an existing check and then modify the clone as necessary.

Cloning a recurring check set can save even more time. You might have set up a recurrence to pay through the end of the year. Later, you could be informed that a cost of living increase (COLI) will apply for next year. You can clone one

of the checks in the existing recurrence, add an additional payment to provide for the COLI, and save the new recurrence.

Notes on cloning checks

- Cloning creates a new check set for the same claim.
- Cloning creates a new check group. The check group and all checks in it are cloned and added to the new check set.
- All payments are copied to the cloned checks, as are their line items.
- All payees are copied to the new checks.
- Deductions on the check being cloned are not copied to the new check.
- If the check is part of a recurrence, the recurrence is cloned as well. The first due date of the cloned recurrence is the scheduled send date of the last check of the existing recurrence plus one service period.
- Cloned recurring checks retain the same service period as the original recurrence.

See also

- “Clone a check” on page 337

Clone a check

About this task

You can clone checks in ClaimCenter. See “Cloning checks” on page 336.

Procedure

1. Open the claim the check is in and navigate to **Financials > Checks**.
2. Click the check number for the check you want to clone to open the **Check Details** screen.
3. Click the **Clone** button to open the **New Check** wizard.
4. Enter information for the **Payee, Payments, and Instructions**.
5. On the final screen of the wizard, click **Finish** to save the check.

Recoding checks

You cannot recode a check. However, you can move a check’s payments and make a payment against a different reserve line at any time. This process is called *recoding a payment*.

See also

- “Recoding a payment to another reserve line” on page 329

Reissuing checks

You can reissue a check to correct a single check in a check group without having to eliminate all the checks in the group. For example, you divide a payment into multiple checks, and one of them is incorrect. You can reissue the incorrect check instead of voiding and recreating the entire check group.

Notes on reissuing checks

- You cannot change the amount of a reissued check.
- You must not void or stop the check before reissuing it. The reissue process first voids the existing check. Voiding a check yourself prevents you from reissuing it.
- You cannot reissue a check if it is the only member of the check group. Since there are no other checks to void, reissuing does not do anything useful.

- You cannot reissue a bulk check.

Transferring checks from one claim to another

Sometimes a single person or entity is a payee on multiple claims. The single person or entity might receive a check in the correct amount, but the wrong claim is charged.

For example, an attorney represents insured parties on behalf of the insurer in third-party litigation. The attorney can represent quite a few insured parties. In the process of paying the attorney's legal fees, it is possible to write a check against the wrong claim. In this case, you can transfer a check from one claim to another, rather than voiding it, and then recreate it in another claim.

Notes:

- Before transferring a check, ensure that the payee is linked to the contact management system in both claims, as described later in this topic. If the contact is not linked and the payee already exists in the target claim, ClaimCenter will create a duplicate contact in the target claim. See "Transfer a check" on page 338.
- ContactManager, when integrated with ClaimCenter, provides centralized management of your claim contacts and vendors. For more information, see the *Contact Management Guide*.

You can transfer the check with the following limitations:

- The check must have already been sent to the check writing application and have a status at least of Requesting.
- The check cannot be a member of a check group that has multiple payees.

Transfer a check

Before you begin

Under some circumstances, you can transfer a check. See "Transferring checks from one claim to another" on page 338.

Procedure

1. With the claim open, click **Financials** in the sidebar menu on the left to open the **Financials** screen.
2. Click **Checks** and click the **Check Number** for the check you want to transfer.
The **Check Details** screen opens.
3. Note the name in the **Pay To The Order Of** field.
This name is the check's payee.
4. Ensure that this payee is linked to the Address Book in both the source claim and the target claim.
 - a) In the source claim, click **Parties Involved** in the sidebar menu on the left.
 - b) Select the check payee that you identified previously from the list of contacts.
ClaimCenter shows the payee's contact information below the list of parties involved.
 - c) On the **Basics** tab, determine if the contact is linked, and, if not, click the **Link** button or the **Relink** button.
If the contact is not linked, there will be a **Link** button or a **Relink** button. There will also be a message saying either that the contact is not linked or that the link is broken. A broken link means that the contact was deleted in ContactManager. Relinking creates that contact again.
If the contact is already linked, there will be a message saying that the contact is linked to the Address Book, and there will be an **Unlink** button. In this case, you do not need to link the contact.
 - d) Open the target claim and click **Parties Involved** in the sidebar menu on the left.
 - e) If there is a contact with the same name as the payee on the source claim and the contact is not linked as described previously, click **Link** or **Relink**.

- f) You might see a message saying that matches were found for the contact. If so, and there is a correct match, pick it from the list.
5. Open the source claim again.
 6. Go back to the **Check Details** screen by navigating to **Financials > Checks** and clicking the **Check Number**.
 7. Click the **Transfer** button.
 8. To the right of the **Claim** field, click the **Search** icon and search for the claim to which to transfer the check.
 9. In the list of claims returned by the search, click the **Select** button for the claim you want.
 10. Click **Transfer** to transfer the check.

Transferring checks from a closed claim

When a claim is closed, you can still transfer existing checks under certain conditions, as follows:

- You can transfer a supplemental payment from one closed claim to another.
- You can transfer a check from one closed claim to another, if there were payments made on the reserve line before the target claim was closed. The payment is transferred as a supplemental payment.

Voiding or stopping checks

The integration with the external check writing system or payment gateway determines the exact definition of voiding versus stopping payment on a check. ClaimCenter shows a **Void Check** button or a **Stop Check** button to tell you which is possible. Typically, the primary distinction is that you stop payment on a check if the check itself is no longer in your physical possession. Otherwise, you void it. Stopping a check attempts to contact the downstream system to stop the physical check or cancel the payment. Voiding a check does not communicate with an external system. Both operations reverse the payments in the check by adding additional offset payment entities with negative amounts.

In the case of an instant check, you can attempt a stop if you want to halt the payout in the payment gateway after payout processing is underway and prevent funds from being transferred to the payee. If the stop is successful, the check moves from Pending Stop to Stopped. If not, it means the payout has already failed and the check moves from Pending Stop to Stopped.

Note: Voiding an instant check is no different than voiding a check or EFT. There is no functional difference with the **Instant** payment method.

Note: When you stop or void one check in a check group, you stop or void all the checks in that group.

If you reissue a check, the reissue process first voids the check for you. If there are other checks in the group containing the reissued check, they are unaffected.

Check statuses determine when you can void or stop payment on a check. In general, you can void or stop a check after it reaches the status of Requesting. However, you can void, but not stop, a check with a status of Cleared. You must have a special permission to void or stop checks, and an additional permission to void a cleared check.

See also

- *ClaimCenter Integration Guide*

Deducting from checks

ClaimCenter provides support for backup withholding from checks. You might be required to deduct estimated taxes from a check if the vendor has not provided you with full tax status information. You would then forward the deducted amounts to the tax authority.

In the first step of the **New Check** wizard, settings for the **Primary Payee Type** and the **Report As** field determine if ClaimCenter can deduct income tax from the check. If **Type** is **Vendor** and **Report As** is **Reportable**, ClaimCenter can withhold income tax from the check.

If you select a contact in the **Name** field that is a vendor, the **Type** and **Report As** fields are set automatically to **Vendor** and **Reportable**. You can change these fields in the wizard.

There are additional settings that determine if the amount is actually deducted from the check, as described in “Deducting from checks” on page 339. The base configuration parameter settings for deductions allow deductions to be made from the check.

There are some things to note about how ClaimCenter handles checks with deductions:

- ClaimCenter calculates the net amount of a check as the gross amount minus the total deductions of the check.
- During check integration, the amount that is sent to the check printing system to be printed must be the net amount of a check.
- The gross amount continues to be reflected in ClaimCenter financials because the deduction will eventually be sent to a tax authority or other third party. The gross amount is the true cost on the claim.

Check deductions

A Check can have one or more Deduction entities, each of which indicates an amount to be deducted from the check's amount. These Deduction entities are created for each check by a plugin implementation of one of the following plugin interfaces: either `IBackupWithholdingPlugin` or `IDeductionAdapter`.

You can write your own implementations of these plugin interfaces. The `IBackupWithholdingPlugin` plugin interface is preferred for creating all kinds of Deduction entities, even those not related to backup withholding. It is newer and easier to use than the `IDeductionAdapter` plugin interface.

See also

- *Integration Guide*

Backup withholding plugin

In the base configuration, ClaimCenter uses the plugin implementation `gw.plugin.taxframework.BackupWithholdingPlugin`. This class implements `IBackupWithholdingPlugin` and is registered with the `IBackupWithholdingPlugin` plugin registry. This plugin implementation provides support for backup withholding from checks. It calls the backup withholding utility class `gw.util.BackupWithholdingCalculator` to do the work. You can view and edit these Gosu classes if you want to understand or modify the behavior.

ClaimCenter backup withholding behavior

ClaimCenter and the `BackupWithholdingPlugin` plugin implementation behave as follows in the base configuration.

1. The following settings on the first step of the **New Check** wizard determine if ClaimCenter can deduct income tax from the check:
 - A payee **Type of Vendor**, which is stored in the `Check.Payee.PayeeType` field
 - A **Report As** value of **Reportable**, which is stored in the `Check.Reportability` field
2. After the user enters payment information on the second step of the **New Check** wizard and clicks **Next**, ClaimCenter runs the `BackupWithholdingPlugin` plugin. It inspects the payees on the check and deducts backup withholding if:
 - The `Check.Payee.PayeeType` field is **vendor**.
 - `Check.Reportability` field is **reportable**.
 - Either of the following is true:

The vendor on the check has a `Contact.WithholdingRate` value. In this case, this custom withholding rate is used to calculate the backup withholding amount, and there is no need to check the next condition.

The vendor on the check has a `Contact.TaxStatus` value that is not **confirmed**—it is either **unconfirmed** or **unknown**. In this case the `StandardWithholdingRate` as defined in the `config.xml` file is used to calculate the backup withholding amount.

There are three configuration parameters in the `config.xml` file that affect deductions:

- `BackupWithholdingTypeCode` – Default value is `irs`.
- `CalculateBackupWithholdingDeduction` – Default value is `true`.
- `StandardWithholdingRate` – Default value is a percentage, `28.0`.

See also

- “Deducting from checks” on page 339
- *Configuration Guide*

Check deductions versus multiple payee checks

Deductions are one way to reduce the final amount of a check and collect money to send to a third party. Creating a multiple payee check is another way to reduce the final amount of the primary check and send money to a third party. You create a multiple payee check in the **New Check** wizard by clicking **Add Payee**, and thereby creating a secondary check that is part of a check group.

Note: Neither of these approaches modifies the total of payments reflected in ClaimCenter financials. The deducted amounts are going to a third party, and the payment amounts reflect the true cost on the claim.

Take the following into consideration when deciding how to reduce a check's amount:

- A secondary check creates a separate `Check` entity that can be escalated downstream and result in printing a check or sending an EFT payment.
- Some functions of ClaimCenter cannot be performed on multiple payee checks, or are limited in their scope. For example:
 - You cannot transfer multiple payee checks to another claim.
 - If you void or stop one check in a check group, you void or stop all checks in that group. However, you can reissue a single check in a check group.
- The deduction plugin is called every time the check is edited in the **New Check** wizard. Any current deductions are retired, and new `Deduction` entities returned by the plugin are added to the check.
- Deductions are usually used with deducted amounts where the `Deduction.DeductionType` field clearly indicates the destination, such as the `irs` typekey for backup withholding. In this case a separate, secondary check is not required to deliver the money. For example, a check is escalated that contains `irs` deductions, and integration code notifies a downstream system that tracks backup withholding and sends a monthly payment to the tax agency.

See also

- “Deducting from checks” on page 339.
- For more on multiple payee checks and check groups, see “Types of checks” on page 334.
- “Reissuing checks” on page 337.
- “Transferring checks from one claim to another” on page 338.
- “Voiding or stopping checks” on page 339.
- *Integration Guide*

Negative and zero dollar checks and payments

You can create negative and zero dollar checks and payments.

See also

- “Negative and zero dollar transactions and checks” on page 330

Bulk invoice checks

Checks associated with bulk invoices cannot be edited, cloned, reissued, or deleted. Voiding or stopping a bulk invoice check also voids or stops all the bulk invoice’s payments.

See also

- “Bulk invoice checks” on page 405

Effect on checks of closing a claim or exposure

Whenever ClaimCenter closes a claim or exposure, it automatically escalates any associated checks with a status of **Awaiting Submission**. ClaimCenter does not escalate supplemental checks, however.

Electronic funds transfer (EFT)

Overview of EFT

Instead of issuing paper checks, you can transmit funds directly to bank accounts using *electronic funds transfers*, or EFTs. In the United States, EFTs are typically sent using the ACH payments network. In ClaimCenter, you work with EFTs mainly in the context of a contact. The topics that follow describe areas of ClaimCenter you can use to add bank data to a contact.

Note: An EFT is a type of check in ClaimCenter. Everything that applies to how checks work in ClaimCenter applies to EFT transactions, unless otherwise specified.

Note:

- The topics included in this section refer to ContactManager, which, if integrated with ClaimCenter, provides centralized management of your claim contacts and vendors. For more information, see the *Contact Management Guide*.

Add EFT information in the new claim wizard

Procedure

1. Navigate to the **New Claim** wizard.
2. Under **Basic Info**, select either **New Person** or **Edit Contact**.
3. At the bottom of the screen you can add EFT information under the **Bank Data** section.
If integrated with ClaimCenter, ContactManager duplicates this EFT information in order to keep contact information synchronized. Because the array is available at the Contact supertype, the EFT information is available for all subtypes. However, it has not been exposed for the Place subtype.

Add EFT information in the new check wizard

About this task

You can add EFT information in the New Check wizard. EFT is also available on FNOL Auto First and Final and Quick Check, but it is not exposed on a manual check.

Procedure

1. In the **New Check** wizard, select EFT as a payment option.
2. Select from one of the registered EFT accounts for the payee.
ClaimCenter copies the selected account data to the check object to maintain an audit trail in case it resynchronizes the contact with ContactManager and EFT information has changed.

Add EFT information by creating a new person

About this task

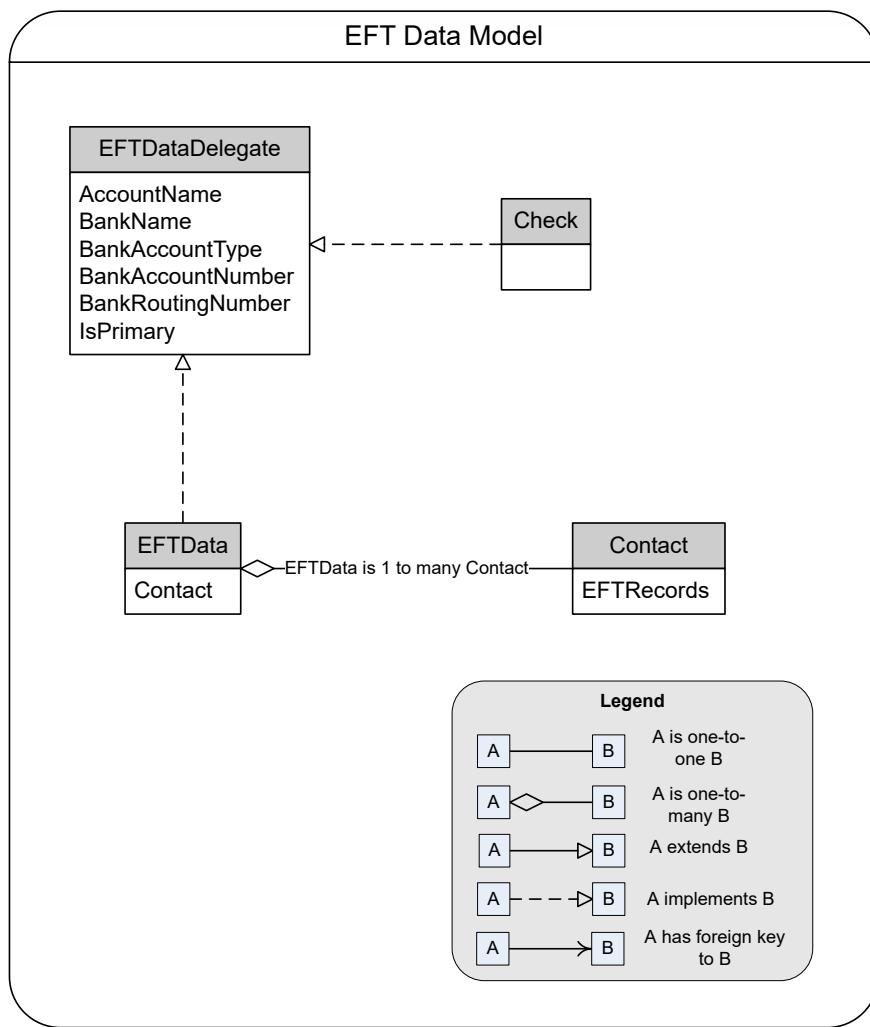
If ClaimCenter is integrated with ContactManager, you can create a new contact with one or more EFT accounts, one of which can be marked as primary.

Procedure

1. In ClaimCenter, navigate to **AddressBook > Actions > New Person**.
2. Add one or more EFT accounts to the new person.

EFT data model

The following diagram illustrates the relationship between the EFTData entity and other related entities. Only fields that have impact on how the EFT data moves are listed in the diagram.



- The entities EFTData and Check implement the EFTDataDelegate entity.
- The delegate EFTDataDelegate is defined in the base data model with no columns in it. All the columns are defined in extensions to make them configurable.
- EFTData has a non nullable Contact foreign key. Contact has an array called EFTRecords, which is an array of EFTData.

Note: GWCheckEnhancement has the property EFTData with a Gosu setter and getter to copy EFT data from a contact to a check. These properties must be extended synchronously with any changes to the EFTDataDelegate entity.

Instant

Overview of instant disbursements

Instead of issuing paper checks or submitting funds to bank accounts using EFT, you can pay individuals rapidly by using an external payment gateway that issues funds using a variety of instant payment mechanisms. These mechanisms can include, but are not limited to, disbursements to prepaid debit cards, Zelle, PayPal, and so on. For example, a same-day reimbursement of \$1000 for auto body repair on a personal auto claim delivered as a debit card. With the **Instant** payment method, the check process flow is accelerated to handle this rapid process but with verification controls in place to identify and verify the payee. The instant disbursements feature includes the **Instant** payment method option when creating checks in ClaimCenter, and, integration to a payment gateway.

External payment gateway

ClaimCenter must be integrated with an external financial system known as a *payment gateway* to issue instant disbursements. The payment gateway performs the funds transfer and verification process with the payee. The payment gateway handles the actual disbursement of funds using whatever rapid payment option is provided to the recipient and supported by the gateway. The disbursement from the payment gateway is known as a *payout*.

Note: The terms *payment gateway* and *payment vendor* are synonymous in the context of an instant disbursement. There are some references to vendor statuses for instant disbursements in code and in the ClaimCenter user interface. It is important to note this is not the same thing as a vendor in the ClaimCenter Services feature.

Note: It is possible for the payment gateway to issue funds to a bank account (EFT), or, even as a paper check. It is up to the external system's processes and options available to the payee. For example, a paper check can be issued as a last resort in cases where electronic funds mechanisms fail or the recipient cannot use those options.

Instant check process flow

The **Instant** payment method requires an individual's contact information including email address, mobile phone number, and a mailing address. While technically a check, the purpose of this payment method in ClaimCenter is to send information to an external payment gateway to process an instant disbursement.

Note: An instant disbursement is a type of check in ClaimCenter. Everything that applies to how checks work in ClaimCenter applies to instant checks, unless otherwise specified.

Note: Instant checks can only be issued to contacts of type Person. You cannot pay vendors, companies, or legal organizations with this payment method. You also cannot add joint payees to an instant check. However, you can add additional payees in the check wizard, each with the **Instant** payment method.

To begin delivery of an instant check immediately upon creation, an instant check is escalated from Awaiting Submission status to Requested status more rapidly than checks with other payment methods. For more information, see "Instant lifecycle events" on page 355.

Check information sent to payment gateway

When ClaimCenter initiates a call to the payment gateway, the following information from the check in ClaimCenter is sent to the external payment gateway.

- Payee details
 - Full name of recipient
 - Mailing address
 - Email address (required for all instant disbursements)
 - Mobile (Cell) phone
- Claim Details
 - Claim number

- Policy number
- Description
- Check Details
 - Amount
 - Currency
- (Optional) Map of Metadata
 - String → String

Instant data model

The `Check.instant.etx` entity extension contains additional fields needed to support instant checks:

Payment gateway fields

InstantPmtExternalID

External ID that identifies the payout in the outbound payment gateway, for use by subsequent API calls back to ClaimCenter. This value must be unique.

InstantPmtVendorStatus

Payout status code provided by the outbound payment gateway. For example, a value of `EFTCustomerNameMissing`. Each `InstantPmtVendorStatus` code has a corresponding `InstantPmtVendorStatusDesc` description. This value appears on the **Check Details** detail view for informational purposes.

InstantPmtVendorStatusDesc

A text description of the payout status with space for additional details or error messages. Use this to explain the meaning of `InstantPmtVendorStatus` code. For example, the description `The approval request has been created and is on authority hold until it is released` can correspond to an `InstantPmtVendorStatus` code of `AuthorityHold`. This value appears on the **Check Details** detail view for informational purposes.

Payee contact information

InstantPmtPayeeEmail

Email address of payee.

InstantPmtCellPhoneCountry

Country code of payee's cell phone. For example, +1 for United States and Canada. Typekey to `PhoneCountryCode` typelist.

InstantPmtPayeeCellPhone

Cell phone (mobile) number of payee.

InstantPmtCellPhoneExtension

Phone extension of the payee's cell phone number.

Note: The `updateInstantPmtFields` method in `GWCheckEnhancement` has a Gosu setter to copy the email and cell phone fields from a person contact to an instant check if the payee contact type is Person and the `InstantPaymentIntegrationEnabled` configuration parameter is true. This payee contact data is sent when an outbound payout is initiated.

Working with instant checks

If the instant disbursement feature is enabled in ClaimCenter, you can create a check with the **Instant** payment method in the new check wizard and quick check wizard. You can also add information to contacts in ClaimCenter such as email address and mobile phone that are necessary for sending to a payment gateway for processing the payout. The

topics that follow describe areas of ClaimCenter you can use to add this contact information to a contact and perform other tasks related to instant checks.

Add instant check contact information in the new check wizard

About this task

You can add a person's contact information used to process instant checks in the New Check wizard. Contact information can also be entered on the following alternate check wizards:

- Quick Check

Contact information is not exposed on a manual check and instant payments are not applicable to manual checks.

Procedure

1. In the **New Check** wizard, select **Instant** as the payment method.

The **Recipient**, **Mailing Address**, **Email Address**, and **Cell Phone** fields are populated (if available) from the contact designated as the primary payee on the check.

Note: At minimum, an email address is required for the payee.

2. When the **New Check** wizard is completed, ClaimCenter sends the check information to the payment gateway.

Once the wizard is completed, this contact information cannot be edited. If changes to the contact information are needed, stop the check and create a new check. See “Voiding or stopping checks” on page 339.

Add instant check contact information in the new claim wizard

Procedure

1. Navigate to the **New Claim** wizard.
2. In the **Basic Info** step, in the **Name** field, select either **New Person** or **View Contact Details**.
 - a) If you selected **View Contact Details**, click **Edit**.
3. Populate the contact's information in the **Phone**, **E-mail**, and **Primary Address** sections as necessary. At minimum, an email address is required. Enter a mobile (cell) phone number if it is available.

Add instant check contact information by creating a new person

Procedure

1. In ClaimCenter, navigate to **Parties Involved > Contacts > New Contact > Person**.
2. Add required contact information for the contact (at minimum an email address) and phone and mailing address information as necessary.

View instant payment status

About this task

Instant payment status information is retrieved from the payment gateway and represents the state of the payout. In this case, the *vendor* is the same as the payment gateway.

Procedure

1. With a claim open, click **Financials > Checks** in the Sidebar menu.
2. In the **Financials: Checks** screen, click a check number or amount to open its **Check Details** screen.

The check number is the same as the **Instant Payment Number** that is shown on the **Check Details** screen.

3. Scroll down to **Instant Payment Status**.
4. View the **Vendor Status** and **Vendor Status Description** fields. These fields map to the InstantPmtVendorStatus and InstantPmtVendorStatusDesc fields, respectively. For information on these fields, see “Instant data model” on page 345.

What to do next

See also

- For information about payment gateway integration, refer to the *ClaimCenter Integration Guide*.

Failed payouts

If payout processing fails in the external payment gateway, an error is logged in ClaimCenter and an activity is created using the general_warning activity pattern and assigned to the user who created the check associated with the payout. This activity appears in the Claim's workplan with the subject of **Instant Payout Failed** and is escalated three business days after creation. The activity description includes the following check details:

- Payee name
- Amount
- Scheduled send date (payment date)

Payout failures may occur for a variety of reasons, such as timeouts, invalid email addresses, invalid contact information, or payment denials. While instant checks do not follow the same process for denied checks, the reasons for denial can apply to instant checks as well. The process for denied paper checks or EFT disbursements is to set the check status to Denied in ClaimCenter. This process does not apply to instant checks. For more information about denials, see “Downstream denials of recoveries and checks” on page 360.

Recoveries and recovery reserves

Recoveries and recovery reserves are analogous to payments and reserves, respectively, but refer to money received, rather than paid out, in the course of settling a claim.

See also

- “Reserves” on page 319
- “Payments” on page 327

Recoveries

A *recovery* is a transaction that accounts for money received by the carrier to help settle a claim. Recoveries can come from a variety of sources. Among them are:

- **Salvage** – If a claimant receives payment for a completely destroyed vehicle, the carrier can get back some of its cost by selling the vehicle for scrap.
- **Subrogation** – Money recovered by a carrier taking action against a liable party. For example, a carrier can pay its insured for vehicle damages, and then collect from the at-fault driver.
- **Deductibles** – Money that the insured must pay to satisfy the policy terms and conditions.

ClaimCenter reports Total Recoveries that have been received.

Recoveries are tracked separately from reserves and payments. Recoveries are included in the financial calculation TotalIncurredNet because they reduce total liability for the claim. The **Total Incurred** field at the top of the **Financials** screen is the Total Incurred Net value, which subtracts recoveries.

Note: You can also create a negative recovery if it does not result in negative total recoveries on the reserve line or the claim. For example, you might have received a check for a recovery that was written for too large an amount, but was already deposited and entered in the system. Entering a negative recovery is one way you might handle accounting for the refund.

See also

- “Definitions of total incurred calculations” on page 321
- “Negative and zero dollar transactions and checks” on page 330

Recovery reserves

Recovery reserves are estimates of how much money might be recovered from others in settling the claim. They are analogous to reserves, but for recovery transactions instead of payments. They are estimates of the amounts likely to be received that diminish the insurer’s liability on a claim. Similar to all transactions, they are categorized by their unique reserve line.

Although permissions are needed to view, create, edit, or delete recoveries and recovery reserves, the permissions are assigned to all roles in the base configuration.

Recovery reserves are related to one reserve line. Recoveries and recovery reserves have an additional attribute, *Recovery Category*, similar to cost category but not part of the reserve line, that further defines them. The recovery category is a required value and must be defined when creating recoveries and recovery reserves.

Assigning a recovery category

A recovery or recovery reserve transaction is assigned a recovery category, which further categorizes the transaction beyond the standard `ReserveLine` components.

In the base configuration, the `RecoveryCategory` property can have one of the following values, defined in the `RecoveryCategory` typelist:

- Credit to expense
- Credit to loss
- Deductible
- Salvage
- Subrogation

On a single reserve line, you can add transactions with more than one recovery category. You can track financial calculation amounts by the `RecoveryCategory` on the Financials Summary page.

See also

- “Financials screens” on page 44

Recovery reserve offsets

After a recovery is received, it decreases the open recovery reserve associated with that reserve line. If a recovery category is specified, the appropriate recovery reserve line with the corresponding recovery category is eroded. The resulting calculation, Total Recovery Reserves minus Total Recoveries, is analogous to payments’ decreasing open reserves.

If a recovery reserve does not exist or is not sufficient, a received recovery generates a matching recovery reserve to keep Open Recovery Reserves from becoming negative. This offset recovery reserve transaction also increases the Total Recovery Reserve.

This process is similar to the one in which a payment that exceeds reserves creates a reserve offset that keeps Open Reserves positive and so increases the matching Total Reserves. There is no configuration parameter for recovery reserves that is analogous to `AllowPaymentsExceedReserves`. You can always receive money to reduce a claim’s cost.

If a received recovery is voided, the associated recovery reserve offset is also rolled back. The Total Recovery Reserve decreases by the previous offset amount and the Open Recovery Reserves return to the values they had before the recovery was created. Again, this process is analogous to what happens when payments exceed reserves.

The following table shows how these values can change for specific recoveries:

Claim is opened and no recoveries are expected

| Total Recovery Reserves | Open Recovery Reserves | Recoveries | Net Total | Incurred |
|-------------------------|------------------------|------------|-----------|----------|
| \$0 | \$0 | \$0 | \$0 | |

An unexpected recovery check is received

| Total Recovery Reserves | Open Recovery Reserves | Recoveries | Net Total | Incurred |
|-------------------------|------------------------|------------|-----------|----------|
| \$500 | \$0 | \$500 | \$-500 | |

Receive recovery check is voided

| Total Recovery Reserves | Open Recovery Reserves | Recoveries | Net Total | Incurred |
|-------------------------|------------------------|------------|-----------|----------|
| \$0 | \$0 | \$0 | \$0 | |

Configuring recovery reserves

You can configure ClaimCenter to suppress recovery reserves by setting the `UseRecoveryReserves` configuration parameter in the `config.xml` file to `false`.

You can also create recovery reserve transactions to track the expected level of recoveries in the future. As described previously, recovery transactions reduce the value of open recovery reserves. You can use and display the calculation `TotalIncurredNetRecoveryReserves` if you have a high confidence that all recovery reserves will be recovered. In this case, this calculation gives a more accurate and earlier indication of insurer liability.

See also

- For more information on configuring financial calculations, see the *Configuration Guide*.

Modifying recovery records

To make corrections to recovery records, you can either recode or transfer a recovery.

This section includes:

- “Transferring recoveries” on page 349
- “Transfer a recovery” on page 350
- “Multicurrency and transferring a recovery” on page 350
- “Recoding recoveries” on page 351
- “Create and then recode a recovery” on page 351

Transferring recoveries

You would need to transfer a recovery if someone entered a recovery amount on the wrong claim, and you need to associate it with the correct, and different, claim. It does not matter if the claims are closed.

Transferring a recovery does the following:

- Creates an offset recovery on the same reserve line.
- Creates an onset recovery on the new claim and reserve line.
- Sets the original recovery's status to Pending Transfer.

Setting the configuration parameter `UseRecoveryReserve` in the `config.xml` file to `true` has the following effects on recovery transfers:

- If a recovery has a zeroing offset recovery reserve, transferring this recovery creates a recovery reserve in the negative amount of that zeroing offset.

- A zeroing recovery reserve is created on the onset recovery's reserve line, if necessary.

The recovery status changes from Pending Transfer to Transferred after it is acknowledged by the downstream system.

See also

- “Transfer a recovery” on page 350

Transfer a recovery

Before you begin

For reasons of why you would want to transfer a recovery, review “Transferring recoveries” on page 349.

Procedure

1. Navigate to a claim's **Financials** screen and click the **Transactions** tab to open that screen.
2. Set the filter to **Recoveries** to help identify which recovery is to be transferred, and then click the amount in the **Amount** column.
The **Recovery Details** screen opens.
3. Click **Transfer** to open the **Transfer Recovery** screen.
4. On the **Transfer Recovery** screen, find the targeted claim or enter the claim number if you know it.
If you search, you can select the claim from the active database or the archive, and you can enter a variety of parameters to narrow your search. View the search results in the bottom section of the screen.
5. Select the targeted claim and click **Select** to return to the **Transfer Recovery** screen.
6. On the **Transfer Recovery** screen, choose the **Reserve Line** from the drop-down list or create a new one.
7. Enter the **Exposure**, **Cost Type**, and **Cost Category**.
If multicurrency is enabled, you can also select the **Reserving Currency**.
8. Click **Transfer**.

If the **Transfer** button is disabled, the following are typical causes:

- The recovery is an offset recovery, which cannot be transferred.
- The recovery has one of the following statuses: Transferred, Pending Transfer, Recoded, or Pending Recode.
- You do not have **Edit recoveries** permission.

The **Financials > Transactions** screen reflects your changes. The status of the recovery changes to **Pending Transfer**.

Multicurrency and transferring a recovery

You can use the following indicators to determine the exchange rate used when you transfer a recovery:

- If the claim selected for the transfer has the same claim currency as the original claim currency, no exchange rate information displays. The same trans-to-claim exchange rate is used for the onset recovery.
- If the claim selected for the transfer has a different claim currency and the claim's currency is the same as the recovery's currency, no exchange rate information shows.
- If the target claim has a different claim currency and the claim's currency is different from the recovery's currency, ClaimCenter displays exchange rate information. The entered information is applied as the transaction-to-claim exchange rate for the onset recovery.

For more information, see “Multiple currencies” on page 373.

Recoding recoveries

Recoding a recovery is similar to transferring a recovery, but with a slight difference: You are assigning to the correct reserve line on the same claim. Recoding enables you to correct clerical mistakes.

Recoding has the following effects:

- Creating an offset recovery on the same reserve line.
- Creating an onset recovery on the new reserve line.
- Setting the original recovery's status to Pending Recode.

Note: Offset recoveries cannot be recoded. Recoveries with the following statuses also cannot be recoded: Transferred, Pending Transfer, Recoded, and Pending Recode.

If the configuration parameter `UseRecoveryReserve` in the `config.xml` file is set to `true`, a recovery has a zeroing offset recovery reserve. The recoding process creates a recovery reserve in the negative amount of that zeroing offset. There is also a zeroing recovery reserve created on the onset recovery's reserve line, if necessary.

The recovery status changes from Pending Recode to Recoded after it is acknowledged by the downstream system.

See also

- “Transferring recoveries” on page 349
- “Create and then recode a recovery” on page 351

Create and then recode a recovery

Before you begin

You can recode recoveries as described at “Recoding recoveries” on page 351.

Procedure

1. Open a claim and click the **Financials** menu item on the left to open the **Financials: Summary** screen.
2. Click the **Actions** menu and, in the **New Transactions** section, click **Other > Recovery** to open the **Create Recovery** screen.
3. Select the **Payer** and the **Reserve Line** from those drop-down lists.
4. Enter an amount and click **Update**.
5. Click the recovery to open the **Recovery Details** screen.
6. Click **Recode** to open the **Recode Recovery** screen.
7. Change the **Reserve Line** by using the drop-down list, and then click **Recode** again.
The **Financials > Transactions** tab reflects your changes. The reserve line status is Pending Recode.

Working with transactions and checks

You can navigate in ClaimCenter to all screens that display existing transactions and checks, and all screens where you have the correct permissions to edit.

View a claim’s existing transactions

About this task

To view all transactions on a specific claim, do the following:

Procedure

1. Navigate to a claim and open it.
2. Click the **Financials** menu item and click the **Transactions** card.
You see a table showing all transactions of one type for the claim.
3. To define the transaction type shown in the table, choose one of the following types from the drop-down list:
 - **Payments**
 - **Reserves**
 - **Recoveries**
 - **Recovery Reserves**

The drop-down list shows a **Custom** option that is not for your use. If you select a transaction from a table of transactions, the view becomes **Custom**.

4. Sort each table of transactions by any column by clicking that column's title.
5. To view the details of any transaction, select its amount.

View a summary of a claim's existing transactions

Procedure

1. In ClaimCenter, navigate to a claim and open it.
2. Click the **Financials** menu item and click the **Summary** card.
You see a condensed version of all transactions and checks.
3. To further organize the contents of the **Summary** tab, choose one of the following items from the drop-down list in the upper left:
 - **Claimant** – Organize this tab to show all transactions for each claimant.
 - **Exposure** – Show all transactions for each exposure together.
 - **Exposure Only** – Show all transactions by exposure. Do not show claim-level transactions.
 - **Coverages** – Show all transactions for each coverage on the policy.
 - **Claim Cost Only** – Same as **Exposure**, but with no claim expenses, such as a car appraiser's cost.

There is no option to view payments. They show next to the checks that make them.

View existing checks

About this task

To view all checks on a specific claim:

Procedure

1. In ClaimCenter, navigate to a claim and open it.
2. Click the **Financials** menu item and click the **Checks** tab.
A screen showing all checks written on the claim opens. The checks are sorted by **Check Number**.
3. Review the **Pay To**, **Gross Amount**, **Issue Date**, **Scheduled Send Date**, **Status**, and **Bulk Invoice** number.
4. Sort each table of transactions by any column by clicking the column's title.
5. To view the details of any transaction, click its **Gross Amount**.

Create a new transaction or check

Procedure

1. In ClaimCenter, navigate to a claim and open it.
2. Select **Actions**.
3. Under the **New Transaction** section, select one of the following transaction types:
 - Reserve
 - Check
 - Other > Manual Check
 - Other > Recovery
 - Other > Recovery Reserve.

You can also create a check through the quick check option.

Create checks against a reserve you have selected

Procedure

1. In ClaimCenter, navigate to a claim and open it.
2. Click the **Financials** menu item and select **Transactions > Reserves**.
3. Click a reserve **Amount**, and then click **Create Check**.

Create recoveries against a particular payment or recovery reserve

Procedure

1. In ClaimCenter, navigate to a claim and open it.
2. Click the **Financials** menu item on the left.
3. Click the **Transactions** tab and choose **Recovery Reserves** from the drop-down list.
4. Select a transaction and click **Create Recovery**.

Modify a transaction or check

About this task

You can modify an existing check or transaction.

Procedure

1. In ClaimCenter, access the check or transaction.
2. Display the details.
Each screen has buttons only for modifications allowed for that check or transaction.
3. Select a modification:
 - Edit
 - Delete
 - Recode
 - Reissue

- **Clone**
- **Transfer**
- **Stop**
- **Void**
- **Deduct**

How transactions affect financial values

This example shows how transactions on the same reserve line change main financial values.

As eroding payments are made, reserves decrease, but non-eroding payments do not affect reserves. To see the sum of all non-eroding payments, subtract Total Eroding Payments from Total Payments. You obtain Total Eroding Payments by subtracting Open Reserves from Total Reserves. See “ClaimCenter financial calculations” on page 366.

ClaimCenter displays reserves in a manner that best conforms to your business practices. You generally see either Remaining Reserves and Future Payments, or Open Reserves, their sum. You can optionally display Available Reserves or Total Incurred.

| Total Reserves | Open Reserves | Remaining Reserves | Future Payments | Total Payments | Recoveries | Net Total Incurred | Available Reserves |
|--|---------------|--------------------|-----------------|----------------|------------|--------------------|--------------------|
| Initial reserve created for \$500; requires approval | | | | | | | |
| \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| The reserve is approved | | | | | | | |
| \$500 | \$500 | \$500 | \$0 | \$0 | \$0 | \$500 | \$500 |
| Eroding Payment is scheduled for \$300 at the end of the month; requires approval | | | | | | | |
| \$500 | \$500 | \$500 | \$0 | \$0 | \$0 | \$500 | \$200 |
| Eroding Payment is approved | | | | | | | |
| \$500 | \$500 | \$200 | \$300 | \$0 | \$0 | \$500 | \$200 |
| End of the month arrives and \$300 eroding payment is made | | | | | | | |
| \$500 | \$200 | \$200 | \$0 | \$300 | \$0 | \$500 | \$200 |
| Non-Eroding Payment of \$50 is approved for payment today (has Awaiting Submission status) | | | | | | | |
| \$500 | \$200 | \$200 | \$0 | \$350 | \$0 | \$500 | \$200 |
| Non-eroding Payment of \$50 is made (has Submitting status) | | | | | | | |
| \$500 | \$200 | \$200 | \$0 | \$350 | \$0 | \$550 | \$200 |
| Recovery of \$100 is received | | | | | | | |
| \$500 | \$200 | \$200 | \$0 | \$350 | \$100 | \$450 | \$200 |

The lifecycle of financial objects

ClaimCenter uses status values to identify and control the flow of transactions and checks, from creation and approval to their subsequent submission to an external accounting system.

Transactions and checks pass through similar statuses as they pass through ClaimCenter. The following three statuses define where checks and transactions are in their lifecycles:

Approval Status

Defines when a requested check or transaction has been approved or rejected. See “Approval status” on page 355.

Check Status

Defines when a check is written, approved, issued, cleared, or canceled. See “Lifecycles of checks” on page 358.

Transaction Status

Defines when a transaction passes through statuses similar to those of a check. See “Lifecycles of transactions” on page 356.

These statuses also determine whether and how a transaction or check can be modified. Because ClaimCenter shares financial information with one or more external accounting systems, these statuses also synchronize transactions and checks with their statuses in those systems. A change in any of these statuses can trigger events in ClaimCenter. You can write business rules that run when a specific status change occurs.

Approval status

Both checks and transactions always carry one of the following approval statuses:

Unapproved

Entered or being entered into ClaimCenter by someone who does not have approval authority.

Approved

Given permission to remain in ClaimCenter.

Rejected

Not given permission to remain in ClaimCenter.

All financial entities—transactions and checks—move from Unapproved to Approved when their transaction statuses change from Pending Approval to Awaiting Submission.

Transaction and check status

Transaction status and check status are similar. They are visible in the user interface, and you can write Gosu code in rules to use them. The main differences are:

- Submitting and Submitted transactions are equivalent to Requesting and Requested checks.
- Payments and checks can move—be transferred—between claims. However, only payments can move—be recoded—to another reserve line.

Standard lifecycle events

During the early parts of their lifecycles, checks and all transactions have the same lifecycle. While being created, they are in Draft status. After they are first saved, they get Awaiting Submission status (or Pending Approval status if approvals are needed). In the case of approvals, after the checks or transactions are approved, the status changes to Awaiting Submission, or if the approver declines, Rejected status. During these stages, these entities belong to ClaimCenter alone, so you can edit and delete them. Finally, the transaction is given Submitting status and is sent to the external accounting system integrated with ClaimCenter, which returns the Submitted acknowledgment.

Note: The Draft status is not persisted to the database. Therefore, a transaction cannot be saved in Draft status.

A check goes through a similar lifecycle, substituting Requesting and Requested status for Submitting and Submitted. After the downstream system returns the requested acknowledgment, it issues the check and sends Issued and Cleared notifications back to ClaimCenter.

Recoveries can be recoded and transferred and have a slightly different lifecycle. See “Modifying recovery records” on page 349 for details.

Instant lifecycle events

Checks with the Instant payment method follow a more rapid lifecycle than other payment methods.

When an instant check is created, and no approvals due to authority limits are needed, and the payment date (scheduled send date) is reached, preupdate rules immediately escalate the check from Awaiting Submission to Requesting. After the instant check status reaches Requesting, and when a message is sent to the payment gateway, ClaimCenter message queues escalate the check to Requested. The payment gateway processes the disbursement, and funds are issued using a variety of electronic methods such as email, debit, prepaid card, and so on.

Note: When an instant check is created in the ClaimCenter user interface and the **Payment Date** is set to a date in the future, the instant check's status is set to Awaiting Submission.

Unusual lifecycle events

Checks, payments, and reserves can deviate from their normal lifecycle if they are modified or canceled. Other statuses describe these changes.

The unusual lifecycle events are:

- **Recode** – Move a payment or recovery, or check, if all its payments have been recoded, to another reserve line. Bulk invoice checks cannot be recoded.
- **Reissue** – Correct a single check in a group of checks without having to void or stop all checks in the group.
- **Transfer** – Move a payment, a check, or a recovery to another claim.
- **Void or Stop** – Cancel a payment, reserve, check, or recovery already sent to a downstream system.

See also

- “Comparing voiding a check and stopping a check” on page 356
- For details of these statuses and the allowed transitions between them, see the *Integration Guide*.

Comparing voiding a check and stopping a check

Typically you void a paper check that you can physically rip up or destroy, and stop payment on it when it is no longer in your possession. Except for manual checks, ClaimCenter cannot always determine whether to void or stop a check, and so provides both options. For electronic disbursements such as EFT and instant checks, where funds processing is handled by an external downstream system, stop payment is used to halt funds transfer. You can also void recoveries.

If you stop or void a check that is part of a check group, you also stop or void all checks in that check's check group. Any checks that are part of other check groups, even other check groups that are in the same check set, are not affected by the stop or void.

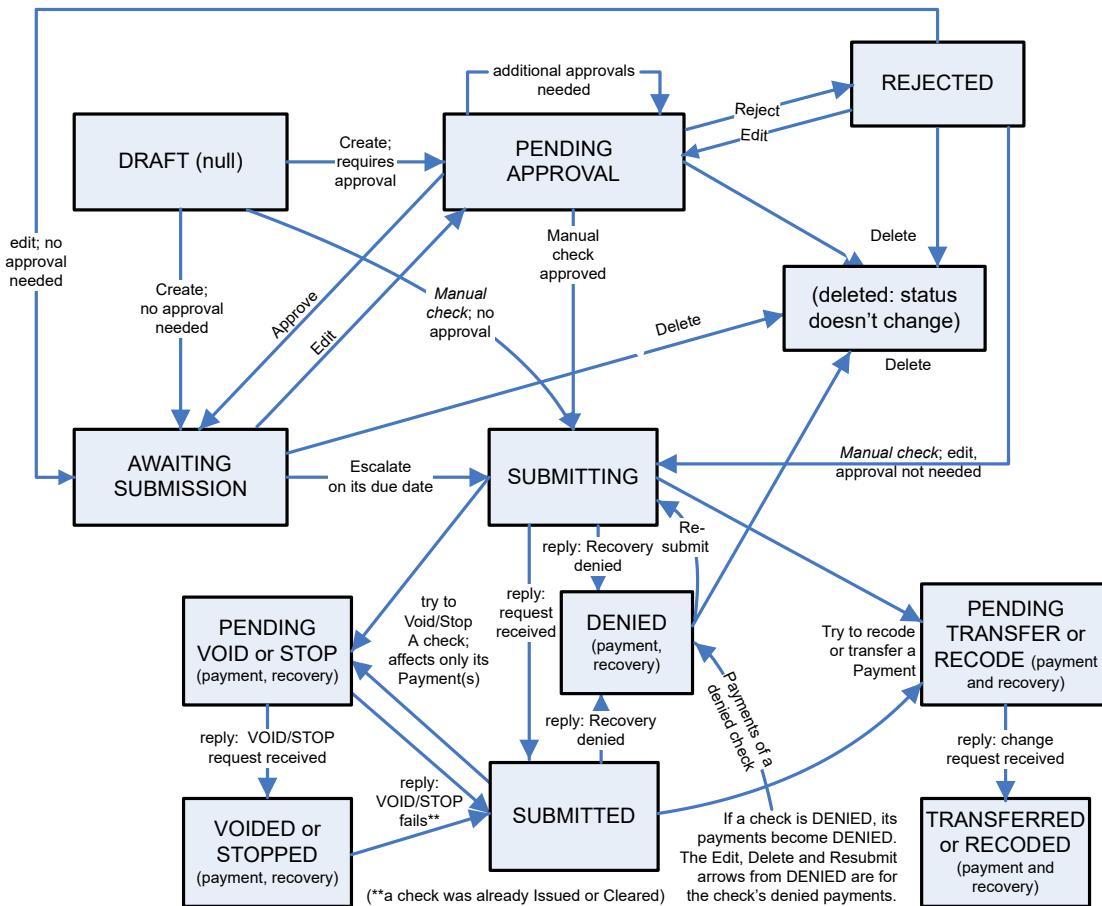
If you request to stop or void a check in the user interface, you cannot know its actual status. The downstream system might already have issued the check, and the check might even have been cashed. In all cases, ClaimCenter assumes that your action was successful and creates an offsetting transaction, called an *offset*. This transaction reverses the check amount. If the downstream system then notifies ClaimCenter that the check was indeed issued or cashed, ClaimCenter responds by creating yet another transaction, an *onset*, that reverses the offset. Voiding or stopping a final check returns the reserve to the original value it had before the final check made it zero.

If a check is transferred to another claim, ClaimCenter creates an offset and an onset at the same time. It does so by subtracting the amount from the original claim and adding it to the new one. ClaimCenter is configured to display the check transfer information in both the old and the new claims.

Lifecycles of transactions

The following diagram and table summarize all transaction statuses and how they relate to approval status:

Transaction Status Flow Chart



NOTE on automatically generated transactions: These do not require approval, so DRAFT always flows to AWAITING SUBMISSION.

NOTE on payments of manual checks: These go directly to SUBMITTING - never to AWAITING SUBMISSION

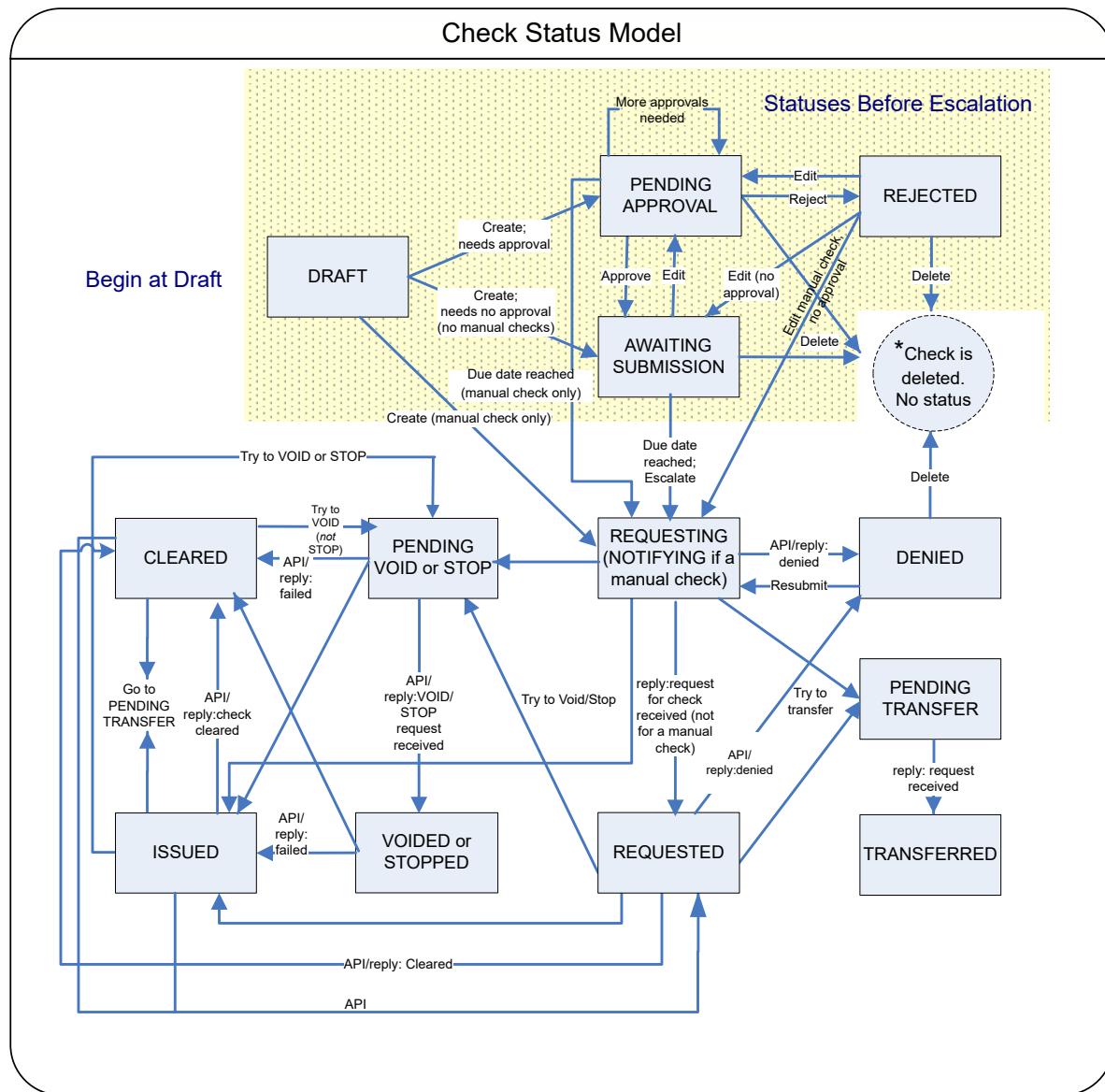
| Approval status | Transaction status | Delete, Edit? | Comment |
|-----------------|--|---------------|--|
| Unapproved | null (Draft) | yes | When finished, moves to Pending Approval or Awaiting Submission. |
| Unapproved | Pending Approval—payments and reserves only | yes | On approval, moves to Awaiting Submission. |
| Approved | Awaiting Submission—payments and reserves only | yes | In queue, unsent to downstream system because transaction date not reached, or a current date, to be sent later. |
| Approved | Submitting | no | Transaction date reached, sent downstream today. |
| Approved | Submitted | no | Downstream reply, transaction received. |
| Approved | Pending Void—payments and recoveries only | no | The messaging plugin sends a request downstream to void the check. Not in the base configuration—you must set this up. |

| Approval status | Transaction status | Delete, Edit? | Comment |
|-----------------|---|---------------|--|
| Approved | Voided—payments and recoveries only | no | Downstream reply that the transaction is voided. |
| Approved | Pending Stop—payments only | no | The messaging plugin sends a message downstream to stop the check. Not in the base configuration—you must set this up. |
| Approved | Stopped—payments only | no | Downstream acknowledgement that a stop occurred. |
| Approved | Pending Transfer—payments and reserves only | no | Notify downstream system to move it to another claim. |
| Approved | Transferred—payments and reserves only | no | Downstream reply—transfer notification received. |
| Approved | Pending Recode—payments and recoveries only | no | Move to another reserve line, notification sent. |
| Approved | Recoded—payments and reserves only | no | Downstream reply—recode notification received. |
| Rejected | Rejected | yes | Through Pending Approval—edit or delete only if claim open. |
| Approved | Denied—payments and recoveries only | no | For recoveries only—a reply from downstream. |

Lifecycles of checks

The following high-level flow diagram and table summarize all check statuses and how they relate to approval status. Bulk invoice checks are not included in the diagram or the table.

Note: Instant check statuses follow a more accelerated process than depicted in this diagram. When an instant check that does not need approval is created on the same day as its payment date, it is immediately escalated to Awaiting Submission. When an instant check reaches Requesting, it is escalated quickly to Requested after messaging queues are finished communicating with the external payment gateway. See “Instant lifecycle events” on page 355.



Notes

- To modify a Denied check you must clone it.
- Some statuses advance either by web service APIs or through the user interface, which the diagram does not show explicitly. See:
 - *Integration Guide*

| Approval | Check Status | Edit | Delete | Comment |
|------------|------------------|-------------------------------------|--------|---|
| Unapproved | Draft | yes, from cloned or reissued checks | yes | Saving the entity changes the status to Unapproved. |
| Unapproved | Pending Approval | yes, including recurrence settings | yes | Waiting for approval. |

| Approval | Check Status | Edit | Delete | Comment |
|----------------------|---------------------|--|------------|---|
| Approved | Awaiting Submission | yes, except payments, recurrences | yes | Approved, in queue to go downstream. |
| Approved | Requesting | no, but can reissue after stop/void | stop, void | Issue date reached and check request sent. |
| Approved | Requested | no, but can reissue after stop/void | stop, void | Downstream acknowledgment of check request. |
| Approved | Issued | no, check is issued | stop, void | Notification to ClaimCenter—check issued. |
| Approved | Cleared | no, check cashed or EFT completed | void only | Notification to ClaimCenter—check cleared. |
| Approved | Notifying | no, for manual checks only, sent instead of Requesting | stop, void | Notification to ClaimCenter—check issued. |
| Approved | Pending Void | no | no | Void attempt sent downstream. |
| Approved | Voided | no | no | Notification to ClaimCenter—check voided. |
| Approved | Pending Stop | no | no | Stop attempt sent downstream. |
| Approved | Stopped | no | no | Notification to ClaimCenter—check stopped. |
| Approved | Pending Transfer | no, moving to another claim | no | Transfer notification sent downstream. |
| Approved | Transferred | no | no | Sent to ClaimCenter—downstream acknowledgment of check request. |
| Approved | Reissued | no | no | From Stop/Void, Reissued, Pending Approval. |
| Rejected | Rejected | yes, all fields, if claim open | yes | From Pending Approval if Rejected. |
| former status Denied | no | | yes | Reply from downstream—affects Payments |

Note: In the diagram, reply indicates that a transition changed from the downstream system. Methods of the `ClaimFinancialsAPI` web service can also change the status of the check where the diagram refers to *API*.

Downstream denials of recoveries and checks

A downstream system might refuse to issue a check or receive a recovery due to criteria it verifies against the requested check or recovery. For example, your check writing or general ledger system might be required to compare all check payee names against the Office of Foreign Assets Control (OFAC) watch list. This list has all persons who are barred from receiving or sending monetary payments. In this case, the downstream system can tell ClaimCenter to deny the check through a message reply or web service call. The check then moves from Requested status to Denied status.

Note: Set up ClaimCenter so that denial of a check or recovery is a rare thing. As much as possible, incorporate all criteria for preventing inappropriate transactions into your ClaimCenter configuration rules so that they are caught and prevented as early as possible.

Recoveries and payments are the only type of transaction that can be denied. Payments are denied when the check that pays them is denied. Reserve and recovery reserve transactions cannot be denied, so any potential limitations from downstream systems on these transactions must also be enforced in ClaimCenter.

Denying a check or recovery

A check or recovery must be denied as soon as possible after being sent downstream. A check cannot be denied after it has been issued or cleared.

Only recoveries in Submitted or Submitting status can be denied. Similarly, only checks in Requesting or Requested status can be denied. Manual checks can also be denied when in Notifying status.

Denial occurs when the downstream system sends ClaimCenter a denial notification. This notification can occur in several ways:

- The downstream system can use the `denyRecovery` and `denyCheck` methods in the `ClaimFinancialsAPI` web service to asynchronously notify ClaimCenter after the downstream system has received the recovery or check request.
- The `Recovery.denyRecovery` and `Check.denyCheck` methods can be called from a plugin-based message handler. This approach supports the use case of having the downstream system set a flag on the acknowledgment to the `RecoverySubmitted` or `CheckRequested` message. The message handler can then call the appropriate domain method to perform the denial.
- Gosu rules can use the `Recovery.denyRecovery` and `Check.denyCheck` methods.

Denied recoveries

After a recovery is denied, the following happens in ClaimCenter:

- The recovery's status is set to Denied. On the **Claim > Financials > Recovery Details > Transactions** screen, the **Status** field is set to **Denied**.
- A new activity using the `recovery_denied` activity pattern is assigned to the user who created the recovery.
- Any zeroing offset recovery reserve that had been created for the Recovery will be retired.
- ClaimCenter automatically generates an offset Recovery Reserve to keep recovery reserves to zero if the following two conditions are true:
 - The Recovery's claim or exposure is already closed.
 - The Open Recovery Reserve value is zero for the Recovery's `ReserveLine`.
- Post-setup rules are executed for the recovery's `RecoverySet` and for the `RecoveryReserveSet` created to zero Open Recovery Reserves, if any.
- ClaimCenter prevents importing or adding the denied recovery to a staging table.

Take one of the following actions to respond to a denied recovery:

- Resubmit the recovery by using the **Claim > Financials > Transactions > Recovery Details > Resubmit** button, which is active only for denied recoveries. The new recovery then appears like any other recovery in this screen, with **Submitting** status.
- Delete the recovery by using the **Claim > Financials > Transactions > Recovery Details > Delete** button. Once deleted, you can create and edit another recovery.
- Do nothing. The recovery remains with its **Denied** status.

Denied checks

To modify a denied check you must first clone the check and then edit the cloned check. The original denied check cannot be modified.

You can deny any single payee check, both recurring and non-recurring. You can also deny manual checks. You cannot deny a multiple-payee check. After you deny a check, the following things happen:

- The check's status is set to Denied. On the **Claim > Financials > Checks > Check Details** screen under the **Tracking** heading, the **Status** field becomes **Denied**.
- Each of the check's contributing payments is denied. A contributing payment is one that contributes to the gross check amount. Recoded and offsetting payments are not denied.
- ClaimCenter assigns a new activity using the `check_denied` pattern to the user who created the check.
- ClaimCenter executes post-setup rules for the check's `CheckSet`.
- You cannot import or add a denied check to a staging table.

ClaimCenter takes the following actions for all payments denied as a result of a check denial:

- Each payment's status becomes Denied.

- ClaimCenter retires any zeroing offset reserve that had been created for each payment.

Although you cannot edit a denied check directly, you can do the following.

- Resubmit the check by navigating to **Claim > Financials > Checks > Check Details** and clicking the **Resubmit** button. This button is active only for Denied checks. The new check is added to the screen with **Requesting** status.
- Modify the check by cloning it. After cloning the check, you can edit the clone and submit it through the normal processes. Cloning is configurable in the method `GWCheckEnhancement.resetCloneFields`.
- Delete the check by using navigating to **Claim > Financials > Checks > Check Details** and clicking the **Delete** button.

If you use the Deny Check feature, you must exercise care in allocating your check numbers. Resubmitting a denied check uses the same check number. Cloning a denied check to edit, and then resubmitting, clears out the check number. A new check number is allocated later. Cloning and resubmitting can also have a consequence, a missing check number.

However, denial of a check is meant to occur between the time the check is escalated and sent downstream and when it is issued by the check printing system. Allocating the check number and printing the check is normally an atomic action. After allocating a check number and printing the check, you could void the check if needed, but not deny it.

Denied manual checks

A manual check can be denied only if it is in Notifying status, which means it must be denied before its escalation message is acknowledged. ClaimCenter changes a manual check status from Notifying directly to Issued status upon message acknowledgment, when the `acknowledgeSubmission` method on the `Check` is called.

Closing a claim or exposure with a denied payment

After a check makes a final payment, ClaimCenter can close the associated exposure or claim if the configuration parameters `CloseClaimAfterFinalPayment` and `CloseExposureAfterFinalPayment` in the `config.xml` file are both true.

If a check with a final payment reaches Denied status:

- If the exposure was closed by the payment and the claim is still open, the exposure will be automatically reopened if the payment is denied.
- If both the exposure and claim were closed by the payment, both will be reopened when the payment is denied, first the claim and then the exposure.
- If the exposure or claim closed manually, or if the payment closed the exposure but the claim was closed manually, neither is reopened by the denial of the payment.
- If the claim or exposure or both remain closed after the denial of each payment, the system creates any necessary zeroing reserves to keep Open Reserves zeroed.
- If the claim or exposure or both are reopened due to the denial of a check, ClaimCenter adds a Reopened history event to the claim History. The reason for reopening is **Payment Denied**, a typecode of either the `ClaimReopenedReason` or `ExposureReopenedReason` typelist.

Financial holds

ClaimCenter defines a *financial hold* as a way to mark a claim so that no indemnity payments can be made against it. A financial hold is different from keeping the claim from getting to the Ability to Pay validation level. A financial hold might be necessary to ensure that expense payments can still be made on the claim.

Applying financial holds to a claim

In the base configuration of ClaimCenter, there are three ways that a claim can be marked for financial holds:

- **The claim's coverage is in question** – This condition exists when the **Coverage in Question?** field on the **Summary > Claim Status** screen is set to Yes. On the `Claim` entity, this field is `CoverageInQuestion`.

See “Coverage in question and financial holds” on page 363

- **The claim is an incident-only claim** – This condition exists when the **Incident Only?** field on the **Summary > Claim Status** screen is set to **Yes**. On the **Claim** entity, this field is **IncidentReport**.

See “Incident only and financial holds” on page 363

- **The claim policy is unverified** – This condition exists when the **Verified Policy** field on the claim’s **Policy** screen is set to **No**. On the **Policy** entity, this field is **Verified**.

See “Unverified claim policy and financial holds” on page 363

This behavior is configurable.

Note: Financial hold status is not stored in the database. The status is checked in rules as part of transaction validation. The status is also checked before initial reserves are created.

Coverage in question and financial holds

You can set the **Coverage in Question** field on the **Summary > Claim Status** screen either manually or automatically. Once set, the field can be cleared only by a user who has the **unsetcovinquestion** permission, typically a supervisor. In the base product, this permission is granted to the following roles:

- Claims Supervisor
- Manager
- New Loss Processing Supervisor

You can assign this permission as you like in your own configuration.

When the claim’s coverage in is question, an icon showing a document overlaid with a question mark appears in the following locations:

- The **Info** bar
- The **High-Risk Indicator** section of the claim’s **Summary** screen

In the base configuration of ClaimCenter, the **Coverage in Question** field is automatically set in the following circumstances:

- Loss date is before the policy’s effective date.
- Loss date is after the policy’s expiration date.
- **Status** on the claim’s **Policy** screen is something other than **In force** or **Archived**.

You can configure this functionality in Guidewire Studio in the **ClaimPreupdate** rule **CPU20000 – Coverage in question** and its children. See the *Configuration Guide*.

Incident only and financial holds

Sometimes the carrier receives information on claims that do not turn out to be claims. These claims are kept in case they later become claims. They are also kept for reporting purposes.

It is not always clear that claims are Incident Only when the claim is first filed. Before this status can be determined, some expenses might have been incurred, and it might be necessary to pay these expenses. Paying these expenses requires the use of financial holds rather than keeping the validation level below Ability to Pay.

In the base ClaimCenter configuration, the **Incident Only?** field on the **Summary > Claim Status** screen can be set only manually.

Unverified claim policy and financial holds

ClaimCenter automatically marks the claim policy as Unverified in one of the following cases:

- The claim policy is edited in ClaimCenter.

- The claim's loss date is changed.

In these cases, the policy can no longer be deemed true to the policy snapshot that was taken from the policy system when the claim was filed. The only way to verify the policy again is to refresh the policy. For more information, see “Refreshing the policy snapshot on a claim” on page 114.

ClaimCenter handling of financial holds

When financial holds apply, ClaimCenter prevents any `claimcost` reserve or payment from being created or edited. Expense transactions are allowed, although ClaimCenter will warn the user that the claim is under financial hold. In the base ClaimCenter configuration, this functionality is enabled through transaction set validation rules.

Note: You can configure this functionality in Guidewire Studio in the transaction set validation rule **TXV15000** – **Financial Holds** and its children. See the *Configuration Guide*.

The base configuration of ClaimCenter also prevents any `claimcost` initial reserves from being created when financial holds apply. This functionality is handled by checking for financial holds status before creating initial reserves in rules in the **InitialReserve** rule set. These rules check the value of the `Claim.applyFinancialHolds` method. For more information, see the *Configuration Guide*.

Integration with external financial systems

You typically integrate ClaimCenter with an external financial application that writes your physical checks, processes EFTs, or issues instant payouts. As you make a claim-related disbursement, you create the check information inside ClaimCenter. If a paper check with Awaiting Submission status reaches its issue date or earlier if so configured, then ClaimCenter sends an escalation request to your check writing application. The check writing application in turn writes the actual check. The process for other payment methods such as EFT and instant differ, and are more accelerated.

Transaction statuses and check statuses synchronize the communications between ClaimCenter and external accounting systems.

The following financials processes integrate ClaimCenter with external systems. Each has a specialized function:

- **Financials Escalation** – Transmits checks that must be written to a check writing system, along with related accounting information.
- **T-accounts Escalation** – Ensures that transactions inside ClaimCenter update all T-accounts and other internal financial values, so that the calculated values used throughout ClaimCenter are correct.
- **Bulk Invoice Escalation** – Similar to financials escalation, but operates only on bulk invoice checks and their related payments and reserves.

See also

- For information on scheduling these processes, see the *Configuration Guide*.

Financials escalation work queue

The `financialsescalation` work queue moves checks in Awaiting Submission status whose send date has arrived to Requesting status (with the exception of instant checks). This process generates the `CheckStatusChanged` event, which ClaimCenter listens for and, when received, sends a request to the check writing system. After a check has Awaiting Submission status, if its issue date is today or earlier, this work queue escalates the check and its associated payments and reserves.

Specifically:

- T-accounts are updated.
- If needed, offsetting reserves are created. This change and any other associated reserve changes are given Submitting status. For example, if an eroding payment exceeds its open reserves, it requires an offset to keep its open reserves from becoming negative.

- If the payment is final and the exposure or claim can be closed, it will be.
- The check's status becomes Requesting, and a message to issue it can be sent to a check writing system.
- The check's payments' status become Submitting.
- Transaction post-setup rules run. If any result in a validation error or warning, ClaimCenter creates a reminder activity showing the errors. It then tries to assign the activity to the user that created the payment. If that assignment fails, ClaimCenter automatically assigns the activity. The activity's due date is today, its priority is Normal, and no escalation date is set.
- If the check is recurring and it is the second-to-last check to be submitted in the recurrence, ClaimCenter creates an activity. This activity alerts the user that the recurrence is ending soon.

The `financialsescalation` work queue runs by default daily at 6:05 a.m. and 6:05 p.m. If you want to escalate a check immediately, you can create a rule to do so by using the `Check.requestCheck` method.

Note: When entering the date for escalation, enter a day only, but not a time. If a time is present, the work queue delays escalation until the first time it runs on the next day.

Checks associated with a bulk invoice are escalated by the `financialsescalation` work queue only if their `PendEscalationForBulk` fields are set to `false`. If a check's `PendEscalationForBulk` field is `true`, the check is instead escalated by the `bulkinvoicesescalation` batch process. This field allows some bulk invoice checks to be processed normally. For example, others could be held so that other, newly arrived checks to the same vendor can be bundled with them. See “Bulk invoice escalation process” on page 366.

T-accounts escalation batch process

The `taccountescalation` batch process transitions payments and their offsetting reserves from `FutureDated` state to `AwaitingSubmission` state on the day that a future payment's `ScheduledSendDate` arrives. This process updates certain financial calculations that include payments on checks scheduled to be sent today, financial calculations such as total reserves, open reserves, total payments, and so forth,

As the batch process runs, offsetting reserves are created if needed. This change and any other associated reserve changes are given Awaiting Submission status, which means that they can still be retired if their associated payments are retired or changed. For example, an eroding payment—a future-dated payment scheduled to be sent today—exceeds its available reserves. The eroding payment requires an offset to keep its available reserves from becoming negative.

The `taccountescalation` batch process updates T-accounts and summary financial values to reflect the fact that a check is going to be issued on that date, without the check's being issued. This update gives you time on the issue date of a check to make adjustments, while keeping summary financial values correct.

You can change the time when the batch process runs in the `scheduler-config.xml` file. In the base configuration, this process, `TAccountEsc`, is scheduled to run at 12:01 a.m. every day. If the server is down during this time, then manually run the process as soon as possible. The batch process exists primarily for configurations where financials escalation is configured to run only in the evening. In that way, on the day a check is scheduled to be sent, the financials calculations get updated in the morning. However, the check would still be editable until it was escalated in the evening.

Guidewire strongly recommends running this batch process as scheduled in the base configuration. Running the T-account Escalation batch process, while technically optional, affects financial totals on the **Financials Summary** screen. These totals might be wrong until the first run of the batch process, which successfully escalates any formerly future-dated checks.

See also

- “Foreign exchange adjustments in custom financials calculations” on page 383

Using financials processes

As described previously, in the default configuration, the `financialsescalation` work queue runs twice a day at 6:05 a.m. and 6:05 p.m. However, if your configuration does not run `financialsescalation` at 6:05 p.m. and the `taccountescalation` batch process runs at that time instead, there are likely to be inaccuracies. T-account entries and

summary financial transactions would be incorrect from 6:05 p.m until 6:05 a.m. Running these processes at the default times makes the financial calculations correct for rules that reference them during the morning batch processes, such as the Claim Exception rules.

Depending on your implementation, you can schedule these two processes differently:

- Schedule one of these two processes to run before the calculated values need to be up to date.
- To keep checks editable for as long as possible during the working day, run the `taccountescalation` process soon after midnight. You can then schedule the `financialsescalation` process at your midday time or a few hours after your close of business.
- If you do not care about not being able to edit future dated checks that have reached their send date before `financialsescalation` runs, schedule `financialsescalation` to run just after midnight. You need not run `taccountescalation`.

See also

- “Financials escalation work queue” on page 364

Bulk invoice escalation process

A separate batch process, `bulkinvoicesescalation`, affects bulk invoices. It changes the status of a bulk invoice’s items from Awaiting Submission status to Submitting, and their associated checks to Requesting, when the Invoice reaches its send date. It also updates the checks and the check's payment. By default, this process runs daily at 6:35 a.m. and 6:35 p.m.

ClaimCenter financial calculations

ClaimCenter maintains a number of running totals of a claim’s financial transactions and updates them as transaction statuses change. Guidewire refers to these running totals as financial calculations. You can use Gosu to manipulate this information and add it anywhere in the user interface. ClaimCenter can also send this information to external accounting systems. ClaimCenter pre-calculates—denormalizes—the calculations for quick retrieval from the database.

See also

- *Configuration Guide*

Financial transactions outside the user interface

If you create financial transactions in the user interface, ClaimCenter does all the bookkeeping for you. It adjusts aggregate limits, updates all T-accounts, changes all summary financial amounts, and so on. You can also use Gosu to create financial transactions, or you can use the Transaction Presetup rule set.

For more information, see:

- *Gosu Rules Guide*
- *Configuration Guide*

Financials data model

The following table lists the key financials entities in the data model that you see in the ClaimCenter base configuration. Refer to the *ClaimCenter Data Dictionary* to see other financially related entities.

| Entity or field | Description |
|-----------------|--|
| Check | An entity that groups one or more payments made at the same time to a single payee or group of joint payees. ClaimCenter sends it to an external system to be printed, unless it is a manual check not created by the application. |

| Entity or field | Description |
|---------------------|--|
| CheckGroup | An entity that groups together a multipayee check, with a primary check and one or more secondary checks. |
| CheckSet | The entity that collects all Checks resulting from a single usage of the New Check wizard. It includes all issuances of a recurring Check and checks of a multipayee Check. It is a subtype of TransactionSet. All Checks belong to a CheckSet. |
| CostCategory | A Transaction field that categorizes a transaction. In the base configuration, the CostCategory typelist includes values that you can use as filters to support the various Lines of Business (LOBs). |
| CostType | A Transaction field that categorizes a transaction. In the base configuration, the CostType typelist includes the following typecodes: |
| | <ul style="list-style-type: none"> • aoexpense – Adjusting and other expense • claimcost – Actual loss payments to claimants or repairers • dcceexpense – Defense and cost containment legal expense • unspecified – Unspecified cost type |
| Deductible | The entity that tracks the amount, the coverage, and the status of the deductible, such as whether it has been paid or waived. One of the main fields on the Deductible entity is TransactionLineItem, which is a foreign key to TransactionLineItem. |
| Line Category | A field in a TransactionLineItem that categorizes the amount of that line item. |
| Payment | A subtype of Transaction representing money paid out. A payment can be eroding or non-eroding, depending on whether it draws down the reserves of its ReserveLine. |
| Recovery | An entity that records money that reduces a claim's liability, received from such sources as subrogation, salvage, other insurance, co-payments or deductibles. A Recovery object is a subtype of Transaction. |
| RecoveryReserve | An entity that records the amount of future expected recoveries. It is a subtype of Transaction. |
| Reserve | An entity that records a potential liability. It is a subtype of Transaction. A Reserve designates money to be set aside for payments. Typically, a reserve is set soon after a claim is made. |
| ReserveLine | An entity with a unique combination of Claim, Exposure, CostType, and CostCategory fields. If multicurrency reserving is enabled, a ReserveLine is a unique combination of Claim, Exposure, CostType, CostCategory, and ReservingCurrency fields. Only Exposure can be null. Reserves or recovery reserves are created, or payments are made, or recoveries are applied against one ReserveLine. |
| Transaction | An entity that represents a financial transaction for a particular claim or exposure. It also contains a non-empty array of TransactionLineItem entities. |
| | Transaction is an abstract supertype. The ClaimCenter interface uses its subtypes: |
| | <ul style="list-style-type: none"> • Reserve • Payment • RecoveryReserve • Recovery |
| | These subtypes are final. Transaction must not be subtyped further. A new subtype will not function correctly, may interfere with existing code and is not supported. |
| | Every transaction is made against a single ReserveLine object. |
| TransactionLineItem | An entity in every transaction that contains the amount of the transaction. Payment and Recovery transactions can have more than one Transaction Line Item. Use the LineCategory and Comments fields to describe a given Transaction Line Item's contribution to the total transaction amount. |

| Entity or field | Description |
|-------------------|---|
| TransactionOnset | This join entity contains a foreign key to the Transaction entity and represents the relationship between a transaction and its onset. It links a Transferred or Recoded transaction (Payment or Recovery) to its new onset transaction. |
| TransactionOffset | This join entity contains a foreign key to the Transaction entity and represents the relationship between a transaction and its Offset. It links a Voided, Stopped, Recoded, or Transferred transaction (Payment or Recovery) to its new onset transaction. |
| TransactionSet | <p>A collection of all transactions made at the same time and approved together. This collection can be, for example, a check and all the payments it makes.</p> <p>TransactionSet is an abstract supertype. The ClaimCenter interface uses the following subtypes of TransactionSet:</p> <ul style="list-style-type: none"> • ReserveSet • CheckSet • RecoveryReserveSet • RecoverySet <p>CheckSet is a subtype of TransactionSet. A check is not a Transaction. The checks in the set, while created at the same time, can be issued at different times and to different payees. You can also associate documents with a TransactionSet.</p> <p>All transactions (and checks) in a Transaction Set must be:</p> <ul style="list-style-type: none"> • Approved together • Rejected together • In Pending Approval status together |

Transaction line items and their line categories

Transactions are always made against a single ReserveLine, which is defined by a unique Exposure, CostCategory, and CostType. These properties classify payments and not checks, which are not transactions. Typically, CostType is the primary division between claim costs and claim expenses, while a CostCategory is a subcategory of a CostType. LineCategory plays no role in defining a ReserveLine, but can be used to provide additional information about the line item amount.

Reversing transactions: offsets and onsets

Sometimes, transactions must be reversed. Examples include a payment that was applied on the wrong reserve line and must be corrected or a check that needs to be voided or stopped. In each case, to maintain a complete trail, at least one of the following new transactions is created that affects the original one:

- **offset** – ClaimCenter creates a new payment with an amount equal to the negative of the original transaction's amount. This payment serves to cancel the original transaction.
- **onset** – In a recode or transfer, a new payment is created as a copy of the original transaction, except that it is associated with the new reserve line. An onset is not created for a payment that is successfully voided or stopped. However, if the void or stop of a check is unsuccessful for any reason, a new onset payment is created on the same reserve line to undo the offset.

Two entities, TransactionOffset and TransactionOnset, link the newly created offset and onset transactions. Each is associated with the original transaction.

T-account Entities

ClaimCenter uses an internal subsystem of entities called *T-accounts* that support efficient calculation of totals for the financial calculations API. They denormalize the amount totals of transactions on each ReserveLine according to the

transaction subtype, status, and other criteria. For example, the total of reserve transactions in Pending Approval status on a particular reserve line are stored as the balance on a particular TAccount row.

T-accounts are updated when the status of a transaction changes. This process happens internally during the setup phase, which occurs between the execution of the **TransactionSetPresetup** and **TransactionSetPostsetup** rule sets. The process is also triggered when you call the `prepareForCommit` method on a **TransactionSet** or **CheckCreator** object.

IMPORTANT: After its TAccount objects are updated, you must not modify key properties of a transaction, such as `Amount`, `ScheduledSendDate`, or `ErodesReserves`. These properties determine the TAccount object to which the transaction contributes and how much it contributes. For more information on updating these properties, see the *Gosu Rules Guide*.

You do not need to access TAccount objects or their values directly. The financial calculations use this data to provide their answers.

Transaction business rules

ClaimCenter provides sets of rules that affect most of its financial events. You can develop rules that cause ClaimCenter to model your company's particular financial practices.

See also

- *Gosu Rules Guide*

Transaction business rule sets

Rule sets are collections of similar rules. When an event triggers rule execution, the entire rule set executes, rather than individual rules in them. Rules affecting transactions fall into one of these rule sets. For more information, see the *Gosu Rules Guide*.

- **Transaction Validation** – Rule set that checks if transaction data is sufficient and valid for downstream processing. See “Transaction validation” on page 371.
- **TransactionApproval** – Rule set that checks whether a user has the authority to make the transaction. See “Transaction authority approvals” on page 371.
- **Approval Routing** – Rule set that creates an activity to send a transaction to another user for approval. See “Transaction authority approvals” on page 371 for an example.
- **Initial Reserve** – Rule set that sets a newly created reserve line’s reserve. See “Setting initial reserves” on page 371.
- **Transaction Postsetup** – Rule sets that run after a transaction set is approved, after a check is voided, stopped, or escalated, and after other similar events. An example of a Transaction Post-Setup rule is a rule that looks at the sum of initial reserves allocated. It compares it to the policy’s aggregate limit and issues a warning if reserves are already within 10% of that limit.
- **Transaction Preupdate** – Rules that run before any object is updated in the database. They run prior to the Transaction Validation rule set. See “Preupdate and validation rules” on page 148.
- **Transaction Presetup** – Rules that run just before any transaction set or check set is committed. See “Financial transactions outside the user interface” on page 366.

See also

- *Gosu Rules Guide*

Transaction validation

One of the most common financial validations concerns evaluating if the limits of liability on a policy’s coverage have been overstepped. The Transaction Validation rule set contains this type of rule.

For example, insurers commonly sell vehicle insurance with the following standard limits:

- 200/500/100 package to limit the maximum payout in one accident to \$200,000 per person for bodily injury
- \$500,000 for all bodily injury in one accident
- \$100,000 for all third party property damage

Using the application's transaction approval rules and library functions, you can track these limits and raise alerts whenever a transaction exceeds the claim's exposure limit or the policy's per-occurrence limit.

ClaimCenter provides the following examples of business rules that pertain to coverage limits:

- Total Payments cannot exceed the exposure's coverage.
- Reserves cannot exceed the exposure's coverage.
- Total Payments cannot exceed the coverage's per-occurrence limit.
- Total Reserves cannot exceed the coverage's per-occurrence limit.
- A new check cannot increase Total Payments above a chosen limit, such as an aggregate, per-person, or lost wages limit of a Personal Injury Policy coverage.

Transaction authority approvals

If you try to approve a transaction, Transaction Approval Rules can ensure that the transactions be marked as Pending Approval. They also create an approval activity by using the Approval Routing rule set. These rules can handle approvals of all kinds, not just those that involve authority limits. The Transaction Approval and Approval Routing rule sets work together to verify if you have the required authority and if not, where to go to obtain approval.

Setting initial reserves

The Initial Reserves rule set can create a initial reserve of a predetermined value to a new exposure. For example, rules allocate a reserve for a vehicle damage exposure, and set the amount differently, depending on how the exposure was segmented.

Transaction business rule sets

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- **Approval Routing** – Rule set that creates an activity to send a transaction to another user for approval. See “Transaction authority approvals” on page 371 for an example.
- **Initial Reserve** – Rule set that sets a newly created reserve line's reserve. See “Setting initial reserves” on page 371.
- **Transaction Postsetup** – Rule sets that run after a transaction set is approved, after a check is voided, stopped, or escalated, and after other similar events. An example of a Transaction Post-Setup rule is a rule that looks at the sum of initial reserves allocated. It compares it to the policy's aggregate limit and issues a warning if reserves are already within 10% of that limit.
- **Transaction Preupdate** – Rules that run before any object is updated in the database. They run prior to the Transaction Validation rule set. See “Preupdate and validation rules” on page 148.
- **Transaction Presetup** – Rules that run just before any transaction set or check set is committed. See “Financial transactions outside the user interface” on page 366.

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Setting initial reserves

The Initial Reserves rule set can create a initial reserve of a predetermined value to a new exposure. For example, rules allocate a reserve for a vehicle damage exposure, and set the amount differently, depending on how the exposure was segmented.

Financial permissions and authority limits

There are security aspects for financial transactions.

See also

- For a complete discussion of ClaimCenter security, permissions, roles, ACLs (access control levels), and so on, see “Security: Roles, permissions, and access controls” on page 491.

User permissions

Separate user permissions pertain to each transaction and to checks:

- View, create, edit, or delete a payment, reserve, recovery, or recovery reserve—16 separate permissions
- Create, edit, or delete a manual payment
- Void, stop, or transfer a check
- Void a check after the check cleared
- Exchange rate manual override
- Edit deductible

By default, the following roles have all these permissions except User Admin: Adjuster, Claims Supervisor, Manager, Clerical, New Loss Processing Supervisor, and User Admin. You can see the complete set of user permissions either in the **Administration** section of the user interface or in the *Security Dictionary*.

Note: ClaimCenter does not actually use all these permissions. They are all defined for consistency. For example, you cannot edit a recovery, the **recredit** permission. A recovery is a received check, and you cannot change its information. Similarly, you do not edit a reserve or recovery reserve, the **resedit** and **recresedit** permissions. You create a new reserve or recovery reserve by adding to the existing one.

Authority (transaction amount) limits

By using the Authority Limit Profile, an administrator can set the maximum allowed transaction amount for any user for the following:

- A claim's and any exposure's Total and Available Reserves
- A claim's and any exposure's payments to date
- Any single payment
- A payment that exceeds its reserve
- A change in reserve amount

For more information on authority limits, see “Managing authority limit profiles” on page 521.

The `CheckAuthorityLimits` configuration parameter in the `config.xml` file is set to `true` in the default configuration. This setting causes authority limits to be checked during approval of any transaction set. If you set this parameter to `false`, these authority limit checks are not performed.

Additionally, the configuration parameter `AllowPaymentsExceedReservesLimits` is set by default to `false`, preventing all payments that exceed reserves (other than first and final payments), regardless of the user's authority limit permissions. If you set this parameter to `true`, it enables users with appropriate permissions to submit payments that exceed available reserves up to the authority limits.

Access control levels for financial objects

There are no special controls to restrict access to financial objects. To restrict access to sensitive financial information, you must restrict access to the claim or exposure.

Multiple currencies

ClaimCenter can be set up to use a single, base currency or different currencies for all its financial transactions, based on your business needs. Enabling ClaimCenter to use multiple currencies, known as *multicurrency*, means that you can create reserves and recovery reserves, write checks, and make payments in more than one currency.

This topic describes how multicurrency works, the role of exchange rates, and the various uses of multicurrency in ClaimCenter.

See also

- *Configuration Guide*

Overview of multicurrency

You can configure ClaimCenter financials both to display and to use multiple currencies. If you enable multicurrency display, you can write checks, create reserves and recovery reserves, and make payments in more than one currency in a single claim. However, in all calculations, the secondary transaction currency is effectively converted to the claim's currency. Using multiple currencies, in this case, serves more as a convenience for users who need to use different currencies on a short-term basis.

If you enable multicurrency reserving, you can create and manage reserves and recoveries, write checks, and make payments in multiple currencies. You can track and erode reserves in the currency of choice, thus avoiding exchange rate fluctuations and their potential impact on reserve amounts.

Currency modes

ClaimCenter can be configured in three different modes for currency – single currency, multicurrency display, or multicurrency reserving, which can be described as follows:

- **Single currency mode** – All money amounts use one currency. All currency drop-down menus and exchange rate information are hidden, since only one currency is allowed.
- **Multicurrency display mode** – Determines if ClaimCenter shows multiple currencies. With multicurrency display enabled, you can:
 - Create reserves or recovery reserves in the claim currency. Although these transactions can be created in a non-claim currency, the totals are tracked in the claim currency only.
 - Create payments and recoveries in any currency.
 - Track these transactions as part of the financial calculations and summary. It must be noted that with this configuration, creating reserves in a different transaction currency is a convenience. Reserves are always converted and tracked in the claim currency. Payments and recoveries erode reserves in the claim currency.

- Reserves are converted and tracked in the claim's currency.
- **Multicurrency reserving mode** – Determines if you can track reserves and recovery reserves in multiple currencies on a claim. With multicurrency reserving enabled, you can:
 - Create and track reserves and recovery reserves in any currency.
 - Create Payments and Recoveries in any currency. They erode reserves and recovery reserves respectively in the currency the reserve was created.
 - Track these transactions as part of the financial calculations and summary.
 - As reserves are tracked in the currency they were created in, exchange rate fluctuations do not impact the remaining amount on a reserve.

IMPORTANT: In the base configuration, Guidewire disables multicurrency display and reserving. ClaimCenter tracks all financial transactions in the default application currency.

Currency types

ClaimCenter supports a single, main, or default currency, as well as currency types based on the policy, transaction, and reserve line. They are defined as follows:

- **Default currency** – The main or base currency for the system, defined in the `config.xml` file. The terms server currency, reporting currency, and main currency all refer to this default currency. This currency is used application-wide mainly for reporting purposes. For example, an insurer based in London would have its reports printed in their default currency, GBP. The `ReportingAmount` field is on the `TransactionLineItem` entity. It returns the reporting amount of a transaction, which is the equivalent of the transaction amount in the reporting currency.
- **Claim currency** – The currency associated with the claim. The claim inherits the currency from its policy, so it is also known as the policy currency. The `ClaimAmount` field on the `TransactionLineItem` entity stores the claim amount of a transaction, which is the equivalent of the transaction amount in the claim currency. See “Claim currency and policy currency” on page 374 for more information.
- **Reserving currency** – The designated currency of a reserve line. This currency type can be defined only when multicurrency reserving is enabled, otherwise, it defaults to the claim currency. You can specify a reserving currency if you need to create and track reserves in a non-claim currency. Payments erode reserves in this currency. The `ReservingAmount` field is on the `TransactionLineItem` entity.
- **Transaction currency** – The currency of the transaction amount, which is the primary amount for a transaction, from which other amounts are calculated. For payments, this is the currency in which the actual payment was made. The `TransactionAmount` field is on the `TransactionLineItem` entity.

Each multicurrency transaction can have up to four amounts in each of these currencies associated with it. In the base configuration, for a single transaction, all four of these amounts will always be the same. If multicurrency display is enabled, the transaction, claim, and reporting currency amounts can be different for a transaction. The reserving currency, however, is the same as the claim currency. If multicurrency reserving is enabled, all four currency amounts can be different for a transaction. See the *Configuration Guide* to understand the relationships.

Note: ClaimCenter has a list of all of the currencies in the system in the `Currency` typelist, along with their current exchange rates. However, this typelist is configurable and you can specify the currencies you want to use in ClaimCenter. For more information, see “Exchange rates” on page 380.

Claim currency and policy currency

When multicurrency display is enabled, ClaimCenter supports policies and claims that do not use the default application currency. The `Policy` and `Claim` entities have a `Currency` field. The policy’s currency determines the initial value for the `Currency` field in the `Policy` entity and is set up in the policy search plugin for verified policies. For unverified policies, the currency is defined when the policy details are added in the New Claim wizard.

The claim currency is equal to the policy’s currency and is determined when the policy is retrieved to create the claim. The `Claim` entity’s `Currency` field is equal to the same field in the `Policy` entity. Changes to the policy’s currency field are always copied to the `Claim.Currency` field.

If there are transactions on a claim, you cannot change the claim currency, as this would impact the transactions and financials calculations.

Configuring multiple currencies

Use the following parameters in the `config.xml` file to configure the multicurrency feature in ClaimCenter:

- `DefaultApplicationCurrency` – Specify the default currency to be used across the application. You are required to set this value, regardless of the values of the other two parameters.
- `EnableMultiCurrencyReserving` – Specify if you want ClaimCenter to support multicurrency reserving. If you enable this parameter, `MulticurrencyDisplayMode` must be set to `MULTIPLE`.
- `MulticurrencyDisplayMode` – Specify if you want ClaimCenter to support multiple currencies. Valid values are `SINGLE` and `MULTIPLE`.

In the base configuration, ClaimCenter sets `MulticurrencyDisplayMode` to `SINGLE` and `EnableMultiCurrencyReserving` to `false`.

IMPORTANT: The `MulticurrencyDisplayMode` and `EnableMultiCurrencyReserving` configuration parameter settings are semi-permanent. You can change the values of these parameters only once, `MulticurrencyDisplayMode` from `SINGLE` to `MULTIPLE` and `EnableMultiCurrencyReserving` from `false` to `true`. If you have changed the value and started the application, you must not later change them back. If you do change the value of `MulticurrencyDisplayMode` back to `SINGLE` or `EnableMultiCurrencyReserving` back to `false`, subsequent attempts to start the server will fail.

ClaimCenter financial transactions are handled differently, based on whether multicurrency reserving is enabled or disabled.

| ClaimCenter Operation | Multicurrency Reserving Disabled | Multicurrency Reserving Enabled |
|--|--|---|
| Create checks and payments | Use any currency. Payments are converted to the claim currency and erode reserves in the claim currency. | Use any currency, preferably matching the <code>ReservingCurrency</code> on the <code>ReserveLine</code> . Payments erode reserves in the reserving currency. |
| Create reserves and recovery reserves | Use the currency calculator to create and view reserves in an alternate currency. Amounts are converted to the claim currency when reserves are updated and managed. | Use any currency. Reserves are created and managed in this reserving currency. |
| Create bulk invoice payments and write associated checks | Use any currency. Payments are converted to the claim currency and erode reserves in the claim currency. | Use any currency. Payments are made in this currency and erode reserves in the reserving currency. |
| Integrate transactions into financial totals | Transactions are converted to the claim currency and incorporated into financial totals. | Transactions are tracked in reserving currencies. |
| View financial summaries that include all transactions | View all financial summaries in the claim currency. | View summaries by reserving currency, in addition to the usual summary views. |

Note: When you use more than one currency, ClaimCenter performs necessary conversions by using automatic or manual exchange rates. See “Exchange rates” on page 380.

Preferred currency on contacts

The Contact entity has a Preferred Currency field that indicates the currency in which that contact would prefer to receive checks. You can assign a Preferred Currency to a contact when you create or edit it. After you specify the payee while writing a check, ClaimCenter defaults the check’s currency to the preferred currency of the payee, if one is specified.

The following points are all configurable.

- **Single payee checks** – ClaimCenter changes the check currency from the default to the **Preferred Currency**.
- **Joint payee checks** – ClaimCenter makes the same change based on the first joint payee.
- **Multi-payee checks** – ClaimCenter considers only the preferred currency of the primary payee, not secondary payees. All the checks in a check group use the same currency.

Checks, payments, and recoveries and multicurrency

If you enable multicurrency display in ClaimCenter, you can create checks and recoveries in any currency. The system defines a default currency for the check or recovery according to the following conditions:

- If the payee for a check or a payer for a recovery has a preferred currency, the check or recovery defaults to this currency.
- If there is no preferred currency specified, the check or recovery currency defaults to the currency of the reserve.

You have the option of overriding the default system currency. Payments and recoveries erode reserves in the currency of the reserve.

Reserves and recovery reserves and multicurrency

If multicurrency reserving is enabled, you can create and track reserves in multiple currencies. If multicurrency reserving is disabled, you can still create reserves in different currencies, but only as a convenience. They are essentially converted to and tracked in the claim currency.

Multicurrency display and the ClaimCenter user interface

If you enable multicurrency display in ClaimCenter configuration, then fields, buttons, and features that show currencies and exchange rates are made visible.

If `MulticurrencyDisplayMode` is set to `MULTIPLE` in the `config.xml` file, you see the following in ClaimCenter:

- If a transaction uses any currency besides the reserving currency, the screen shows both currency amounts. The amount in the reserving currency appears in smaller type below the amount in the transaction currency. Both amounts are formatted according to their currency.
- In the **Policy** screen, you can select the policy currency by using a drop-down list of all of values defined in the **Currency** typelist. As with any policy attribute, if you edit the currency of a verified policy, the policy becomes unverified.
- If you are creating a reserve or a recovery reserve, you can use the multicurrency calculator icon to view the **Enter Reserve Amount In Another Currency** screen. In this screen, you can view and select an alternate transaction currency for the reserve and set its **TransactionAmount** in that currency. You can view and change the amount and exchange rate from the transaction to the claim currency.
- If writing a check, bulk invoice check, or recovery, you can select an alternate currency. You can view the market exchange rate or set a custom exchange rate for the conversion from the check or recovery currency to the claim currency. This applies to any other check-related tasks such as transferring, recoding, reissuing, and so on.
- If you are searching for checks or recoveries in a monetary range, ClaimCenter presents **From** and **To** text fields formatted in the currency chosen for the search.

See also

- For more information on setting a reserve amount in another currency, see “Market and custom exchange rates” on page 380.
- “Multicurrency searches” on page 377
- Using multiple currencies requires you to also correctly set the data types for those currencies. See the *Configuration Guide*.

The new check wizard and multicurrency

You can create all types of checks in any currency. The following steps of the **New Check** wizard use some parts of the multicurrency feature:

- **Step 1** – Shows the **Preferred Currency** of each primary and joint payee entered. Step 1 does not show the **Preferred Currency** of secondary payees.
- **Step 2** – Sets the check's currency to a payee's **Preferred Currency**, if specified. See “Preferred currency on contacts” on page 375. Use the **Currency** drop-down menu to change the currency. You can also adjust the exchange rate.
- **Step 3** – Displays the **Gross**, **Net**, and **Deduction** amounts in both the check and claim currencies.

The Auto First and Final wizard also uses multicurrency display.

Multicurrency searches

You can create checks and recoveries in any currency, and you can search for them regardless of currency, or in any one currency. Enter currency parameters in the following screens to control these searches:

- **Search > Recoveries** in the **Optional Parameters** section
- **Search > Checks** in the **Optional Parameters** section

Single currency searches

Use the currency selector in the **Optional Parameters** sections to specify a currency for searches. This drop-down list shows all the typecodes in the **Currency** typelist.

If you specify a currency, your search is restricted to items in that currency, and the **From** and **To** fields are used to specify amounts in that currency. Single-currency searches return the sum of all items found. ClaimCenter shows the following messages with the search results:

- **Recovery Search** – The results of this recovery search may be incomplete because a specific currency is being used to limit the search.
- **Check Search** – The results of this search are limited to those checks in the specified check Total range and currency.

Using multiple currencies in bulk invoices

Bulk Invoices can be written in any currency. The Bulk Invoice, the physical check, and the invoice item checks use this currency. See “Bulk invoices and multicurrency” on page 411 for details.

Multicurrency reserving

You can configure ClaimCenter to use multicurrency reserving by setting the `EnableMultiCurrencyReserving` parameter in `config.xml`.

With this parameter set, you can create reserves, checks, and make payments in varying currencies. Each reserve line then has a designated reserving currency that defaults to the claim currency. You can specify the currency, along with the cost type and cost category. Payments erode reserves in the corresponding reserving currency. As a result, in subsequent transactions and adjustments, you can use the accurate reserve amount without being impacted by moving exchange rates and currency fluctuations.

After you specify the reserving currency, ClaimCenter shows all amounts and calculations for the reserve line in this currency. In the **Financials Summary** screen, you can view reserve line totals in the reserving currency, in addition to the claim currency.

Whenever you create reserve lines in multiple currencies, the following conditions apply:

- Reserves for any one reserve line must be in the same reserving currency.

- All payments on a check must be from reserve lines with the same reserving currency.
- When you recode a payment or transfer a check, you can only select a target reserve line from reserve lines with a reserving currency that matches the existing one.

IMPORTANT: If you enable multicurrency reserving, you must also enable multicurrency display. Also, you must have exchange rate information loaded into ClaimCenter before you enable multicurrency reserving.

See also

- “Reserves in multiple currencies” on page 323
- “Working with checks” on page 336
- “Exchange rates” on page 380
- "EnableMulticurrencyReserving" in the *Configuration Guide*

Multicurrency financial summaries

In the base configuration, most ClaimCenter features, such as the **Summary** pages, financial calculations, and aggregate limits, operate in the claim currency. The **Financials Summary** screen of each claim uses this currency. ClaimCenter calculates these aggregate amounts in the claim currency.

When multicurrency reserving is enabled, the Financials Summary screen of each claim has the capability to show reserve lines in the reserving currency as well as the claim currency. The summary screen also shows aggregates in the reserving currency. Additionally, you can view amounts using fixed or market exchange rates.

Note: Exchange rate adjustments are always non-eroding, even if they adjust an eroding payment. They cannot be made on recoveries, reserves, and recovery reserves, and therefore can create small errors in financial summaries. With foreign exchange adjustments, you can change claim and reporting amounts. For example, you might increase the claim amount of a check, which would increase the amount of Total Paid, but Total Reserves and Remaining Reserves would not be affected. They do not take foreign exchange adjustments into account, so Remaining Reserves would no longer equal the difference between Total Reserves and Total Payments.

See also

- “Foreign exchange adjustments and financials calculations” on page 383

Examples of using multicurrency

The following examples illustrate how you can use the multicurrency features in ClaimCenter to handle transactions across geographical regions with potentially varying currencies.

Example: Canadian insurer that also covers losses in other currencies

A Canadian policyholder spends the weekend in the United States in the state of Florida. Separate currencies are used by insurance companies that have snowbird policyholders, insured parties who spend a certain season of the year in a different country. In this case, the insurance company writes all or most of its policies in Canada, but covers losses in a few other countries on occasion.

ClaimCenter configuration

- **Multicurrency display** – Enabled
- **Multicurrency reserving** – Disabled

Currencies

- **Default currency** – Canadian Dollars (CAD)

- **Claim currency** – CAD
- **Reserving currency** – CAD
- **Transaction currency** – United States Dollars (USD)

Create reserves and recoveries, create checks, and make payments in US dollars for claims associated with the policyholder's stay in Florida. Payments erode reserves in the claim currency. ClaimCenter calculates the amount of a financial transaction in the claim currency by using the appropriate exchange rate. It then stores the amount both in the transaction currency and the claim currency. Financial summaries are shown in the claim currency.

Example: British insurer with satellite office in Paris

A London-based insurance company has a satellite office in Paris. Because the insurer is located in England, ClaimCenter is configured with a default currency of British Pound Sterling (GBP). Policies that are written in England are in GBP. However, the Paris office writes and handles policies and claims in Euros (EUR). Therefore, ClaimCenter must handle claims in both GBP and EUR.

Additionally, insurance companies using ClaimCenter can create certain transactions in a third, different currency. For example, a Parisian policyholder drives to the Czech Republic and has a car accident. The financial transactions on the claim are paid in the Czech currency, Korunas (CZK).

ClaimCenter configuration

- **Multicurrency display** – Enabled
- **Multicurrency reserving** – Disabled

Currencies

- **Default currency** – GBP
- **Claim currency** – EUR
- **Reserving currency** – EUR
- **Transaction currency** – CZK

Although the policy was created in Paris, you can create reserves in Korunas for claims associated with the policyholder's trip to the Czech Republic. Payments erode reserves in the claim currency. ClaimCenter calculates the amount of a financial transaction in the claim currency by using the appropriate exchange rate. Financial summaries are shown in the claim currency.

See also

- *Configuration Guide*

Example: Operating in a marine line of business

Insurance companies operating in a marine line of business often need to insure fleets in multiple currencies. The insured parties typically insure a single vessel in various currencies to hedge themselves against the risk of exchange rates fluctuations. It is also common for an insurer to create reserves and make payments in a currency other than the policy currency, when the expenses are in a different country.

For example, if a Japanese ship collides with an American ship, adjusters for the American ship may have to create separate reserves in USD and JPY to cover the claim. Hull damage reserves are created for each ship in the respective currencies. They may need to appoint lawyers in both the US and Japan and order parts from China.

ClaimCenter configuration

- **Multicurrency display** – Enabled
- **Multicurrency reserving** – Enabled

Currencies

- **Default currency** – USD
- **Claim currency** – USD
- **Reserving currency** – JPY and USD
- **Transaction currency** – CNY

In this case, although the policy was created in the US, you can create reserves in Yen for claims associated with the policyholder's incident with the Japanese ship. Payments erode reserves in the reserving currency. A financial transaction can be made in another currency, such as Yuan, and ClaimCenter calculates the amount of the transaction in the reserving currency by using the appropriate exchange rate. Financial summaries are shown in the claim currency and reserving currency.

Exchange rates

You can make financial transactions in more than one currency in ClaimCenter. For any two currencies, there exists a conversion factor, called an *exchange rate*, that converts one currency amount to the other.

ClaimCenter uses a table of exchange rates to calculate the claim amount from the transaction amount and perform similar currency conversions. It uses the table in conjunction with a class that implements the `IExchangeRateSetPlugin` plugin interface.

Market and custom exchange rates

When you create transactions, you can determine the exchange rate in one of two modes, automatic or manual. These modes are:

- **Automatic mode** – The system gets the rate based on data in the tables. It uses the exchange rate from the application's table of the most current market rates.
- **Manual mode** – When multicurrency display is enabled, if you select a currency other than the claim currency, ClaimCenter displays the **Exchange Rate Mode** field. Select **Manual** and enter a custom rate in the text field. The default value in this field is the market rate. An insurer might try to avoid problems of currency fluctuations by holding or hedging a currency. Therefore, it can be appropriate to manually enter exchange rates instead of accepting the automatically selected market rate.

Obtaining market exchange rates

Current market exchange rates are imported into ClaimCenter through a plugin that implements the `IExchangeRateSetPlugin` interface. This plugin is run on a periodic basis by the Exchange Rate batch process to refresh the latest market rates in the system.

To obtain real-world market exchange rates from outside ClaimCenter, you must implement the `IExchangeRateSetPlugin` interface. How you implement the plugin interface and how often it runs to import an exchange rate set are based on your business needs.

For example, the plugin implementation could do the following:

- Communicate with a web service that provides current market exchange rates.
- Process and import a document with a list of rates. This list could be provided and periodically updated by an internal currency management department.

In the base configuration, ClaimCenter includes a demonstration implementation called `SampleExchangeRateSetPlugin2`. This implementation sets up unrealistic whole-number exchange rates between currencies in the system that can make product demonstrations easier to understand. While its exchange rates are not realistic, the code that creates the `ExchangeRateSet` and `ExchangeRate` entities can be used as an example for your own implementation.

Exchange rate batch process

The Exchange Rate batch process invokes the class that implements the `IExchangeRateSetPlugin` interface. In the base configuration, the plugin implementation `gw.plugin.exchangerate.impl.SampleExchangeRateSetPlugin2` adds a new set of sample market exchange rates in ClaimCenter. Running the batch process loads the updated market rates.

In the base configuration, this batch process is specified in a commented-out section in the `scheduler-config.xml` file, as follows:

```
<ProcessSchedule process="ExchangeRate">
  <CronSchedule hours="2"/>
</ProcessSchedule>
```

The batch process might invoke the plugin in the following ways:

- Every day, for the latest market rates.
- Periodically, based on your business requirements.

Exchange rate plugin

An implementation of `IExchangeRateSetPlugin` is required to provide an `ExchangeRateSet` object containing at least one `ExchangeRate` object from each currency in the `Currency` typelist. This `ExchangeRate` object specifies the exchange rate between the currency and the system default currency.

The `ExchangeRate` object must have a `BaseCurrency` element in the chosen currency and a `PriceCurrency` element that is the system default. If N represents a currency, then the minimum is N times one with a maximum of N times N . You can also set up these exchange rate entities yourself for every currency X to every Y combination.

The sample plugin implementation class `gw.plugin.exchangerate.impl.SampleExchangeRateSetPlugin2` implements this functionality by overriding the `createExchangeRateSet` method. The important features to implement in your own plugin implementation are:

- Call `CurrencyUtil.getDefaultCurrency` to get the default currency.
- For each currency defined in the `Currency` typelist except the default currency, call `CurrencyUtil.createExchangeRate` to create and initialize each `ExchangeRate` entity in an array.
- After all currencies have been added to the array, the method calls `CurrencyUtil.createMarketExchangeRateSet` to create the `ExchangeRateSet` object that this method returns.

Exchange rate objects

ClaimCenter uses the set of `ExchangeRate` objects to construct an exchange rate between every currency pair, which becomes the active market `ExchangeRateSet`.

The two main exchange rate objects are as follows:

- The `ExchangeRate` object represents an exchange rate between a pair of currencies.
 - This rate can be a market rate, in which case it will exist in an `ExchangeRateSet` with rates between every currency pair.
 - This rate can be a manually entered custom rate, in which case it typically contains the amount entered by the user and resides alone in an `ExchangeRateSet`.
- The `ExchangeRateSet` object represents a set of exchange rates, along with supplemental information about those rates, including the effective and expiry dates for the set. The `MarketRates` field, when `true`, indicates that the exchange rates are market rates. When this field is `false`, the set contains only one user-defined custom rate.

See also

- `ExchangeRate` and `ExchangeRateSet` table descriptions in the *Configuration Guide*.

Multicurrency and active market rate sets

If ClaimCenter has been configured for multicurrency display, ClaimCenter must always have an Active Market Rate Set. ClaimCenter defines an Active Market Rate Set if the `MarketRates` field is set to `true` on the `ExchangeRateSet` entity and the `ExchangeRateSet` has the current date. The current date must be between the effective date, `EffectiveDate`, and the expired date, `ExpireDate`.

In this example, the `ExchangeRateSet` entity contains two currencies: US dollars and Euros. The entity also has effective date, `EffectiveDate`, and expiration date, `ExpireDate`, fields.

To determine which `ExchangeRateSet` entity is the active market set, the system first searches for `ExchangeRateSet` entities with `MarketRates` set to `true`. It then sorts on the most recent, unexpired effective date.

If the `MarketRates` field is set to `false`, the `ExchangeRateSet` entity indicates a custom rate.

IMPORTANT: You must run the Exchange Rate batch process at least once to load the market rates. If you do not run it, ClaimCenter displays an error if you try to create a multicurrency check. This error also occurs if the current market rate set expires and no new set has been loaded. To avoid this issue, Guidewire recommends that you not set the expiration date, enabling the system to always get the last known market rate set.

See also

- “Foreign exchange adjustments” on page 382
- *Configuration Guide*
- *Administration Guide*

Importing multiple currency transactions

Use the `ClaimFinancialsAPI.addClaimFinancials` method and the `ClaimFinancialsAPI.addClaimFinancialsWithValidation` method to import financial transactions into ClaimCenter. A call to either of these methods results in a new `TransactionSet` object containing transactions that have the same currency and exchange rates.

See also

- *Integration Guide*

Foreign exchange adjustments

When multicurrency display is enabled, sometimes a check is written in a currency other than the claim currency and no custom rate is entered. ClaimCenter typically uses that day’s exchange rates to convert the payment amount to the claim and default currency. If a check clears, this exchange rate usually has changed, and the actual cleared amounts in the claim and reporting currencies will differ from the previously-calculated amounts.

For example, the default, reporting, and claim currencies are US dollars, and you write a check for 100 Euros when the Dollar–Euro exchange rate is 1.3. ClaimCenter calculates \$130 as the claim and reporting amount for the payment. If the recipient cashes the check one week later and the exchange rate has become 1.4, the insurer’s US bank account balance will actually be reduced by \$140.

Note: Reserves are still only eroded by \$130, because foreign exchange adjustments do not erode reserves.

ClaimCenter provides a way to adjust the payment’s claim and reporting amounts. In the example, the adjustment would be to \$140. This adjustment changes some, but not all, summary calculations. It does not affect recoveries, for example. See “Foreign exchange adjustments and financials calculations” on page 383 for details.

Note: You cannot make these adjustments on reserves, recoveries, or recovery reserves.

Making foreign exchange adjustments

You can make exchange rate adjustments on a single payment or on an entire check. If the latter, then the adjustment is distributed proportionally to all the check's payments except offsets, recoded, and canceled payments.

You can make adjustments only after the entity has certain transaction statuses. A check must have a status of Notifying, Requesting, Requested, Issued, or Cleared. A payment must be Submitting or Submitted.

In the previous example, \$140 minus \$130 results in a \$10 adjustment. If the payments of the check had claim amounts of \$39, or 30% of the total, and \$91, or 70% of the total, the adjustment would be distributed between them. \$3 would be applied to the first payment and \$7 to the second.

See also

- “Methods that make foreign exchange adjustments” on page 383

Methods that make foreign exchange adjustments

You can apply foreign exchange adjustments to checks and payments in the following ways:

Use the following methods in `ClaimFinancialsAPI`, making explicit calls to the SOAP API.

- `applyForeignExchangeAdjustmentToPayment(paymentId, newClaimAmount)`
- `applyForeignExchangeAdjustmentToPayment(paymentId, newClaimAmount, newReportingAmount)`
- `applyForeignExchangeAdjustmentToCheck(checkId, newClaimAmount)`
- `applyForeignExchangeAdjustmentToCheck(checkId, newClaimAmount, newReportingAmount)`

Use an equivalent scriptable method on a check or payment in Gosu code:

- `applyForeignExchangeAdjustment(newClaimAmount)`
- `applyForeignExchangeAdjustment(newClaimAmount, newReportingAmount)`

Generally, all the methods adjust a payment's claim or reporting amounts to specified values. These adjustments are intended to be used when better values for the amounts are determined later, after a check is created and escalated. To use these methods, ClaimCenter must be configured in multicurrency mode and the payment must meet the following criteria:

- Be on an escalated check that has not been canceled or transferred.
- Not have been recoded.
- Not be an offset payment.
- Not be part of a multi-payee (grouped) check.

For additional details and examples of these methods, you can access the Gosu API documentation as described at the *Gosu Reference Guide*.

Foreign exchange adjustments and financials calculations

ClaimCenter treats all foreign exchange adjustments as non-eroding. Therefore, most calculated values do not change if you apply an adjustment, most importantly Open, Available, and Remaining Reserves. However, Net Total Incurred, Gross Total Incurred, and Total Paid do change. To continue the example at the beginning of this topic, total incurred and total paid values increase by \$10, and the previously mentioned reserve calculations remain unchanged.

See “ClaimCenter financial calculations” on page 366 for definitions of all calculated financial values.

Foreign exchange adjustments in custom financials calculations

You can create your own custom financial calculations that include foreign exchange adjustments. For example, you could define a calculation similar to Open Reserves that includes foreign exchange adjustments by subtracting the sum of all exchange rate adjustments made on eroding payments.

Note: Exchange rate adjustments are always non-eroding, even if they adjust an eroding payment. Because of their effect on financial calculations, applying foreign exchange adjustments can cause the values shown on the **Financials Summary** screen to not add up.

See also

- “Methods that use foreign exchange adjustments” on page 384

Methods that use foreign exchange adjustments

The following methods in `gw.api.financials.FinancialsCalculationUtil` provide expressions that can be used to define new calculations:

| Method | Description |
|--|--|
| <code>getForeignExchangeAdjustmentsExpression</code> | Total foreign exchange adjustments for both eroding and non-eroding payments. |
| <code>getErodingPaymentsForeignExchangeAdjustmentsExpression</code> | Total foreign exchange adjustments only for payments that erode reserves. |
| <code>getNonErodingPaymentsForeignExchangeAdjustmentsExpression</code> | Total foreign exchange adjustments only for payments that do not erode reserves. |

Example: base configuration of foreign exchange adjustments

An American motorist hits another car in Europe and injures a passenger in the car. The following events take place after this occurrence:

1. A claim is created with the American's insurer to pay the injured passenger. Anticipating that the claim will be paid in euros, the adjuster creates an initial reserve of 80 euros. However, the claim currency is US dollars, as the American's policy is in the US. The claim amount for the reserve transaction is set to \$100 based on the current market exchange rate of 1.25.
2. The adjuster receives a bill for 1200 euros for medical treatment and increases reserves to 1280 euros, a claim amount of \$1600, based on the market exchange rate.
3. The adjuster writes a check for 1200 euros. The exchange rate has increased to 1.26, so the claim amount for the payment is set to \$1512.
4. By the time the check in step 3 clears the European bank, the Euro exchange rate has risen to 1.3, and the insurance company's US bank account is charged \$1560. The amount of the check, 1200 euros, did not change, so the transaction amount for the payment need not be changed. However, the claim amount of the payment, originally \$1512, can be adjusted to reflect the amount for which the check actually cleared, \$1560. The integration makes this adjustment by calling ClaimCenter through one of the methods on the `ClaimFinancialsAPI` SOAP API.
5. The claim adjuster finds that the other driver is partly at fault and opens a recovery reserve for 750 euros. Based on the current Euro to US Dollar exchange rate of 2.0, the claim amount for the recovery reserve is \$1500. The adjuster sends a subrogation request for this amount to the British driver's insurance company.
6. The American insurance company receives and deposits a subrogation check for 750 euros. They enter this recovery by using the current exchange rate of 2.02, so the claim amount is set to \$1515.
7. The recovery check clears the bank for \$1530 at an exchange rate of 2.04. However, the claim amount of the recovery transaction is not adjusted.

The following table shows the first six steps. In this table, entries in bold are changed by the action in the line above them.

| Exchange Rate Used | Open Reserves | Total Payments | Total Eroding Payments* | Open Recovery Reserves | Recovery | Gross Total Incurred | Net Total Incurred | Foreign Exchange Adjustment |
|--|---------------|----------------|-------------------------|------------------------|----------|----------------------|--------------------|-----------------------------|
| <i>1) Claim opened. Initial reserve created for 80 Euros.</i> | | | | | | | | |
| --- | \$100 | | | | | \$100 | \$100 | |
| <i>2) 1200 Euro bill received for medical treatment. Reserves set to 1280 Euros.</i> | | | | | | | | |
| 1.25 \$/Euro | \$1600 | | | | | \$1600 | \$1600 | |
| <i>3) 1200 Euro check sent for insured's medical bills in Europe.</i> | | | | | | | | |
| 1.26 \$/Euro | \$88 | \$1512 | \$1512 | | | \$1600 | \$1600 | |
| <i>4) 1200 Euro check clears bank for \$1560. Adjustment made.</i> | | | | | | | | |
| <i>5) Recovery attempt for 750 euros started. Recovery reserve opened for this amount.</i> | | | | | | | | |
| 2.0 \$/Euro | \$88 | \$1512 | \$1512 | \$1500 | | \$1600 | \$1600 | |
| <i>6) 750 euro Subrogation check received and recovery of \$1515 entered.</i> | | | | | | | | |
| 2.02 \$/Euro | \$88 | \$1560 | \$1512 | \$10 | \$1515 | \$1600 | \$85 | |

Notes

- * Total Eroding Payments is not a real calculation and is used in the table only for illustration.
- This example shows that foreign exchange adjustments are made on payments only, not on recoveries.
- Step 4, where the foreign exchange adjustment was applied, did not affect Open Reserves or Total Eroding Payments.

Deductible Handling

Deductible Handling overview

A typical scenario for using a deductible is an auto accident about which you notify your insurance company. Your agent says that they will cover the entire cost of replacing the hood of your car after you contribute your insurance deductible of \$500.

In an insurance policy, the *deductible* is the amount that must be paid by the insured before an insurer will pay any expenses. The insured chooses the deductible amount, and it is usually applied to coverages such as comprehensive and collision in auto claims and dwelling in homeowners claims. Generally, the lower the deductible, the higher the insurance premium.

Deductible amounts and coverage terms where deductibles apply are specified in the policy. When an exposure is created against a coverage, assuming there is an associated deductible coverage term, ClaimCenter creates an entity to track the deductible on this claim. The initial values of this Deductible entity are derived from the deductible coverage term. Deductibles are usually applied to (withheld from) the first `claimcost` payment on the check.

For example, a typical auto deductible for a collision coverage on an auto policy is \$500 in the United States. An insured is in an auto accident. There is \$1000 worth of damage that is to be paid to the auto body shop. Consequently, the \$1000 total damage cost minus the \$500 deductible equals \$500, which is the amount the insured receives.

This topic introduces you to how ClaimCenter uses deductibles.

Setting Up Deductibles

In the base configuration, deductible handling is automatically set up. The following configuration parameters in the `config.xml` file are used to manage deductible handling in ClaimCenter.

| Parameter | Description | Default |
|------------------------------------|---|-------------------|
| <code>UseDeductibleHandling</code> | This parameter enables deductible handling in the application. If it is set to <code>true</code> , the <code>AllowMultipleLineItem</code> parameter must be set to <code>true</code> as well. If it is set to <code>false</code> , some sections of the user interface related to deductibles become unavailable or read-only. | <code>true</code> |
| <code>AllowMultipleLineItem</code> | This parameter determines whether to allow multiple line items in a transaction. As deductibles are applied through <code>TransactionLineItems</code> , this parameter must be also set to <code>true</code> for deductible handling to be enabled. | <code>true</code> |

Setting the configuration parameter `UseDeductibleHandling` to `false` has the following results:

- The **Deductible** section of new claims does not show on the **Exposures** screen.
- For older claims that had an existing deductible, the **Deductible** section shows on the **Exposures** screen, but it is not editable.
- The **Apply Deductible** button does not display on the check wizard screen for old claims that have a deductible applicable.
- The transfer or recode of payments does not match the deductible from old payments to new payments.

IMPORTANT: If you set the configuration parameter `AllowMultipleLineItems` to `false`, while leaving `UseDeductibleHandling` set to `true`, you will encounter issues. You will not be able to create the first claim cost payment, because there is no way to apply the deductible.

Working with Deductibles

This section describes how to work with deductibles and contains the following sections:

- “Viewing Deductibles” on page 388
- “Applying Deductibles” on page 389
- “Editing Deductibles” on page 390
- “Waiving Deductibles” on page 391

Viewing Deductibles

There are several places in the user interface where you see if a deductible exists on a claim.

- On the **Summary** screen, you can see this information in the **Claim Headline** section.
- On the **Subrogation** screen, if there is a subrogation on the claim.
- On the **Exposure** screen, such as in a homeowners policy.

The following example is taken from the **Dwelling** exposure screen of a homeowners claim.

| Financials | |
|-----------------------------|------------|
| Remaining Reserves | \$2,000.00 |
| Future Payments | - |
| Total Paid | - |
| Total Recoveries | - |
| Net Total Incurred | \$2,000.00 |
| Deductible | |
| Waive Deductible? | No |
| Deductible Amount | \$2,000.00 |
| Deductible Amount Applied | \$75.00 |
| Deductible Amount Remaining | \$1,925.00 |
| Modify Deductible? | No |

In this example, say that the adjuster later determines that the accident was not the insured's fault. On the **Subrogation Financials** screen, the \$75 deductible has been applied. The deductible will be returned to the insured as soon as the insurance company gets that amount from the party who was at fault. On the **Subrogation** screen, the deductible amount is shown only if the insured incurred it.

Because the deductible is associated with a coverage in ClaimCenter, the deductible amounts apply only to reserve lines created for an exposure. Therefore, claim-level reserve lines show no deductible amount.

Applying Deductibles

When making payments against exposures with remaining deductibles, you have the option to **Apply Deductible** against the current payment.

You can apply deductibles in the following wizards:

- New Check wizard, in step 2
- Quick Check wizard
- Auto First and Final wizard

On the payments step of the wizard, after choosing the reserve line, you can see the available deductible amount. You have the option to click **Apply Deductible**, which results in ClaimCenter creating a negative line item to represent the withheld deductible. The payment amount is adjusted appropriately. ClaimCenter allows you to partially apply a deductible if the payment amount is less than the remaining deductible.

Consider the following example:

The screenshot shows the 'Payment Details' screen. Under 'Reserve Line', '(1) 1st Party Dwelling - P' is selected. Under 'Coverage', 'Coverage A - Dwelling' is listed. Under 'Payment Type', 'Partial' is selected. Under 'Eroding?', 'Yes' is selected. Under 'Available Reserves', '\$4,000.00' is displayed. A 'Comments' field is empty. Below these fields is a 'Line Items' section. It contains a table with two rows. The first row has columns for 'Category' (checkbox) and 'Amount' (checkbox). The second row has a checkbox in the 'Category' column, the word 'Other' in the 'Category' column, and '\$500.00' in the 'Amount' column. A button labeled 'Apply Deductible - \$2,000.00 Remaining' is visible above the table. The table has a blue header row and white data rows.

| Category | Amount |
|----------|----------|
| Other | \$500.00 |
| | \$500.00 |

If you apply the deductible, ClaimCenter automatically creates a transaction line item to represent the deductible. The remaining deductible amount is updated, and if there is remaining deductible, the payment will be reduced to zero.

Payment Details

| Reserve Line | * (1) 1st Party Dwelling - P | | | | | | | | |
|--------------------|--|----------|----------|-------|----------|------------|------------|--|--|
| Coverage | Coverage A - Dwelling | | | | | | | | |
| Payment Type | * Partial | | | | | | | | |
| Eroding? | * <input checked="" type="radio"/> Yes <input type="radio"/> No | | | | | | | | |
| Available Reserves | \$4,000.00 | | | | | | | | |
| Comments | <input type="text"/> | | | | | | | | |
| Line Items | <input type="button" value="Add Item"/> <input type="button" value="Remove"/> <input type="button" value="Apply Deductible - \$1,500.00 Remaining"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Category</th> <th style="text-align: right; padding: 2px;">* Amount</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Other</td> <td style="text-align: right; padding: 2px;">\$500.00</td> </tr> <tr> <td style="background-color: #0070C0; color: white; padding: 2px;">Deductible</td> <td style="text-align: right; background-color: #FFCCCC; color: red; padding: 2px;">(\$500.00)</td> </tr> <tr> <td style="height: 10px;"></td> <td style="height: 10px;"></td> </tr> </tbody> </table> | Category | * Amount | Other | \$500.00 | Deductible | (\$500.00) | | |
| Category | * Amount | | | | | | | | |
| Other | \$500.00 | | | | | | | | |
| Deductible | (\$500.00) | | | | | | | | |
| | | | | | | | | | |

After the deductible on a coverage is fully applied or waived, the **Apply Deductible** button is not available for any payments made against exposures associated with the deductible.

Payment Details

| Reserve Line | * (1) 1st Party Dwelling - P | | | | | | | | | | |
|--------------------|---|----------|----------|-------|------------|------------|--------------|--|--|----------|--|
| Coverage | Coverage A - Dwelling | | | | | | | | | | |
| Payment Type | * Final | | | | | | | | | | |
| Eroding? | * <input checked="" type="radio"/> Yes <input type="radio"/> No | | | | | | | | | | |
| Available Reserves | \$4,000.00 | | | | | | | | | | |
| Comments | <input type="text"/> | | | | | | | | | | |
| Line Items | <input type="button" value="Add Item"/> <input type="button" value="Remove"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Category</th> <th style="text-align: right; padding: 2px;">* Amount</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Other</td> <td style="text-align: right; padding: 2px;">\$1,600.00</td> </tr> <tr> <td style="background-color: #FFCCCC; color: red; padding: 2px;">Deductible</td> <td style="text-align: right; background-color: #FFCCCC; color: red; padding: 2px;">(\$1,500.00)</td> </tr> <tr> <td style="height: 10px;"></td> <td style="height: 10px;"></td> </tr> <tr> <td style="text-align: right; padding: 2px;">\$100.00</td> <td style="height: 10px;"></td> </tr> </tbody> </table> | Category | * Amount | Other | \$1,600.00 | Deductible | (\$1,500.00) | | | \$100.00 | |
| Category | * Amount | | | | | | | | | | |
| Other | \$1,600.00 | | | | | | | | | | |
| Deductible | (\$1,500.00) | | | | | | | | | | |
| | | | | | | | | | | | |
| \$100.00 | | | | | | | | | | | |

Editing Deductibles

A deductible can be overridden if it has not been paid or waived. The field indicating an overridden deductible is called **Modified**, and you access it by clicking a radio button. Clicking **Yes** causes the amount field to become editable, and you can edit the original amount to a lower, nonnegative amount. If the **Modify** flag is ever reset to **No**, ClaimCenter recalculates the claim deductible amount through the **DeductibleCalculator**, and it becomes uneditable again.

To change the deductible amount to a different number from that indicated on the policy

1. With a claim open, navigate to the **Exposures** screen and click an exposure name to open its details screen.
2. Click **Edit**.
3. Select a coverage if one has not already been selected.

4. In the **Deductible** section, for **Modify Deductible**, click the **Yes** button.
5. Enter a **Deductible Amount** and an **Edit Reason**.
6. Click **Update** to save your work.

Waiving Deductibles

A deductible can be waived if it has not been applied to any payment. You waive a deductible in the Details screen for an exposure, where you can set the deductible's **Waive Deductible** flag to **Yes**. This field is not editable if the deductible has already been paid, unless something has caused it to become unpaid, in which case the waived field is again editable. If you waive a deductible, the **Apply Deductible** button does not appear in the check wizard after selecting related exposures. You must also have the **Edit Deductible** permission.

Waiving a deductible is usually done by more experienced adjusters. Deductibles are often waived in no-fault states if the insured is not at fault.

To waive a deductible

1. With a claim open, navigate to the **Exposures** screen and click an exposure name to open its details screen.
2. Click **Edit**.
3. Select a coverage if one has not already been selected.
4. In the **Deductibles** section, for **Waive Deductible**, click the **Yes** radio button.
5. Enter an **Edit Reason**.
6. Click **Update** to save your work.

See also

- *Configuration Guide*

Using Shared Deductibles

A shared deductible can be defined as a deductible entity that is shared by multiple coverages and therefore, by the exposures on those coverages. It is typically associated with a *master* coverage at the policy level, which can then be inherited by multiple coverages at the claim level. For example, in a Homeowners policy, the **Section 1 Deductibles** coverage is used expressly to provide shared deductible information for coverages A, B, and C.

In some special cases, where peril-based deductibles are included, a coverage can have more than one deductible coverage term specified. In this case, ClaimCenter decides the deductible value to use based on the claim's loss cause. For example, if the loss cause is **Hurricane**, the associated coverage can be **Section 1 Deductibles** with the associated coverage term of **Hurricane Windstorm**.

Note: In the base configuration, this relationship between coverages is hard-coded, but this implementation is configurable.

Applying Shared Deductibles

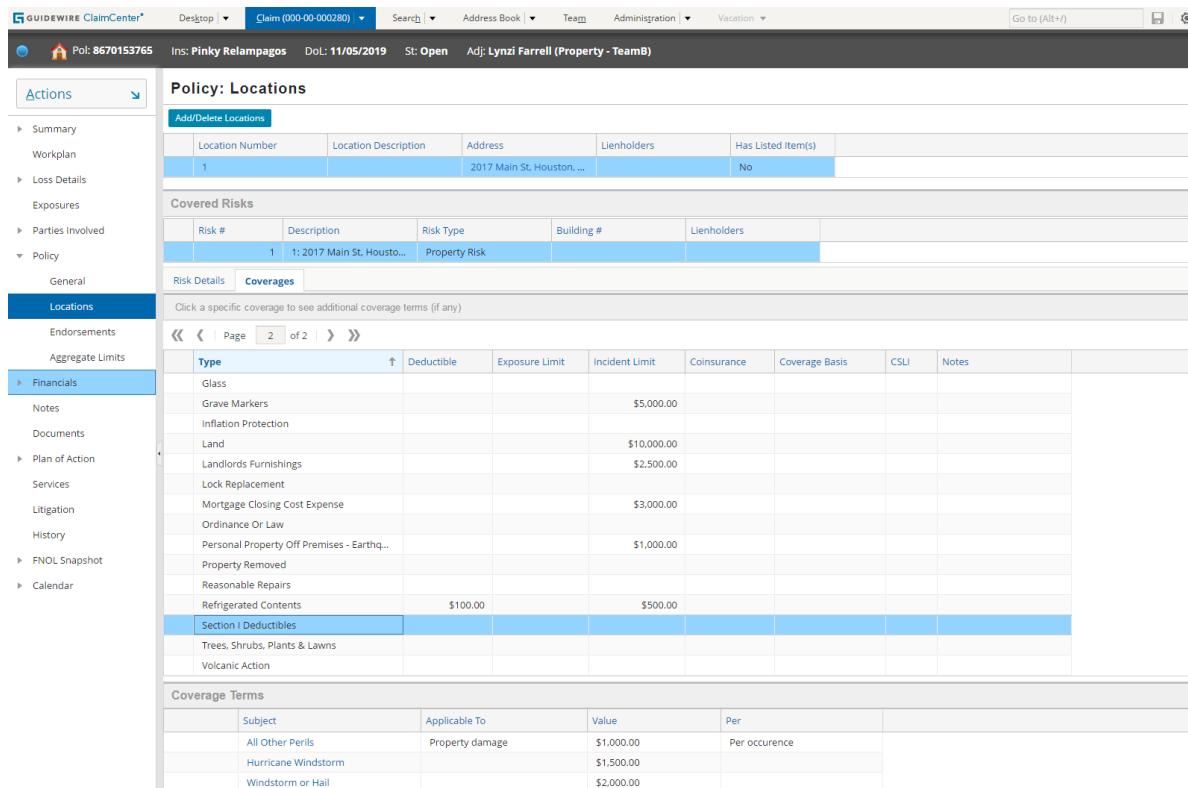
In some cases, coverages might not have coverage terms themselves but inherit them from master coverages. In the following example, a claim is created for a Homeowners policy that includes multiple exposures sharing the same master Section 1 Deductibles coverage.

Note: ClaimCenter sample data must be installed before creating this example claim. See the *Installation Guide*.

Example: Sharing Section 1 Deductibles

In the following example, a homeowners claim uses a policy that includes a Section 1 Deductibles coverage. You can view coverage details for a claim in **Policy > Locations > Coverages**.

The following figure displays the **Section 1 Deductibles** on the policy in this example.



| Type | Deductible | Exposure Limit | Incident Limit | Coinurance | Coverage Basis | CSU | Notes |
|--|------------|----------------|----------------|------------|----------------|-----|-------|
| Glass | | | \$5,000.00 | | | | |
| Grave Markers | | | | | | | |
| Inflation Protection | | | | | | | |
| Land | | | \$10,000.00 | | | | |
| Landlords Furnishings | | | \$2,500.00 | | | | |
| Lock Replacement | | | | | | | |
| Mortgage Closing Cost Expense | | | \$3,000.00 | | | | |
| Ordinance Or Law | | | | | | | |
| Personal Property Off Premises - Earthq... | | | \$1,000.00 | | | | |
| Property Removed | | | | | | | |
| Reasonable Repairs | | | | | | | |
| Refrigerated Contents | \$100.00 | | \$500.00 | | | | |
| Section I Deductibles | | | | | | | |
| Trees, Shrubs, Plants & Lawns | | | | | | | |
| Volcanic Action | | | | | | | |

This sample claim has a **Loss Cause** of **Hail** and two corresponding exposures, as follows:

| Exposure | Coverage |
|-----------------|-------------------------------|
| Dwelling | Coverage A - Dwelling |
| Other Structure | Coverage B - Other Structures |

Note: The exposures share the **Section 1 Deductibles** coverage term for **Windstorm or Hail**.

The claim includes reserves of \$2000 for the **Dwelling** exposure and \$1800 for the **Other Structure** exposure.



| Create Da... ↑ | Amount | Exposure | Coverage | Cost Type | Cost Category | Status | User |
|----------------|------------|----------|-------------------------------|-----------------------|---------------------------|------------|---------------|
| 09/12/2016 | \$2,000.00 | 1 | Coverage A - Dwelling | Unspecified Cost Type | Unspecified Cost Category | Submitting | Charles Arkle |
| 09/12/2016 | \$1,800.00 | 2 | Coverage B - Other Structures | Unspecified Cost Type | Unspecified Cost Category | Submitting | Charles Arkle |

The following figure displays a first, partial payment of \$500 towards Exposure 1, **Coverage A- Dwelling**.

Step 2 of 3: Enter payment information

| Payment Details | | | | | | | | | | | | |
|--------------------|---|--|--|--|--|--|----------|--------|-------|----------|--|----------|
| Reserve Line | Coverage (1) 1st Party Dwelling - P... | | | | | | | | | | | |
| Coverage | Coverage A - Dwelling | | | | | | | | | | | |
| Payment Type | Partial | | | | | | | | | | | |
| Eroding? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | | | | | | | | | | |
| Available Reserves | \$2,000.00 | | | | | | | | | | | |
| Comments | | | | | | | | | | | | |
| Line Items | <input type="button" value="Add Item"/> <input type="button" value="Remove"/> <input type="button" value="Apply Deductible - \$2,000.00 Remaining"/> | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th>Category</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Other</td> <td>\$500.00</td> </tr> <tr> <td></td> <td>\$500.00</td> </tr> </tbody> </table> | | | | | | Category | Amount | Other | \$500.00 | | \$500.00 |
| Category | Amount | | | | | | | | | | | |
| Other | \$500.00 | | | | | | | | | | | |
| | \$500.00 | | | | | | | | | | | |

Once the deductible of \$2000 is applied, ClaimCenter displays a \$1500 deductible remaining after the payment, as shown in the following. Also, note there is no outstanding total amount due, because the deductible amount has not been surpassed.

| Line Items | | <input type="button" value="Add Item"/> <input type="button" value="Remove"/> <input type="button" value="Apply Deductible - \$1,500.00 Remaining"/> | |
|------------|------------|--|--|
| Category | Amount | | |
| Other | \$500.00 | | |
| Deductible | (\$500.00) | | |

In the following figure, a second check is shown with a partial payment of \$1600 towards Exposure 2, **Coverage B - Other Structures**. The applicable deductible amount is now \$1500, as this shared deductible has already been applied to the first check created previously.

| Line Items | | <input type="button" value="Add Item"/> <input type="button" value="Remove"/> <input type="button" value="Apply Deductible - \$1,500.00 Remaining"/> | |
|------------|------------|--|--|
| Category | Amount | | |
| <none> | \$1,600.00 | | |
| | \$1,600.00 | | |

When the remainder of the deductible amount is applied, the outstanding payment is \$100. This is the amount pending after the shared deductible is satisfied.

Rule Changes

The following rules were modified to support changes in the deductible handling feature:

- ECV07000 – Stop Closing Of Exposure With Unpaid Deductible

This rule is triggered when an exposure is closed and has been updated to check deductible-related conditions. If the exposure's coverage has an unpaid deductible and the exposure has at least one payment, it cannot be closed until the deductible is waived. However, you can still close the exposure if the total payment is zero.

- EPU04000 – Update Deductible On Updated Exposure Coverage

This rule is triggered when an exposure's coverage is changed. If the exposure's new coverage has a defined deductible, but the corresponding deductible entity does not yet exist on this claim, the rule creates a new deductible entity.

- EPU05000 – Update Deductible On Updated Coverage Deductible

This rule is triggered when the coverage has a change in its deductible. This rule recreates the deductible entity.

Bulk invoices

Bulk invoice overview

Bulk invoices are generally used to reimburse service providers that handle costs associated with hundreds or thousands of claims annually. The service provider bills the insurer. Use the ClaimCenter bulk invoice feature to record a bulk invoice containing items for multiple claims and then pay it with a single check. A bulk invoice contains multiple, or *bulk*, line items, with each line item representing a separate claim.

Note: You must integrate ClaimCenter with ContactManager before you can use this feature. The bulk invoice payee must be a contact in ContactManager. For details on how to integrate Guidewire ClaimCenter with Guidewire ContactManager, see the *Contact Management Guide*. See also the *Integration Guide*.

The following examples illustrate uses of the bulk invoice feature in ClaimCenter.

Process cross-claim invoices electronically

A rental car company sends a single monthly invoice to an insurance company. This invoice has hundreds of line items, each for a loaner car rental charged to a different claim. You can use the bulk invoice feature to do the following:

- Electronically record the invoice.
- Reflect the cost of each line item on the corresponding claim.
- Create a single check for the entire bulk invoice and its line items to reimburse the rental car company.

Using Bulk Invoices simplifies situations where payments for many claims can be made efficiently with a single check, instead of using the **New Check Wizard**.

The user interface provides rows of text properties for quick entry of each payment on the invoice. Because there is lots of data, users can make and save draft versions of an invoice that persist to the ClaimCenter database before submitting the final version. This is a feature that the regular check wizard in ClaimCenter does not have.

ClaimCenter also provides an optional web service (**BulkInvoiceAPI**) that an external system can use to submit bulk invoices to ClaimCenter. This avoids entirely the need to use the web user interface to enter and submit bulk invoices. Therefore, bulk invoices and all their associated line items can be programmatically imported using this API.

Enter cross-claim invoices manually

A police reports service provider sends a paper invoice every month with a list of police report bills for different claims. Create a bulk invoice to record payments for each claim in one screen and pay the monthly invoice with a single check.

Additional information on bulk invoices

See the following topics for more information on bulk invoices.

| Topic | See... |
|--|---|
| Bulk invoice screens and process flow | <ul style="list-style-type: none"> • “Using the bulk invoice screens” on page 396 • “Working with bulk invoice line items” on page 401 • “Bulk invoice process flow” on page 410 |
| Bulk invoice activity patterns | <ul style="list-style-type: none"> • <i>Configuration Guide</i> |
| Bulk invoice approval | <ul style="list-style-type: none"> • “Bulk invoice approval” on page 403 |
| Bulk invoice rules for bulk invoice approval and bulk invoice approval assignment | <ul style="list-style-type: none"> • <i>Gosu Rules Guide</i> |
| Bulk invoice configuration parameters | <ul style="list-style-type: none"> • <i>Configuration Guide</i> |
| Bulk invoice data model | <ul style="list-style-type: none"> • <i>Configuration Guide</i> |
| Bulk Invoice escalation process | <ul style="list-style-type: none"> • <i>Configuration Guide</i> • <i>Administration Guide</i> |
| Bulk invoice integration and validation: | <ul style="list-style-type: none"> • “Bulk invoice validation” on page 403 |
| <ul style="list-style-type: none"> • <code>IBulkInvoiceValidationPlugin</code> • <code>BulkInvoiceAPI</code> • Validating a bulk invoice • Stopping/voiding a bulk invoice | <ul style="list-style-type: none"> • “Creating checks” on page 404 • <i>Integration Guide</i> • “Stopping or voiding a bulk invoice” on page 402 |
| Line item check creation | <ul style="list-style-type: none"> • “Bulk invoice checks” on page 405 • “Bulk invoices and multicurrency” on page 411 |
| Bulk invoice work queues | <ul style="list-style-type: none"> • <i>Administration Guide</i> |
| Bulk invoice payment configuration | <ul style="list-style-type: none"> • <i>Configuration Guide</i> |

Using the bulk invoice screens

About this task

To access the **Bulk Invoices** screen in ClaimCenter, navigate to the **Desktop** tab, then select **Bulk Invoices** from the menu at the left-hand side of the screen. Within the **Bulk Invoices** screen, you can view and edit existing bulk invoices, create new ones, or further process a bulk invoice.

You can use the function buttons on the **Bulk Invoices** screen to do the following:

- **Create New** – Create a new bulk invoice.
- **Delete** – Select the check box of a bulk invoice and then click this button.
- **Submit, Stop, or Void** – Further process a bulk invoice.
- **Refresh** – Refreshes the screen to show the latest data on all bulk invoices.

The function buttons are available only if you have the correct permissions, and the operation is possible on the selected bulk invoice.

Bulk invoice details screen

To access the **Bulk Invoice Details** screen, do one of the following:

- Click **Create New** on the **Bulk Invoices** screen.
- Click one of the invoice numbers listed on the **Bulk Invoices** screen.

ClaimCenter divides the **Bulk Invoice Details** screen into multiple areas. The upper portion of the screen contains sections pertaining to the bulk invoice as a whole. The middle portion of the screen contains information on the validation status of the bulk invoice. The lower portion of the screen contains a list of line items. See the following for details:

- “Upper portion of bulk invoice details” on page 397
- “Validation status area of bulk invoice details” on page 399
- “Invoice Items area of bulk invoice details” on page 400

Upper portion of bulk invoice details

The upper portion of the **Bulk Invoice Details** screen contains information relating to the overall invoice. It also contains a row of buttons that become active depending on the status of the bulk invoice. These buttons include the following:

| Field | Description |
|----------------|--|
| Edit | Opens the bulk invoice and its line items for editing. This button is only available under specific circumstances. For example, the button is available if the bulk invoice is in Draft or Rejected status. |
| Submit | Submits the bulk invoice for approval, if required, or for further processing if approval is not required. |
| Refresh | Updates the bulk invoice status and shows if it has changed. |
| Update | Save the bulk invoice to the database in its current state, even if incomplete. You see this button if you create a new bulk invoice or edit an existing bulk invoice. After you click Update to save a bulk invoice, ClaimCenter shows the invoice with Draft status in the list of bulk invoices on the Bulk Invoices screen. It is possible to re-edit a bulk invoice after it has left Draft status, but not yet reached Requesting status. If you edit a bulk invoice and make any of the following changes, ClaimCenter returns the bulk invoice to Draft status: <ul style="list-style-type: none"> • Edit Payee or Total Amount. • Add or delete a line item. • Edit the claim number for a line item. • Edit the reserve line information for a line item, such as exposure, cost category, or cost type. • Edit the payment type if a line item. Note: During placeholder check creation, you can edit only line items that have failed validation. |
| Cancel | Undo any changes since you last clicked Update . You see this button in Edit mode only. |

Invoice section of bulk invoice details

The **Invoice** section of the **Bulk Invoice Details** screen contains the following fields:

| Field | Description |
|----------------------|---|
| Invoice # | An identifier assigned to the invoice being entered. Typically, this identifier comes directly from the invoice received from the vendor. It is optional. |
| Date Received | The date that the bulk invoice was received from the vendor. The default value is the current day's date. |
| Distribution | Select one of the following: <ul style="list-style-type: none"> • Distribute amount evenly – ClaimCenter divides the total amount evenly among all the line items. Distribute amount evenly is useful if your bill contains the same charge for many similar claims, for example. |

| Field | Description |
|--|--|
| <ul style="list-style-type: none"> • Enter individual amounts – Enter individual amounts for each line item. | |
| Amount to distribute | If you select Distribute amount equally , this field must contain a value. This value is the total amount of the invoice ClaimCenter distributes equally among all the invoice items. If you do not select Distribute amount equally , ClaimCenter hides this field. |
| <i>If multicurrency display is enabled, the following field also appears:</i> | |
| Currency | The currency that this bulk invoice uses. A bulk invoice has a single currency that ClaimCenter applies to all bulk invoice items and their corresponding checks when created or updated. For more information, see “Multiple currencies” on page 373. |
| <i>If multicurrency display is enabled, the following fields also appear if the currency you select is not the default currency:</i> | |
| Exchange Rate Mode | If Automatic , the default, ClaimCenter uses the current market exchange rate. If Manual , you can enter a specific rate in the Exchange Rate field. For more information on this set of fields, see “Exchange rates” on page 380. |
| Exchange Rate | The rate that this bulk invoice uses for all its items' associated payments. This rate is from the bulk invoice currency to the reporting currency, if ClaimCenter is in multicurrency mode. |
| Rate Set Description | Description of the origin of the exchange rates being used for this bulk invoice. |
| Date of ExchangeRate Entry | Date that the exchange rate being used for this invoice was entered. |

Status section of bulk invoice details

The **Status** section of the **Bulk Invoice Details** screen contains the following fields:

| Field | Description |
|-----------------------|--|
| Status | Status of the bulk invoice. See “Bulk invoice statuses” on page 407. |
| Date Approved | If the bulk invoice was approved, the date when the reviewer approved the bulk invoice. |
| Total Approved Amount | The total of all approved items. ClaimCenter calculates and stores both the total amount for all line items, and the <i>total approved amount</i> , which is the amount of the bulk invoice check. ClaimCenter stores these amounts internally with the following values: <ul style="list-style-type: none"> • Its value in the default application currency • Its value in the currency of the bulk invoice |
| Issue Date | Date the bulk invoice was issued. |

Invoice item details section of bulk invoice details

The **Invoice Item Details** section of the **Bulk Invoice Details** screen contains the following fields:

| Field | Description |
|----------------------|---|
| Default Cost Type | Use to filter the available reserve lines for each item. You can also use these fields as you enter a new reserve line. |
| Default Payment Type | Assign Supplemental, Final, or Partial to the payment type of each line item. |

Check details section of bulk invoice details

The **Check Details** section of the **Bulk Invoice Details** screen contains the following fields:

| Field | Description |
|----------------------------|---|
| Payee | Required. Select the payee from contacts in the Address Book. ContactManager or an external contact management system must be enabled so you can search the Address Book. |
| Payment Method | Required. Select check or electronic funds transfer (EFT). Depending on your selection, additional fields are shown. |
| Pay To the Order of | Required. This field appears only if you opt to pay by check and defaults to Payee. You can select one or more payees from the address book. |
| Check # | The number of the check that pays the bulk invoice. ClaimCenter propagates this number to the item checks. This field appears only if you opt to pay by check. |
| Delivery Method | Select from Send, Hold for adjuster, or No check needed if a manual check was written. This field appears only if you opt to pay by check. |
| Recipient | Required. The person to whom the check processing system sends the check. The recipient defaults to Payee. This field appears only if you opt to pay by check. |
| Mailing Address | The address where the check is sent. This defaults to the address of the Payee. This field appears only if you opt to pay by check. |
| Select EFT Record | Select an existing EFT record attached to the current payee. This field appears only if you opt to pay by EFT. |
| Name on the Account | Required. Name of the person holding the account. This field appears only if you opt to pay by EFT. |
| Bank Name | Name of the bank receiving the payment. This field appears only if you opt to pay by EFT. |
| Account Type | Required. Select Checking, Savings, or Other. This field appears only if you opt to pay by EFT. |
| Account Number | Required. Enter the number of the account that is to receive the payment. This field appears only if you opt to pay by EFT. |
| Routing Number | Required. Enter the ABA routing number of the receiving bank. This field appears only if you opt to pay by EFT. |
| Report As | Whether the check amount is reportable to a government income tax agency, such as the IRS. |

Payment instructions section of bulk invoice details

The **Payment Instructions** section of the **Bulk Invoice Details** screen contains the following fields:

| Field | Description |
|---------------------------|--|
| Send Date | Required. The date to send the bulk invoice check to the downstream system. |
| Check Instructions | Special instructions, which must be a valid value from the CheckHandlingInstructions typelist. |
| Memo | Provides the ability to add free-form text to the check as you write it. |

Validation status area of bulk invoice details

ClaimCenter shows the validation status of the bulk invoice near the middle portion of the **Bulk Invoice Details** screen (above the **Approval History** section). You must write your own validation by configuring a plugin implementation of the `IBulkInvoiceValidationPlugin` plugin interface. In the base configuration, ClaimCenter provides the sample plugin implementation `gw.plugin.bulkinvoice.impl.SampleBulkInvoiceValidationPlugin`. This class is sample code only. You must configure the plugin code for your business needs. See “[Bulk invoice validation](#)” on page 403 for more information.

Invoice Items area of bulk invoice details

The lower portion of the **Bulk Invoice Details** screen contains a table of bulk invoice line items. Each line item corresponds to an invoice line item of the original bill. This table is initially empty after you create a new bulk invoice. Use the following buttons in working with line items:

- **Add** – Use to add a new blank row in which you can enter the details of a bulk invoice line item.
- **Remove** – Use to delete all line items whose check boxes have been selected.

Use the following fields to create a line item:

| Field | Description |
|---------------------|---|
| Claim # | The claim against which to make the payment shown on this line. After entering a number, ClaimCenter checks to see that it is valid before allowing you to fill in the rest of the line item information. |
| Reserve Line | The reserve line on the claim against which to make the payment. ClaimCenter shows all the reserve lines on the claim in a drop-down list, after filtering them by Default Cost Type and Default Cost Category , if selected. If you select New to create a new reserve line, ClaimCenter prompts you to reselect an exposure. |
| Exposure | (Optional) If creating a new reserve line, select an exposure on the claim from this drop-down menu. See “Working with bulk invoice line items” on page 401 for more information. Note: A newly created reserve line uses the Cost Type and Cost Category from the Default Cost Type and Default Cost Category fields. |
| Payment Type | Choose one of the following: <ul style="list-style-type: none"> • Final • Partial This value can be different for each line item. |
| Amount | Enter this value unless you previously chose to Distribute amount evenly , in which case the split amount appears. |
| Deductions | Shows any deductions created on the check by a deduction plugin, such as the BackupWithholdingPlugin plugin. |
| Service Date | See “Service dates and service periods for checks” on page 335. |
| Description | Optional field in which you can enter additional information. |
| Alerts | A list of messages describing errors encountered while creating or editing a bulk invoice, such as Invalid Claim Number or Payment for this line item exceeds reserves . The bulk invoice validation process produces other alerts. |
| Status | Line item status (the bulk invoice equivalent of a transaction status). For a list of these statuses, see “Lifecycle of bulk invoice line items” on page 409. |

Filtering bulk invoice items

Bulk invoice items can be filtered by their associated claim and by invoice item status in the lower portion of the **Bulk Invoice Details** screen.

Note: These two filters can be used individually or together.

Filtering by claim

Bulk invoice items associated with a specific claim can be found using this filtering option.

You can search by claims in one of the following ways:

- Enter the claim number in the **Filter by Claim** text box and click anywhere outside the text box.
- Click the green arrow next to the **Filter by Claim** text box and select Search to display the **Search Claims** screen, where you can search for a claim using standard criteria.

- Click the green arrow next to the **Filter by Claim** text box, click **Recent Claims**, and select a claim number from the list of recently accessed claims.

| Approval History | | | | | | | | |
|---------------------|---|---------------------------------------|-----------------|-------------------------------|------------|------------|--------------|---|
| No approval history | | | | | | | | |
| Invoice Items | | Filter by Claim | Search... | Payment Type | Amount | Deductions | Service Date | Description |
| Claim # | Reserve Line | | Recent Claims ▾ | 235-53-365870 Ray Newton | \$42.00 | | | Awaiting submission |
| 235-53-425892 | (1) 1st Party Vehicle - Karen Egertson; Claim Cost/Auto body | | | 235-53-365871 Allen Robertson | \$70.00 | | | Awaiting submission |
| 235-53-365889 | (2) 3rd Party Vehicle - William Weeks; Claim Cost/Auto body | (2) 3rd Party Vehicle - William Weeks | | 235-53-365889 Robert Farley | | | | |
| 235-53-365871 | (1) 1st Party Vehicle - Ray Newton; Unspecified Cost Type/Unspecified Cost Category | (1) 1st Party Vehicle - Ray Newton | | 235-53-425891 Bill Kinman | | | | The check associated with this approved Invoice Item was rejected |
| | | | | 235-53-425892 Karen Egertson | \$1,820.00 | | | Not valid |
| 235-53-425891 | New... | (1) 1st Party Vehicle - Bill Kinman | Final | \$275.00 | - | | | Draft |
| | | | Total | \$7,175.00 | \$1,932.00 | | | |

Filtering by status

Bulk invoice items can be filtered by the following set of invoice item statuses:

- Awaiting submission
- Check pending approval
- Draft
- In review
- Item approved
- Not valid
- Rejected

| Approval History | | | | | | | | |
|---------------------|---|--|-----------------|------------------------|------------|------------|--------------|---|
| No approval history | | | | | | | | |
| Invoice Items | | Filter by Claim | Search... | All | Amount | Deductions | Service Date | Description |
| Claim # | Reserve Line | Exposure | Recent Claims ▾ | All | Amount | Deductions | Service Date | Description |
| 235-53-425892 | (1) 1st Party Vehicle - Karen Egertson; Claim Cost/Auto body | (1) 1st Party Vehicle - Karen Egertson | | Awaiting submission | \$150.00 | \$42.00 | | |
| 235-53-365889 | (2) 3rd Party Vehicle - William Weeks; Claim Cost/Auto body | (2) 3rd Party Vehicle - William Weeks | | Check pending approval | \$250.00 | \$70.00 | | |
| 235-53-365871 | (1) 1st Party Vehicle - Ray Newton; Unspecified Cost Type/Unspecified Cost Category | (1) 1st Party Vehicle - Ray Newton | Final | In review | \$6,500.00 | \$1,820.00 | | The check associated with this approved Invoice Item was rejected |
| | | | | Item approved | | | | Not valid |
| | | | | Not valid | | | | Rejected |
| 235-53-425891 | New... | (1) 1st Party Vehicle - Bill Kinman | Final | \$275.00 | - | | | Draft |
| | | | Total | \$7,175.00 | \$1,932.00 | | | |

This filter is configurable, and the available list of invoice item statuses to filter by is controlled by the **BulkInvoiceItemFilterSet** in the **BulkInvoiceItemStatus** typelist.

Working with bulk invoice line items

The lower portion of the **Bulk Invoice Details** screen contains information on the line items associated with the bulk invoice.

Notes:

- A bulk invoice line item can only contain one payment. See “Placeholder checks” on page 404.

- It is possible to create reserve lines with different Cost Types or Cost Categories or both. To do so, use one set of defaults. Click **Update**, and then select a new set of defaults.
- It is important to understand that creating a new reserve line does not create a reserve for it. It is possible that this action can cause the line item to fail its validation if the payment exceeds its reserves.

Create a new bulk invoice line item

Procedure

1. Open the **Bulk Invoice Details** screen.
2. Click **Edit** in the **Bulk Invoice Details** screen to edit the bulk invoice.
3. In the **Invoice Items** area at bottom, click **Add** to create a new line item.
4. Enter the number of the claim against which ClaimCenter is to charge the invoice items on the bill.
 - If the claim number that you enter is invalid, ClaimCenter colors the **Claim #** field yellow. You cannot continue until you enter a valid claim number.
 - If the claim number is valid, ClaimCenter shows a list of its reserve lines. The reserve lines are filtered by the **Default Cost Category** and **Default Cost Type** values that you set previously for the bulk invoice.
5. Select an existing reserve line on the claim or select **New...** If you assign a line item to a reserve line that does not yet exist on the claim, ClaimCenter creates the reserve line on the claim during placeholder check creation.
6. Select the **Exposure**, unless you want the reserve line to be at the claim level.
7. Select a Cost Type or a Cost Category or both in the **Default Cost Type** or **Default Cost Category** drop-down lists, in the **Invoice Details** portion of the screen.
8. Enter the remaining required fields:
 - **Payment Type**
 - **Amount**
 - **Deductions**
9. Click **Update** to save your work.
The current values define the reserve line.

Stopping or voiding a bulk invoice

The integration with an external payment system provides an opportunity to try to stop or void a bulk invoice. Stopping or voiding moves the bulk invoice and its items into, respectively, Initiating Stop or Initiating Void status. After bulk invoice item processing is complete, the bulk invoice is moved into, respectively, Pending Stop or Pending Void status. The external payment system calls the **BulkInvoiceAPI** web service after it completes the cancellation. At this point, ClaimCenter transitions the bulk invoice into Stopped or Voided status.

Bulk invoices that are on hold

The external system can also stop processing a bulk invoice and notify ClaimCenter through the **BulkInvoiceAPI** web service that the invoice is on hold. In this case, you can void it, stop it, or resubmit it. You must first correct the problem found by the downstream system before attempting to resubmit the bulk invoice.

Warning activity if stopping or voiding is unsuccessful

In the base application, in the data model only, ClaimCenter records the user that attempts to stop or void a bulk invoice. In the event a bulk invoice that a user tries to stop or void still transitions to Issued or Cleared status, a warning activity is generated and assigned to this user to alert them of this issue.

Bulk invoice validation

ClaimCenter performs validation on the bulk invoice as part of the submission process, which occurs after you click **Submit**. The purpose of this validation is to ensure that the bulk invoice conforms to your company's business practices. During bulk invoice validation, ClaimCenter performs the following checks using internal code:

- It checks the validity of the claim number.
- It checks the validation level of the exposures on the claim. All claim exposures must be at the Ability to Pay validation level to pass validation.

You can configure bulk invoice validation by configuring a plugin implementation of the `IBulkInvoiceValidationPlugin` plugin interface. In the base configuration, ClaimCenter provides the sample plugin implementation `gw.plugin.bulkinvoice.impl.SampleBulkInvoiceValidationPlugin`.

To customize the validation code, set the following:

- The condition that triggers the validation alert.
- The type of the alert, as defined in the `BIValidationAlertType` typelist.
- The content of the alert message.

How ClaimCenter validates a bulk invoice

The following sequence outlines the process that ClaimCenter follows in validating a bulk invoice in the base configuration:

1. The user clicks **Submit** to submit the bulk invoice.
2. ClaimCenter executes the method `validateBulkInvoice`, for example, from the `EditBulkInvoiceDetail` PCF file, passing it the current bulk invoice. This method is defined in the plugin class that implements the `IBulkInvoiceValidationPlugin` plugin interface.
For an example of this method, see the plugin implementation `gw.plugin.bulkinvoice.impl.SampleBulkInvoiceValidationPlugin`.
3. Base configuration code—and, in general, any bulk invoice validation code—checks for specific conditions and generates error alerts if the bulk invoice meets those conditions.

Bulk invoice approval

There are two approval processes that a bulk invoice must pass before ClaimCenter can further process the bulk invoice.

| Approval Process | Description |
|---|---|
| Bulk invoice approval | Bulk invoice approval occurs after bulk invoice validation. |
| Check approval after line item validation | ClaimCenter requires that every check created by the bulk invoice must pass thorough the same approval process as all other checks. See "Bulk invoice checks" on page 405 for more information. |

Bulk invoices go through a first approval process similar to transactions in ClaimCenter, except that there are no authority limits for bulk invoices. Clicking **Submit** starts this approval process. If no approval is required, the **Submit** button initiates check creation, which otherwise starts after approval is granted.

After approval and line item submission processing, the bulk invoice's status becomes Initiating check creation. All its line items not marked In Review or Rejected by the approver receive Item Approved status. All Rejected and In Review line items remain in the bulk invoice with this status. See "Orphan line items" on page 405.

If a bulk invoice and a particular item are approved, but ClaimCenter subsequently rejects that item's check, then the bulk invoice item's status becomes Not Valid. This status reflects the fact that ClaimCenter performs approval of the

bulk invoice item in bulk invoice approval rules and activities. You need to fix the item, remove it, or manually reject it for the same reason the item's check was rejected.

Bulk invoice approval rules

In the base configuration, ClaimCenter provides a single Bulk Invoice Approval rule. This rule requires an approval for all bulk invoices. ClaimCenter disables this sample rule in the base configuration.

- If you have added additional approval and approval assignment rules, the approver sees an approval activity for the bulk invoice after you click **Submit**. The approver can now reject or approve the entire bulk invoice.
- If you are the approver and you want to review the bulk invoice, first select it from your **Activities** screen. The bulk invoice appears in the workspace at the bottom of the screen. Mark line items that you do not approve as either **Rejected** or **In Review**. ClaimCenter ignores all line items so marked—see “Orphan line items” on page 405 for more information. You can optionally add a comment to the marked items explaining the reasons for flagging them. You can also add comments to approved items.

After flagging line items, the approver can approve or reject the entire bulk invoice by using buttons of the same name on the same screen. If the approver clicks **Cancel** at any point, ClaimCenter removes all flags from all line items.

See also

- *Gosu Rules Guide*
- *Integration Guide*

Creating checks

Validation

ClaimCenter initiates the placeholder check creation process as soon as the bulk invoice has been approved, or submitted, if approval is not needed. This process proceeds asynchronously, which means the operation runs in the background while the ClaimCenter UI is still available to the user for other tasks. To be validated and ready for payment, each approved or submitted line item:

- Must pass the Ability to Pay system validation level for its exposure or claim.
- Must not exceed available reserves, unless the configuration parameter `AllowPaymentsExceedReservesLimits` is set in the `config.xml` file.
- Must have a valid Payment Type.

If any line items fail this validation, its status becomes Not Valid. Additionally, the bulk invoice itself is given the status Invalid Bulk Invoice Items and cannot be processed further. You must first either edit or remove the line items. Editing or removing a line item returns the bulk invoice to Draft status for re-approval and a repeat of the placeholder check creation process.

Note: The process of creating checks includes item validation and begins when the bulk invoice status is Initiating check creation.

Placeholder checks

After a line item passes validation, ClaimCenter creates a check against the reserve line of the claim associated with the line item. This check is a placeholder for the portion of the large bulk invoice check associated with that claim's reserve line. The claim financial screen shows this information and provides details of that reserve line. The purpose of these checks is to indicate that a bulk invoice made a payment against that reserve line. Therefore, you cannot edit or delete these checks from the **Check Details** screens.

As ClaimCenter creates each placeholder check, it also:

- Creates a claim contact for the check from the bulk invoice payee.
- Saves the contact with the claim.

- Marks the contact as linked with ContactManager.

ClaimCenter synchronizes these claim contacts with ContactManager. If the data changes for a contact in ContactManager, ClaimCenter updates the contact data as it runs the contact automatic synchronization batch process.

Note: A check created for a bulk invoice line item can only contain one payment with one transaction line item.

Note: Each placeholder check's check batching field is set to Bulk check in the data model.

Transfer and recode

It is possible to transfer a placeholder check from one claim to a different claim. This process creates a new invoice item against the new claim. It is also possible to record the payment on a placeholder check on another reserve line, which updates the invoice item's reserve line. If you make that change after the bulk invoice has been sent to an external accounting system, ClaimCenter notifies that system.

Repeated validation

It is possible for validation to occur multiple times. As a consequence, it is possible for ClaimCenter to have validated some line items already. If this is the case, one or more line items can already possess a placeholder check. If a line item possesses a placeholder check already:

- ClaimCenter updates the existing check to reflect any editing changes.
- ClaimCenter retires the existing check if a line item becomes invalid after having been previously validated.

Note: During validation, if the check has already been approved, ClaimCenter does not require that the check be re-approved.

Orphan line items

If the bulk invoice approver marks any line items Rejected or In Review, ClaimCenter does not create placeholder checks for those items. You can edit these items to remove these statuses until validation passes all the rest of the line items and their checks are approved. The bulk invoice now transitions to Awaiting Submission status, and these line items must now remain in the bulk invoice with their Rejected or In Review status. Their amounts do not become part of the bulk invoice's check.

For ClaimCenter to pay these amounts, you must either copy them to another bulk invoice, or write checks directly from their claims. Alternatively, you can edit the bulk invoice. However, such an edit in most cases invalidates the bulk invoice and moves it back to Draft status.

Bulk invoice checks

After ClaimCenter determines that the send date for the check associated with a bulk invoice has been reached, it sends the check to an external payment system for issuance. You enter the values to be written on the check in the **Payment Instructions** and **Check Details** sections of the **Bulk Invoices > Bulk Invoice Details** screen.

Note: You must write a message transport plugin implementation to listen for the **BulkInvoiceStatusChange** event for ClaimCenter to be able to pass the check to an external system. See the *Integration Guide* for more information.

Bulk invoice check approval

Every check created by the bulk invoice must pass thorough the same approval process as all other checks. If it is not possible to either create or approve a check, ClaimCenter cannot send the bulk invoice itself to the external processing system. You must remove or edit the offending line item. If you edit the line item, ClaimCenter then requires that it be re-approved.

Bulk invoice escalation batch processes

Escalating a bulk invoice is the last step in the creation and approval of a bulk invoice. The purpose of escalating a bulk invoice is to send it to a downstream payment system or process. It involves the following batch processes:

| Batch Process | Description |
|-------------------------------|--|
| Bulk Invoice Escalation | <p>The BulkInvoiceEsc batch process queries for bulk invoices ready for escalation (send date is current date or earlier) and with Awaiting submission status and initiates the escalation operation on them. The batch process changes the bulk invoice's status to Initiating escalation. Note that escalation processing is handled by the Invoice Processing and Invoice Item Processing work queues, which ultimately changes the bulk invoice status to Requesting. After that, escalation integration code sends the bulk invoice to the downstream accounting or external payment system.</p> <p>You can edit the bulk invoice until it receives Requesting status. However, most edits that you make invalidate the bulk invoice and return it to Draft status. The only actions possible for the bulk invoice after it has been escalated are:</p> <ul style="list-style-type: none"> • Stopping the bulk invoice • Voiding the bulk invoice • Placing the bulk invoice On Hold |
| Bulk Invoice Workflow Monitor | <p>The BulkInvoiceWF batch process functions as a safeguard to update a bulk invoice's status to Awaiting submission or Invalid bulk invoice items after all item processing is complete in the event that a bulk invoice remains in a 'Processing' or Creating checks status. This batch process runs every 30 minutes.</p> |

See also

- For more information on batch processes, see the *Administration Guide*.
- For more information on bulk invoice processing, see “Bulk invoice process flow” on page 410.

Lifecycle of a bulk invoice and its line items

Each stage in the lifecycle of a bulk invoice has a specific status. The **Bulk Invoice** screen shows the status of each bulk invoice. To update the ClaimCenter screen to reflect the latest status values, click **Refresh**.

See also

- Individual line items also have their own, similar lifecycles and statuses. See “Lifecycle of bulk invoice line items” on page 409 for details.
- Status changes cause events that you can use to trigger a custom rule or action. See “Bulk invoice events and acknowledgments” on page 411 for details.

Lifecycle of a bulk invoice

The lifecycle of a bulk invoice progresses as follows:

1. A user creates a bulk invoice. This process can take place over a period of time.
2. The user clicks **Update** for the first time. This action saves the current bulk invoice information to the database, complete or not. All bulk invoices at this point have a status of Draft.
3. The user clicks **Submit**. ClaimCenter performs validation on the bulk invoice:
 - a. If the bulk invoice passes validation, and it requires approval, ClaimCenter sends the bulk invoice to the selected reviewer and changes the status to In Review. If approved, check creation processing starts immediately. The status is Initiating check creation.
 - b. If the bulk invoice passes validation and it does not require approval, clicking **Submit** immediately starts check creation processing. The status is Initiating check creation.

Note: Creation of work items for each line item is handled by the Invoice Processing work queue. After work items are created, they are processed in parallel by the Invoice Item Processing work queue. For example, after processing, this work queue moves bulk invoices from 'Creating checks' status to 'Awaiting Submission' status by creating a placeholder check on the item's associated claim. This check might require approval, like any other check. This approval is separate from bulk invoice approval.

For more information, see:

- the *Administration Guide*

- If a line item fails its validation, or its check cannot be written or is rejected, ClaimCenter moves the bulk invoice status to Invalid Bulk Invoice Items. At this point, it is possible to re-edit the line item to remove the validation issue.
- After ClaimCenter validates all line items and all the associated placeholder checks are approved, ClaimCenter moves the bulk invoice status to Awaiting Submission status.
- If ClaimCenter moves the status to Awaiting Submission, the bulk invoice remains in that status until its send date is reached. At this point, any edits made to the bulk invoice returns it back to Draft status.
- After the bulk invoice's send date is reached, ClaimCenter starts the escalation process on the bulk invoice, which ultimately transmits it to an external payment system. The escalation process is initiated by the Bulk Invoice Escalation Batch Process. See the *Administration Guide*. Escalation processing is handled by the Invoice Processing and Invoice Item Processing work queues, which change the bulk invoice status to Requesting.
- After the external system acknowledges receipt of the request, ClaimCenter moves the bulk invoice to Requested status.
- After the external system produces the bulk check, it sends an Issued status, then a Cleared status back to ClaimCenter.
- At any time after sending the bulk invoice to the external system, but before it reaches Cleared status, you can attempt to stop or void its check. This attempt moves the bulk invoice status to either Initiating Stop or Initiating Void, and, then Pending Stop or Pending Void. If the attempt to stop succeeds, the bulk invoice status then moves to Stopped. If the attempt to void succeeds, the bulk invoice status then moves to Void.
- The external system can also attempt to stop a bulk invoice by giving it On Hold status.

Bulk invoice statuses

The following list describes each status:

Note: Some statuses advance either by web service APIs or through user interface controls. See *Integration Guide*.

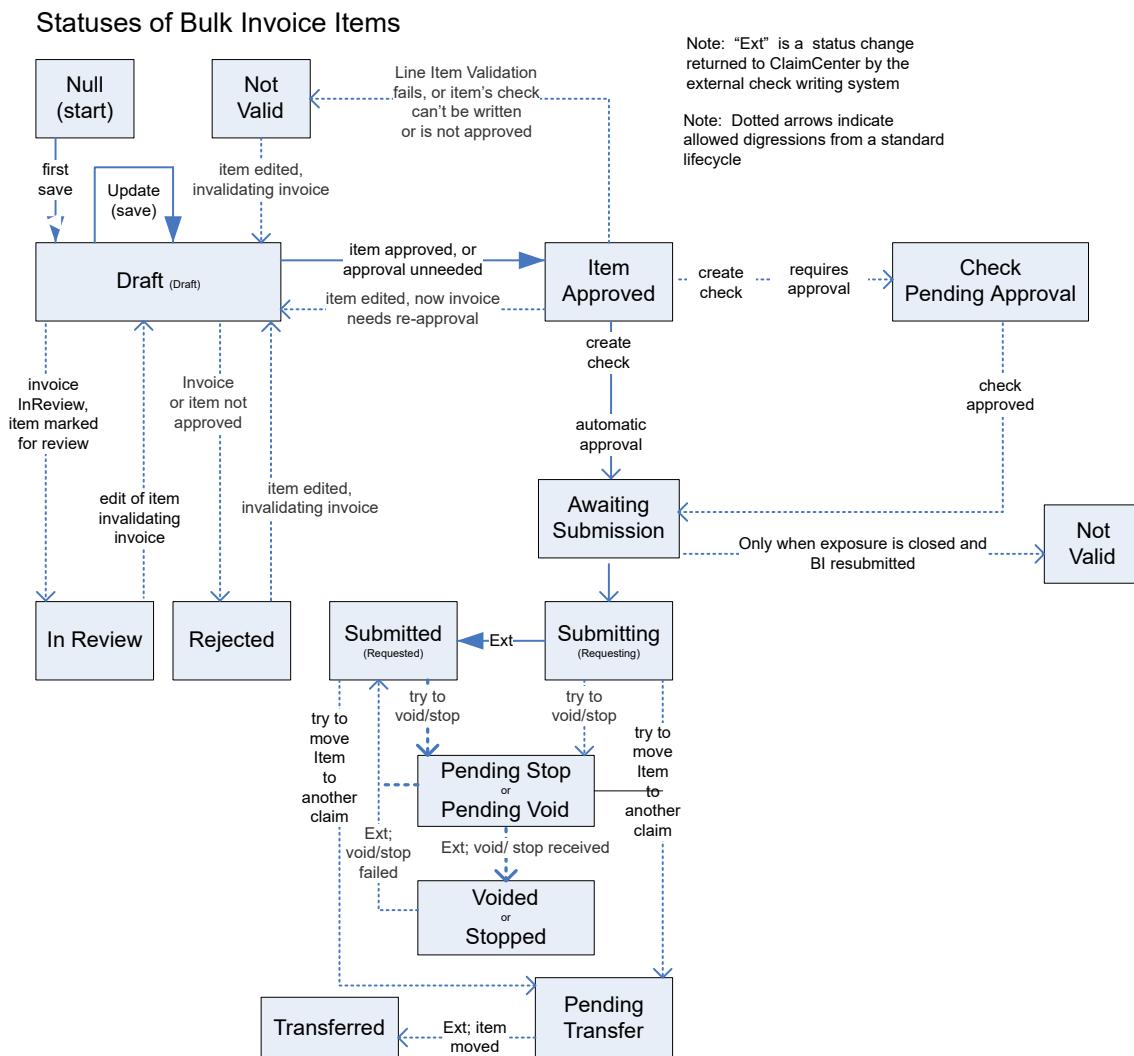
| Bulk invoice status | Can delete or edit the bulk invoice? | Description |
|-------------------------|--------------------------------------|---|
| Awaiting submission | yes | Processing is complete. Awaiting the date to start the process of submission to the downstream system. |
| Cleared | no | Downstream system notification that the bulk invoice check cleared. |
| Creating checks | no | Create placeholder check on the item's associated claim. |
| Draft | yes | Bulk invoice is possibly committed to database, but is not yet ready for validation due to one of the following: <ul style="list-style-type: none"> • After being initially edited or re-edited after saving, or after being invalidated by edits by the approver. • After edits to correct validation errors, or after edits while awaiting submission to the downstream system. |
| Error during processing | no | The invoice encountered a problem during one of the following bulk invoice statuses: |

| Bulk invoice status | Can delete or edit the bulk invoice? | Description |
|----------------------------|--------------------------------------|--|
| | | <ul style="list-style-type: none"> • Initiating check creation • Processing escalation • Processing void • Processing stop • Processing delete <p>Resolve the problem and then click the Retry processing button on the invoice in the user interface (or call the equivalent method in Gosu). If successful, the invoice will advance to the next status.</p> <p>You cannot manually advance an invoice from the Error during processing status to another status.</p> |
| In review | yes | Submitted for approval and waiting for approval from the assigned approver. |
| Initiating check creation | no | The invoice is ready for the check creation process to begin. Invoice is validated and approved, or, if no approvals are configured in ClaimCenter, invoice is validated and submitted for processing. Work items to start placeholder check creation are currently being created for the line items. |
| Initiating delete | yes | The delete operation has been invoked on this invoice and work items are currently being created to delete each line item on the invoice. |
| Initiating escalation | no | A batch process has started the escalation process on the invoice (The send date has been reached and the status is Awaiting submission). |
| Initiating stop | no | The stop operation has been invoked on this invoice and work items are currently being created to stop each line item on the invoice. |
| Initiating void | no | The void operation has been invoked on this invoice and work items are currently being created to void each line item on the invoice. |
| Invalid bulk invoice items | yes | At least one line item failed processing, or its check could not be written, was rejected, or the user does not have the authority to submit the check for approval. |
| Issued | no | Downstream system notification that the bulk invoice check was issued. |
| null | yes | Creation started but never saved, meaning that the creator of the bulk invoice has never used the Update button. |
| On hold | no | Downstream system found problems and notified ClaimCenter. |
| Pending stop | no | Processing is complete. The messaging plugin sends a message downstream to stop the bulk invoice. ClaimCenter does not configure the message plugin in the base configuration. You must manually set this up. |
| Pending void | no | Processing is complete. The messaging plugin sends a message downstream to void the bulk invoice. ClaimCenter does not configure the message plugin in the base configuration. You must manually set this up. |
| Processing delete | no | The invoice's line items and any placeholder checks associated with the items are currently being deleted. |
| Processing escalation | no | The invoice's line items and any placeholder checks associated with the items are currently being escalated to 'Requesting' status (as long as their <code>PendEscalationForBulk</code> fields are true). |
| Processing stop | no | The invoice's line items and any placeholder checks associated with the items are currently being stopped. |
| Processing void | no | The placeholder checks associated with invoice line items are currently being voided. |

| Bulk invoice status | Can delete or edit the bulk invoice? | Description |
|---------------------|--------------------------------------|---|
| Rejected | yes | Rejected by the assigned approver. |
| Requested | no | Downstream acknowledgment that bulk invoice was received. |
| Requesting | no | Processing is complete. Queued for submission to the downstream system. |
| Retired | no | Processing is complete. The invoice has been retired. |
| Stopped | no | Downstream system reported that the stop request succeeded. |
| Voided | no | Downstream system reported that the void request succeeded. |

Lifecycle of bulk invoice line items

The following diagram illustrates the transitions from one bulk invoice line item status to another in the base configuration.

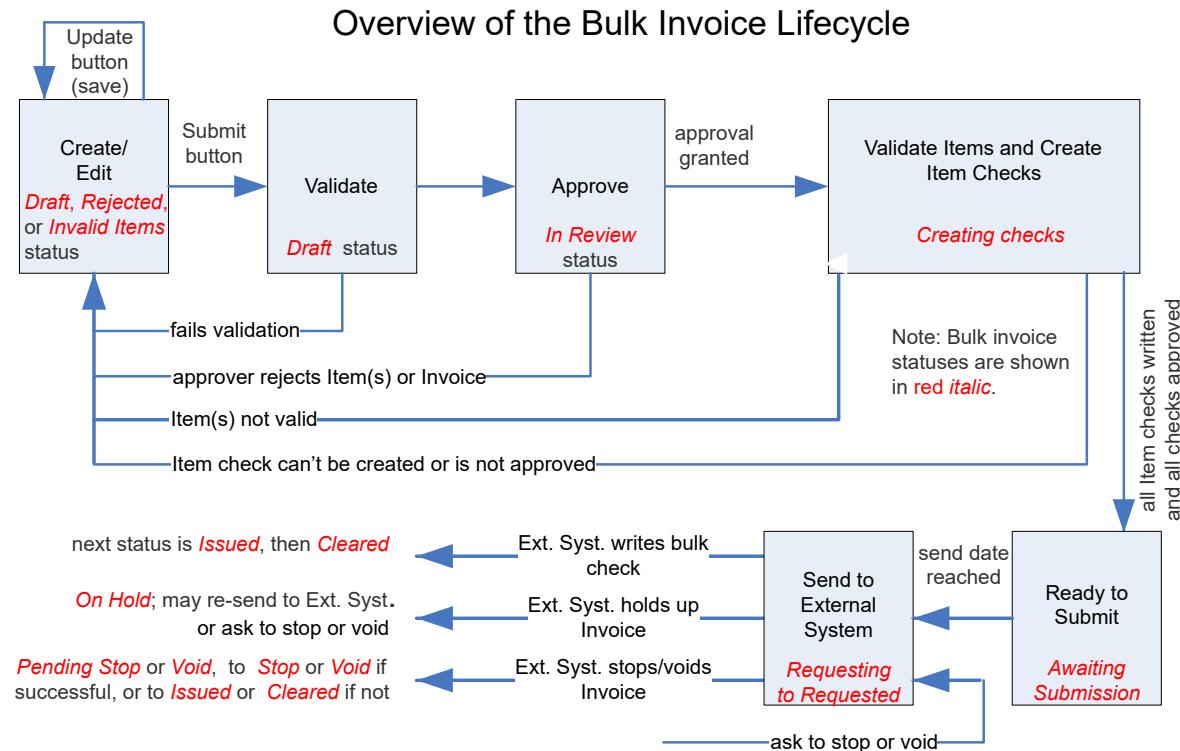


The following list describes each status of a bulk invoice line item:

| Line item status | Invoice status | Can delete or edit | Comment |
|------------------------|-------------------------|--------------------|---|
| Awaiting submission | awaitingsubmission | yes | Bulk invoice item and its check have passed approval and are ready to be escalated, after the bulk invoice is ready to be escalated |
| Check pending approval | initiatingcheckcreation | yes | Bulk invoice item has passed the bulk invoice approval process and is waiting for its check to be approved |
| Draft | draft | yes | Being initially edited, or reedited after being invalidated by edits after line item validation rejects it or another line item |
| In review | any | yes | Approver gives Item this status. Item is not be processed further unless reedited. See "Orphan line items" on page 405. |
| Item approved | any | yes | Passed bulk invoice approval and passed line item validation. |
| Not valid | any | no | Failed line item validation processing. Items transition from "Awaiting submission" to "Not valid" status when its associated Exposure is closed and the Bulk Invoice is resubmitted. |
| Null | null | yes | Bulk invoice created but never saved—Update button not clicked. |
| Pending stop | pendingstop | no | Message sent downstream to stop the invoice. |
| Pending transfer | requested or later | no | Notify downstream system to transfer Item to another claim. |
| Pending void | pendingvoid | no | Message sent downstream to void the invoice. |
| Rejected | any | yes | Same as in review. |
| Stopped | stopped | no | Downstream acknowledgment that stop request received. |
| Submitted | requested | no | Downstream acknowledgment that submission received. |
| Submitting | requested | no | Submitted (sent) to the downstream system. |
| Transferred | requested or later | no | Downstream acknowledgment that transfer request received. |
| Voided | voided | no | Downstream acknowledgment that void request received. |

Bulk invoice process flow

The following diagram provides an overview of the bulk invoice process. The top row shows the stages involved in creating the Bulk Invoice in ClaimCenter, bulk invoice validation, approval, and item processing. The bottom row shows the process of sending to an external payment or EFT system (also known as a downstream system or check-writing system).



Note: ClaimCenter uses a plugin implementation of the `IBulkInvoiceValidationPlugin` plugin interface to perform bulk invoice validation. You can configure the plugin implementation to meet your business needs.

You can access the **Bulk Invoices** screen by selecting **Bulk Invoices** from the **Desktop** drop-down menu.

Bulk invoice events and acknowledgments

ClaimCenter generates a `BulkInvoiceStatusChanged` event when it first creates the bulk invoice and each time it updates the bulk invoice status. In addition to the `BulkInvoiceStatusChanged` event, ClaimCenter also generates the following events:

- `BulkInvoiceAdded`
- `BulkInvoiceUpdated`
- `BulkInvoiceRemoved`

These events are similar to the events that ClaimCenter generates for all financial transactions and checks.

IMPORTANT: You must implement a version of the message transport plugin that can listen for the `BulkInvoiceStatusChanged` event. This message transport plugin implementation is necessary for ClaimCenter to be able to pass the check to an external system. See the *Integration Guide* for more information.

Bulk invoices and multicurrency

A bulk invoice uses a single currency. That currency becomes the transaction currency for each of its invoice items' checks. The transaction currency does not have to be the same as the default application currency. Whatever currency

you choose, the entire bulk invoice and its associated checks use this currency, as do all the line items associated with the bulk invoice.

The bulk invoice also has an exchange rate from its transaction currency to the reporting currency. It is possible to attach the items for a bulk invoice to different claims, with different currencies.

It is also possible for the currency that a claim uses to differ from the default application currency and from the currency of the bulk invoice. This means that the bulk invoice transaction-to-reporting exchange rate cannot be used directly as the transaction-to-claim and claim-to-reporting exchange rates on the check.

ClaimCenter selects the two exchange rates for each check according to the following table:

| Currencies: Transaction/BI, Claim, and Reporting | Transaction-to-Claim Exchange Rate | Claim-to-Reporting Exchange Rate |
|--|---|--|
| All currencies are the same. | Market identity rate. This is defined as a market exchange rate null in which the base currency equals the price currency and the numerical value is 1. | |
| The reporting currency is different. | Market identity rate. | The bulk invoice's transaction-to-reporting rate |
| The claim currency is different. | ClaimCenter uses market rates and does not prompt you for an exchange rate. | ClaimCenter uses market rates |
| The Transaction/BI currency is different | The bulk invoice's transaction-to-reporting exchange rate. | null |
| All are different, automatic | Market rate. | Market rate |
| All are different, manual | Custom rate created by dividing the bulk invoice's transaction-to-reporting rate by the claim-to-reporting rate. | Market rate |

After you select market rates, including identity rates, the following occurs.

- If the bulk invoice transaction-to-default rate is a market rate, it is possible to select it from that rate's market rate set.
- If the bulk invoice uses a custom rate, it is possible to select it from a market rate set with a date near that of the custom rate's effective date.

After ClaimCenter updates the checks, it repeats this process and recalculates the exchange rates and amounts.

Exchange rate adjustment of a bulk invoice

You can apply foreign exchange adjustment to the placeholder checks of a bulk invoice (the checks created for each item), but not to the bulk invoice itself.

Bulk invoice financial permissions and authority limits

This topic lists all the security aspects of bulk invoice transactions.

User permissions

The following user permissions pertain to bulk invoices:

- `bulkinvview` – View bulk invoice
- `bulkinvcreate` – Create bulk invoice
- `bulkinvedit` – Edit bulk invoice
- `bulkinvdelete` – Delete bulk invoice

In the base configuration, the following roles have all the previously listed user permissions:

- Adjuster
- Claims Supervisor
- Clerical
- Customer Service Representative
- Manager
- New Loss Processing Supervisor

Authority limits

Bulk invoices have no special authority limits, but all transaction authority limits apply. These limits set the following:

- The maximum for the claim and exposure total and available reserves
- The maximum for any single payment
- The maximum for a change in reserves amount
- The maximum for a payment that exceeds reserves

The `CheckAuthorityLimits` configuration parameter in the `config.xml` file controls whether ClaimCenter checks authority limits for individual checks. The default value is `true`.

For more information on authority limits, see “Managing authority limit profiles” on page 521.

Bulk invoice checks are subject to the same rules that apply to standard ClaimCenter checks. If you configure ClaimCenter to not allow payments to exceed reserves, this setting also affects bulk invoices. In this case, be sure that reserves are set high enough before creating the checks of a bulk invoice, or set configuration parameter `AllowPaymentsExceedReservesLimits` in the `config.xml` file to `true`.

Bulk invoice web service API

ClaimCenter includes a web service called `BulkInvoiceAPI` that enables an integrated system to submit and manipulate bulk invoices directly from the external system. For example, it is possible for an associated rental car company to directly submit bulk invoices to ClaimCenter from its systems by using this web service. In addition, `BulkInvoiceAPI` methods can create and submit bulk invoices, as well as add, update, and delete bulk invoice items.

See also

- See the *Integration Guide* for more information on the `BulkInvoiceAPI` web service methods.

part 7

ClaimCenter services

Services

The Services feature in ClaimCenter provides the adjuster with tools to create, track, and manage requests for services to be provided by vendors. ClaimCenter works in conjunction with a contact management system such as Guidewire ContactManager and optionally, a vendor portal, to streamline the communication between adjusters and specialists offering services. Using this feature, you can identify the right vendors, create service requests, follow up on the progress of the work, make payments, and track vendor performance.

See also

- “Overview of services” on page 417
- “Creating a service request” on page 419
- “Lifecycle of a service request” on page 428

Configuring service requests

ClaimCenter includes a configurable state handler for each of the service request types that defines the stages in their progress to completion.

See also

- *Configuration Guide*

Overview of services

A *service* can be defined as any action that can be requested from a third-party vendor or internal provider. Some examples are requesting a rental or courtesy vehicle, inspection and repair of damaged equipment, or commissioning construction services. The services feature provides adjusters with the ability to send service requests to vendors outside ClaimCenter and follow up on their progress. ClaimCenter uses a contact management system, such as ContactManager, to access and select vendors capable of providing specific services and a vendor portal to facilitate communication with vendors.

Note: In this topic and included examples, Guidewire ContactManager is the default contact management system, and Guidewire VendorEngage is the default vendor communication portal. If you use components other than these Guidewire components to manage contacts and vendors, ensure they are integrated appropriately with Guidewire ClaimCenter before proceeding with adding and managing services.

You can create a service request in ClaimCenter in two ways—during claim creation in the New Claim wizard or at any time by using the **Actions** menu. This topic covers the creation of service requests in the **Actions** menu. See “New claim wizard steps” on page 98 for more on adding services in the New Claim wizard.

After a service request is created, its status can be monitored and updated in both ClaimCenter and VendorEngage. You can add one or more quote and invoice documents to the service request and send messages to the vendor. When work is complete, you can proceed from the service request to the payment process using the built-in payment wizard.

You can also associate notes and activities with the service request, and ClaimCenter can be configured to notify adjusters with a generated activity when a service request fulfills a condition. For example, the adjuster is notified when a service request is declined.

Setting up services

A basic set of services is provided in XML file format with sample data. You can customize services to match your business requirements and import them into ClaimCenter and ContactManager. This approach is recommended.

Note: Once service data is imported, you cannot edit it or manage its synchronization with ContactManager in the application user interface. You can make changes only by editing the corresponding XML file and importing it back into the applications. Review your XML data files carefully before finalizing them for import into ClaimCenter and ContactManager.

The services directory displays in a tree format when you add a service to a claim. At the topmost level of the tree, the folder nodes represent service categories. Under these nodes, you can define service subcategories or service types. The leaf nodes of the tree represent the specialized services grouped under each category.

In the services XML files, you can configure associated service request types—incident types—as well as the categories, subcategories, and service types of the vendor service tree.

See also

- *Configuration Guide*
- *Installation Guide*

Service request types

A service request can have various lifecycles, based on its request type. After you select the request type, the service request goes through various predefined stages, which are indicated in the ClaimCenter user interface by status and action update messages.

Service requests in ClaimCenter are classified into four types:

- Quote
- Quote and Perform Service
- Perform Service
- Unmanaged

Quote

Use the **Quote** request type if you require only a quote from vendors. For example, you would use this option to compare vendor quotes before making a final selection.

You can promote a quote-only service request to a quote-and-perform-service request by using the **Request Service from Quote** menu option.

Quote and perform service

Use the **Quote and Perform Service** request type if you require the complete service request lifecycle—obtaining quotes, requesting service, and making payments.

Perform service

Use the **Perform Service** request type if you require only a service, such as requesting a courtesy or rental car. You can then proceed to make a payment, if necessary, after the service is complete.

Unmanaged

The **Unmanaged** request type is a specialized type used only for services created from the Auto First and Final wizard. This request type is not available for other claims.

See also

- “Lifecycle of a service request” on page 428
- “Promote service requests” on page 423

Creating a service request

In ClaimCenter, you can create a new service request either by using the **Actions** menu or in the New Claim wizard.

Create a new service request in the actions menu

Procedure

1. Navigate to **Actions > New...Service**.
ClaimCenter displays the **Add Service** screen, where you enter relevant information to be communicated to the vendor on the specified services.
2. Enter the following information:
 - **Related To** – Specify if the service is requested for the entire claim, for a specific incident, or for a specific exposure.
 - **Services to Perform** – Add one or more services you would like the vendor to perform.
3. Click **Add** to view the services directory in the **Select Services to Add** screen.
The selected services are shown by category, subcategory, and service type.
4. Search for specific services in the directory by entering text in the text field and selecting **Filter**. Reset your selections to start over.
The **Filter** option can perform partial name searches as well.
5. Select one or more related services, and then click **Add** again.
You can add one or more related services to one service request, and you can specify this in the Services data files. If you attempt to add services that cannot be combined in the same service request, ClaimCenter displays an error message. Request these services in separate service requests.
For example, in the base configuration, you cannot add a request for a car rental along with a request to repair furniture.
6. Enter the following information for the service request:
 - **Request Type** – Select the type of the service request. You can choose from **Perform Service**, **Quote**, and **Quote and Perform Service**, depending on whether you are requesting only a quote, only a service, or both.
ClaimCenter only displays the request types associated with the services selected in the previous step. This is configurable as well.
 - **Name** – Select a vendor. You can create a new vendor contact, select an existing vendor on the claim, or you can search and retrieve information for a vendor from ContactManager. If you choose the latter, the **Search Address Book For Vendors** screen now displays with the selected services and an option of finding only vendors offering these services.
 - **Additional Instructions** – Enter any additional instructions you have for the vendor regarding this service. This field is optional.
 - **Requested Quote/Service Completion Date** – Enter the desired date of quote or service completion for the vendor. The initial value is set to a week from the current date.

- **Customer Contact** – Add a customer contact for the service request. You can create a new contact, select an existing contact on the claim, or you can search and retrieve information for an existing contact from ContactManager.
 - **Service Address** – Enter the address at which the service is to take place.
7. If your service request is complete, click **Submit**. Alternately, you can choose to **Save** it in draft form and return to complete it later. The service request displays in the **Services** screen, associated with the claim, assigned a service number, and sent to the selected vendor for processing. The vendor is notified in Guidewire VendorEngage, and as the vendor responds, you can manage and monitor the status and progress of the service request in ClaimCenter.

Creating service requests in the new claim wizard

You can create a service request during claim creation in the **New Claim Wizard**. The **Services** menu is included in Step 4 of the wizard for configured policy types. See “New claim wizard steps” on page 98 for more information.

Viewing service requests

After a service request is added to a claim or incident, it is assigned a service number, and you can view details and associated components in the main **Services** screen.

The **Services** screen provides a list of services and a detail view showing details on the currently selected service.

Services list

The **Services** screen displays all service requests associated with a claim, organized by **Request Type**, **Status**, and service number (**Service #**).

The following icons indicate the service request type:

| Icon | Service Request Type |
|------|---------------------------|
| | Perform Service |
| | Quote |
| | Quote and Perform Service |

The following icons indicate the status of a service request:

| Icon | Service Request Status |
|------|--|
| | Draft, Declined, Canceled, or Expired These are Progress status messages. |
| | Requested |
| | Quoted |
| | Completed |
| | Alert. The service request needs your attention. This icon can be used in conjunction with the other icons. |

Each service request also displays the **Next Action** to be taken, the responsible **Action Owner**, and whether the service request relates to a claim or an incident. Vendor and service request details and quote amounts, if any, are also shown. The **Target** column displays the estimated date for the Next Action to be completed.

Select a service to view details and associated components of the service request, which are described next.

Detail view of a service

In ClaimCenter, a service request goes through a sequence of stages in its path to completion. You can view and edit the status of a service request in the **Details** card, which includes the following:

- **Service Number** – Unique number generated by ClaimCenter and assigned to the service request. Like the claim number, you can configure how this is generated, but it needs to be a globally-unique string. Refer to the *ClaimCenter Configuration Guide* for more information.
- **Reference Number** – Number assigned by the vendor in VendorEngage.
- **Progress** – The status of the service request. See “Lifecycle of a service request” on page 428 for more information on the possible values of the **Progress** status.
- **Quote Status** – The status of any attached quotes. See “Lifecycle of a service request” on page 428 for more information on the possible values of the **Quote Status**.
- **Next Action** – The next step to be taken to complete the service request. This step is dependent on the **Progress** and **Quote Status** fields.
- **Action Owner** – The party responsible for taking the next step, usually the adjuster or the vendor.
- **Related To** – Specifies if the service request is associated with the entire claim, or with a specific incident or exposure.

Note: If a service request is associated with an exposure, if you attempt to edit that exposure by associating it with a different incident, the base application contains an exposure validation rule that prevents this action and an error appears in ClaimCenter.

- **Requested Quote/Service Completion Date** – Requested date of completion.
- **Expected Quote/Service Completion Date** – Expected date of completion. The initial value of this date is the requested date. It is updated, if necessary, by the vendor.
- **Currency** – Currency for the service request and associated invoices.

The **Vendor** section lists the contact information for the vendor performing the service and the communication method used by ClaimCenter to connect to vendors. In the **Services to Perform** section, the category, subcategory, and type of service are shown, along with the request type.

Customer and service contact information is also shown in this card.

Quotes

The **Latest Quote/Prior Quote** section displays details of the most recent quote attached to the service request. You can view or edit the quote. You can also request a requote, revise the quote amount, or approve the quote in this section.

The **Quote Documents** table enables you to view and edit the quote document. See “Editing a quote document for a service request” on page 425 for more information.

Invoices

The **Invoices** section displays the invoices attached to the service request. You can add another invoice or view the existing invoices in the **Invoices** card.

See “Approve a service request quote invoice” on page 426 for more information on adding and approving invoices.

Metrics

The **Metrics** section provides information on various metrics measured during the progress of this service request, such as **Quote Timeliness** and **Number of Delays**.

See “Service request metrics” on page 429 for more information on service request metrics.

History card for a service

The **History** card displays a record of all changes made to the service request, including actions originating from the vendor portal. Links to attached documents, if any, are also shown.

Activities card for a service

The **Activities** card lists activities, if any, generated by the service request. For example, when a vendor adds a quote, ClaimCenter creates an activity to notify you that it needs to be reviewed.

Like the Workplan menu link, you can view, assign, skip, complete, approve, or reject activities. See “Activities” on page 34.

Documents card for a service

In the **Documents** card, you can add and view documents, including quotes and invoices, associated with the service request. Documents can be attachments to files in your system or links to other documents in ClaimCenter.

Note: You need appropriate permissions to access documents with special confidentiality and security levels.

See also

- “View documents for a service request” on page 618
- “Link a document to a service request” on page 626
- “Document security” on page 630

Notes card for a service

In the **Notes** card, you can create, edit, and view notes associated with a selected service request.

Note: You need appropriate permissions to access notes with special confidentiality and security levels.

See also

- “Note security” on page 274

Invoices card for a service

In the **Invoices** card, you can create, edit, and view invoices for the selected service request.

Messages card for a service

In the **Messages** card, you can create and send messages to vendors using VendorEngage. Messages can be in the form of questions or requests for information.

When questions are received, ClaimCenter generates an activity to notify the adjuster that a response is required.

The following icons are used to indicate the type of service request messages:

| Icon | Service Request Message Type |
|---|------------------------------|
|  | Inbound Message |
|  | Outbound Message |

Promote service requests

About this task

You can promote a Quote request type to a Quote and Perform Service request type after it is complete and a quote has been enclosed.

Procedure

1. Open the claim and click **Services** in the sidebar.
2. Select a service request in the list of service requests.
3. Click **Request Service from Quote**.
4. In the **Request Services from Quote** screen, enter the required information, including the service completion date.
5. Add additional services, if necessary.
6. Click **Update**.

The **Request Type** is now updated to **Quote and Perform Service**, and you can proceed to edit and complete the service request type accordingly.

Canceling or declining service requests

A service request can be canceled or declined both in ClaimCenter and in VendorEngage.

Note: After a service request is canceled, its status cannot be reverted.

Cancel a service request in ClaimCenter

Procedure

1. Open the claim and click **Services** in the sidebar.
2. Select a service request in the list of service requests.
3. Click **Cancel Service**.
4. Enter the reason for canceling the service request, and click **Cancel Service**.

The **Progress** status of the service request is now **Canceled**. If the request for cancellation comes from VendorEngage, the status is updated to **Canceled** automatically.

Record a service request as declined in ClaimCenter

About this task

You can decline a service request. After declining a service request, you cannot revert its status.

Procedure

1. Open the claim and click **Services** in the sidebar.
2. Select a service request in the list of service requests.
3. Click **Record Vendor Progress** and then, click **Vendor Declined**.
4. In the **Vendor Declined Work** screen, enter the reason for canceling the service request, and click **Update**.

The **Progress** status of the service request is now **Declined**. If the request for declining the service request comes from VendorEngage, the status is updated to **Declined** automatically.

Assign a service request

About this task

In ClaimCenter, assignable entities such as claims, exposures, and service requests can be assigned to a user. In the base configuration, global and default assignment rules assign service requests to the claim owner. You can configure these rules as needed.

See also “How ClaimCenter assigns work” on page 212.

Procedure

1. Open the claim and click **Services** in the sidebar.
2. Select the service request in the list of service requests.
3. Click **Assign**.
4. Assign the service request by using one of the following options:
 - Assign the service request to the claim or exposure owner, or to another user, or by using automatic assignment.
 - Assign the service request by using a picker. The picker helps you find a user by name, group name, or proximity to a location.

Service request documents

Documents can be attached to a service request by the vendor or adjuster. A service request can be associated with the following types of documents:

- **Quote** – A document from one or more vendors with an estimated payment amount for the service to be performed.
- **Invoice** – A document from the selected vendor with the actual payment amount requested for the service performed.
- **Document (other)** – Other documents, such as photographs, that the adjuster or vendor needs to share.

Add a quote document to a service request

About this task

When you receive a quote from a vendor, you can add it, along with accompanying documents, to a service request. You can add quotes only to service requests that have none.

Quote documents can be added to the service request in two ways:

- **By the vendor in VendorEngage** – In this case, the quote documentation is attached to the response from VendorEngage, and ClaimCenter automatically associates it with the service request. In the process, the quote document is assigned a file name, and ClaimCenter also generates an activity to review the quote.
- **By the claims adjuster in ClaimCenter** – This process is described in this topic.

Procedure

1. In the Services screen, click the **Details** card and click **Add Quote**.
2. Enter a **Reference Number**, if necessary.
3. Enter the **Total Amount** included in the quote.

The currency for this field defaults to the claim currency.
4. Enter the number of days estimated in the quote to complete the service.

5. Enter a description.
6. Click **Attach**.
7. In the **Attach Document** screen, browse for and select a document.

You can attach multiple documents by using the **Attach Document** screen.

8. Enter document status and type, and click **OK**.
9. Click **Update**.

The document is now attached to your service request.

See also

- “Working with claim documents” on page 617

Editing a quote document for a service request

You can edit a quote document in two ways:

- “Request another quote from the vendor” on page 425
- “Revise an existing service request quote” on page 425

Request another quote from the vendor

Procedure

1. In the Services screen, click the **Details** card, and then click **Request Requote**.
2. In the **Request Requote** screen, enter a reason for the request.
3. Enter a requested quote completion date, if different from the current one.
4. Click **Update**.

The vendor is now notified through the vendor portal (VendorEngage) that this quote needs revision.

Revise an existing service request quote

Procedure

1. In the Services screen, click the **Details** card and click **Revise Quote**.
2. In the **Revise Quote** screen, enter the following information.
 - a) A reference number, if necessary.
 - b) A new quote amount.
 - c) Requested number of days to complete the service.
 - d) An updated description, if necessary.
3. Click **Link** or **Attach** to add a new quote document, if there is one.
4. Click **Update**.

The quote is now updated in ClaimCenter.

Add an invoice to a service request quote

About this task

When you receive a quote from a vendor, you can add it, along with accompanying documents, to a service request.

Procedure

1. In the Services screen, click **Add Invoice**.
2. Enter a reference number.
3. Enter the total amount included in the quote.
The currency for this field defaults to the claim currency.
4. Enter the number of days estimated in the quote to complete the service.
5. Enter a description.

Approve a service request quote invoice

About this task

After an invoice has been added to a service request, you can approve it.

Note: You can also set up invoices to be automatically approved and paid. See “Straight-through invoice processing (stip)” on page 427.

Procedure

1. Select the service request in the list of service requests, and then click **Approve Invoice** in the same row. The **Invoices** card opens.
2. Click **Approve**.
The invoice is now approved.
3. Click **Pay** to proceed to the services payment wizard.

Make payments

About this task

When an invoice is approved, you can proceed directly from the service request to a customized payment wizard, where relevant information from the service request is already recorded for you.

Alternatively, invoices that meet a set of predefined criteria can be automatically paid.

IMPORTANT: Service request invoices do not support recurring or grouped (multi-payee) checks. Configuration to enable this behavior is not recommended.

To make a payment

Procedure

1. Select the service request.
2. In the detail view, click the **Invoices** card.
3. Click **Pay**.
Step 1, **Enter payee information**, of the payment wizard, opens.
4. Edit the payee and recipient details, if needed in the following information preselected from the service request:
 - Payee name and type
 - Recipient name and mailing address
 - Service number
 - Invoice reference number, if any.

- Invoice amount
5. Click **Next**.
Step 2, **Enter payment information**, opens.
6. Enter payment details.
The currency of the check must match the currency of the service request associated with the invoice.
7. Click **Next**.
Step 3, **Set check instructions**, opens.
8. Edit instruction details and add or remove documents, if necessary.
9. Click **Finish** to create your check.

See also

- “Straight-through invoice processing (stip)” on page 427
- “Checks” on page 333
- “Payments” on page 327

Straight-through invoice processing (stip)

ClaimCenter can be configured to automatically approve and pay invoices that meet a certain predefined set of criteria, also known as Straight-through Invoice Processing (STIP). Some examples of STIP are:

- Automatic approval of invoices that are at or below a predefined monetary amount.
- Automatic payment to established vendors who have a long-standing relationship with an insurance company.

STIP payments can be made at the claim or exposure level. When invoices meet predefined criteria for approval or payment, their progress through ClaimCenter is accelerated. For example, when an invoice is processed and qualifies for automatic payment, the payment is completed without any user action required.

Invoice auto-approval criteria

ClaimCenter includes a set of conditions for automatic approval of invoices in the base configuration. All the conditions are checked, regardless of success or failure, and failure reasons are summarized on the invoice.

An invoice will not be automatically approved if one or more of the following conditions is true:

- If the associated claim is closed
- If the associated claim is under investigation
- If the associated claim is under a financial hold
- If the most recent quote on the service request the invoice is associated with is still waiting for approval
- If another invoice associated with the service request is still waiting for user approval
- If the specified amount on the invoice exceeds the amount on the quote
- If the specified amount on the invoice either exceeds a predefined small amount threshold for that currency or no such threshold has been defined

Invoice auto-payment criteria

ClaimCenter includes a set of conditions for automatic payment of invoices in the base configuration. All the conditions are checked, regardless of success or failure, and failure reasons are summarized on the invoice.

An invoice will not be automatically paid if one or more of the following conditions is true:

- If the associated claim is not at ability to pay
- If the associated exposure is not at ability to pay

- If the invoice has ever previously been marked as unpaid
- If the associated incident has no exposures, or if an exposure could not be determined
- If a suitable reserve line could not be determined
- If the invoice amount exceeds the available reserves
- If the payee, typically the vendor, does not have a primary address
- If the invoice payment amount is negative
- If the compensability for this payment has not been determined. This condition only applies to workers compensation claims
- If the associated claim is under a financial hold

Selecting reserve lines for stip

When a service request invoice qualifies for automatic payment processing, the invoice amount is deducted from the appropriate reserve line.

A reserve line is identified by STIP by using the following criteria:

- If the service request is associated with an exposure, the exposure's reserve line is used.
- If the service request is associated with an incident, the incident's reserve line is used.
- If the service request is associated with a claim, the claim's reserve line is used.

If no reserve line is identified, the invoice cannot be automatically paid.

See also

- *Configuration Guide*

Lifecycle of a service request

A service request is defined by its **Progress** status and **Quote Status**.

- **Progress** status – Indicates the state of the work done by the vendor for the service request.
- **Quote Status** – Describes the state of quotes, if any, linked to the service request.

An adjuster can manage the status of a service request entirely in ClaimCenter, or in ClaimCenter and a third-party vendor portal, such as Guidewire VendorEngage. When a portal is used, the state of a service request is controlled by the adjuster in ClaimCenter and by the vendor in the vendor portal. ClaimCenter manages the flow of information between the two efficiently so that adjusters and vendors can monitor and update service requests seamlessly.

You can configure how ClaimCenter transitions through the states of the three service request types.

See also

- “Service request types” on page 418
- *Configuration Guide*

Example: request quotes for a carpentry service (quote)

Before you begin

This example requires service information loaded into ClaimCenter as part of sample data.

About this task

You can request a vendor to provide only a quote for a selected service. The example in this topic illustrates the stages of a quote-only service request.

Procedure

1. Navigate to **Actions > New...Service**.

2. In the **Create Service Requests** screen, enter the following information.

See “Creating a service request” on page 419 for more information on these fields.

- a) **Relates To** – Select **Claim**.
- b) **Services to Perform** – Click **Add** and select one or more services. For this example, select **Property > Construction services > Carpentry** from the services directory. Click **Add** again.
- c) **Request Type** – Select **Quote**.
- d) **Vendor Name** – Select a vendor specializing in the requested service.
- e) **Additional Instructions** – Enter special instructions, if any, for the vendor.
- f) **Requested Quote Completion Date** – Select a date.
- g) **Customer Contact** – Select the primary customer contact.
- h) **Service Address** – Select the address for the service.

3. Click **Save**.

The service request is assigned a Service Number and saved in ClaimCenter, but it is not sent to the vendor yet. The Progress Status is set to **Draft**, and the Quote Status is set to **No Quote**.

The Next Action is set to **Submit request**.

4. In the **Services** screen, where the service request is now shown, click **Submit**.

ClaimCenter sends the service request to the vendor through VendorEngage. The Next Action is set to **Agree to provide quote**.

5. The selected vendor responds to the service request in VendorEngage, which has instructions on how to proceed with the next step.
6. After the vendor responds, ClaimCenter automatically updates the status of the service request accordingly. For example, if the vendor responds by adding a quote, you are notified that a quote document is now available for perusal and approval.

The following updates are made in ClaimCenter:

- Progress – **Work Complete**
- Quote Status – **Quoted**
- Next Action – **None - quote submitted**

7. You can view the quote and associated documents, if any.

Service request metrics

Adjusters can manage multiple service requests at any given time, and it might be useful to monitor these service requests and focus on those that are delayed or problematic. ClaimCenter provides *metrics*—data embedded in the Services feature that can provide a quick snapshot of the performance of service requests and vendors, especially in comparison with company benchmarks.

Service request metrics automatically track the status and timeliness of each service request and show how a service request performs against predefined target values. Using this information, you can identify crucial pieces of information such as high-performing vendors and service requests that have been delayed past the target number of days.

These configurable metrics enable you to:

- See information in a single consolidated view.
- Set targets.

- Identify vendors who are high or low performers.
- Adjust metrics over time to improve the service experience.

Service metrics fields

If you open a claim and click **Services**, you can view the **Metrics** section in the lower, right portion of the main **Services** screen.

In the base configuration, the following metrics are included:

- **Response Time**
- **Quote Timeliness**
- **Service Timeliness**
- **Invoice Variance vs. Quote**
- **Number of Delays**
- **Cycle Time**

These metrics are tracked at the service request level, that is, each service request is tracked individually. You can compare a service request's metrics to company-specific targets and gauge how well or poorly a vendor is performing.

All the metrics, except **Invoice Variance vs. Quote**, are time-based. Over a period of time, you can review this data and take appropriate action to improve customer satisfaction and reduce service request-related delays and expenses.

As with Claim Health Metrics, you can change the values that are measured and set new targets for them as well.

Service metrics calculations

In the **Metrics** table, the following columns are used for calculations:

- **Value** – The calculated value of this metric for the service request.
- **Target/Service Level** – The defined target value set for this metric, which is configurable.
- **Status** – The visual representation of how the service request performs against the target value.

Statuses include:

- Green circle with check mark, meaning *on target*
- Yellow circle with exclamation point, meaning *at risk*
- Red circle with X, meaning *requires attention*
- Gray circle, meaning *not applicable* or *not set by the administrator*

The following table describes how ClaimCenter calculates metrics for Services.

| Metric | Calculation | Target |
|----------------------------|---|----------------------------------|
| Response Time | Time elapsed between submitting a service request to a vendor and receiving a response. | Defined in SampleMetricLimits.gs |
| Quote Timeliness | Time elapsed between the Requested Quote Completion Date and the actual quote Completion Date . | Defined in SampleMetricLimits.gs |
| Service Timeliness | Time elapsed between Requested Service Completion Date and the actual Completion Date . | Defined in SampleMetricLimits.gs |
| Invoice Variance vs. Quote | Value calculated as Total invoice-Latest quote/Latest quote. | Defined in SampleMetricLimits.gs |
| Number of Delays | Number of Expected Quote/Service Completion Date values that needed to be updated. | Defined in SampleMetricLimits.gs |

| Metric | Calculation | Target |
|------------|---|----------------------------------|
| Cycle Time | Time elapsed between submitting a service request and completing work (Completion Date). | Defined in SampleMetricLimits.gs |

See also

- For information on using Guidewire Studio to configure service request metrics, see the *Configuration Guide*.

part 8

ClaimCenter management

Claim performance monitoring

Adjusters can have several hundred open claims at any given time, and their supervisors might manage an average of twelve adjusters. Supervisors are therefore responsible for a book of claims that can number in the thousands, and monitoring this many claims can be a problem. ClaimCenter provides Claim Performance Monitoring tools to help supervisors and adjusters focus on claims that might be problematic and diagnose a claim's status.

The Claim Performance Monitoring tools monitor the health of each claim and automatically track the status and health metrics for each claim. Using this information, adjusters and supervisors can diagnose the health of the claim file and can identify claims that need immediate or additional attention. This attention to the claim process enables you to measure, track, and understand the metrics that strongly influence the customer experience, such as time to first contact or first payment.

Claim Performance Monitoring tools include:

Claim Health Metrics

Embedded in every claim to provide data, or *metrics*. You can see the overall health of a claim and to compare it to your company's specific benchmarks.

Claim Reports

Aggregate important claim information and show the status of claims for groups and organizations. Managers and supervisors can take appropriate action based on the information contained in the reports.

Claim Headline

The top section of the claim **Summary** screen, the claim headline presents a view of the most important aspects of a claim.

High-Risk Indicators

Visible in the claim **Summary** screen and persistent on the claim Info bar, high-risk indicators provide a risk assessment of the claim. They are also available on the claim startup page.

You can use the metrics, coupled with high-risk indicators, icons, and flags, to understand certain aspects of a claim quickly and possibly take immediate action.

The benefits of these configurable metrics include:

- Providing information, in a single consolidated view
- Setting thresholds
- Adjusting metrics over time to improve the customer service experience

See also

- For examples of how to configure metrics, the *Configuration Guide*.
- For information on ClaimCenter reports that use metric data, see the *InfoCenter Reports Guide*.

Aggregated metric data

In the base configuration, ClaimCenter provides aggregated metrics information. You can see aggregated metrics on the **Team** tab and the **Dashboard**. This data includes information like the number of claims and exposures assigned to employees, aggregated by employee groups, as defined in the User and Group hierarchy. ClaimCenter aggregates those metrics specifically by group hierarchy based on well-defined time frames. Because ClaimCenter calculates these metrics and runs them separately from the non-aggregated metric calculations, those numbers might not be consistent with the claim metric numbers. See “Team management” on page 447.

Non-aggregated metrics are visible on the **Claim Health Metrics** screen, as described at “Claim health metrics” on page 436.

Dashboard

The **Dashboard** tab provides a high-level summary of ClaimCenter data. A manager can use it to gain an overview of claims and related financial information during a standard time period. The information shown on the Dashboard includes the number of open claims, recent claim activity, current financial data, and summary financial data.

For more information, see “ClaimCenter dashboard tab” on page 66.

Claim health metrics

The **Claim Health Metrics** screen shows how a claim and its exposures perform against target values for the insurer defined metrics. It provides a fast way for you to quickly understand the claim’s health. You can then compare the claim’s health to a defined target. By using this screen, you can determine information like:

- Why it has been so long since an adjuster reviewed this claim.
- Why the current reserve is so much higher than the initial reserve.
- Why the expense to loss cost ratio is so high.

In the base configuration, ClaimCenter provides a set of claim health metrics. These metrics include Days Open, Initial Contact with Insured (Days), Number of Reserve Changes, and Incurred Loss Costs as % of Net Total Incurred. These metrics can be tracked at the claim level, at the exposure level, or both. By comparing a claim’s health metrics against company-specific targets and service levels, you can understand the status of a claim, and, if necessary, you can take the appropriate action. These metrics can be further defined with *tiers*, which introduce a finer level of granularity.

The metrics can differ depending on the line of business. For example, the Compensability Decision metric applies only to workers’ compensation claims.

Uses of claim health metrics

With claim health metrics, real-time information is delivered in the context of the claim that is immediately visible to all claims handling personnel. This consistent guidance helps you to understand and improve claim management.

Because ClaimCenter tracks both open and closed claims for claim health metrics, the information is forward-looking and actionable. Over time, adjusters can actively work to reduce their cycle times, lower claim related expenses, and improve customer experience. You can change metrics and set new targets for these metrics.

Claim health metrics fields

With a claim open, if you navigate to **Summary > Health Metrics**, you see the **Claim Health Metrics** screen. This screen lists the metrics for this claim, each of which has the following information:

- **Value** – The calculated value of this metric for the claim.

- Target/Service Level** – The defined target value set for this particular metric, which is configurable in the **Administration** tab. See “Administering metrics and thresholds” on page 443.
- Status** – The visual representation of how the claim performs against the target values set by the administrator. Statuses include:



- Green circle with check mark, meaning *on target*



- Yellow circle with exclamation point, meaning *at risk*



- Red circle with X, meaning *requires attention*



- Gray circle, meaning *not applicable* or *not set by the administrator*

ClaimCenter re-evaluates the Claim Health Metric statuses at the end of the preupdate rules. As you view the **Claim Health Metrics** screen, ClaimCenter also evaluates the time-based metrics. At the time ClaimCenter creates the claim or exposure, it stores the metric target values as a temporal snapshot on the claim or exposure itself. Storing these values as a snapshot means that later changes to the administrative data do not affect the metric targets for that claim or exposure.

For efficiency of reporting, ClaimCenter also stores the current metric statuses of the claim or exposure, not the calculated value of the metric, on the claim or exposure. ClaimCenter stores these values whenever metrics are re-evaluated. For information on reports that use these values, see the *InfoCenter Reports Guide*.

If a claim or exposure changes tiers, ClaimCenter uses the metric limit values defined in the **Business Settings > Metrics and Thresholds** screen of the **Administration** tab. If the change in tiers is due to a change in information, such as the addition of an injury incident, the metric targets and status are updated. This behavior is based on the current administrative settings for the respective tier. See “Claim and exposure tiers” on page 439.

Claim health metrics calculations

The following table describes how ClaimCenter calculates metrics that vary based on calculations.

| Metric | Closing Event | Skipped Event | Open Calculation | Closed Calculation |
|--------------------------------------|--|--|---|---|
| Days Open | Claim.Status is "Closed" | Not applicable | Days between Claim.ReportDate and today | Days between Claim.ReportDate and closing event |
| Initial contact with Insured in Days | Activity with ActivityPattern equal to Initial Contact with the Insured activity with an activity status of "Closed" | Activity with ActivityPattern having an Activity Status of "Skipped" | Days between Claim.ReportDate and today | Days between Claim.ReportDate and closing event |
| Time to First Loss Payment in Days | First escalated payment with a Cost Type equal to Claim Cost | Not applicable | No payment made. | Days between Claim.ReportDate and either the scheduled send date of the claim cost payment that is escalated or time of the claim's closing if no such payment was made |

| Metric | Closing Event | Skipped Event | Open Calculation | Closed Calculation |
|-----------------------------------|--------------------------|----------------|--|--------------------|
| Days Since Last View - Adjuster | Claim.Status is "Closed" | Not applicable | Days between date last viewed by Claim.Owner and today | Not applicable |
| Days Since Last View - Supervisor | Claim.Status is "Closed" | Not applicable | Days between date last viewed by supervisor of the Claim.Owner and today | Not applicable |

Metrics with other calculations

In the base configuration, some metrics are valid for claims and others are valid for exposures. For example, the number of reserve changes applies only to claims.

| Metric | Calculation |
|--|--|
| Activities Past Due Date | Number of activities with a status of "Open" and a target date before today |
| Open Escalated Activities | Number of activities with a status of "Open" that have been escalated |
| Number of Escalated Activities | Number of activities with an escalated property that is true |
| % of Escalated Activities | Number of activities that have been escalated divided by the total number of activities |
| Number of Reserve Changes | <p>Count starts at 0 after claim is created.</p> <p>List of Reserves to Count:</p> <ul style="list-style-type: none"> • Regular Positive Reserves Created. One or multiple ReserveSets are counted as one change. • Negative Reserves Created. <p>List of Reserves not counted:</p> <ul style="list-style-type: none"> • Zeroing offset Reserves from closed exposure or claim • Final Payment Created Reserves • Offsetting Reserves from void/stop/transfer/recode payments • Initial Reserves Created as claim is created • Removed Reserves |
| Net Total incurred | Total incurred net: Total Incurred Gross minus Total Recoveries |
| Total Paid | Total Payments, the sum of all submitted and awaiting submission payments with a scheduled send date of today or earlier. |
| Paid Loss Costs as % of Total Paid | Payments for Cost Type of claim cost divided by Total Payments. |
| Incurred Loss Costs as % of Net Total Incurred | Net Total Incurred for Cost Type of claim cost divided by Net Total Incurred. |
| % Reserve Change from Initial Reserve | <p>Using the same criteria for inclusion as Number of Reserve Changes, the percentage is calculated based on Reserve Amount changes. This percentage is the amount of the reserves that count in Number of Reserve Changes divided by initial reserves.</p> <p>Initial Reserve is defined as one of the following:</p> <ul style="list-style-type: none"> • Any reserves created during exposure creation • After creating first approved reserve set on the claim, any reserves created within the InitialReserveAllowedPeriod |

| Metric | Calculation |
|--|---|
| | Uses the configuration parameter InitialReserveAllowedPeriod in the config.xml file. In the base configuration, the value of this parameter, which defines the number of days after first initial reserve, is 3 days. All reserve changes within that period count as initial reserves. |
| Deferred % of Reserve Change from initial user set reserve | (Current Incurred net minus Initial user-set reserve) divided by Initial user-set reserve |

See also

- For detailed information on the organization of metrics and how to administer them from the **Administration** tab, see “Administering metrics and thresholds” on page 443.
- For information on the financial calculations and what each value means, see:
 - “Definitions of reserve calculations” on page 321
 - “Definitions of total incurred calculations” on page 321

Claim and exposure tiers

To effectively evaluate a claim’s status, ClaimCenter provides a way to compare it against other claim targets. The application groups similar claims and exposures by using the following hierarchy: policy type, claim metrics, and then exposure metrics. Within each claim and exposure metric, there are multiple levels, or *tiers*, that you can define. Define tiers to add further granularity within the type. If you do not define tier-specific target values, the tier inherits the default targets for that metric.

- Policy Type** – Every line of business contains its own claim and exposure metric tiers.
- ClaimTier.ttx Typelist** – A typelist that groups similar claims. It shows the type, complexity, and size of the claim, so that you can see this information while reviewing the metric values and the thresholds that might have been triggered. The claim tiering logic is defined in the GWClaimTierEnhancement Gosu enhancement method. You enter metric data on the **Business Settings > Metrics & Thresholds** screen on the **Administration** tab. Guidewire recommends that the claim tier be broadly defined so that it makes sense as a category for analysis. In other words, do not define many tiers that are so specific that only a handful of claims fall into each tier.
- ExposureTier.ttx Typelist** – A typelist that groups similar exposures. Similar to the **ClaimTier.ttx** typelist, the **ExposureTier.ttx** typelist indicates the type, complexity, and priority of the exposures grouped into these tiers.

Note: While claim and exposure tiers can span policy types, the system manages the targets by policy type for each claim or exposure tier.

ClaimCenter evaluates initial and subsequent tiering for claims. A claim is assigned to a tier when first created. Then, as claim information is added or changed, ClaimCenter can change the claim tier. After the claim tier changes, ClaimCenter recalculates the metrics for the claim.

Example

In the **New Claim** wizard, an adjuster entered only partial information about the loss, and the claim tier was set as Low Severity. At a later date, the adjuster determined that there were injuries, and the claim was reclassified to High Severity. Because new information can change the tier, the evaluation for tiering happens at every update on the claim.

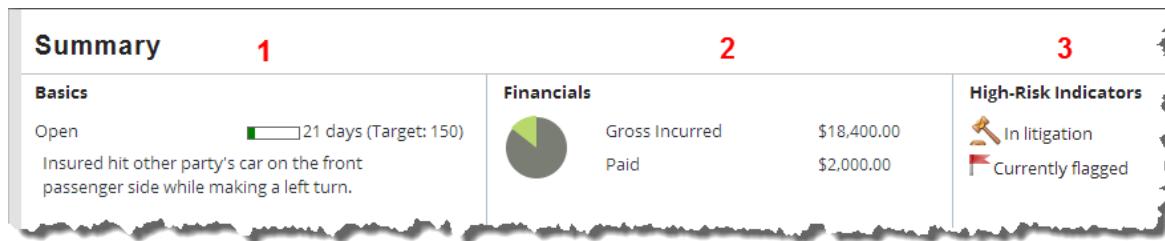
See also

- For information on using the **Metrics and Thresholds** screen to enter tier values, see “Defining claim tiers” on page 445.
- For information on using Guidewire Studio to configure tiers, see the *Configuration Guide*.

Claim summary

View the claim **Summary** screen to see summarized information relating to the most important aspects of a claim’s overall condition. To open this screen, with a claim open, click **Summary** in the sidebar. There are icons providing

visual cues that ClaimCenter updates on a regular basis. The claim **Summary** screen draws your attention to essential information, such as the age of the claim, the level of funding available, and other high-risk indicators.



1. The **Basics** section indicates the age of the claim. The number of days combined with the graphic help you to see if the claim is in critical condition. You can also see how long has it been in that condition and compare it to your company targets to determine if you need to act quickly on it. If you have defined company targets, the **Target** number shows what the average number might be for this type of claim. This number is based on your business requirements and how the claim measures against that number. There is also a description that originates from the **Loss Details** screen.
2. The **Financials** section indicates the a claim's current cost—the total gross incurred and what monies have been paid to date, if any. These numbers originate from the **Financials** screens. The **Gross Incurred** amount is calculated as Open Reserves plus all payments made today or earlier. To see additional details relating to this section, navigate to **Summary > Health Metrics** to open the **Claim Health Metrics** screen. These details are in the **Claim Financials** section of that screen. Also, you can click **Financials** in the sidebar to see more detailed information.
3. The **High-Risk Indicators** section shows attributes that make the claim a high risk. You can see details for these indicators by navigating to **Summary > Status** to open the **Claim Status** screen. For information regarding flags, see “Flags” on page 442.

High-risk indicator icons are also shown on the **Info bar**, which is always visible above the claim screens.

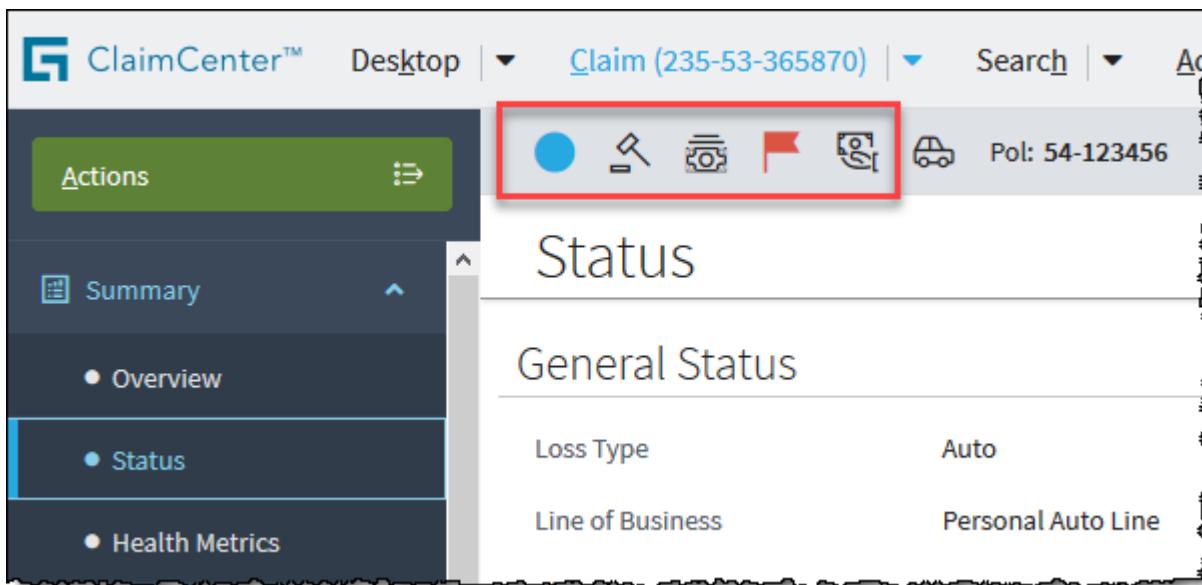
Other claim summary information is also available on the **Summary** screen, including **Loss Details**, **Exposures**, **Services**, **Parties Involved**, **Latest Notes**, **Planned Activities**, **Litigation**, and **Associated Claims**.

On the **Summary** screen in the **Exposures** section, the first column has an icon that indicates whether an exposure is open or closed. The icon can indicate open  or closed . These same icons also indicate if the claim is open or closed on the Info bar. See “Claim status screen” on page 440 for a figure that shows the Info bar.

Claim status screen

The **Claim Status** screen provides a deeper level of detail than the **Summary** screen. This screen is organized into **General Status** and **High-Risk Indicators** sections. To open this screen, open a claim and then navigate to **Summary > Status**.

Note: In addition to the **Claim Status** and **Summary** screens, indicators and flags are also present on the Info bar, which is always visible at the top of a claim. The following figure shows the Info bar with the Open, Litigation, Large Loss, Flagged, and Subrogation indicators outlined in red:



This topic includes:

- “General status section” on page 441
- “High-risk indicators section” on page 441
- “Flags” on page 442

Predictive analytics summary

If you integrate Guidewire ClaimCenter with Guidewire Predictive Analytics, it is possible to see an additional area on the screen labeled **Predictive Analytics Summary**. This analytics information includes predictions on the following:

- The complexity of the claim
- The possibility of claim escalation
- The estimated severity of the claim
- The estimated days to close the claim

The claim complexity determination is active, meaning if you click it, ClaimCenter opens an additional screen with more specific information.

General status section

This section of the **Claim Status** screen displays the status of a claim in several areas. These areas include fields showing the line of business, claim status, claim creation date, primary adjuster, claim validation level, and so forth—the pertinent claim data. For convenience, you can update some of these fields by clicking **Edit**.

High-risk indicators section

In the default configuration, ClaimCenter considers the following areas to be potentially high-risk: litigation, fatalities, large loss, coverage in question, SIU, and flags. High-risk indicators on the **Claim Status** screen help identify claims that might require increased attention. Visible also at the top of the **Claim Summary** screen, icons and statuses shown on this screen notify you of important events in a claim’s lifecycle.

| High-Risk Indicators | |
|-----------------------------|---|
| Litigation | |
| Litigation Status | Ray Newton matter,ll,arbit.hearit,medit |
| Litigation Identified | 10/09/2013 |
| Days after FNOL | 11 |
| First Notice Suit | |
| Next Trial Date | |
| Fatalities | |
| Fatalities? | (None) |
| Large Loss | |
| Large Loss? | (None) |
| Net Total Incurred | \$18,400.00 |
| Coverage in Question | |
| Coverage in Question? | (None) |
| SIU | |
| SIU Status | (None) |
| SIU Score | 1 |
| Referred to SIU team? | No |
| Flag Details | |
| Flagged |  Currently flagged |
| Date Flagged | 10/25/2013 |
| Reason for Flag | Overdue, high-priority activity; Overdue high priority activity; Send reservation of rights letter |

The base configuration provides the following high-risk indicators:

- **Litigation** – Claims that are in litigation. In edit mode, you can change the **Litigation Status** and **First Notice Suit**.
- **Fatalities** – Usually involve a fatality, but can also be configured to indicate a severe injury.
- **Large Loss** – Indicates whether there might be a large loss on the claim. The large loss number is set by clicking the **Administration** tab and navigating to **Business Settings > Metrics and Thresholds > Large Loss Threshold**. It represents the Net Total Incurred, which is the remaining reserves, plus total payments, minus any recoveries.
- **Coverage in Question** – In edit mode, you can select the Yes radio button to indicate situations in which the policy coverage is in question.
- **SIU** – Special Investigation Unit (SIU) contains information about possible fraudulent claims, such as the SIU status and score or if the claim was referred to the SIU team. This indicator is controlled by the SIU question set accessible by navigating to **Loss Details > Special Investigation Unit**.
- **Flag Details** – Show if the claim has been flagged, when it was flagged, and the reasons. See “Flags” on page 442.

The default configuration provides functioning indicators, some of which can be configured in Studio. See the *Configuration Guide* for details.

Flags

Flags are a type of indicator and are set through rules. A flag’s purpose is to notify you to act on the claim. In the base configuration, ClaimCenter displays a flag on the **Claim Status** screen after one of the following occurs:

- A critical or high priority activity that has not been closed or skipped reaches the escalation date.
- In the personal auto line of business, a vehicle is marked as a total loss by the **Total Loss Calculator**. See “Vehicles, people, and property in the add claim information step” on page 102.

You cannot manually flag a claim, but a supervisor can remove a flag. Or, in the case of the vehicle, if the **Total Loss Calculator** no longer indicates that the vehicle is a total loss, the application removes the flag. The claim has a **Flagged** field to track the current status, which takes values from the **FlaggedType** typelist. In the default configuration, the typecode names are **Is Flagged**, **Was Flagged**, and **Never Flagged**. A claim also has a **FlaggedDate** and a **FlaggedReason** field. If a claim is flagged and the `Claim.removeFlagReason` method removes the last reason from the **FlaggedReason** field, then value of the **Flagged** field changes to **Was Flagged**.

You can search for claims that have flags by using advanced search.

Remove a claim flag

About this task

The person who can remove a flag from a claim is the supervisor or manager of the group to which the claim is assigned. This person can also be the supervisor of any parent group. A supervisor needs to first attend to the issue as appropriate, and then remove the flag.

Procedure

1. Navigate to **Summary > Status**.
2. On the **Claim Status** screen, click **Remove Flag**.
3. Enter a reason in the **Note** field, and then click **Remove Flag** again.

You can see the reason that you entered in the **Latest Notes** section on the **Summary** screen of the claim.

What to do next

You can also remove flags by using the **Team** tab. See “Remove claim flags for a team” on page 452.

Administering metrics and thresholds

If you have the administration permission `metriclimitmanage`, you can edit health claim metrics target values. Click the **Administration** tab and navigate to **Business Settings > Metrics & Thresholds** to open the **Metrics & Thresholds** screen. You can assign values to metrics in this screen. To create new metrics, you must use Guidewire Studio. This topic describes how to assign values to metrics.

Note: To create new metrics, define them by using Gosu in Studio. See the *Configuration Guide*.

Metrics and thresholds are administered by claim, exposure, and policy type in the claim and exposure. You must first select the policy type—the *line of business*—and then enter the values for either claim or exposure. All policy types have the same metrics, but each policy type can have different target values associated with it.

The **Metrics & Thresholds** screen has the following cards:

- **Claim Metric Limits**
- **Exposure Metric Limits**
- **Large Loss Threshold**

Health metrics permissions

Health metrics use the following permission: `metriclimitmanage`.

Use the claim metric limits card

About this task

This card is on the **Metrics & Thresholds** screen. See “Administering metrics and thresholds” on page 443.

Procedure

1. Choose a policy type and click **Edit**.
2. Enter values for overall claim metrics, claim activity, and claim financials.

You can enter the value indicating if the metric is within target for service level, the value for At Risk , and the value for Requires Attention .

3. Click **Update** to save your changes.

Use the exposure metric limits card

About this task

This card is on the **Metrics & Thresholds** screen. See “Administering metrics and thresholds” on page 443.

Procedure

1. Choose a policy type and click **Edit**.
2. Enter values for exposures, which can differ based on the policy type.

You can enter the units for the measurement, the value for meeting the target/service level, the value for At Risk , and the value for Requires Attention .

3. Click **Update** to save your changes.

Use the large loss threshold card

About this task

This card is on the **Metrics & Thresholds** screen. See “Administering metrics and thresholds” on page 443.

Procedure

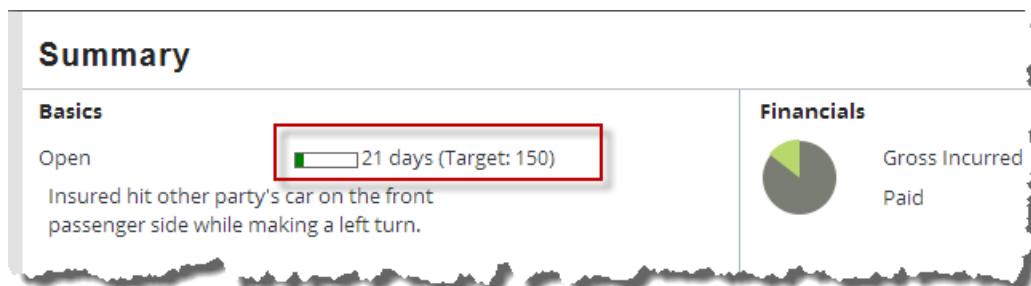
1. Choose a policy type and click **Edit**.
2. Enter an amount that indicates a large loss.
3. Click **Update** to save your changes.

If you have integrated PolicyCenter with ClaimCenter, you can also enter a different threshold amount.

Claim duration indicator

The **Claim Duration** indicator is a bar graph representing the **Days Open** metric. You set this metric in the **Metrics & Thresholds** screen on the **Claim Metric Limits** card, in the **Overall Claim Metrics** section. This screen is described in the preceding topic. The indicator, which you can see on the **claim Summary** page, shows the percentage value of days opened divided by the limit and compares it to your company’s benchmark.

The changes are based on the set targets and thresholds, and the color of the **Claim Duration** indicator can change accordingly.



Note: The **Claim Duration** indicator does not display if targets have not been defined, if the claim is closed, or if the limits are null.

The following table shows the range of colors if targets have been set. You can set the Target/Service Level, the yellow warning level , and the red over-target level  for the Days Open metric.

| Did you set the target? | Set Yellow? | Set Red? | Claim Duration Indicator Color |
|-------------------------|-------------|----------|---|
| No | Yes | Yes | Green until yellow warning level, yellow until red warning level, red at 100% |
| No | No | No | No indicator shown |
| Yes | No | No | Green only |
| Yes | Yes | Yes | Green until yellow warning level, yellow until red warning level, red at 100% |
| Yes | Yes | No | Green until yellow warning level, yellow at 100% |
| Yes | No | Yes | Green until red warning level, red at 100% |

Note: Guidewire recommends being consistent in how you set the targets.

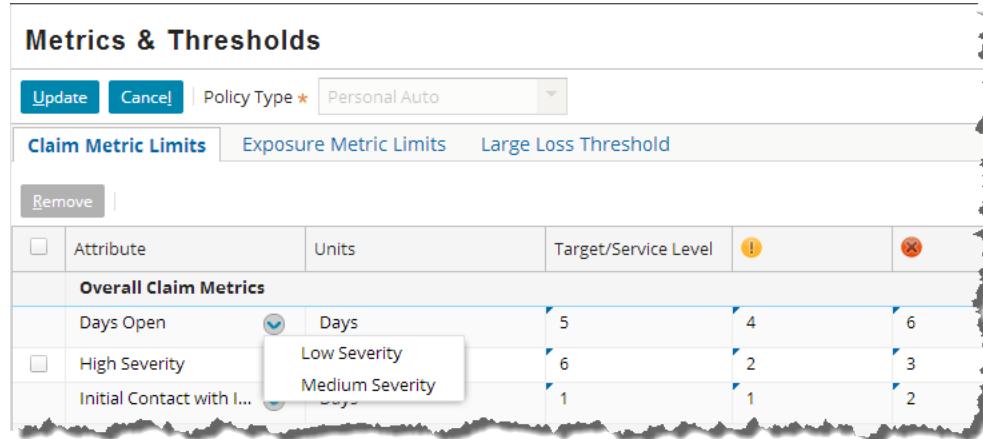
See also

- “Administering metrics and thresholds” on page 443

Defining claim tiers

You have the option in ClaimCenter to have *tiers*—different target values for a particular metric within a specific policy type. Tiers are a way to have further granularity within the policy type.

In the following figure showing **Days Open** settings for the personal auto policy type, values for the high severity tier have been entered. No values have been set specifically for low severity and medium severity, so they do not show unless you click the picker. If tier-specific target values are not set, the tier inherits the default targets for that metric. In this example, low and medium severity claims inherit the **Days Open** values 5/4/6.



The screenshot shows the 'Metrics & Thresholds' configuration screen. At the top, there are buttons for 'Update' and 'Cancel', and a 'Policy Type' dropdown set to 'Personal Auto'. Below this, there are three tabs: 'Claim Metric Limits' (selected), 'Exposure Metric Limits', and 'Large Loss Threshold'. Under 'Claim Metric Limits', there is a table with columns: Attribute, Units, Target/Service Level, , and .

The table rows include:

- Overall Claim Metrics:**
 - Days Open:** Units are 'Days'. Target/Service Level is 5, 4, 6. A dropdown menu for 'High Severity' shows 'Low Severity' and 'Medium Severity'.
 - High Severity:** Units are 'Days'. Target/Service Level is 6, 2, 3.
 - Initial Contact with Insurer:** Units are 'Days'. Target/Service Level is 1, 1, 2.

Team management

ClaimCenter provides a management tool that helps supervisors and managers manage their groups. For each group, you can see the number of claims, exposures, matters, activities, subrogations and how many items are open, closed, flagged, new, overdue, or completed. You can also view weighted workload data for groups and users. This tool also displays *aging* data, which categorizes claims, exposures, and subrogations by the number of days they have been open.

You use this management tool to monitor and manage your teams' workloads and activities. If you log in with a role that has the View Team permission, you can access this tool from the **Team** tab. In order to monitor and manage a group's workload, you must be the group supervisor or marked as a manager in the group.

Note: There is no **Team** entity in ClaimCenter. Assigning work, supervising users, and managing users are all done through groups, the **Group** entity.

Overview of team management

Supervisors and managers can manage their teams, obtain status information, monitor case loads, identify backlogs, and reassign activities by using the team management functionality in ClaimCenter. In some respects, team management is a reporting tool, where you can see data for all group workloads, all members of a group, or a single group member.

When the **Team** tab is selected, the **Actions** button has the same menu selections for a manager or supervisor as it does when the **Desktop** tab is selected:

- The first three choices, **Statistics**, **Preferences**, and **Vacation Status**, enable you to make personal settings. For a description of these three settings, see "Personal administration settings and views" on page 513.
- The fourth choice, **Load and Vacation**, shows the load factors, vacation statuses, and backup users for your team members. You can see this item and the **Load and Vacation** screen if you have the group load factor permission View. If you have the Admin permission, you can both view and edit this screen.

An administrator can set these permissions for a user. Click the **Administration** tab and navigate to **Users & Security** > **Users**, and then find the user and edit the user's **Groups** settings. The **Load Factor Permissions** setting for a group determines if the user can only view or both view and edit the **Load and Vacation** screen for that group. The permissions on the groups are not inherited. Therefore, the administrator must set permissions on each child group that the manager or supervisor needs to view or edit, not just the parent group.

On the **Team** tab, the top portion of the sidebar shows an organization tree. If you expand the tree, you can see subgroups and eventually, group members for groups that have no subgroups. You can select nodes of the tree to see data for subgroups and for group members. In the bottom portion of the sidebar below the tree are reporting categories

that show different kinds of information about what the selected group or member is doing. The default category for any group is **Summary**.

- When you first click the **Team** tab, ClaimCenter defaults to the **My Groups** selection in the tree view. The screen shows high-level **Summary** data for all groups for which you are the supervisor or manager. You can also choose to see **Aging** data for the group. The reporting categories for workloads of all groups are **Summary** and **Aging**. For more information, see “[My groups on the team tab](#)” on page 448.
- If you choose one of the groups from the tree in the sidebar, you see a set of **Summary** data for all subnodes of that group.
 - If the nodes are subgroups, you see data for subgroups and for the manager of those groups.
 - If the nodes are users, you see data for users who are members of the group.
 - As with the selection showing all your groups, you can select categories in the sidebar area below the organization hierarchy to get different information. The information is shown in both a tabular format and, under the table, as a bar graph. The reporting categories for workloads of groups are **Summary**, **Aging**, **Claims**, **Exposures**, **Activities**, and **Matters**.
- You can also navigate under a group to a subgroup or group member and view and manage their workloads. The reporting categories for workloads of group members are **Claims**, **Exposures**, **Activities**, and **Matters**.

See also

- “[My groups on the team tab](#)” on page 448
- “[Groups on the team tab](#)” on page 449
- “[Group members on the team tab](#)” on page 450

My groups on the team tab

On the **Team** tab, when you choose the **My Groups** category in the left sidebar, you are at the highest level of the groups that you supervise. This node enables you to see all high-level statistics for claims, exposures, matters, activities, and subrogations for your groups. You can also see if there are flagged claims that need immediate attention in the group. You can see **Summary** data and **Aging** data for all your groups.

- **Summary** – Shows a summary of claims, exposures, matters, activities, and subrogations owned by all groups listed. For each group, you see summary data for:
 - Open, flagged, new, and closed claims
 - Open and closed exposures
 - Open and closed matters
 - Open and overdue activities and activities that were completed today
 - Active and closed subrogations
 - Total weighted workload values are also shown for each set of summary data and for each subgroup or group member. Workload values are categorized by claims and exposures.
- **Aging** – Lists information about the number of days that claims, exposures, and subrogations assigned to each group have been open and not yet been closed. The numbers in parentheses indicate claims under litigation. You see the time for which claims, exposures, and subrogations have been open for 0 – 30, 31 – 60, 61 – 120, and over 120 days.

See also

- “[Overview of team management](#)” on page 447
- “[Groups on the team tab](#)” on page 449
- “[Overview of weighted workload](#)” on page 225

Groups on the team tab

On the **Team** tab, you can choose a group name under **My Groups**, in the left sidebar. You can see groups that you directly supervise and any subgroups of those groups.

IMPORTANT: The **Team** tab does not display system users—users with the **SystemUserType** value of **sysservices**. Refer to the *ClaimCenter Data Dictionary* for more information on this user type.

If you drill down to a subgroup that has only members, and no subgroups, you can see statistics for individual team members. You can see the team's current caseload and the statistics for each adjuster's claims, exposures, matters, activities, and subrogations. For example, you can see which group member has flagged claims that need immediate attention and if any members have a disproportionate caseload or weighted workload value. For a single group that has members and not subgroups, you can see the following types of data:

- **Summary** – Shows a summary of claims, exposures, matters, activities, and subrogations owned by the members of the group. There is a local total for this group. In parentheses there is also a global total in case the member is also a member of other groups. If the member has claims, exposures, matters, activities, or subrogations from other groups, the global total includes them as well.

For each member, you see summary data for:

- Open, flagged, new, and closed claims
- Open and closed exposures
- Open and closed matters
- Open and overdue activities and activities that were completed today
- Active and closed subrogations
- **Aging** - Lists information about the number of days that claim, exposures, and subrogations assigned to each member of the group have been open and have not yet been closed. The numbers in parentheses indicate claims under litigation. You see the time for which claims, exposures, and subrogations have been open for 0 – 30, 31 – 60, 61 – 120, and over 120 days.
- **Claims** – Shows a list of all claims owned by members of the group. You can see which claims are flagged , and you can select the check box for a claim to reassign it or clear its flag. To see how to clear a flag, see “Remove claim flags for a team” on page 452. Additionally, you can click a claim number to open the claim, and you can click the name of the insured to see the insured’s data.

There is a drop-down filter at the top of this table that enables you to filter the list. You can filter by categories like All open owned, New owned (this week), and Flagged. Data listed for each claim includes the adjuster that owns the claim, the policy number, the insured, the claimants, net total incurred, and the date of the loss.

You can sort the claims by any column. Click the drop-down arrow on the right side of a column heading to choose sort options.

You can click the following linked data items to open the screens indicated:

- **Claim** – Opens the **Claim** at its **Summary** screen. This link takes you away from the **Team** tab.
- **Insured** – Opens the insured’s contact detail screen at the **Basics** card. This screen has a link that connects back to the **Team** tab.
- **Exposures** – Shows a list of all exposures owned by members of the group. If you select the check box for an exposure, you can reassign it by clicking **Assign**. There is a drop-down filter at the top of this table that enables you to filter the list. You can choose categories like All open owned, New owned (this week), and Closed in the last 90 days. Data listed for each exposure includes the claim number, the exposure number, the exposure type, the coverage, the claimant, the adjuster, and net total incurred.

For any exposure, you can click the following linked data items to open the screens indicated:

- **Claim** – Opens the claim at the claim **Summary** screen. This link takes you away from the **Team** tab.
- **#** – Opens the claim at the detail screen for that exposure. This link takes you away from the **Team** tab.

- **Type** – Same as #. Opens the claim at the detail screen for that exposure. This link takes you away from the **Team** tab.
- **Claimant** – Opens the claimant’s contact detail page at the **Basics** card. This screen has a link that connects back to the **Team** tab.
- **Activities** – Shows a list of all activities belonging to the group. If you select the check box for an activity, you can reassign it by clicking **Assign**. Activities that have been escalated have an escalated icon  in the first column, and those that are overdue have a due date that is red. There is a drop-down filter at the top of this table that enables you to filter the list. You can choose filters like All open, Today’s activities, Overdue only, and Escalated only. Data listed for each activity includes escalation status, due date, priority, subject, claim number, insured party, assigned user or group, if external, line of business, and claim state.
You can sort the activities by any column. Click the drop-down arrow on the right side of a column heading to choose sort options.

You can click the following linked data items to open the screens indicated:

- **Subject** – Opens the claim at the **Workplan** screen, with the worksheet for the selected activity open below. This link takes you away from the **Team** tab.
- **Claim** – Opens the claim at the **Summary** screen. This link takes you away from the **Team** tab.
- **Insured** – Opens the insured’s contact detail screen at the **Basics** card. This screen has a link that connects back to the **Team** tab.
- **Matters** – Shows a list of all legal matters belonging to the group. If you select the check box for a matter, you can reassign it by clicking the **Assign** button. There is a drop-down filter at the top of this table that enables you to filter the list. You can choose filters like All open, New open (this week), and Closed in last 90 days. Data listed for each matter includes the name of the legal action, case number, claim number, final settlement amount, trial date, and assigned user.

You can click the following linked data items to open the screens indicated:

- **Name** – Opens the claim at the **Detail** screen for the matter, one level below the **Litigation** screen. This link takes you away from the **Team** tab.
- **Claim** – Opens the claim at the **Summary** screen. This link takes you away from the **Team** tab.

See also

- “Overview of team management” on page 447
- “My groups on the team tab” on page 448
- “Group members on the team tab” on page 450
- “Incidents, exposures, and claims” on page 256
- “Definitions of total incurred calculations” on page 321
- “Working with activities” on page 233
- “Legal matters” on page 261

Group members on the team tab

On the **Team** tab in the organizational hierarchy section of the sidebar, you can drill down to groups that have members. Members of a group can be either other groups or users who are members of that group. If you expand the group node, you see all members of the group listed under it in the sidebar. In addition, there are three group categories that are not member names.

Group categories

In addition to member names, there are three categories in a group node that are not member names:

- **Pending Assignment** – Displays claims, exposures, activities, matters, and subrogations that have been assigned to the group, but not to an individual user. You can select and assign any item you see listed, and you can filter items as well by using the drop-down filter.
- **Other** – Displays claims, exposures, activities, matters, and subrogations assigned to the group under which the node appears, but that were assigned to an invalid user. An invalid user is someone who is no longer a member of the group. For example, the user might have switched groups or retired.
- **In Queue** – Displays activities that are in this group's queue, but that have not been assigned yet. You can sort these activities by using the filter. For example, selecting **Overdue only** from the drop-down filter displays overdue activities that need to be attended to or assigned to someone who can address them.

Group members who are users

When you choose a group member who is a user, you can see the following data for the member, listed as menu links in the sidebar below the organizational hierarchy:

- **Claims** – Shows a list of all claims owned by this member of the group. You can see which claims are flagged, and you can click a claim number to open a claim. If you select a claim, you can reassign it by clicking the **Assign** button. To see how to reset a flag, see “Remove claim flags for a team” on page 452.

There is a drop-down filter at the top of this table that enables you to filter the list. You can filter by categories like All open owned, New owned (this week), and Flagged. Data listed for each claim includes the adjuster that owns the claim, the policy number, the insured, the claimants, net total incurred, and the date of the loss.

You can click the following linked data items to open the screens indicated:

- **Claim** – Opens the claim at the **Summary** screen. This link takes you away from the **Team** tab.
- **Insured** – Opens the insured's contact detail page at the **Basics** card. This screen has a link that connects back to the **Team** tab.
- **Exposures** – Shows a list of all exposures owned by this member of the group. If you select the check box for an exposure, you can reassign it by clicking **Assign**. There is a drop-down filter at the top of this table that enables you to filter the list. You can choose categories like All open owned, New owned (this week), and Closed in the last 90 days. Data listed for each exposure includes the claim number, the exposure number, the exposure type, the coverage, the claimant, the adjuster, and net total incurred.

You can click the following linked data items to open the screens indicated:

- **Claim** – Opens the claim at the claim **Summary** screen. This link takes you away from the **Team** tab.
- **#** – Opens the claim at the detail screen for that exposure. This link takes you away from the **Team** tab.
- **Type** – Same as **#**. Opens the claim at the detail screen for that exposure. This link takes you away from the **Team** tab.
- **Claimant** – Opens the claimant's contact detail page at the **Basics** card. This screen has a link that connects back to the **Team** tab.
- **Activities** – Shows a list of all activities belonging this member of the group. If you select the check box for an activity, you can reassign it by clicking **Assign**. Activities that have been escalated have an escalated icon  in the first column, and those that are overdue have a due date that is red. There is a drop-down filter at the top of this table that enables you to filter the list. You can choose filters like All open, Today's activities, Overdue only, and Escalated only. Data listed for each activity includes escalation status, due date, priority, subject, claim number, insured party, assigned user or group, if external, line of business, and claim state.

You can click the following linked data items to open the screens indicated:

- **Subject** – Opens the claim at the **Workplan** screen, with the worksheet for the selected activity open below. This link takes you away from the **Team** tab.
- **Claim** – Opens the claim at the **Summary** screen. This link takes you away from the **Team** tab.
- **Insured** – Opens the insured's contact detail screen at the **Basics** card. This screen has a link that connects back to the **Team** tab.

- **Matters** – Shows a list of all legal matters belonging to this member of the group. If you select the check box for a matter, you can reassign it by clicking the **Assign** button. There is a drop-down filter at the top of this table that enables you to filter the list. You can choose filters like All open, New open (this week), and Closed in last 90 days. Data listed for each matter includes the name of the legal action, case number, claim number, final settlement amount, trial date, and assigned user.

You can click the following linked data items to open the screens indicated:

- **Name** – Opens the claim at the **Detail** screen for the matter, one level below the **Litigation** screen. This link takes you away from the **Team** tab.
- **Claim** – Opens the claim at the **Summary** screen. This link takes you away from the **Team** tab.

See also

- “Overview of team management” on page 447
- “My groups on the team tab” on page 448
- “Groups on the team tab” on page 449
- “Incidents, exposures, and claims” on page 256
- “Definitions of total incurred calculations” on page 321
- “Working with activities” on page 233
- “Legal matters” on page 261

Remove claim flags for a team

About this task

Only a supervisor or manager of the group to which the claim is assigned, or the supervisor of any parent group, can remove a flag from a claim. Typically, a supervisor removes the flag after the task has been completed.

Procedure

1. Navigate to the **Team** tab and drill down to a group with a flagged claim or to a specific user.
2. Click **Claims** in the sidebar.
3. Select the check box for the claim whose flag you want to remove.
The **Remove Flag** button becomes enabled.
4. Click **Remove Flag**.
5. Provide a reason in the **Note** field, and then click **Remove Flag**.
The reason shows in the **Latest Notes** section on the **Summary** screen of the claim.

Team tab configuration parameters

You can set a number of configuration parameters that affect the **Team** tab as well as make administrative changes to the **Team** tab. These configuration parameters, most of which are in the **Statistics**, **Team** and **Dashboard Parameters** section of the `config.xml` file, include the following:

- `GroupSummaryShowUserGlobalWorkloadStats` – If set to true, ClaimCenter shows global workload statistics for individual users. See the *Configuration Guide*.
- `UserStatisticsWindowSize` – Sets the time window used to calculate user statistics. By default, this parameter is set to 0, which means *this week*, defined as the start of the current business week up to and including today. See the *Configuration Guide*.
- `AgingStatsFirstDivision` – Used in the **Aging** screen to determine the number of days in the lowest aging group for claims, exposures, and subrogations, by default 0 – 30 days. The default value is 30 days. See the *Configuration Guide*. See also the description of this screen at “Groups on the team tab” on page 449.

- **AgingStatsSecondDivision** – Used in the **Aging** screen to determine the number of days in the second aging group for claims, exposures, and subrogations. This group ranges from **AgingStatsFirstDivision + 1** to the value of this parameter. The default value is 60 days. See the *Configuration Guide*. See also the description of this screen at “Groups on the team tab” on page 449.
- **AgingStatsThirdDivision** – Used in the **Aging** screen to determine the number of days in the third aging group for claims, exposures, and subrogations. This group ranges from **AgingStatsSecondDivision + 1** to the value of this parameter. This parameter also determines the final group of aging for claims, which is all claims over this value. The default value is 120 days. See the *Configuration Guide*. See also the description of this screen at “Groups on the team tab” on page 449.
- **CalculateLitigatedClaimAgingStats** – Whether to show the number of litigated claims on the **Aging** screen. The default value is true. See the description of this screen at “Groups on the team tab” on page 449.
- **MaxTeamSummaryChartUserBars** – The maximum number of user’s bars to show in the chart on the **Summary** screen. The default value is 10. Setting it to 0 to removes the chart entirely. Otherwise, there are chart bars for the number of users indicated by this parameter with the highest values, and for the others there is one bar labeled **All Other Users**. For a description of the **Summary** screen, see “Groups on the team tab” on page 449.

The following parameters also apply to the **Team** tab. They are settings for Oracle databases and are typically set by a database administrator.

- **DisableIndexFastFullScanForTeamGroupActivities** – In the base configuration, ClaimCenter works around query plan problems related to the index fast full scan when executing the team group activities page's main query on Oracle. This parameter controls the work around and is true by default. If a future version of Oracle fixes the defect this parameter might be removed. The parameter has no effect on databases other than Oracle.
- **DisableHashJoinForTeamGroupActivities** – In the base configuration, ClaimCenter works around query plan problems related to hash joins when executing the team group activities page's main query on Oracle. This parameter controls part of the work around and is true by default. The parameter has no effect on databases other than Oracle.
- **DisableSortMergeJoinForTeamGroupActivities** – In the base configuration, ClaimCenter works around query plan problems related to sort merge joins when executing the team group activities screen's main query on Oracle. This parameter, which is true by default, controls part of the workaround when **DisableHashJoinForClaimSearch** is set to true. The parameter has no effect on databases other than Oracle.

See also

- For more information on configuration parameters and instructions on how to set the parameters, see the *Configuration Guide*.

Calculating team statistics

The ClaimCenter **Team** screen contains a left-hand navigation pane with links to a number of different types of data. Different processes within ClaimCenter update the information on these screens. ClaimCenter updates the data on the various **Team** pages as follows.

Team screen How updated?

| | |
|-------------------|--|
| Summary | The Statistics batch process updates the data shown in these pages. Each of these pages shows the last time that ClaimCenter ran the batch process. In the base configuration, Guidewire schedules this process to run every hour at 3 minutes after the hour. |
| Claims | ClaimCenter calculates the data in these pages in real-time. |
| Exposures | |
| Activities | |
| Matters | |

See also

- For information on running batch processes, configuring batch processes, and the Statistics batch process see the *Administration Guide*.

part 9

Reinsurance management

Reinsurance Management concepts

Guidewire Reinsurance Management provides reinsurance for all lines of business. This topic provides a general introduction to what reinsurance is and how insurance companies often set it up.

If you have Guidewire PolicyCenter 7.0 or later installed and have opted to use reinsurance, see the PolicyCenter documentation for information on setting up reinsurance programs.

See also

- “Overview of reinsurance” on page 457
- “Reinsurance agreements” on page 458

Overview of reinsurance

Reinsurance is insurance risk transferred to another insurance company for all or part of an assumed liability. In other words, reinsurance is insurance for insurance companies. When a company reinsures its liability with another company, it cedes business to that company. The amount an insurer keeps for its own account is its retention. When an insurance company or a reinsurance company accepts part of another company’s business, it assumes risk. It thus becomes a reinsurer.

The insurance company directly selling the policy is also known in the industry as the *insurer*, the *reinsured*, or the *ceding company*. The Guidewire term for this company that directly sells the policy is *insurer*. An insurance company accepting ceded risks is known as the *reinsurer*.

An insurer might want to transfer their risk of loss for several reasons:

- To protect capital and maintain solvency
- To provide a more even flow of net income over time by flattening out claims losses
- To take on more business and across a larger set of risks than the insurer would normally retain
- To spread risk over the globe and take advantage of currency advantages
- To provide catastrophe relief
- To withdraw from a line of business

The insurer might find it advantageous to bundle various types of reinsurance in a way that maximizes its ability to achieve these business goals.

For instance:

- Insurers that want to increase capacity benefit from reinsurance that either takes a percent of the risk or takes a loss above a certain point. If an insurer can be free of fear of multiple large losses, it can comfortably take on more risk.
- Insurers that seek to stabilize their net income flow benefit from reinsurance that takes a percent of the loss above a certain point.
- Insurers that want to withdraw from a line of business benefit from reinsurance that takes on a percentage of risk under a certain loss point for that line of business.

Whether an insurer has one or more of these business goals in mind, common industry practice has established that the insurer can achieve these goals through reinsurance. In setting up reinsurance programs, insurers take into account factors such as:

- The insurer's average policy claim losses and premium intake
- Likelihood of catastrophe
- Proximity of policies taken out in a geographic location

Insurers group reinsurance treaties into reinsurance programs to cover policy risks in a way that maximizes their business goals. They also group treaties into programs to ensure that they have no gaps in coverage and to ensure that they do not duplicate coverage.

Reinsurance programs

Note: ClaimCenter is not designed to be the system of record for reinsurance agreements. ClaimCenter is designed to integrate with such a system, which can be a reinsurance system or policy system like PolicyCenter.

A reinsurance *program* is a set of reinsurance treaties designed to insure policy risks for all policies held by the insurer that fall:

- Within one type of line of business or peril.
- Under a certain monetary cap.

The line of business or peril covered by the reinsurance program is also known as the *reinsurance coverage group*. Insurance companies typically assemble one reinsurance program per reinsurance coverage group.

There are two types of reinsurance agreements. Insurance Companies procure reinsurance in the form of facultative agreements for specific risks and treaties that provide coverage for all risks of a certain type.

An insurance company typically operates several reinsurance programs. Each reinsurance program is structured to cover a class of risks in a monetary range. Risks that are large and rare are not usually covered by treaties in a reinsurance program. These risks are handled by facultative agreements.

To build a reinsurance program, the insurance company assembles one or more reinsurance treaties with the same reinsurance coverage type. Each treaty provides a different type of risk or loss coverage and provides it for a monetary layer or range that is different from the other treaties. These various treaties are arranged in the program to yield a measurable business advantage.

Each individual treaty can be drawn up with a different reinsurer from the other treaties. In addition, each individual treaty covers one and only one of the following:

- A different layer of monetary risk against all policies that have coverables in that reinsurance coverage group
- A different monetary range of loss for qualifying risks above a certain attachment point and below a cap

Reinsurance agreements

There are two kinds of reinsurance agreements, treaties and facultative agreements.

- **Treaty** – An agreement between the insurer and the reinsurer to provide coverage for all risks of a certain type.
- **Facultative agreement** – An agreement for a specific risk that is negotiated on an individual case basis.

Each of these agreement types can be drawn up as either a proportional or a non-proportional agreement. Proportional and non-proportional agreements share the risk, premium, and payment for loss with the reinsurer in different ways:

- **Proportional reinsurance** – Transfers a percentage of the risk to the reinsurer. The reinsurer receives that percentage of the premium and is responsible for that percentage of each loss. Proportional reinsurance is always per risk coverage—it covers one risk.
- **Non-proportional reinsurance** – There is no proportional ceding of the risk and no proportional sharing of the premium or the losses. The insurer pays the entire loss up to an agreed amount called the attachment point. The reinsurer pays all or part of the loss that exceeds the attachment point up to a limit previously agreed on by the insurer and reinsurer.

Treaties

A treaty is an agreement between the insurer and the reinsurer that provides reinsurance without the insurer having to submit every risk to the reinsurer. The treaty is a contract, usually arranged on a yearly basis, that covers a class of risks for a monetary range of total insured value. The insurer cedes to the reinsurer a portion of each risk that the treaty covers.

For example, the insurer has a treaty with a reinsurance company. The reinsurance company agrees to pay 40% of property damage claims when the claim amount is between \$1 million and \$5 million.

See also

- “Proportional treaties” on page 460
- “Non-proportional treaties” on page 463

Reinsurance coverage groups for treaties

You can group individual coverages into a reinsurance coverage group. Treaties are written to cover losses against a broad category of coverages. For example, a reinsurance group might contain coverages for building, contents, and business interruption. A treaty provides coverage for one or more of these reinsurance coverage groups.

Facultative agreements

Facultative agreements (also known as *facs*) are always for per risk insurance. They are used to reinsure risks that do not fall within the reinsurance coverages provided by the treaties in a program.

For a specific risk, the insurer and the reinsurer each have free choice in arranging the reinsurance. The insurer is free to decide whether or not to reinsure a particular risk and can offer the reinsurance to any reinsurer it chooses. By the same token, it is at the reinsurer’s discretion whether to accept any risk offered, decline it, or negotiate different terms.

A facultative agreement provides reinsurance for claims that fall within a specified range. The facultative agreement reinsures a specific amount.

For example, a policy provides insurance up to \$4 million. A number of treaties provide coverage for claims up to \$2 million. For a specific risk on the policy, the insurer negotiates two proportional facultative agreements to provide coverage for claims valued at \$2 million to \$4 million. One facultative agreement provides reinsurance coverage for \$500,000. The second facultative agreement provides reinsurance coverage for \$1.5 million. If the risk suffers a loss of \$4 million, the treaties provide reinsurance for the first \$2 million. The two facultative agreements provide reinsurance for the remaining \$2 million.

See also

- “Non-proportional facultative agreements” on page 466

Proportional agreements

Reinsurance Management provides proportional reinsurance for both treaties and facultative agreements.

Proportional reinsurance transfers a percentage of the risk to the reinsurer. The reinsurer receives that percentage of the premium and is responsible for that percentage of each loss. Proportional reinsurance is always *per risk* coverage—it covers one risk.

Proportional treaties

Reinsurance Management provides two types of proportional treaties:

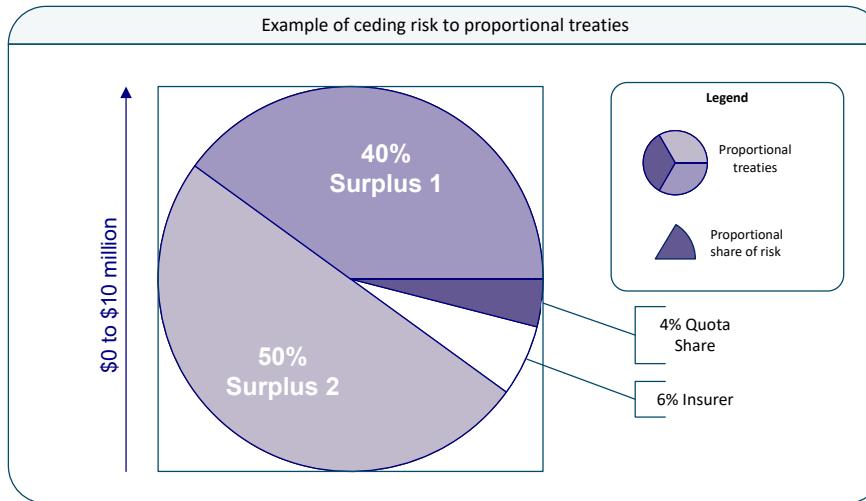
- **Quota share** – The reinsurer assumes an agreed-upon percentage of each relevant risk and shares all premiums and losses accordingly with the reinsured. For example, an insurer has a 40% quota share on all homeowners policies. For every policy, 40% of the premium is ceded to the reinsurer. The reinsurer is responsible to pay for 40% of all losses. A quota share treaty provides reinsurance coverage starting at \$0 up to a coverage limit.
- **Surplus** – The surplus treaty provides reinsurance coverage from a starting value up to the coverage limit. The way in which the percentage of premium is ceded and losses are paid is similar to quota share.

Example of ceding risk to proportional treaties

In a reinsurance program, quota share and surplus treaties provide layers of reinsurance coverage. In the following example, three proportional treaties provide reinsurance coverage up to \$10 million:

| Treaty | Layers of reinsurance | Monetary risk ceded to reinsurer | Proportional share of risk |
|-----------------|---|----------------------------------|-----------------------------------|
| Surplus 2 | From \$5 million to \$10 million | \$5 million | \$5 million of \$10 million = 50% |
| Surplus 1 | From \$1 million to \$5 million | \$4 million | \$4 million of \$10 million = 40% |
| Quota share | From \$0 to \$1 million ceding 40% of the risk to the reinsurer | \$400,000 | \$400,000 of \$10 million = 4% |
| Insurer's share | From \$0 to \$1 million 60% of the risk retained by the insurer | \$600,000 | \$600,000 of \$10 million = 6% |

The treaties share a \$10 million risk proportionally as shown in the following illustration:



When there is a loss of \$10 million or less on a risk with a total insured value of \$10 million, the proportional treaties share the loss proportionally. The amount of each treaty's share is shown in the last two columns of the following table:

| Treaty | Proportional share of loss | \$10 million loss | \$5 million loss |
|-----------|----------------------------|-------------------|------------------|
| Surplus 2 | 50% of loss amount | \$5 million | \$2.5 million |
| Surplus 1 | 40% of loss amount | \$4 million | \$2 million |

| Treaty | Proportional share of loss | \$10 million loss | \$5 million loss |
|-----------------|----------------------------|-------------------|------------------|
| Quota share | 4% of loss amount | \$400,000 | \$200,000 |
| Insurer's share | 6% of loss amount | \$600,000 | \$300,000 |

When there is a loss of \$2 million on a risk with total insured value of \$3.7 million, Surplus Treaty 2 does not apply. This treaty does not apply because the risk does not exceed \$5 million. Only the Quota Share Treaty and Surplus Treaty 1 apply. The proportional treaties share the loss proportionally as shown in the last two columns of the following table:

| Treaty | \$4 million risk proportional share calculation formula | Proportional share of loss | Actual monies tendered on the \$2 million loss |
|-----------------|---|----------------------------|--|
| Surplus 2 | N/A since the total risk < \$5 million | 0% | \$0.00 |
| Surplus 1 | $100\% \times 2.7 \text{ million}/3.7 \text{ million}$ | 73% | \$1.46 million |
| Quota share | $(40\% \times \$1 \text{ million})/3.7 \text{ million}$ | 11% | \$220,000 |
| Insurer's share | $(60\% \times \$1 \text{ million})/3.7 \text{ million}$ | 16% | \$320,000 |

Proportional facultative agreements

Proportional facultative agreements differ in several ways from proportional treaties.

Proportional treaties define how much risk within the coverage group is ceded to the reinsurer in terms of either:

- A percentage share—the quota share
- Layers to be ceded—the surplus

A treaty applies to all risks within the scope of the treaty. New risks within the coverage group signed by insurer are automatically covered by existing treaty.

Facultative agreements, on the other hand, reinsurance a specific risk. The agreement can cede a monetary value, such as \$2 million of the risk, or a percentage, such as 15% of the risk. If the agreement cedes a monetary value, the system determines a percentage share for determining ceded loss. In practice, you might think of the agreement as representing the layer above the highest surplus treaty.

A proportional facultative agreement, like a proportional treaty, shares premiums and losses from the first dollar.

Example of ceding amount of risk to proportional facultative agreements

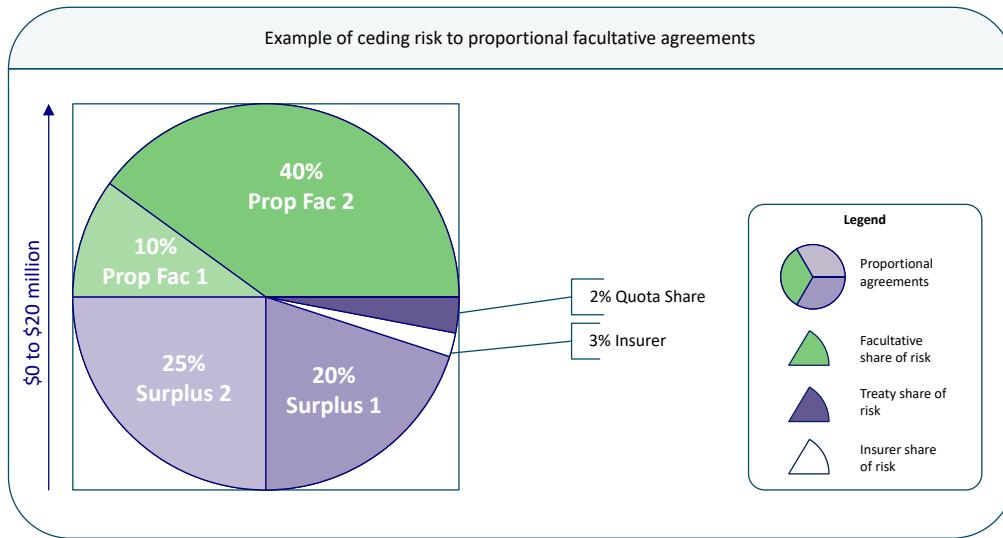
This example shows how risk is ceded in a proportional facultative agreement with a monetary amount entered in the **Amount of Risk Ceded** field on the **Facultative** screen. This example builds upon ““Example of Ceding Risk to Proportional Treaties”” which provided reinsurance from \$0 to 10 million on a specific risk. However, in this example the risk is valued at \$20 million. The insurer negotiates two proportional facultative agreements to provide coverage for claims up to \$20 million. One facultative agreement cedes \$2 million in risk. A second facultative agreement cedes \$8 million of risk.

In a reinsurance program, quota share and surplus treaties often provide reinsurance coverage as in the following example. In this example, the risk is equal to the total risk covered by the treaties and facultative agreements put together. If the risk had been smaller, some of the treaties might drop out of the coverage. Also, if the risk were smaller, the smaller risk would replace the \$20 million in the proportional share of risk calculation in the last column.

| Treaty | Layers of reinsurance | Amount of risk ceded | Proportional share of risk |
|--|-----------------------|----------------------|-----------------------------------|
| Proportional Facultative Agreements | | | |
| Proportional Facultative 2 | | \$8 million | \$8 million of \$20 million = 40% |
| Proportional Facultative 1 | | \$2 million | \$2 million of \$20 million = 10% |

| Treaty | Layers of reinsurance | Amount of risk ceded | Proportional share of risk |
|------------------------------|---|----------------------|-----------------------------------|
| Proportional treaties | | | |
| Surplus 2 | From \$5 million to \$10 million | \$5 million | \$5 million of \$20 million = 25% |
| Surplus 1 | From \$1 million to \$5 million | \$4 million | \$4 million of \$20 million = 20% |
| Quota share | From \$0 to \$1 million ceding 40% of the risk to the reinsurer | \$400,000 | \$400,000 of \$20 million = 2% |
| Insurer's share | From \$0 to \$1 million 60% of the risk retained by the insurer | \$600,000 | \$600,000 of \$20 million = 3% |

The following illustration shows the coverage provided by the reinsurance program:



When there is a loss of \$20 million or less, the proportional agreements share the loss proportionally, as shown in the last two columns of the following table. In this example, the risk equals the risk limit of the combined treaties:

| Agreement | Proportional share of loss | \$20 million loss | \$5 million loss |
|---|----------------------------|-------------------|------------------|
| Proportional facultative agreements | | | |
| Proportional facultative 2 40% of loss amount | \$8 million | \$2 million | |
| Proportional facultative 1 10% of loss amount | \$2 million | \$500,000 | |
| Proportional treaties | | | |
| Surplus 2 25% of loss amount | \$5 million | \$1.25 million | |
| Surplus 1 20% of loss amount | \$4 million | \$1 million | |
| Quota share 2% of loss amount | \$400,000 | \$100,000 | |
| Insurer's share 3% of loss amount | \$600,000 | \$150,000 | |

Example of ceding a share percentage to proportional facultative agreements

The previous example shows how risk is ceded to proportional facultative agreements by entering a monetary amount in the **Amount of Risk Ceded** field on the **Facultative** screen. Instead of entering a monetary amount, you can specify a

Ceded Share (%) field on the **Facultative** screen. For example, the ceding is the same if the two proportional facultative agreements specify 40% and 10% instead of \$8 million and \$2 million, respectively.

Non-proportional agreements

Reinsurance Management provides non-proportional reinsurance for both treaties and facultative agreements.

In non-proportional reinsurance there is no proportional ceding of the risk and no proportional sharing of the premium or the losses. The insurer is responsible for the entire loss up to an agreed amount called the *attachment point*. The reinsurer then pays all or part of the loss that exceeds the attachment point up to a limit previously agreed upon by the insurer and reinsurer. The reinsurance premium charged by the reinsurer does not have a direct proportional relationship to the amount of loss that the reinsurer is responsible for.

Note: In the base configuration, ClaimCenter does not automatically create reinsurance transactions for non-proportional agreements. A reinsurance manager can manually enter transactions for this type of agreement. You can configure ClaimCenter and add automatic creation of reinsurance recoverables for non-proportional facultative agreements. This configuration is not trivial, and is likely to require some time and effort to accomplish.

Non-proportional treaties

Reinsurance Management provides the following types of non-proportional treaties:

- **Excess of Loss (XOL)** – The reinsurer pays a percentage (usually 100%) of the amount of a loss in excess of a specified retention for each risk coverage. An excess of loss treaty has an attachment point and coverage limit, and coverage applies to one risk.

For example, if a storm destroys 10 covered locations, the limit is applied 10 times, once for each location.

- **Net Excess of Loss (NXOL)** – Similar to an excess of loss agreement. However, *net excess of loss* covers losses net of any recoveries from excess of loss or proportional agreements. A net excess of loss treaty has an attachment point and coverage limit.
- **Per Event** – Cover aggregate losses from an event with multiple risks. A per event agreement is similar to a net excess of loss agreement. The insurer determines its net loss after deducting any amounts recoverable from per risk proportional or non-proportional agreements. Then the per event agreement provides coverage if those net losses are above the attachment point of the per event agreement.

Per event treaties are typically catastrophe, for property, or clash cover, for liability.

- **Annual Aggregate** – Similar to a per event treaty, but based on a time period rather than an event. An annual aggregate treaty provides aggregate coverage, net of any per risk coverage or more specific aggregate coverage, such as per event coverage. The annual aggregate treaty covers total losses for an entire book of business for a defined period of time. The period of time is usually one program year. Annual aggregate treaties are defined to start at a specified attachment point or for losses above a specified loss ratio. In either case, the treaty defines a coverage limit. The coverage limit is the maximum amount the reinsurer pays under the treaty, not the top of a layer as in other non-proportional treaties.

For example, an aggregate agreement provides reinsurance for net losses to all covered buildings after recovering per risk reinsurance for each building.

Example of ceding risk to a single excess of loss treaty

An excess of loss treaty has an attachment point of \$1 million, and a coverage limit of \$3 million with 0% insurer share. The reinsurer does not cover the first \$1 million of any loss, but does cover 100% of the loss above \$1 million up to the limit of \$3 million. The reinsurer provides \$2 million in excess coverage, the Coverage Limit minus the Attachment Point, often referred to as *\$2 million in excess of \$1 million*.

| Treaties | Layers of reinsurance |
|----------|--|
| | From \$3 million and up, the insurer provides 100% coverage. |

| Treaties | Layers of reinsurance |
|----------------------|--|
| Excess of Loss (XOL) | Attachment point \$1 million Coverage limit \$3 million |
| | From \$0 to \$1 million, the insurer provides 100% coverage. |
| | |

Losses would be covered by this agreement as follows:

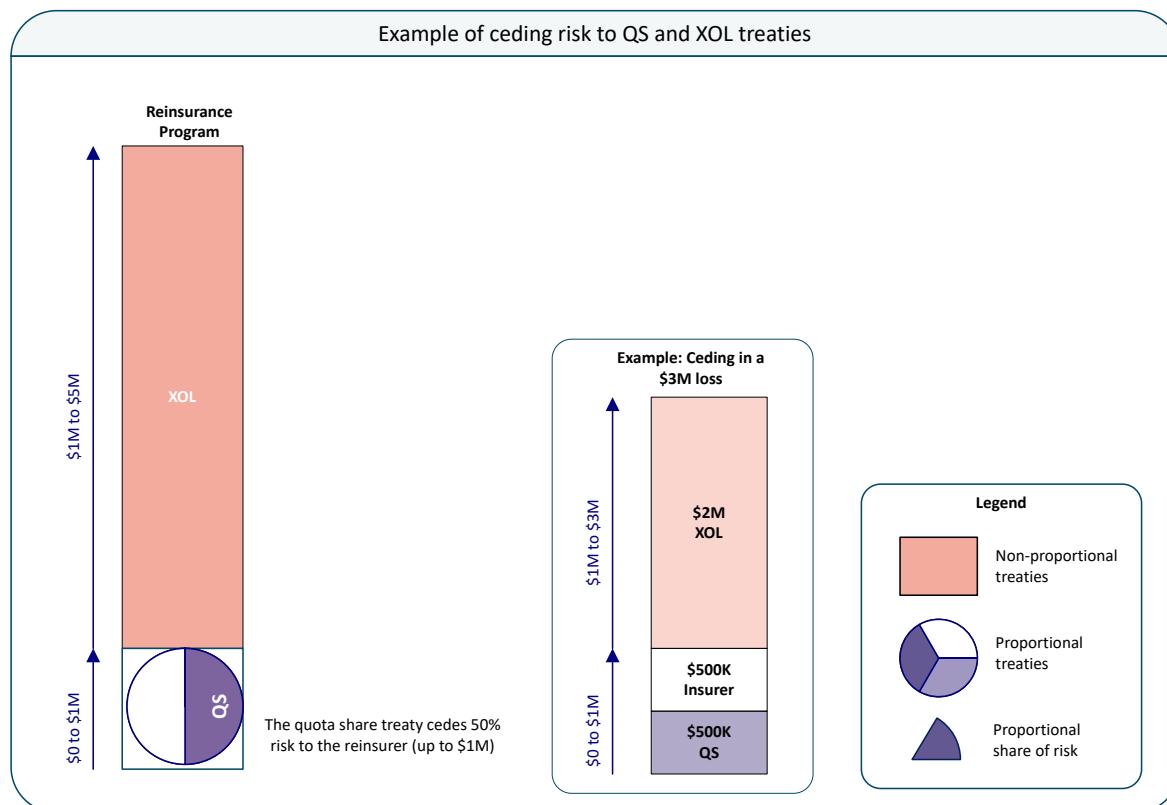
- \$900,000 loss – The reinsurer pays nothing because it is under the \$1 million attachment point.
- \$2,500,000 loss – The insurer pays the first \$1 million, and the reinsurer pays the next \$1,500,000.
- \$4,500,000 loss – The insurer pays the first \$1 million. The reinsurer pays the next \$2 million up to the reinsurance limit of \$3 million. The insurer pays the last \$1.5 million, unless the insurer has another reinsurance agreement that covers a higher band of losses, which would typically be the case.

Examples of ceding risk to excess of loss and quota share treaties

The insurer has a program that contains two treaties. The size of the risk is \$5 million.

| Treaty | Layers of reinsurance |
|----------------------|--|
| Excess of loss (XOL) | Attachment point: \$1 million Coverage limit: \$5 million |
| Quota share (QS) | 50% up to \$1 million (10% of the total risk) |
| | |

The following diagram shows QS and XOL treaties in an example of a \$3 million loss.



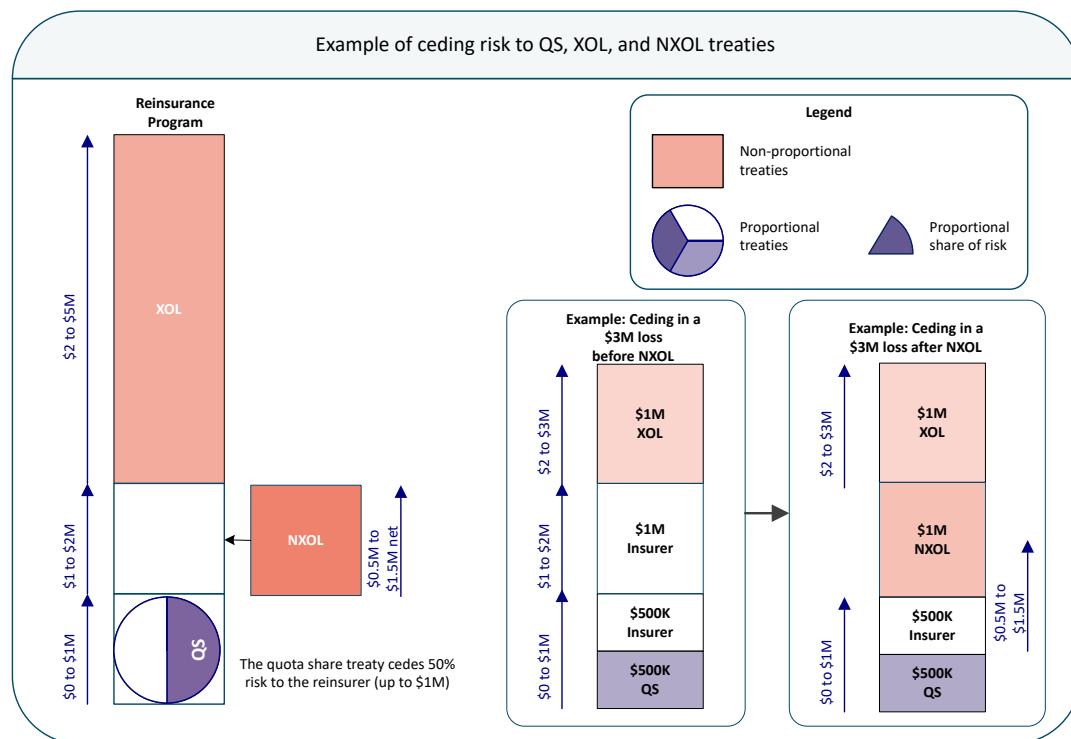
If there is a \$3 million loss, the insurer pays a 50% share of the first \$1 million. The excess of loss agreement pays the \$2 million above the \$1 million attachment point. The insurer's total net retention for any loss under \$5 million is \$500,000.

Example of ceding risk to quota share, excess of loss, and net excess of loss treaties

The insurer has a program that contains three treaties. The size of the risk is \$5 million.

| Layers of reinsurance | |
|---------------------------|--|
| Treaties | |
| Excess of loss (XOL) | Attachment point: \$2 million Coverage limit: \$5 million |
| Quota share (QS) | 50% up to \$1 million (10% of the total risk) |
| Net treaties | |
| Net excess of loss (NXOL) | Attachment point: \$500,000 100% up to \$1 million |

The following diagram shows QS, XOL, and NXOL treaties in an example of a \$3 million loss.



If there is a \$3 million loss, the insurer pays a 50% quota share of the first \$1 million and 100% of the next \$1 million. The excess of loss pays the \$1 million above \$2 million. The insurer's net loss is \$1.5 million, but the insurer collects \$1 million from the net excess of loss agreement for the amount of net loss above \$500,000. The insurer's total net retention for any loss under \$5 million is \$500,000.

Note: NXOL is always calculated last, after all other treaties and recoveries in the program.

Example of ceding risk to per event and annual aggregate treaties

An insurer might be willing to hold a \$1 million net retention for any one risk to property. However, if there are widespread losses from a single catastrophic event such as a tornado or flood, 100 separate losses could add up to

\$100 million in retained risk. To protect against a loss of this magnitude, the insurer can have a per event agreement to provide coverage for \$100 million in excess of \$20 million. The insurer retains \$20 million in aggregate net risk. The insurer collects \$80 million from the per event agreement in the case of a \$100 million net loss (after per risk insurance) from a single event.

Annual aggregate treaties provide reinsurance coverage for multiple catastrophic events in a single year. For example, the insurer had planned for 2,000 slip and fall liability losses in a year, but there are claims for 10,000. The insurer's risk retention is unacceptably high. To protect against this eventuality, the insurer negotiates an annual aggregate treaty to cover yearly net losses for \$500 million in excess of \$200 million. The annual aggregate treaty cedes 75% of the risk to the reinsurer.

Non-proportional facultative agreements

Non-proportional facultative agreements can be excess of loss or net excess of loss agreements.

Excess of loss

Non-proportional facultative agreements are usually excess of loss agreements.

If a facultative excess of loss agreement insures amounts above other excess of loss agreements, it provides another layer of coverage when no standard treaty is in place. There is no difference from a standard excess of loss situation.

However, if a facultative excess of loss agreement insures amounts above a set of proportional agreements, the behavior is different. When a set of proportional treaties are in place, the idea is to share risks up to the limit of the highest surplus, such as \$2 million. For larger risks, a facultative excess of loss agreement can remove the potential for losses larger than \$2 million. The risk still looks like a \$2 million risk to all the proportional participants.

The insurer charges a premium to cover the cost of the facultative excess of loss agreement plus other costs such as commissions to agents. Since all proportional participants benefit from the facultative excess of loss agreement, the premium is shared proportionally after deducting the cost of the facultative excess of loss agreement.

Net excess of loss

The other type of non-proportional facultative agreement is a net excess of loss agreement. This agreement provides reinsurance after proportional reinsurance and protects only the insurer's share of the risk.

The net excess of loss premium is not deducted in advance of determining what is shared among the proportional participants.

Summary of agreement types

Reinsurance agreements are categorized into different types based on how the risk is shared. The agreement records the parameters to use in the calculation of how to divide the risk and how to distribute the premiums.

The following table shows the types of agreements in the default configuration. The marked cells indicate that the item applies to that agreement type. The final column, Transaction Generation, shows how ClaimCenter handles reinsurance transactions for the type of agreement.

| Agreement Type | Treaty | Facultative | Per Risk | Aggregate | Policy Attachment | Loss Date Attachment | Transaction Generation |
|----------------------------|--------|-------------|----------|-----------|-------------------|----------------------|------------------------|
| Non-proportional | | | | | | | |
| Annual Aggregate | ● | | | ● | | ● | reporting |
| Per Event | ● | | | ● | | ● | reporting |
| Excess of Loss (XOL) | ● | | ● | | ● | ● | configurable |
| Net Excess of Loss (NXOL) | ● | | ● | | ● | ● | configurable |
| Facultative Excess of Loss | ● | | ● | | ● | | configurable |

| Agreement Type | Treaty | Facultative | Per Risk | Aggregate | Policy Attachment | Loss Date Attachment | Transaction Generation |
|--------------------------------|--------|-------------|----------|-----------|-------------------|----------------------|------------------------|
| Facultative Net Excess of Loss | • | • | | • | | | configurable |
| Proportional | | | | | | | |
| Quota Share (QS) | • | | • | • | | | automated |
| Surplus | • | | • | • | | | automated |
| Facultative Proportional | • | • | | • | | | automated |

The Policy Attachment column shows the types of agreements that apply to all losses against the policy for the entire term. Excess of Loss and Net Excess of Loss treaties can be specified as either policy attachment or loss date attachment.

Reinsurance Management in ClaimCenter

Overview of Reinsurance Management in ClaimCenter

This topic describes how to work with Guidewire Reinsurance Management in ClaimCenter.

For a general overview of reinsurance, see “Reinsurance Management concepts” on page 457.

Insurance companies must correctly identify claims that qualify for reinsurance. Otherwise, leakage occurs.

ClaimCenter helps the insurer reduce this leakage by providing features that support tracking reinsurance agreements that apply to specific claims and retrieving recoverable amounts from the reinsurers.

ClaimCenter sets up this information in two steps:

1. ClaimCenter retrieves reinsurance agreements

ClaimCenter retrieves information about how the insurer’s reinsurance applies to individual policy risks when an exposure is created against that risk in a claim. ClaimCenter pulls over the reinsurance agreements that apply to the exposures on a claim and groups them according to the policy risk.

2. ClaimCenter provides a way to create reinsurance transactions

ClaimCenter uses the information retrieved to create reinsurance transactions. These transactions can then be sent to a billing system to collect the money that the reinsurer owes the insurer.

Reinsurance agreements retrieval

ClaimCenter retrieves all reinsurance agreements associated with a particular risk from the external reinsurance system of record when exposures are added to the claim. ClaimCenter refers to this set of agreements as an agreement group.

Note: ClaimCenter does not retrieve reinsurance agreements for unverified policies or for exposures that do not have a coverage. Because the identity of the risk is required, reinsurance agreements are retrieved only when exposures are created by coverage, and not by coverage type.

Reinsurance agreement information for a claim is on the **Reinsurance > Reinsurance Financials Summary** screen. In the base product, this screen is available to a user with the Reinsurance Manager role. It is also available to a user who has been granted the View RI Transactions and Agreements permission `riview`. Agreements can be edited by a user with the Reinsurance Manager role or by a user who has been granted the Edit RI Transactions and Agreements permission `riedit`.

Note: If reinsurance retrieval is not enabled, or your implementation is configured for compatibility with a previous version of ClaimCenter, there is a simplistic set of reinsurance thresholds in ClaimCenter that can be enabled to identify claims for reinsurance. See “Managing reinsurance thresholds” on page 548.

See also

- To enable reinsurance retrieval, see the *Integration Guide*.

Reinsurance transactions

In some circumstances, the base configuration of ClaimCenter automatically creates reinsurance transactions when the corresponding regular claim financial transactions are created. These transactions include reserves and payments. A user with the Reinsurance Manager role or with the permissions to view and edit reinsurance transactions and agreements, `riview` and `redit`, can also create and edit reinsurance transactions. Users with `riview` permission can view these transactions in read-only mode.

Reinsurance transaction types

There are two kinds of reinsurance transactions. The following reinsurance transactions are fundamental to the ClaimCenter reinsurance management process:

- **Ceded reserve** – A reserve created for the portion of reserves that the reinsurer must cover.
- **Reinsurance (RI) recoverable** – A transaction to track the amount to be billed to the reinsurer. An RI recoverable is the portion of the payment that the reinsurer must cover.

Note: RI recoverables are different from normal claim recoveries, in that RI recoverables are created when the reinsurer is to be billed. Normal claim recoveries are entered when the recovery is received by the insurer.

All reinsurance transactions are created based on the regular financial transactions created for the claim.

ClaimCenter identifies potential reinsurance ceded reserves and recoverables for a claim in the **Reinsurance > Reinsurance Financials Summary** screen. To see this screen, you need either the Reinsurance Manager role or the `riview` and `redit` permissions described previously under “Reinsurance agreements retrieval” on page 469.

Automatically creating reinsurance transactions

ClaimCenter automatically creates reinsurance transactions under the following conditions:

- There must be at least one reinsurance agreement associated with the exposure.
- The agreement is a proportional agreement.
- The claim financial transactions have reached Submitting status.

It is also possible to configure ClaimCenter to automatically create transactions for non-proportional agreements.

Handling of transactions for reinsurance agreements

The table in “Summary of agreement types” on page 466 summarizes reinsurance agreements and shows how reinsurance transactions are handled in ClaimCenter. The final column of that table shows that reinsurance transaction calculation is automated in ClaimCenter for proportional agreements and can be configured for non-proportional per risk agreements. For per-event and aggregate agreements, you can use reporting to calculate reinsurance recoveries.

Reinsurance recoveries are calculated correctly by the system only if all agreements that apply to a risk are proportional. When both proportional and excess of loss agreements apply to a risk, the recoveries are calculated by ignoring the reinsurance recoverable from the excess of loss agreement.

Setting up reinsurance users, groups, and notifications

Reinsurance processing is a separate process from claims adjudication. In the base configuration of ClaimCenter, reinsurance processing is handled by a separate type of Reinsurance Manager user in a special Reinsurance Unit. The Reinsurance Manager user can see and edit all data in ClaimCenter that is associated with reinsurance.

The adjuster can see if a claim has been marked for reinsurance and, if so, the Reinsurance Manager who has been assigned. The insured has no knowledge of reinsurance.

Reinsurance manager role

The base configuration of ClaimCenter provides a Reinsurance Manager role that has the permissions required for a user to work with reinsurance. A user who has this role can:

- View and perform edits on the **Reinsurance > Reinsurance Financials Summary** screen of a claim.
- View and edit the reinsurance reportable information on the **Claim Status** screen of a claim, at **Summary > Status**.
- View and edit the **Reinsurance Thresholds** screen. Click the **Administration** tab and navigate to **Business Settings > Reinsurance Thresholds**. See “Managing reinsurance thresholds” on page 548.
- View and edit other claim information, including sensitive data, without ACL-based restrictions.

The Reinsurance Manager, just like anyone else who can view a claim, can also:

- See all reinsurance notes in the **Summary** screen of a claim, at **Summary > Overview**.
- See if a Reinsurance Manager has been assigned to a claim on the **Parties Involved > Users** screen of a claim.

Reinsurance permissions

The following permissions are specific to reinsurance and can be seen in the Reinsurance Manager role. Click the **Administration** tab and navigate to **Users & Security > Roles** to see the complete list of permissions for the Reinsurance Manager in the base configuration.

| Permission Name | Code | Description |
|--|-------------------|---|
| Edit reinsurance reportable | reinsuranceedit | Can edit the reinsurance reportable status on a claim |
| Edit reinsurance reportable thresholds | reinstresholdedit | Can edit the reinsurance reportable thresholds |
| Edit RI transactions & agreements | riedit | Can edit reinsurance transactions and agreements |
| View reinsurance reportable thresholds | reinstresholdview | Can view the reinsurance reportable thresholds |
| View RI transactions & agreements | riview | Can view reinsurance transactions and agreements |
| Ignore ACLs | ignoreacl | Can view claim information without restrictions |

Other user roles can be set to use one or more of these permissions. These permissions can also be used to set visibility of certain regions of the user interface.

Note: The **Edit reinsurance reportable thresholds** permission is primarily included for compatibility with previous versions of ClaimCenter, or for implementations where reinsurance agreements are not retrieved from a policy administration system and applied to claims. The reinsurance thresholds on the **Reinsurance Thresholds** screen are not enabled in the base configuration of ClaimCenter. To access this screen, click the **Administration** tab and navigate to **Business Settings > Reinsurance Thresholds**.

Reinsurance unit group type

Typically, a user in the Reinsurance Manager role is in a group with a group type of Reinsurance Unit. Besides serving as a grouping mechanism, the Reinsurance Unit group type is used as the basis for assigning reinsurance activities.

Reinsurance unit group activity and claim assignment

Users with the Reinsurance Manager role, or users who have a role with added reinsurance permissions, can have activities and claims assigned to them. For this assignment to happen, they must be part of a user group with the group type Reinsurance Unit. In the base configuration, ClaimCenter assigns a reinsurance manager to a claim and creates a Review Claim for Reinsurance activity based on the group type.

Identifying the reinsurance manager assigned to a claim

After a reinsurance manager has been assigned to a claim, you can see the user listed on the claim's **Parties Involved > Users** screen.

Reinsurance notifications

Every reinsurance agreement has a notification threshold, defined as the point at which the reinsurer needs to be contacted. The notification threshold is a monetary amount.

There are one of two ways thresholds can be met:

1. From the threshold in a reinsurance agreement on a claim. Generally, these agreements are retrieved from an external reinsurance system or policy administration system. If ClaimCenter is integrated with an external policy administration system such as PolicyCenter, agreements are automatically attached to claims and thresholds are automatically set based on the treaty.
2. From the reinsurance threshold set for ClaimCenter in the **Administration > Business Settings > Reinsurance Thresholds** screen. These thresholds are not enabled in the base application and must be enabled through rule set configuration. Generally, these thresholds are used when an external policy administration system does not send agreements over to ClaimCenter, or, such integration is not configured. ClaimCenter enables administrators and authorized reinsurance handlers to set these reinsurance thresholds. Setting these thresholds helps ClaimCenter automatically identify claims for reinsurance and assign review tasks to reinsurance managers. See "Administer reinsurance thresholds" on page 548.

When the gross total incurred on an exposure is greater than the notification threshold of any agreement in the exposure's associated agreement group, ClaimCenter does the following two things:

- Assigns a reinsurance manager to the claim, if one has not been already assigned.
- Creates a Review Claim for Reinsurance activity and assigns it to the reinsurance manager.

In the **DefaultGroupActivityAssignmentRules** rule set, the rule **DGA04000 - Assign reinsurance review activity to reinsurance user** accomplishes this task. The rule uses one of the following activity patterns:

- `claim_reinsurance_review`
- `reinsurance_review`
- `reinsurance_needs_synchronization`

These same two actions are taken when a claim has been marked as Reinsurance Reportable on the **Claim Status** screen at **Summary > Status**.

You can create the **Review Claim for Reinsurance** activity on a claim manually. With the claim open, navigate to **Actions > New Activity > Reminder > Review Claim for Reinsurance**. This activity is also assigned to a member of a group with group type Reinsurance Unit.

Working with reinsurance agreements and transactions

ClaimCenter provides visibility into reinsurance agreements and financials to users in the Reinsurance Manager role or with review permissions. To access the **Reinsurance Financials Summary** screen, open a claim and click **Reinsurance** in the sidebar.

The **Reinsurance Financials Summary** screen helps identify agreements applied to a claim, their ceded reserves, and their reinsurance recoverables by showing four types of information:

- The reinsurance agreements that apply to the loss on the claim.
- The percentage that an agreement shares in the loss, if the agreement is a proportional agreement.
- The ceded reserve line for each reinsurance agreement. For proportional agreements, this reserve is automatically calculated by multiplying the reserve line by the proportional share.
- The reinsurance recoverable amount for each agreement. For proportional agreements, this amount is automatically calculated each time a payment is made on the claim by multiplying the payment amount by the proportional share.

You can edit the calculated reserve and recoverable amounts by manually entering amounts related to the non-proportional agreements, such as excess of loss treaties and facultative agreements.

The information that appears on the **Reinsurance > Reinsurance Financials Summary** screen can be sent to a financial system. For example, the information could be used to send notifications of reinsurance recoverables and invoice the reinsurers.

Viewing reinsurance financials

The main reinsurance screen in ClaimCenter, **Reinsurance Financials Summary**, has information about reinsurance financials. To access this screen, open a claim and click **Reinsurance** in the sidebar.

The top of the screen shows the **Reinsurance Financials Summary**. This summary has three columns:

- **Submitted Claim Financials** – Summaries of the claim financials without reinsurance.
- **Reinsurance Financials** – Reinsurance financials by themselves.
- **Claim Financials with Reinsurance** – Claim financials when reinsurance financials are included.

The section below the summaries shows a list view of all the reinsurance agreements that are associated with exposures on this claim. For each agreement, ClaimCenter shows the associated exposure and the agreement name in the **Agreement** column and other relevant information, such as:

- **Start** – For example, the attachment point of an Excess of Loss agreement.
- **End** – For example, the recovery limit of an Excess of Loss agreement.
- **Proportional Share** – Applicable if this agreement is a proportional agreement.
- **Exceeds Not. Threshold** – Whether or not the exposure has passed this agreement's notification threshold.
- **RI Recoverable** – The amount to be billed to the reinsurer—the portion of the payment that the reinsurer must cover.
- **Ceded Reserves** – The amount of the reserve that the reinsurer must cover.

Clicking the name of any agreement in this list view opens the **Agreement Details** screen. The top of the **Agreement Details** screen has all the details of the individual agreements as they were supplied to ClaimCenter. The bottom of this screen has the details of how each reserve line on every exposure associated with this agreement mapped its financials to the reinsurance financials.

Manually edit reinsurance transactions

About this task

The reinsurance manager can manually edit or add reinsurance transactions.

Procedure

1. Click the **Edit** link on the line for each agreement in the **Reinsurance Financials Summary** list view. This action takes you to the **Adjust Recoverables** screen.
2. Modify the Ceded Reserves and RI Recoverable.
3. Enter a reason for the adjustment.

Managing reinsurance agreements and agreement groups

On rare occasions, it might be necessary for the reinsurance manager to add or edit reinsurance agreements or agreement groups in ClaimCenter. You can edit only the agreements and agreement groups that were added in ClaimCenter.

In the base configuration, you cannot edit or delete agreements and agreement groups that were retrieved from an external system. You also cannot add an agreement created in ClaimCenter to an agreement group that was retrieved from an external system. Additionally, you cannot add exposures to or remove exposures from externally retrieved agreement groups.

The reinsurance manager can add, edit, move, and delete eligible reinsurance agreements.

Add new reinsurance agreements

Procedure

1. Open the **Reinsurance Financials Summary** screen by opening a claim and clicking **Reinsurance** in the sidebar.
2. Click **Add Agreement** and choose the agreement type.
3. Add an agreement group if needed.

All new agreements must be associated with an agreement group

Edit new reinsurance agreements

Procedure

1. Open the **Reinsurance Financials Summary** screen by opening a claim and clicking **Reinsurance** in the sidebar.
2. Click the name of a reinsurance agreement to open the **Agreement Details** screen.
3. Edit the details of the agreement.

Move exposures to another agreement group

Procedure

1. Open the **Reinsurance Financials Summary** screen by opening a claim and clicking **Reinsurance** in the sidebar.
2. Click **Manage Exposures** to open the **Exposures and Reinsurance** screen.
3. Move the exposures to a different agreement group.

Delete reinsurance agreements

Procedure

1. Open the **Reinsurance Financials Summary** screen by opening a claim and clicking **Reinsurance** in the sidebar.
2. Click the name of a reinsurance agreement to open the **Agreement Details** screen.
3. Click the **Delete** button to delete the reinsurance agreement.

When you delete a reinsurance agreement, the RI ceded reserves and RI recoverable calculated automatically by the system are zeroed. If there are manually entered RI transactions on the reinsurance agreement being deleted, you must manually zero out the adjustments to be able to delete the reinsurance agreement.

Manually retrieve reinsurance agreements

About this task

Manual retrieval can be useful in some cases. For example:

- If an exposure that was not associated with a risk was added to the claim, the reinsurance agreements for that exposure would not have been retrieved when it was created. For example, you create the exposure by using the *create exposure by coverage type* method. After the exposure has been associated with a risk, the reinsurance manager can retrieve the proper agreements manually.
- If the reinsurance agreements have been changed in the source system since the initial retrieval in ClaimCenter, manual retrieval updates ClaimCenter with the proper information.

Note: Reinsurance agreements can be retrieved from the source system even if there are existing reinsurance financials on a claim.

Procedure

1. Access and open a claim.
2. Navigate to the **Reinsurance > Reinsurance Financials Summary** screen.
3. Click **Manage Exposures** to open the **Exposures and Reinsurance** screen.
4. Click the **Retrieve Reinsurance** button to force a retrieval from the reinsurance system of record.

Mark a claim as reinsurance reportable

About this task

When an exposure is set up on a claim, the claim is also automatically marked to show whether reinsurance is applied to it. This indicator is set in the **Reinsurance Reportable?** field on the **Claim Status** screen. An activity is also sent to the reinsurance manager to review the reinsurance information for this claim.

You can manually mark a claim to be reported for reinsurance. You might manually mark a claim if you think reinsurance applies to the claim, but no reinsurance agreements have been pulled over from the reinsurance system.

Note: Marking a claim as reported for reinsurance does not retrieve reinsurance agreements from the external reinsurance system of record or automatically create reinsurance transactions.

Procedure

1. Open the claim and navigate to **Summary > Status** to open the **Claim Status** screen.
2. Click **Edit** and, in the **General Status** section, select **Yes** for the **Reinsurance Reportable?** field.
3. Provide a reason in the **Reinsurance Edit Reason** field.
4. Click **Update** to save your changes.

Results

This action creates:

- A note you can see on the **Summary** screen in the **Latest Notes** section.
- A **Review Claim for Reinsurance** activity.

Associate claims for reinsurance

About this task

You can associate claims with one another. Associating claims enables the reinsurance manager to run reports to find examples of reinsurance-related associated claims and analyze them for reinsurance reportability.

Procedure

1. Open the claim and navigate to **Loss Details > Associations**.

- 2.** Click **New Association**.
- 3.** Enter a title for this association.
- 4.** Click **Add** and enter the claim number to associate with this one.
- 5.** Click **Update**.

ClaimCenter administration

These topics describe how to perform administrative tasks in ClaimCenter.

Users, groups, and regions

ClaimCenter organizes people into Users, Groups, and Regions. A *user* is someone, such as an employee of an insurer, with permission to use ClaimCenter. Users then form work-related groups, which you can further aggregate into regions. The **Administration** tab models this structure and presents it in the Sidebar in a tree view.

See also

- “Security: Roles, permissions, and access controls” on page 491 for additional details about how ClaimCenter uses this structure to enforce security
- “Work assignment” on page 211 for a description of how ClaimCenter assigns work to groups and users
- “Managing users and groups” on page 516 and “Search for regions” on page 527
- “Create new users and groups” on page 517
- “Manage users” on page 517
- “Manage attributes” on page 520 and “Managing authority limit profiles” on page 521
- “Manage groups” on page 518
- “Managing regions” on page 527

Understanding groups

The basic way ClaimCenter organizes an insurance company's adjusters (the most common set of people available to handle claims) is the *group*. A group's members can either be other groups—teams or subgroups—or users, people who work on claims. Groups are often defined to mirror the insurance company's organizational structure—a main office has departments that contain divisional offices that control local offices, and so on. But groups can also be defined virtually. A *virtual group* is a set of people who are not part of the same team or department, but who are related in some other way. For example, a virtual group could contain all adjusters in a large region with expertise in commercial arson. The members do normal work in different local offices and are members of their own office groups as well.

All the groups at an insurance company must form a regular hierarchy, a tree structure, in which each subgroup has a single parent and zero or more child groups. There is no limit to the number of levels in this tree. Such a group hierarchy can model any organization. The parent can be the home office, which has regional offices as its children, which in turn could have children corresponding to different lines of business. These lines of business in turn could have local offices as their children. Virtual groups can also be part of this hierarchy.

Groups have the following additional properties:

- There can be only one group with no parent. This group is the top level, root group.
- There is no limit to the number of members and child groups—subgroups—a group can have.
- A group always has one supervisor. Guidewire recommends that the supervisor be a member of the group. While a supervisor is not required to be a member of the group, making the supervisor a group member is often useful. For example, it is likely that you will want group work like pending claim assignments to be assigned to the group supervisor.
- A group can be associated with one or more regions, which can be specified in assignment rules.
- Groups control data security. Each group is a member of a single security zone.
- A default rule set governs how work is assigned to a group. Each group can have its own default rule sets that can assign activities, claims, exposures, and matters to it.
- A group is described further by its group type, used in rules to determine if work is to be assigned to the group.
- Similar to users' having individual load factors that indicate the ideal distribution of work in a group, a group itself can have a load factor, which assignment rules can consider.

Ensure that groups are designed and structured appropriately when using automated assignment. Often, issues with assignment can be caused not by rules or code but by group structure. Issues can arise from too many users belonging to one group, or, too few users in other groups. This has an impact on round-robin and attribute-based assignment. A group that only has a few members with attributes that impact assignment may have a problem where only those users are assigned work, and all other users without attributes are not assigned work, despite round-robin being used group-wide. Recall that attribute-based round-robin takes precedence over sequential round-robin. Ensure the group hierarchy makes sense in terms of regions, claim segmentation, line of business, or other factors.

Administrators add, edit, and delete groups, and can do the same with their members. Editing a group includes choosing its parent group and supervisor, and setting its region, group type, security zone, and permissions to change load factors. You can delete a group only if it is empty and has no child groups. Otherwise, you break the tree structure and create orphan users.

Understanding users

Users are people who are permitted to log into ClaimCenter. They are involved with the process of settling claims. The goal of assignment is to assign work to users, which makes them owners of that work. After assigning work to the correct group, you or a rule pick a user from that group. Therefore, each user must belong to at least one group.

Each user is characterized by:

- **Credential** – Defines a user name and password for logging into ClaimCenter.
- **Roles** – Restrict what the user can view and work on. For more information, see “Role-based security” on page 492.
- **Authority Limits** – Cap the monetary amount of financial transactions the user can authorize. See “Managing authority limit profiles” on page 521.

The following additional user characteristics help in the assignment process:

- **Location information** – Includes name, address, email, and phone and fax numbers. The address can be used to assign based on proximity.
- **Custom user attributes** – Examples are languages spoken or a special expertise, like familiarity with fraud investigation.
- **User experience rating** – Helps in steering complex claims away from new adjusters.
- **User role** – Examples are doctor, lawyer, vehicle inspector, police, or fraud investigator, called *Special Investigator* in ClaimCenter.
- **Load factor** – Gives the correct proportion of work to a part-time or apprentice adjuster. ClaimCenter uses load factors to balance the number of work assignments among all the users in a group. Other load factors allow balancing work across groups.

- **Vacation status** – Can be used to prevent new work from being automatically assigned to someone who is out of the office.

Administrators define users, giving them membership in groups as well as the characteristics listed previously. Both the **Team** tab and the **Administration** tab have **User Profile** screens that enable administrators to define and edit these characteristics. Users can also be imported into ClaimCenter.

It can be useful to make users members of several groups. An experienced fraud investigator can be a member of:

- A region's Special Investigation (SI) team, a special group.
- The local office group. This group mirrors the user's position in the company and reporting relationship.

Multiple memberships make it easier for assignment rules to find the user because the rules take different paths down the group hierarchy.

Custom user attributes

ClaimCenter provides a general way to describe user attributes that is helpful in deciding how to assign work. There is also a rule that assigns work based on these attributes. The rule selects the user with the attribute who has waited longer for this type of work than any other user with the same attribute.

When using attributes for automated assignment, be aware that attributes can initially take precedence over load factors, and, if multiple users match on attributes, only those users are selected in a round robin sequence. For example, a user could get assigned a lot of claims if they match on several attributes defined in the rule. All attributes are included in the final assignment choice. The more attributes a user matches on, the more likely they are to be assigned work. Load factors are ignored because they are only meaningful across an entire single group.

These attributes are found in the `UserAttributeType.ttx` typelist, accessible through Guidewire Studio. In the base configuration, this typelist contains the typecodes `default`, `Account`, `Expertise`, and `Language`. You can extend this typelist.

Custom user attributes themselves have optional attributes that increase their usefulness.

Type

A way to group custom user attributes. For example you can give French and Spanish the type `Language`.

State

Defines the state (in the United States) or jurisdiction where the attribute is valid. An expert in workers' compensation claims usually has expertise in just one state or jurisdiction.

Value

Defines an integer value for an attribute. Language fluency might be rated on a 1-5 scale.

For example, a workers' compensation claim is assigned to an adjuster with the following attributes: Spanish language fluency of 4 or higher, State of Nevada, and specialty of construction accidents. The assignment engine performs round-robin assignment of the claim through a set of users that have "Nevada" and "Spanish" attributes. So, users without these attributes are not considered for assignment at all.

Custom user attributes are listed in the **Administration** tab on the **Users & Security > Attributes** screen. An administrator can create user attributes in the **Attributes** screen and apply them to users.

Create user attributes

Before you begin

To be able to create custom user attributes, you must be logged in to ClaimCenter as an administrator.

Procedure

1. Select the **Administration** tab and click **Users & Security > Users** in the Sidebar menu.

2. Search for a user.
3. Click the **Attributes** card and click **Edit** to add an attribute for that user.
4. Specify **Type**, **State**, and **Value** settings for that user.

User roles

Users have one or more *roles*, which are a collection of permissions. Permissions enable users to create, view, edit, and delete various ClaimCenter objects. For example, assigning a claim to a user who is an adjuster guarantees that the user has the necessary permissions to complete the work.

Users can also possess one or more *user roles*, which are distinct from regular roles. User roles are granted to a user for a specific claim. User roles include doctor, attorney, nursing care manager, and so on. You can define or remove user roles in Guidewire Studio in the `UserRole.ttx` typelist.

Use Gosu in rules to assign work to a user with a specific user role. The method `claim.assignToClaimUserWithRole` assigns work to a user with a specific user role, who is also a member of the group that owns the claim. The claim must already be assigned to a group before this method is useful.

An example of user role assignment is a workers' compensation claim that requires a nursing case manager. ClaimCenter, through assignment, makes the user with the role of adjuster the owner of the claim. However ClaimCenter might assign activities or even an exposure to a user with the user role of nursing case manager. As a user, the case manager can also have assigned roles, which give access to the claim screens related to the case manager's work. However, the case manager is prevented from viewing other claim information. If this case manager were assigned to an exposure, the exposure could be reassigned to the claim owner after the activities were completed.

Users granted a user role on a claim or exposure have the same permissions as the claim or exposure owner on that entity. The same is true for contacts granted a contact role. Constraints on user roles can restrict these permissions. Also, administrators can grant ACL permissions to users with specific user roles.

Grant a user a user role

About this task

Assigning a user role already in the `UserRole.ttx` typelist is subject to conditions, or constraints, defined in the `UserRoleConstraint` typelist.

Procedure

1. Open a claim.
2. Navigate to **Parties Involved > Users**.
3. Select the user to open the **User Details** screen for that user.
4. In the **User Details** screen, click **Edit**.
5. In the **Roles** section, click **Add**.
6. Click the **Role** field in the new row and choose a role from the drop-down list.
7. Click **Update** to save your work.

Grant a contact a contact role

About this task

You can grant contact roles to contacts. Some contact roles are constrained from being given to certain classes of contacts. For example, a person, but not a vendor, can be given the role of supervisor. In Guidewire Studio, the `contactRole.ttx` typelist contains all defined contact roles. The typecodes in the `ContactRoleCategory.ttx` typelist define the constraints governing to whom the contact roles can be given.

Procedure

1. Open a claim.
2. Navigate to **Parties Involved > Contacts**.
3. Select the contact to open the contact's detail view below the list of contacts.
4. On the **Basics** tab, and click **Edit**.
5. In the Roles section, click **Add**.
6. Click the **Role** field in the new row and choose a role from the drop-down list.
7. Click **Update** to save your work.

Constraints on user and contact roles

Granting a user a user role gives that user access to the claim. However, you can restrict users with a specific user role from working on a claim unless they have the correct system permissions. You can also limit the number of users with a specific role. Apply these restrictions by using the following user role constraints:

| User Role Constraint | Definition |
|----------------------|---|
| ObjectOwner | The user given a user role on an object must have the same permissions needed to own the object. Default value is true . |
| ClaimExclusive | Each claim can have at most one user given this user role. Default value is true . |
| ExposureExclusive | Each exposure can have at most one user assigned to this role. Default value is true . |

The `entityroleconstraints-config.xml` file defines how role constraints are used.

See also

- *Configuration Guide*

Assign a user an experience rating

About this task

All users can be granted an experience attribute by an administrator from the choices in the `UserExperienceType.ttx` typelist. In the base configuration, this typelist contains typecodes describing level of experience: low, medium, and high. Assignment rules can use this characteristic to keep complicated work from inexperienced users.

Procedure

1. Click the **Administration** tab and navigate to **Users & Security > Users** and find a user.
2. On that user's **User Details** screen, click **Edit** and then click the **Profile** card.
3. In the **Extended Profile** section, chose a level from the **Experience Level** drop-down list.
4. Click **Update** to save your changes.

Load factors

Not all members of a group are equal. Supervisors, new hires, members who belong to other groups, and those working on special projects can have a reduced workload when work is distributed. To balance workloads, administrators assign each user a number from 0 to 100 to reflect the percentage of the group's normal workload each user must have. If the load factor for a user or group is set to zero (0), it disables assignment to that user or group (when used with assignment methods that use load factor). For example, if a user is on vacation or on leave, set their load factor to zero. Conversely, if the load factor for a group or user is a non-zero value, it enables proportional assignment to that group or user. You can also use load factor to adjust for part-time or reduced hours staff; such as setting load factor for these users to 50 or less.

Round-robin automatic assignment rules take these load factors into account. These rules assign only half the work to a user with a load factor of 50 that they assign to others in the same group. The algorithm assigns equal amounts of items because it cannot know how difficult each item is.

Therefore, load factor controls how frequent work is assigned relative to other users in a group.

- See “Team management” on page 447 for information on setting load factor for groups and users.

When is load factor applied?

Load factor is a powerful control for managing how much work is assigned to a particular user or group. It can be used at both the user and group level. The following table clarifies when it is and is not applied, across automated assignment methods.

Note: It is crucial to know when load factor is **not** used. This prevents managers and other users from attempting to adjust load factor when it has little or no impact on assignment.

| Assignment Method | Strategy | Filters | Uses load factor? | Assigns to |
|--|-------------------|--------------------------|-----------------------------------|------------|
| assignGroupByLocation | Round-Robin | Location | No | Group |
| assignGroupByRoundRobin | Round-Robin | None | Yes, if includeSubGroups is false | Group |
| assignUserByRoundRobin | Round-Robin | None | Yes, only within a single group | User |
| assignByUserAttributes | Round-Robin | User attributes | No | User |
| assignUserByLocation | Round-Robin | Location | No | User |
| assignUserByLocationAndAttrib utes | Round-Robin | Location and Attributes | No | User |
| assignUserByLocationUsingProx imitySearch | Proximity | None | No | User |
| assignUserByLocationUsingProx imityAndAttributes | Proximity | Attributes | No | User |
| assignUserByProximityWithSear chCriteria | Round-Robin | Proximity | No | User |
| assignUserByProximityWithAssi gnmentSearchCriteria | Round-Robin | Proximity and Attributes | No | User |
| GroupUserWorkloadAssignmentStr ategy | Weighted Workload | None | Yes, if includeSubGroups is false | Group |
| GroupUserByAttributeWorkload AssignmentStrategy | Weighted Workload | Attribute | No | Group |
| UserWorkloadAssignmentStrate gy | Weighted Workload | None | Yes, if includeSubGroups is false | User |
| UserByAttributeWorkloadAssig nmentStrategy | Weighted Workload | Attribute | No | User |

Load factor example

Consider the following fictional example of two personal auto claim groups, where load factor is distributed across users and groups and work is assigned using a round-robin strategy:

Western Auto Region (parent group)

Western Auto Group 1 (WAG1) (Load factor: 100)

Chad (load factor: 5)

Rahul (load factor: 10)

Taylor (load factor: 10)

Western Auto Group 2 (WAG2) (Load factor: 50)

Lana (load factor: 2)

Dina (load factor: 1)

Parker (load factor: 1)

In the preceding example, WAG1 receives twice as much work as WAG2 when work is assigned across the **Western Auto Region** group.

When work is assigned within **WAG1**, both Rahul and Taylor receive twice the workload of Chad. When work is assigned within **WAG2**, Lana receives twice the workload of Dina and Parker.

Therefore, load factors are only relevant to assignments within the statically-defined group where work is assigned. Load factor scales are only relevant when compared to load factors in the same group. Lana's load factor of 2 behaves the same way as Rahul's load factor of 10 because they are in different groups with different load factor scaling.

The `assignGroupByLocation` method finds candidate groups closest to a location. Those groups are unlikely to all share the same parent group, which means even if they did have load factors assigned, they would not be directly relevant to each other.

Using location and load factors for assignment

When assigning work across a geographic region such as a city, country, or other area, design groups accordingly. Specify a top-level hierarchy of groups according to geography, then, child groups within each geographic area use round-robin assignment with load factors set to distribute work.

For example:

Eastern Auto Region (parent group)

Eastern Auto Group (EAG) Maryland

EAGM1 (load factor: 100)

EAGM2 (load factor: 75)

Eastern Auto Group (EAG) Philadelphia

EAGP1 (load factor: 100)

EAGP2 (load factor: 300)

First, work is assigned using `assignGroupByLocation` to the Eastern Auto Region parent group, then, to either the Maryland or Philadelphia groups, based on policyholder addresses. Next, work is assigned to child groups EAGM1, EAGM2, EAGP1, and EAGP2 using `assignGroupByRoundRobin`, which does use load factors.

Best practices for using and managing load factors

- Consider adjusting load factor to 50 when first using load factor for a particular group.
- Recall that load factor does not apply when group assignment is based on user attributes, proximity, or location. Load factor adjustments work best when applied on a group by group basis for groups that use round-robin. To use both location and load factor when determining assignment, set up your groups according to geographic location, as described in the previous section.
- Load factor only considers a user's load within that group. If a user's load factor is low in Group A, but high in Group B, the assignment engine will assign work in Group B more frequently to that user. If you wish to lower load factor for a user for all groups they belong to, you will need to equalize their load factor accordingly.
- Be patient as it may take time for the system to 'adjust' or settle after changes to load factors to produce the desired result.

See also

- *Gosu Rules Guide*

- “Work assignment” on page 211

Workload counts

After becoming a member of multiple work teams, a user can be assigned a full workload as a member of each team. This assignment does not take into account the workload the user is assigned as a member of other groups. Besides using load factors, ClaimCenter manages this potential problem by providing a summary of the total of all the work assigned to each user.

Supervisors see total workloads by using the **Team** tab. Each member of a supervisor’s group is listed. The table shows all activities, claims, exposures, matters, and subrogations assigned to that member. Information is broken down by whether each item is new, open, flagged, closed, or overdue, or completed today, depending on the work category. Not all these types are shown for each work category. In each category, the table shows the total count of items assigned to the user as a team member as well as the entire total. Weighted workload values are also shown for each team and team members. Supervisors can use this information to reduce overworked subordinates’ load factors.

Gosu functions can also return this information. For example, auto-assignment rules can exclude overworked users from round-robin assignment or to reduce their load factors.

ClaimCenter updates these global numbers hourly when running the Statistics batch process.

See also

- “How ClaimCenter assigns work” on page 212
- “Team management” on page 447
- “Calculating team statistics” on page 453
- *Administration Guide*

Assign a user inactive or active status

About this task

A user always has the status of active or inactive. After becoming inactive, a user cannot log into ClaimCenter and cannot be assigned anything. Only an administrator can change this status.

Procedure

1. Click the **Administration** tab and navigate to **Users & Security > Users** and find a user.
2. In the detail view for the user, click **Edit** and then click the **Basics** card.
3. Set **Active** to Yes or No.
4. Click **Update** to save your changes.

Related users

Related users are users or contacts who either:

- Have a user role on the claim.
- Own the claim, or one or more of its exposures, activities, or matters.

By contrast, a *claim user* is a person meeting the second criteria of having been assigned work on the claim.

See also

- “User roles” on page 482

View all related users on a claim

About this task

To see all related users on a claim, as well as all the claim's other users, do the following.

Procedure

1. Open a claim.
2. Navigate to **Parties Involved > Users**.

Results

This screen lists all users on the claim and shows the relationship of ClaimCenter users to the claim. It describes both the work assigned and the users' user role on the claim, if any. You can edit this screen to grant or remove user roles, but not assignments. After a user has no work to complete and has no user role on the claim, ClaimCenter removes the user from the claim or exposure and from this list.

View all claims on which you are a related user

Procedure

1. Click the **Desktop** tab and then click **Claims**.
2. On the **Claims** screen in the filter drop-down list choose either of the following filters:
 - **All opened related**
 - **New related (this week)**If you own an exposure, this filter lists you as a related user on the claim.
3. View all claims on which you are a related user.

View all exposures on which you are a related user

Procedure

1. Click the **Desktop** tab and then click **Exposures**.
2. On the **Exposures** screen in the filter drop-down list choose either of the following filters:
 - **All opened related**
 - **New related (this week)**Both these filters return claims or exposures owned by the user, but not claims and exposures for activities or matters owned by the user.
3. View all exposures on which you are a related user.

View all claims on which you are assigned work

Procedure

1. Click the **Desktop** tab and then click **Exposures**.
2. In the filter drop-down list choose **All open owned** or **New opened (this week)**.
3. Click the **Desktop** tab and then click **Activities** to view all your activities.

View all matters related to a specific claim

There is no screen that shows all matters that you have been assigned. However, you can view all matters related to a claim.

1. Open a claim.
2. Click **Litigation** in the Sidebar menu.
3. All matters assigned to anyone for that claim are listed in the **Matters** screen.

Understanding regions

A region is a named area that contains one or more states, postal codes, or counties. For example, you can define a Western US region that includes the states California, Nevada, and Washington. You can also configure the application to use other address elements, such as Canadian provinces, to define regions.

Define as many regions as you want. The regions can overlap. State-level regions can describe the office to which a claim is sent. A postal code or county-level region might govern which person is assigned to inspect a damaged vehicle.

You can assign users and groups to cover one or more regions, and ClaimCenter can associate its business rules to provide location-based assignment. For example, a claim has a loss location of California. ClaimCenter can determine that the responsibility falls in the Western region and then assign that claim to a group that covers that region.

A group can also cover multiple regions. For example, you define one region to be Arizona and New Mexico, and another region to be all counties in Southern California. You can then assign both these regions to your Southwest Regional Office.

How regions compare to security zones

Use regions for assignment. Administrators can define the regions and assign them to groups by using Assignment by Location rules. In the base configuration, a region is a defined collection of states, ZIP codes, and counties, and one region can overlap another. A group can belong to multiple regions.

Security zones, however, are only names. They are not defined as collections of geographical areas such as states. A group can belong to just one security zone. An administrator performs add, edit, and delete operations in the **Security Zones** menu item of the **Administration** tab. See “Managing security zones” on page 539.

Working with regions

You can create and edit regions, associate them with groups, and assign work to groups based on the region they are in. In the base configuration, a user with the role User Admin has the permissions required to perform these tasks.

The following graphic shows the screen you use to create a region:

Add Region

[Up to Regions](#)

Region

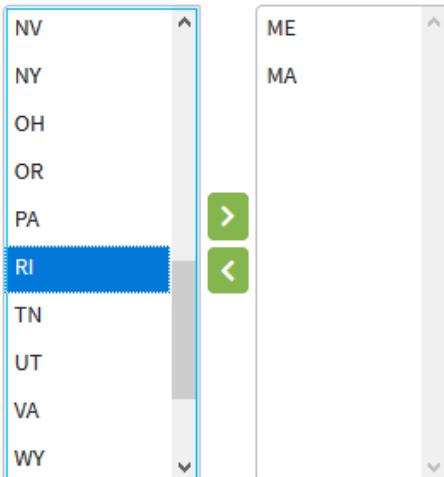
Name *

Areas Covered

Country *

Type

Areas Covered



Create a region

Procedure

1. Click the **Administration** tab and navigate to **Users & Security > Regions > Add Region**.
2. Enter a name and pick a type: state, ZIP code, or county.
3. Choose the items appropriate to the type and click **Update**.

If picking a group of items that are ZIP codes or counties, they can come from many states.

Edit a region

About this task

In addition to editing an existing region, you can also rename a region. However, because renaming effectively deletes the original region, Guidewire recommends avoiding renaming. Instead, create a new region with the new name.

Procedure

1. Click the **Administration** tab and navigate to **Users & Security > Regions** and select a region.
2. Click **Edit** and choose the type.

3. Add or remove states, ZIPs, or counties.
4. Click **Update** to save your work.

Delete a region

About this task

Guidewire recommends that you avoid deleting regions because deleting a region can result in leaving users without a region. Instead, create and use new regions. See “Create a region” on page 489.

Procedure

1. Click the **Administration** tab and navigate to **Users & Security > Regions** and select the check box for a region.
2. Click **Delete**.
3. Click **Update** to save your work.

Associate a group or user with a region

About this task

You assign users to a region by adding the region to a group they belong to.

Procedure

1. Click the **Administration** tab and navigate to **Users & Security > Groups**, and then find and select a group.
2. Click the **Regions** card.
3. Click **Edit**.
4. Click **Add** and then search for regions.
5. Select one or more regions in the list by clicking their check boxes, and then click **Select**.
6. Click **Update** to save your work.

See also

- “Remove a region from a group” on page 490

Remove a region from a group

Procedure

1. Click the **Administration** tab and navigate to **Users & Security > Groups**, and then find and select a group.
2. Click **Edit**.
3. Click the **Regions** card.
4. Click the check box next to each region you want to remove from the group.
5. Click **Remove**.
6. Click **Update** to save your work.

See also

- “Associate a group or user with a region” on page 490

Security: Roles, permissions, and access controls

Security is critically important for both general data and financial information. For example, an insurer does not want the details of a famous client's claim to appear in the tabloids. The insurer also does not want an adjuster to have sole control over claim payments made to the spouse. Therefore, ClaimCenter implements the following types of security methods:

- **Role-based security** – Defines the actions you are allowed to perform. This type of security includes defining permissions, bundling groups of related permissions into roles, and assigning these roles to users based on the ClaimCenter work they must perform. Role-based security applies to all entities. For example, if you can access one claim, you can access all claims.

Following are examples of role-based security:

- Give legal staff access to a very limited view of any claim file, mostly to matters.
- Give nursing care managers access to injury exposures, but not property exposures, on all claims.
- **Data-based security** – Defines what data you have access to. ClaimCenter can segregate the claims and other entities it provides into different subsets, or security levels, and restrict access to sensitive data by using claim access control. Data-based security can also be implemented for notes, documents, and exposures. This type of security provides you access to some categories of claims, but not to others.

Data-based security can also grant different levels of authority to users in different groups or security zones. For example, certain claim summaries might be visible to all adjusters in the same security zone. However, only the adjusters in the same office handling the claim could edit them. For more information, see "Security zones" on page 508.

Following are examples of data-based security:

- Restrict owners of bodily injury and vehicle damage exposures to accessing only the documents, notes, and activities related to these respective exposures.
- Control access to claims filed by your employees or access to other types of sensitive claims.
- Give users access to a claim only if they have an assigned activity or exposure on that claim.
- Grant users the ability to edit a claim if they are in the same group as users who own that claim.
- Grant users the ability to view a claim if they are in the same region as the user who owns that claim.

Role-based security

Overview of role-based security

Use role-based security to define the actions a user of ClaimCenter is allowed to perform. Working with this type of security includes defining permissions, adding related permissions to roles, and assigning these roles to users based on the work they perform. Role-based security applies to all entities.

Permissions

The fundamental units of security in ClaimCenter are permissions. With proper authority, you can create permissions. After they exist, you can group permissions into roles and assign one or more of these roles to each user.

Note: You can also bundle permissions into claim security types and use access control to restrict user access to certain claims. See “Claim security types” on page 496.

Permissions cover all data of the same type. For example, permission to view a claim is permission to view all claims. No claim can be excluded from this permission.

Permissions are always in force. You can never override or ignore them. However, it is possible to override use of access control, as described in “Configuration parameters that affect access control” on page 495.

There are two subcategories of permissions. These permissions can either affect which screens of the user interface you can access or restrict the entities you can view or manipulate:

Screen permissions

Control access to a particular screen. With proper permission, an administrator can create new screen permissions, collect them into groups by using roles, and assign the roles to users.

Domain permissions

Relate to a specific ClaimCenter entity, like a claim or a bulk invoice. The most important entities have domain permissions associated with them. Only ClaimCenter can define these permission. An administrator can add these permission to roles and then grant these roles to users.

Narrowly defined permissions

Typically, individual permissions restrict access in very narrow and specific ways. For example, over two dozen permissions relate to viewing and editing claims. A similar number affect exposures, such as viewing claim contacts or editing loss details.

Some permissions can be even more narrowly defined. For example, the permission to edit claim storage information, **StorageUpdate**, restricts access to a screen that is part of the **Loss Details** screen. The screen contains information that tracks paper documents associated with the claim. People who store boxes of files need permission to edit this page so they can record where the paper files have moved. But they are not adjusters. Therefore, they cannot have the broader permissions required to edit loss details, which govern access to the entire loss details screen, including the page they need permission to edit.

Roles

A role is a collection of permissions. By grouping permissions into roles, a user’s authority can be precisely defined by a few assigned roles, rather than by a much larger list of permissions. A user must have at least one role and can have any number of additional roles.

See also

- “Working with permissions and roles” on page 493
- “How access control works” on page 495

Working with permissions and roles

You use Guidewire Studio to add or remove permissions themselves. To create roles, add permissions to roles, remove permissions from roles, modify roles, and assign roles to users, you use ClaimCenter administration screens.

Note: You must be logged in as an administrator to be able to access the **Administration** tab. Additionally, you must have a role with the Manage Roles and View Roles permissions to be able to view and edit the **Roles** screen.

Create a permission and apply it to a screen

About this task

You can create a new permission and apply it to a screen.

Procedure

1. Start Guidewire Studio.

At a command prompt, navigate to the ClaimCenter installation directory and enter `gwb studio`.

2. Press **Ctrl+Shift+N** and enter `SystemPermissionType`, and then double-click `SystemPermissionType.ttx` in the search results.
3. Add the permission name and typecode to the `SystemPermissionType.ttx` file in the editor.
4. Add code to the PCF file that looks for the new permission before displaying the screen.
For example, you can set the `editable` attribute of the file or of a widget in the file to a permission typecode. Adding a permission typecode is the same as testing if the permission is `true`—if the current user has that permission—before allowing the user to edit in the screen.
The following code shows a permission typecode setting for the `editable` attribute:

```
editable="perm.System.editSensSIUdetails"
```

5. Restart the ClaimCenter server to pick up these changes.
6. Optionally regenerate the *Security Dictionary* as well.

What to do next

You can delete permissions by removing them from the same typelist. However, if you do so, you must also remove all references to them in every PCF file in the application. The *Security Dictionary* helps in locating these references. See “Data-based security and claim access control” on page 495.

See also

- *Configuration Guide*

Add permissions to a user role

Procedure

1. Click the **Administration** tab and navigate to **Users & Security > Roles**.
2. Click a role, and then click **Edit**.
3. Click **Add** above the list of roles.
4. Click the **Permission** field for the new permission and choose a permission from the drop-down list.
5. To add more permissions, click **Add** for each one and select it from the drop-down list.
6. Click **Update** to finish.

Remove permissions from an existing user role

About this task

Deleting permissions from an existing role is not recommended because any users who need the deleted permissions are adversely affected. Instead, create a new role without that permission and assign the new role to users.

Procedure

1. Click the **Administration** tab and navigate to **Users & Security > Roles**.
2. Click a role.
3. Click **Edit**.
4. Select the check boxes next to the permissions you want to remove, and then click **Remove**.
5. Click **Update**.

Create a new user role

Procedure

1. Click the **Administration** tab and navigate to **Users & Security > Roles > Add Role**.
2. Enter a name and description.
3. Add permissions as described in “Add permissions to a user role” on page 493.
4. Optionally click the **Users** card and add users to the role, as described in the next topic.
5. When finished adding permissions, click **Update**.

Assign a role to one or more users

Procedure

1. Click the **Administration** tab and navigate to **Users & Security > Roles**.
2. Click a role.
3. Click **Edit**.
4. Click the **Users** card.
5. Click **Add**.
6. Search for users you want to add.
7. Select check boxes next to the users you want to add, and then click **Select**.
8. Click **Update**.

Remove a role

About this task

Removing a role is not recommended, because you can cause users to lose permissions they need to perform their jobs.

Procedure

1. Click the **Administration** tab and navigate to **Users & Security > Roles**.
2. Select the check box for each role you want to delete.
3. Click **Delete**, then confirm the delete.

Applying permissions to search results

Normally, you never see either an entity's name or details if you lack the view permission for that type of entity. But, if you search for that entity, the search results can include entities that you cannot view. You then know that they exist. You can set two configuration parameters in the `config.xml` file that, by default, prevent this behavior.

- `RestrictSearchesToPermittedItems` – If `true`, the default value, search results include only the items for which you have view permission.
- `RestrictContactPotentialMatchToPermittedItems` – If `true`, the default value, searching or using autocomplete for a `Contact` entity restricts search results to items that you have permission to view.

Data-based security and claim access control

Role-based security provides users of ClaimCenter access to all claims and can be used to restrict access to specific screens in ClaimCenter. See “Role-based security” on page 492.

ClaimCenter provides a second security mechanism, *Access Control*, to restrict access to defined subsets of claims and to a lesser degree, subsets of exposures and documents.

Note: *Access Control* is also known as *Access Control Lists* (ACLs).

See also

- “Exposure level security” on page 504
- “Access control for exposures” on page 503

How access control works

A user creating or editing a claim decides whether to restrict access to the claim by applying a special category of a restricted claim security type to the claim. There can be several to choose from. The claim owner can later put the claim in another subset, the unrestricted subset.

Users trusted to have access to a restricted claim have either special permissions or a role that contains these permissions.

An access profile is defined for each restricted claim type. The access profile grants users with the special permissions in the profile the ability to:

- Become a restricted claim or exposure owner.
- Have a special user role on the claim or exposure.

The access profile grants an access level to these users in addition to their groups and security zones. Typically, an access profile grants only two kinds of access, view and edit, unless more levels have been defined.

See also

- “Claim security types” on page 496
- “Access profile creation and editing” on page 498
- “Claim access levels” on page 497
- “Access profiles” on page 497

Configuration parameters that affect access control

You can configure the following aspects of access control by setting configuration parameters in the `config.xml` file.

Turning off access control

The `UseACLPermissions` system parameter must be `true` for claim access control to be functional. The default value is `true`. Document and Exposure access control cannot be disabled with this parameter. Even if you turn access control

off, its related system permissions still apply. If access control is in use, a user's effective permissions on a claim are the intersection of their role permissions and access control permissions.

Even if access control is on in ClaimCenter, it can still be turned off for users with specific user roles. See “Access profile creation and editing” on page 498.

Access control and searches that find restricted claims

The `RestrictSearchesToPermittedItems` system parameter in `config.xml` determines the items a user can view in search results. If this parameter is set to `false`, search results can include claims that the user cannot view or edit.

Inheriting access control permissions

ClaimCenter supports downline access for supervisors, which gives supervisors the same access as any user, group, or security zone that they administer. In other words, if a user has access to a claim, the user's supervisor also has access. The supervisor must also have a role that grants the proper claim permissions as well.

Normally, a user's supervisor inherits all access control permissions from all those supervised. But if the system parameter `EnableDownLinePermissions` in `config.xml` is set to `false`, supervisors must be explicitly added to access control.

Note: Access controls for documents and exposures do not have similar configuration parameters. They cannot be turned off, cannot restrict search results, and do not support downline inheritance. They can be deleted.

Elements of access control

The components of claim access control are covered in the following topics:

- “Claim security types” on page 496 – Claim subsets, like fraudulent, sensitive or litigated, to be affected by access control.
- “Claim access types” on page 496 – Groupings of permissions like roles. They define what access means, typically View or Edit.
- “Claim access levels” on page 497 – How access control affects claim owners, users with specific user roles, and their groups and security zone.
- “Access profiles” on page 497 – Using the previous concepts, how to restrict claim access by using access control.

Claim security types

Claim security types are subsets of claims that can be given extra security restrictions by access control. You can create these subsets in the `ClaimSecurityType.ttx` typelist. A claim can belong to only one of these security types. These subsets appear in the **Special Claim Permission** drop-down list of the claim **Claim Status** screen. With a claim open, navigate to **Summary > Status** to see this screen. After clicking **Edit**, you can assign a claim one of these claim security types.

Claims not assigned any of these types are given the type `UnsecuredClaim`. Each claim security type has a matching access profile. ClaimCenter provides the following claim security types:

- **Employee Claim**– A claim covering one of your coworkers.
- **Fraud Risk**
- **Sensitive** – A claim you would like to keep out of the public eye.
- **Under Litigation**
- **UnsecuredClaim** – None of the previous types. Used if none of the previous types have been assigned.

Claim access types

A *claim access type* is a collection of system permissions, similar to a role, that access control grants to users, groups, and security zones. Defined in the typelist `ClaimAccessType.ttx`, they are another way of grouping claim-specific system permissions, and then granting groups of permissions.

ClaimCenter defines the following claim access types:

- **Edit** – Cannot view, but can change and operate on claims by closing them or making payments on them.
- **View** – Can search for and see all claim information, including its exposures, activities, and financial data.

To create more claim access types, and group permissions into them, see:

- “Creating a new claim access type” on page 498
- “Mapping permissions to a claim access type” on page 498

Claim access levels

The following access levels can be defined as required for getting on access control for a claim. They have slightly different meanings, depending on usage. In general, they define the relationship one must have with the claim’s owner.

| Level | Access permission |
|--------------|--|
| user | User with a specific user role defined in the access profile. |
| group | Users who belong to the same group as the user with that role. |
| securityzone | Users who belong to the same security zone as the user with that role. |
| anyone | All users. |

See also

- “Access profile creation and editing” on page 498

Access profiles

Access profiles define whether a user, group, or security zone joins access control for a claim of a particular claim security type. They also define what access types users, groups, or security zones have for that claim. Each claim security type has one access profile. Access profiles also define what access types are permitted for the claim’s exposures and activities.

An access profile specifies:

- Special permissions, if any, that a user must have to have access to that claim security type. See “Access profile creation and editing” on page 498.
- Access types to grant to all allowed users.
- Access types to grant to allowed users with specific user roles.
- Access types to grant to groups and security zones to which the user belongs.
- Access types to grant for claim-related exposures and activities.

See “Access profile creation and editing” on page 498 for an example of an Access Profile and how it uses these special permissions and grants Access Types.

Configuring access control

You can configure access control.

Create a new claim security type

Procedure

1. Open ClaimCenter Studio.
2. Add a new typecode to the `ClaimSecurityType.ttx` typelist.

Add access control to a claim

Procedure

1. After creating a claim, navigate to **Summary > Status**.
2. Click **Edit** on the **Claim Status** screen.
3. Click the **Special Claim Permission** drop-down list.
4. Select the claim security type: **Employee claim**, **Fraud risk**, **Under litigation**, **Sensitive**, or **UnsecuredClaim**.

If you do not select any of these types or you select **<none>**, the claim is assigned the **UnsecuredClaim** claim security type. The claim owner can later change this assignment.

If you select a security type for which you do not have access permission, after you exit the claim, you are unable to subsequently access that claim.

Creating a new claim access type

In the base configuration, View and Edit are the only claim access types available with ClaimCenter. You can define others. Claim access types are typecodes of the `ClaimAccessType.ttx` typelist, which you can access in Guidewire Studio. You can make as many claim access types as there are claim-related system permissions, just as you can create many roles. However, large numbers of claim access types can degrade performance.

Although the View and Edit claim access types grant broad permissions, access control restricts them to few users.

Mapping permissions to a claim access type

You can open Guidewire Studio and map permissions to claim access types. Every claim-related system permission can be added to a single claim access type. You can similarly map any new claim-related permissions you create. The `security-config.xml` file holds these mappings. The following are examples:

```
...
<AccessMapping claimAccessType="view" systemPermission="claimview"/>
<AccessMapping claimAccessType="view" systemPermission="plcyview"/>
<AccessMapping claimAccessType="view" systemPermission="claimviewres"/>
...
```

In mapping, be sure to:

- Map only permissions that are related to claims. For example, mapping `ruladmin` to View or Edit creates a configuration error.
- Map each system permission to only one claim access type. For example, mapping `paycreate` to View is allowed unless it is already mapped to Edit, which is the more likely mapping.

Access profile creation and editing

Access profiles are located in `security-config.xml`. Following is the access profile for the `employeeclaim` security type:

```
<AccessProfile securitylevel="employeeclaim">
  <ClaimOwnPermission permission="ownsensclaim"/>
  <SubObjectOwnPermission permission="ownsensclaimsu"/>
  <ClaimAccessLevels>
    <AccessLevel level="group" permission="view"/>
    <AccessLevel level="group" permission="edit"/>
    <DraftClaimAccessLevel level="group"/>
  </ClaimAccessLevels>
  <ActivityAccessLevels>
    <AccessLevel level="user" permission="view"/>
    <AccessLevel level="user" permission="edit"/>
  </ActivityAccessLevels>
  <ExposureAccessLevels>
    <AccessLevel level="user" permission="view"/>
    <AccessLevel level="user" permission="edit"/>
  </ExposureAccessLevels>
</AccessProfile>
```

This example specifies the access to all claims that have the `employeeclaim` claim security type. The elements perform the following actions:

ClaimOwnPermission And SubObjectOwnPermission Elements

If an access profile defines the `ClaimOwnPermission` or the `SubObjectOwnPermission` element, you must give the user the Trusted For Sensitive Claims role. This role contains these two permissions. Otherwise, access control restricts that user from the claim:

```
<ClaimOwnPermission permission="ownsensclaim" />
<SubObjectOwnPermission permission="ownsensclaimsub" />
```

You can also create your own permissions (for example, `ownEmployeeClaim`), grant them to trusted users, and add similar lines to the appropriate access profile to restrict access to those users.

ClaimAccessLevels Element

The `ClaimAccessLevels` element must contain at least one of the defined subelements. The previous example shows the default subelements.

- `AccessLevel` – Restricts and defines access to those users with a specific relationship to the claim owner, in the same group or security zone, or even any user, anyone.

```
<AccessLevel level="group" permission="view" /> <!-- anyone in the user's group can view -->
```

| Level | Access permission |
|--------------|---|
| user | All users who own the claim, one of its exposures, or claim activities. |
| group | All users who belong to the group to which the claim, exposure, or activity is assigned. |
| securityzone | All users who belong to the security zone of the group owning the claim, exposure, or activity. |
| anyone | All users. |

- `DraftClaimAccessLevel` – Same as `AccessLevel`, but applies only after a claim is in draft status.
- `ClaimUserAccessLevel` – This subelement grants access to users with a specific user role, or related to another user with such a user role level as defined in the next table. User roles, defined in the `UserRole.ttx` typelist, are assigned by the claim owner while adding another user to the **Parties Involved > Users** screen of a claim. For example, the user handling subrogation for the claim can be assigned the Subrogation Owner user role, which for an Unsecured Claim is defined as follows:

```
<ClaimUserAccessLevel role="subrogationowner" level="user" permission="view"/>
<ClaimUserAccessLevel role="subrogationowner" level="user" permission="edit"/>
```

| Level | Access permission |
|--------------|--|
| user | All users with this user role. |
| group | All users in the same group as any user with this user role. |
| securityzone | All users in the same security zone as any user with this user role. |
| anyone | All users. |

IMPORTANT: Be careful after adding a `ClaimUserAccessLevel` element, a user role, to an access profile. Later assignment of this user role to one user can grant access to large groups and security zones.

ExposureAccessLevels And ActivityAccessLevels Elements

The `ExposureAccessLevels` and `ActivityAccessLevels` elements grant claim access to users owning a claim exposure or activity. The previous access profile example shows how this access is granted. It also grants View access to those in the same group as an exposure owner, but not to members of an activity owner's group.

See also

- “Access control for exposures” on page 503

Applying access control retroactively

To force access control to apply to an existing claim, assign it to the security access type you want and save it. If you have changed a claim's access profile, assign the claim to another access type, save it, and then restore its original access type and save it again.

Joining access control

You join access control at the user access level after you have the special permissions required by the access profile and:

- You are assigned to the claim or one of its exposures or activities.
- The claim's access profile grants access to a specific user role, as defined in the `UserRole` typelist, and your administrator has granted you that role.

You join access control at the group or security zone access level after you have the special permissions required by the access profile and:

- You are related to—in the same group or security zone as—a user assigned to the claim or one of its exposures or activities.
- You are related to—in the same group or security zone as—a user with a user role on the claim allowed by its access profile.

Although ClaimCenter defines an access level of All, no access profile permits access at this level, even for the `UnsecuredClaim` claim security type.

Rebuilding access control lists

After you have access to an entity through an ACL, that access is permanent. But if you join another group or region, it might not be appropriate to retain that access. The only way to remove access is to redo, or rebuild, the ACL that allows access. Removing access can be a manual operation, and finding and editing the correct ACL can be time-consuming and can introduce errors. Another possibility is to use the `rebuildClaimACL` method to write rules that can remove reassigned users.

See also

- “Access profile creation and editing” on page 498
- *Administration Guide*

Access control for documents and notes

In addition to the standard document and note-related system permissions, you can control access to documents and notes by configuring access permissions. To do so, a document must have its document security type set. To see documents of a particular type, you must have both permission to view documents in general and permissions to access to the document security type. A document access profile grants this access. Access control for notes is the same as for documents.

Note and document access control requires:

- **Document Security Types or Note Security Types** – Security types determine document and note access control. Typical security types for documents are Unrestricted and Sensitive. The supported types are defined in the

DocumentSecurityType typelist. They appear in the **Security Type** drop-down list of the **Documents > Document Details** and **New Document** screens. A document can be assigned a maximum of one security type. Security types for notes are defined in a similar manner by the NoteSecurityType typelist. Typical security types for notes are Medical, Private, Public, and Sensitive.

- **System Permissions** – Users must be assigned roles containing permissions to access documents and notes in general. The roles must also have permissions which match those in the access profile of the security type. Different permissions affect notes and documents.
- **Document and Note Access Profiles** – Using the previous two concepts, these profiles relate permissions and security types to restrict access to a subtype of documents.

Document and note access control:

- Cannot be modified by configuration parameters.
- Cannot be disabled.
- Always finds restricted documents and notes in searches.
- Does not support downline access.

Working with access control for documents and notes

Documents and notes example

A carrier has three groups that access claims and attach documents to them: Adjusters, Subrogation, and Special Investigations. The subrogation and special investigation documents and sensitive notes are confidential and are only seen by members of their respective groups. Consider a single claim with six documents:

- Three documents added by the adjuster
- One document added by the Special Investigations Unit
- Two documents added by the subrogation specialist

Create your configuration so that:

- A Subrogation user viewing the claim sees five (three plus two) documents.
- Special Investigations see four (one plus three).
- Adjusters see only three.
- Further, you want a member of the Managers group to see all six documents.

See also

- “Create document and note security types” on page 501
- “Assign a Document or Note to a Security Type” on page 502
- “Creating document access profiles and note access profiles” on page 502

Create document and note security types

A document type is set by using the **Security Type** field in the user interface or through Gosu. The security types supported in the base configuration are defined by the DocumentSecurityType typelist. You can add your own security types. Documents that are not assigned a security type are given the **unrestricted** security type.

For example, add these lines to DocumentSecurityType to create subrogation and special investigation security types:

```
<typecode code="subrogation" name="Subrogation Doc" desc="subrogation document"/>
<typecode code="specialinv" name="Special Inv Doc" desc="special investigations document"/>
```

For notes, add this line to NoteSecurityType to create the sensitive note security type:

```
<typecode code="sensitive" name="Sensitive Note" desc="sensitive note"/>
```

Assign a Document or Note to a Security Type

After creating a new document by selecting **Actions > New Document**, choose the security type to assign the document from the **Security Type** drop-down list.

You cannot assign a document to a security type unless you possess the permissions defined in the corresponding document access profile.

Creating document access profiles and note access profiles

Access to document types is controlled by adding a document access profile section to `security-config.xml`. You must have a document access profile for each document security type you want to place under document access control. The same is true for notes.

Each document access profile has the following syntax, where *type* specifies a document or note security type, and *perm* is a system permission:

```
<DocumentPermissions>
  <DocumentAccessProfile securitylevel="type">      <!-- define for each security type -->
    <DocumentViewPermission permission="perm"/>        <!-- allow this permission to view-->
    <DocumentEditPermission permission="perm"/>        <!-- allow this permission to edit-->
    <DocumentDeletePermission permission="perm"/>       <!-- allow this permission to delete-->
  </DocumentAccessProfile>
</DocumentPermissions>
...
<NotePermissions>
  <NoteAccessProfile securitylevel="type">      <!-- define for each security type -->
    <NoteViewPermission permission="perm"/>        <!-- allow this permission to view-->
    <NoteEditPermission permission="perm"/>        <!-- allow this permission to edit-->
    <NoteDeletePermission permission="perm"/>       <!-- allow this permission to delete-->
  </NoteAccessProfile>
</NotePermissions>
```

ClaimCenter provides three permissions for sensitive documents: `viewsensdoc`, `editsensdoc`, and `deletesensdoc`. In addition, for sensitive notes, ClaimCenter provides the permissions `viewsensnote`, `editsensnote`, and `deletesensnote`. ClaimCenter provides a similar set of three permissions for private note types. These permissions restrict access to documents and notes of each defined security type to users with a role that contains these permissions.

Continuing the example, the document access profiles for unrestricted, subrogation, and SIU document types, bringing together the security type and permissions, are:

```
<DocumentPermissions>
  <DocumentAccessProfile securitylevel="unrestricted">
  ...
  <DocumentAccessProfile securitylevel="subrogation">
    <DocumentViewPermission permission="viewsubdoc" />
    <DocumentEditPermission permission="editsubdoc" />
    <DocumentDeletePermission permission="delsubdoc" />
  </DocumentAccessProfile>
  ...
  <DocumentAccessProfile securitylevel="specialinv">
    <DocumentViewPermission permission="viewspecinvdoc" />
    <DocumentEditPermission permission="editspecinvdoc" />
    <DocumentDeletePermission permission="delspecinvdoc" />
  </DocumentAccessProfile>
</DocumentPermissions>
```

For notes, the XML is analogous. Set permissions for public (unrestricted), private, and sensitive note types in `security-config.xml` relating to `viewprivnote`, `editprivnote`, and `delprivnote` system permissions. There is a similar set of relationships for notes of sensitive type.

```
<NotePermissions>
  <NoteAccessProfile securitylevel="public"/>
  <NoteAccessProfile securitylevel="private">
    <NoteViewPermission permission="viewprivnote" />
    <NoteEditPermission permission="editprivnote" />
    <NoteDeletePermission permission="delprivnote" />
  </NoteAccessProfile>
  <NoteAccessProfile securitylevel="sensitive">
    <NoteViewPermission permission="viewsensnote" />
    <NoteEditPermission permission="editsensnote" />
    <NoteDeletePermission permission="delsensnote" />
  </NoteAccessProfile>
</NotePermissions>
```

```
</NoteAccessProfile>
</NotePermissions>
```

Create and assign new permissions

Before you begin

You must create and assign new system permissions that match the permissions used in the document or note access profile.

Procedure

1. In Studio, navigate to **configuration config > Extensions > Typelist**.
2. Select **DocumentSecurityType** to edit or view permissions for document. Select **NoteSecurityType** to edit or view permissions for notes.

For this example showing document permissions, add the following typecodes to the **SystemPermissionType** typelist. Adding typecodes to this typelist is the normal way of creating permissions.

```
<typecode code="viewsubdoc" name="View subro documents" desc="Permission to view a subro document"/>
<typecode code="editsubdoc" name="Edit subro documents" desc="Permission to edit a subro document"/>
<typecode code="delsubdoc" name="Delete subro documents" desc="Permission to delete a subro document"/>
<typecode code="viewspecinvdoc" name="View SIU documents" desc="Permission to view a SIU document"/>
<typecode code="editspecinvdoc" name="Edit SIU documents" desc="Permission to edit a SIU document"/>
<typecode code="delspecinvdoc" name="Delete SIU documents" desc="Permission to delete a SIU document"/>
...
<typecode code="viewssensnote" name="View sensitive notes" desc="Permission to view sensitive notes"/>
<typecode code="editsensnote" name="Edit sensitive notes" desc="Permission to edit sensitive notes"/>
<typecode code="delsensnote" name="Delete sensitive notes" desc="Permission to delete sensitive notes"/>
```

3. In ClaimCenter, log in as an administrator.
4. Click the **Administration** tab.
5. Click **Users & Security > Roles** in the sidebar.
6. Select a role to view the **Basics** tab for that role so that you can add or remove permissions.
7. Click the **Users** tab. If necessary, assign user to the role. These users will be able to access these document and note subsets according to their role permissions.

What to do next

In this example, based on the previously defined access profile:

- Add the three new subrogation permissions to the Subrogation role.
- Add the three new special investigations permissions to the SIU role.
- Add the note permissions to the Trusted Adjuster role.
- Add all six permissions to the Manager role.

All subrogators, SIU experts, trusted adjusters and managers have already been assigned these roles, so they have the correct permissions. Adjusters have none of them. To finish this example, managers are able to access all documents, SIU inspectors have access to their documents and those added by adjusters, and so on.

Access control for exposures

Some jurisdictions require that certain kinds of claim data be protected. These requirements are typically necessary for personal injury, accident injury, and workers' compensation data. This data is almost always available at the exposure level rather than claim level. For example, many Canadian insurers must insulate auto body adjusters' information from that of personal injury adjusters. Exposure level security provides this data protection.

Exposure level security

Exposure access control restricts access to exposures in a claim. With this kind of access control in place, an adjuster on a claim could have access to some, but not all, exposures on a claim. Users granted access through exposure security see:

- The exposure screen.
- The existence and contents of all notes related to that exposure.
- The existence and contents of all documents tied to that exposure.
- The contents of activities related to that exposure.
- The contents of matters related to that exposure.

Exposure access control does not prevent users from viewing:

- The existence of exposures that they are not allowed to see—all exposures are listed on the claim.
- The existence of matters and activities that they are not allowed to see—the exposure lists them.
- Financial transactions related to an exposure that they are not allowed to see.

A user who attempts to view an object to which they do not have access receives a permissions error.

The exposure-level security feature can secure variously the content, existence, and search results of various entities related to an exposure, as shown in the following table:

| Entity | Hide existence | Hide contents | Hide in searches |
|------------|----------------|---------------|------------------|
| Exposures | no | yes | no |
| Notes | yes | yes | yes |
| Documents | yes | yes | yes |
| Activities | no | yes | no |
| Financials | no | no | no |
| Matters | no | yes | no |
| History | no | no | no |
| All others | no | no | no |

Static and claim-based exposure security

You can implement either static or claim-based exposure security.

- **Static exposure security** – Gives every user with the correct system permissions access to all their associated exposure security types. The exposure access profile alone defines this association.
- **Claim-based exposure security** – Combines claim access control with exposure security. A user must have permissions both for access control of the claim and for static exposure security.

Working with exposure security

To implement exposure level security on a subset of all exposures, use the following multi-step procedure:

1. Create subsets of exposures. See “Create exposure security types” on page 505.
2. Assign exposures to these subsets. See “Assign a security type to an exposure” on page 505.
3. Give a new permission to trusted users. See “Create and assign new permissions” on page 503.
4. Associate this permission with the security type. See “Create exposure access profiles” on page 506.

- If you want static access control, independent of claim access control, you are finished.
- If you want claim-based access control, see the additional step “Implement claim-based exposure access” on page 507.

See also

- “System permissions for access to exposures” on page 506
- “Static exposure access” on page 507

Create exposure security types

About this task

You can create exposure security types in Guidewire Studio by adding typecodes to the `ExposureSecurityType` typelist. In the base configuration, this typelist is empty and contains no internal codes, so you have full control in defining types. Exposures not given a security type have the default type of `null`. These types differ from claim and document security types, which have the type `unsecured` unless given a security type.

For an example of how to add security types to a typelist, see “Create document and note security types” on page 501.

Procedure

1. Open Guidewire Studio and navigate to **configuration > config > Extensions > Typelist**.
2. Double-click `ExposureSecurityType.ttx`.

What to do next

The next step is “Assign a security type to an exposure” on page 505.

Assign a security type to an exposure

Before you begin

Complete the step “Create exposure security types” on page 505 before you perform this step.

About this task

ClaimCenter does not provide screens that an administrator can use to assign security types to exposures as it does for claims. For example, see “Add access control to a claim” on page 498. However, you can do the following:

Procedure

1. Modify an exposure page to show a **Security Type** drop-down list.
This step is similar to the implementation for claims or documents. See “Assign a Document or Note to a Security Type” on page 502.
2. If you have segmented exposures, create a preupdate rule to assign a security type to all exposures given the same segment.
For example, a rule could implement the business rule, “If an exposure segment is Personal Injury, set its security type to `injury`.”

What to do next

The next step is “Create and grant new permissions for exposures” on page 505.

Create and grant new permissions for exposures

Before you begin

Complete the step “Assign a security type to an exposure” on page 505 before you perform this step.

About this task

You can create permissions for exposures in addition to the permissions described at “System permissions for access to exposures” on page 506.

Procedure

1. Add the new permissions as described at “Create and assign new permissions” on page 503.
2. Add these permissions to the appropriate roles or create new roles and assign the roles to users in the usual way.
3. Map these new permissions to claim access types.

See “Mapping permissions to a claim access type” on page 498. These permissions also grant the user permission to view the claim containing the exposure.

What to do next

The next step is “Create exposure access profiles” on page 506.

System permissions for access to exposures

The following system permissions, defined in the `SystemPermissionType.ttx` typelist, are available in the base configuration to control access to exposures:

- `expclose` – Permission to close an exposure.
- `expcreate` – Permission to create a new exposure.
- `expedit` – Permission to edit an exposure on a claim.
- `expeditcls` – Permission to edit a closed exposure.
- `expown` – Permission to own an exposure and to see the **Exposures** screen on the **Desktop** tab.
- `expraown` – Permission to reassign your own exposures.
- `expraunown` – Permission to reassign exposures owned by others.
- `expreopen` – Permission to reopen an exposure.
- `expvalidate` – Permission to run validation rules on exposures.
- `expview` – Permission to view exposures on a claim.

Create exposure access profiles

Complete the step “Create and grant new permissions for exposures” on page 505 before you perform this step. Additionally, see “System permissions for access to exposures” on page 506.

In this example, the user must have the `expeditsec` permission to access an exposure of the secured exposure security type and the content of its related notes, documents, and activities. The user must also have the `unsecexpedit` permission to access all exposures without a security type. If you omit this line, users without any special permissions can access all such exposures.

After you complete this step of the example, you will have implemented static exposure access.

1. To create exposure access profiles, create a block in `security-config.xml` called `ExposurePermission`.
2. Verify that this block, if used, is the last block in `security-config.xml`. For example:

```
<ExposurePermissions>
  <ExposurePermission securitylevel="secured" permission="expeditsec"/>
  <ExposurePermission permission="unsecexpedit"/>
</ExposurePermissions>
```

The next step is “Implement claim-based exposure access” on page 507.

See also

- “Static exposure access” on page 507
- “Creating document access profiles and note access profiles” on page 502

Static exposure access

Static security applies to all exposures and is solely based on the `ExposurePermissions` element in `security-config.xml`. For example, any user with the `expeditsec` permission and the relevant system permissions can access all exposures that have the secured security type.

See also

- “Create exposure access profiles” on page 506

Implement claim-based exposure access

Before you begin

Complete the step “Create exposure access profiles” on page 506 before you perform this step.

About this task

IMPORTANT: Having many custom claim access types can put a performance load on your system. Use this security implementation with care. Additionally Guidewire recommends that you implement claim-based access control only with custom claim access types. To implement this kind of access control, you need one custom claim access type for each exposure security type.

Implement the static form of exposure security and then implement claim-based security. You cannot use the default claim access types for claim-based exposure security. For example, mapping the claim `View` access type to both the `abexposures` and the `expview` permissions would eliminate the distinction between all claim exposures and `abexposure` exposures.

Procedure

1. Add a new `abexposure` exposure security type, as described at “Create document and note security types” on page 501.
2. Add a new `abexposures` system permission, as described at “Create and assign new permissions” on page 503.
3. Create an `ExposurePermissions` element in the `security-config.xml` file that associates the security type and the system permission:

```
<ExposurePermissions>
  <ExposurePermission securitylevel="abexposure" permission="abexposures"/>
</ExposurePermissions>
```
4. Add the `abexposure` typecode to the `ClaimAccessType.ttx` typelist. Right-click an existing typecode and click **Add new > typecode**.
5. Enter the following values:

| Name | Value |
|-------------|--------------------|
| Code | abexposure |
| Name | Auto body |
| Description | Auto body exposure |

See “Creating a new claim access type” on page 498.

6. Create a mapping element in the `security-config.xml` file to map your new permission to your new claim access type. The code is:

```
<AccessMapping claimAccessType="abexposure" systemPermission="abexposures"/>
```

See “Mapping permissions to a claim access type” on page 498.

7. Add this new claim access type to the access profile in the `security-config.xml` file. For example:

```
<AccessProfile securitylevel="sensitiveclaim">
...
<ExposureAccessLevels>
    <AccessLevel level="user" permission="abexposure"/>
</ExposureAccessLevels>
</AccessProfile>
```

See “Access profile creation and editing” on page 498.

Results

After this access control is in place, users that attempt to access an exposure must have both the `abexposures` permission for exposure security and access to `sensitive` claims. This access control is claim access control defined by the claim’s access profile.

Security zones

Security zones provide a means of describing a section of your organization larger than a group, within which information is shared more freely than with those outside the section. For example, an insurer allows all claims to be seen, but allows edit access only to people within that claim’s handling office. To implement this scenario, you can create security zones corresponding to offices so that people outside an office cannot edit another office’s claims.

Claim access control is the part of ClaimCenter that uses security zones. See “Access profile creation and editing” on page 498.

Security zones are just names. They are not defined as collections of geographical areas like regions, described at “Understanding regions” on page 488. Every claim, exposure, and activity is owned by both a user and a group. Each group belongs to a single security zone. Users are part of a security zone if they are a member of a group within that security zone. Thus, users in multiple groups can belong to more than one security zone.

You might want to create security zones that are related to something besides geography. For example, you could define workers’ compensation, auto, and property as separate security zones, thus restricting information flow between them.

Create or edit security zones

About this task

You can create and edit security zones. If you edit a security zone, you can change its name. The effect is to delete the old zone and assign the zone with the new name to all groups that had used the old name.

If you have defined only one security zone, there is no difference between the `anyone` and `security zone` security levels of access profiles used by access control.

Procedure

1. In ClaimCenter, click the **Administration** tab and navigate to **Users & Security > Security Zones**.
2. Add or edit a security zone as follows:
 - To add a new security zone, click **Add Security Zone**.
 - To edit a security zone, click the zone name and then click **Edit**.
3. Enter data and then click **Update**.

Change a group's security zone

Procedure

1. Click the **Administration** tab and navigate to **Users & Security > Groups**.
2. Search for groups.
3. In the search results list, click a group name to open its **Profile** screen.
4. Click **Edit**.
5. Pick a zone from the **Security Zone** drop-down list and click **Update**.

Results

If permission is granted to a user on a claim that the user is related to, ClaimCenter evaluates if the user has the correct security zone. See “Related users” on page 486.

User login and passwords

ClaimCenter is password protected. An administrator must give each new user a user name and password. Both are required to log in to ClaimCenter. After you are logged in, ClaimCenter has additional features to control access to information.

Anyone with a valid user name and password can log in to ClaimCenter. The password does not control any aspect of what a logged-in user can see or do. Other than requiring that a password have a minimum and maximum length, ClaimCenter does not require that passwords have any specific format, or that they be changed regularly.

After a browser connects to ClaimCenter, a session is created for that browser connection. The session has a timeout parameter.

The following considerations apply to logging in, logins, and passwords:

- You must always log in to ClaimCenter.
- Administrators create passwords and user names after creating new users.
- You can change your password.
- Administrators can change your password.
- Administrators can unlock and lock users.
- You can lock yourself out of ClaimCenter.

If you provide several incorrect passwords or user names while attempting to log in, you will be locked out. This lockout can continue for a certain period of time or until an administrator unlocks your user name. Configuration parameters specify the number of login attempts before lockout and how long the user must wait after an unsuccessful login attempt before being allowed to try again. Alternatively, ClaimCenter can be set up to require that an administrator get involved before the user is allowed to retry.

See also

- For information configuring password entry behavior, see “Configuration parameters for password behavior” on page 510.

Log in to ClaimCenter

Procedure

1. Enter a valid user name and password.
2. Click **Log In** or press **Enter**.

Change your password

Procedure

1. Log in to ClaimCenter and click the **Desktop** tab.
2. Click **Actions > Preferences** to open the **Preferences** worksheet at the bottom of the screen.
3. Enter passwords in the **Old Password**, **New Password**, and **Confirm New Password** fields.
If you do not remember the old password, an administrator must reset your password for you.
4. Click **Update**.

Administrator: Change a user's password

About this task

This procedure does not enable the administrator to view the original password.

Procedure

1. Log in as a user that has the User Admin role.
2. Click the **Administration** tab and navigate to **Users & Security > Users**.
3. Search for a user and, in the list of search results, click the user's name.
4. On the details screen for the user, in the **Basics** card, click **Edit**.
5. Enter a new password in both the **New Password** and **Confirm Password** boxes.
6. Click **Update**.

Administrator: Unlock or lock users

Procedure

1. Log in as a user that has the User Admin role.
2. Click the **Administration** tab and navigate to **Users & Security > Users**.
3. Search for a user and, in the list of search results, click the user's name.
4. On the details screen for the user, with the **Basics** card selected, click **Edit**.
5. For the **Locked** field, click **No** to unlock a user or **Yes** to lock a user.
6. Click **Update** to save your work.

Administrator: Create new user

Procedure

1. Log in as a user that has the User Admin role.
2. On the **Administration** tab, click **Actions > New User**.
3. Enter information such as first and last name, user name, initial password, roles, and group assignments.
4. Click **Update** to save your work.

Configuration parameters for password behavior

The following configuration parameters in the **Security** section of the `config.xml` file, control login passwords. The **Default** column is the value of the parameter in the base configuration.

| Configuration parameter | Description | Default |
|-----------------------------|--|---------|
| SessionTimeoutSecs | How long in seconds a user's session remains active since the end of its last use. | 10800 |
| MinPasswordLength | Minimum length of a user's password. | 2 |
| MaxPasswordLength | Maximum length of a user's password. | 16 |
| FailedAttemptsBeforeLockout | How many login failures are allowed before user is locked out. A setting of -1 disables this account lockout feature. | 3 |
| LoginRetryDelay | The number of milliseconds of delay before a user can retry after being locked out. | 0 |
| LockoutPeriod | How many seconds a user's account will stay locked after being locked out. A value of -1 means that the account must be manually unlocked by an administrator. | -1 |

Security dictionary

The ClaimCenter *Security Dictionary* is web-based documentation that you can generate from the command line by entering the following command:

```
gwb genDataDictionary
```

Whenever you change the ClaimCenter data model, regenerate the *Security Dictionary* to view the changes.

Use the *Security Dictionary* to view:

- **Application Permission Keys** – View them individually, or click the **Summary** link to view the grouped individual functions that you are allowed to perform on that entity if given that particular permission.
- **Pages** – Select a file to see the permissions used on that page.
- **System Permissions** – Select a permission to see any associated roles, related application permission keys, related pages, and related elements.

For example, click `catmanage`, the permission to manage catastrophes, to see which roles use this permission—Catastrophe Admin. A user with a role that has this permission can also create, delete, and edit catastrophes.

Knowing which PCF files and widgets use this permission is also useful for troubleshooting purposes when configuring these files.

- **Roles** – You can see the role information by clicking the **Administration** tab and navigating to **Users & Security > Roles**. Additionally, you can use the *Security Dictionary* to see other roles that share permissions.

For example, if you click **Adjuster**, you see the list of permissions that an adjuster has. If you select a permission such as `sendemail`, the permission to send email, you also see the roles that share that permission. For `sendemail`, you see the additional roles Claims Supervisor, Clerical, Customer Service Representative, Manager, New Loss Processing Supervisor, and Reinsurance Manager.

See also

- For information on the `genDataDict` command, see the *Configuration Guide*
- For information on exporting the *Security Dictionary* from the **Administration** tab, see “Exporting the security dictionary” on page 538

Configuration files for access control profiles

The following files configure claim access controls.

| Configuration File | Description |
|-------------------------|--|
| <code>config.xml</code> | See “Configuration parameters that affect access control” on page 495. |

| Configuration File | Description |
|-----------------------|--|
| security-config.xml | Defines access profiles and the mapping of system permissions to claim access types. |
| ClaimAccessType.ttx | Type of access that access control provides to a claim - view or edit. Can be extended. |
| ClaimSecurityType.ttx | Subsets of claims - sensitive, employee, litigated, fraud, or other - typelist. Can be extended. |

The following file configures exposure access control.

| Configuration File | Description |
|--------------------------|--|
| ExposureSecurityType.ttx | This typelist is similar to <code>ClaimSecurityType.ttx</code> . |

Security for contacts

You might need more granular control over who gets to view, edit, create, and delete contacts, rather than using the simple view and edit permissions.

For example, you might have specific contact managers that manage certain subtypes of contacts and, therefore, want the system to enforce permissions at the contact subtype level. Enforcing permissions at this level is especially important for the Service Provider Management feature, where the list of contact subtypes, service providers, is an integral part. Only specific contact managers can manage the lists of these contact subtypes.

See also

- For information on security for contacts, see the *Contact Management Guide*.

Administration tasks

This topic describes how to perform administrative tasks in Guidewire ClaimCenter.

Personal administration settings and views

There are a number of personal administration actions any user can perform, such as viewing statistics, changing preferences, and changing vacation status.

Click the **Desktop** tab and then, click **Actions** to perform the following tasks.

Statistics

Select **Statistics** to see an overview of how many claims and activities you have. The number of claims reflects all claims, including those that are incidents only. If you are a supervisor, this screen also shows statistics for your team.

Preferences

Select **Preferences** to change your password or your **Startup View**, the first set of screens, tabs, and menus you see after you log into ClaimCenter. You can also set your default country, your default phone region, and how many entries you see in your recent claims list when you click the **Claim** tab.

- **Password** – Reset your password.
- **Startup View** – You can change the default screen to open the New Claim wizard or show a list of your current claims or exposures, or a claim search screen. If you are an administrator, you have other options, such as showing the **Team** screens or starting on the **Administration** tab.
- **Entries in recent claims list** – Determines how many claims are listed when you click the **Claim** tab.
- **Regional Formats** – Set the regional formats that ClaimCenter uses to enter and display dates, times, numbers, monetary amounts, and names.
- **Default Country** – Determines the settings for names and addresses.
- **Default Phone Region** – Determines how phone number entries are handled, especially the country code setting.

See also

- “Setting ClaimCenter preferences” on page 54
- “User login and passwords” on page 509
- *Globalization Guide*

Vacation status

Change your vacation status from **At Work** to **On Vacation** or **On Vacation (Inactive)**. You can also specify a backup to accept new work assigned to you. If you are an administrator or supervisor, you can also see and edit group load and vacation details. See “Vacation status” on page 285.

Administration tab

If you are logged in as a user with administrator privileges, you can use the **Administration** tab to view and maintain many business elements that define how ClaimCenter is used. You can define your organization’s group structure and manage the users that belong to those groups. You can also specify permissions and roles, such as adjuster, manager, supervisor, and so on, for your users to control who is allowed to perform certain ClaimCenter actions.

Groups and users in ClaimCenter primarily correspond to adjusters who process claims and use the system. Supervisors manage groups. They can view their team members’ work status and quickly identify problems. Anyone with administrative privileges can view basic group and user information, set permissions for workload management, and define assignment rules.

In the **Administration** tab, clicking menu links in the sidebar menu on the left takes you to screens for managing the following areas:

| Menu choice | Administrative task |
|----------------------------------|---|
| Users & Security | Groups menu links for Users , Groups , Roles , Regions , Security Zones , Authority Limit Profile , and Attributes . |
| • Users | Search for users and manage them. See “Managing users and groups” on page 516. |
| • Groups | Manage groups. See “Managing users and groups” on page 516. |
| • Roles | Add permissions to and delete permissions from roles, and add roles to or remove roles from users. See “Managing roles” on page 525. |
| • Regions | Define and edit regions. See “Managing regions” on page 527. |
| • Security Zones | Edit the coverage verification reference tables. See “Coverage verification reference tables” on page 541. See also “Managing security zones” on page 539. |
| • Authority Limit Profile | Add or edit authority limit profiles to a role. See “Managing authority limit profiles” on page 521. |
| • Attributes | Define user attributes that can help in assigning work. See “Manage attributes” on page 520. |
| Special Handling | Groups menu links for Accounts and Service Tiers . |
| • Accounts | Manage accounts for people or organizations that have policies with your company. See “Managing accounts” on page 516. |
| • Service Tiers | Manage service tiers for people or organizations that have policies with your company. A <i>service tier</i> represents a level of customer service associated with a claim and categorizes policies by their level of importance. See “Service tiers” on page 132. |
| Business Settings | Groups menu links for Activity Patterns , Business Week , Catastrophes , Coverage Verification , Holidays , ICD Codes , Metrics & Thresholds , Reinsurance Thresholds , and WC Parameters . |
| • Activity Patterns | Edit or delete activity patterns or create new ones. See “Managing activity patterns” on page 519. |
| • Business Week | Define your business week. See “Managing business weeks” on page 555. |
| • Catastrophes | Add, deactivate, and edit catastrophes as well as bulk associate claims to a catastrophe. See “Managing catastrophes” on page 520. |

| Menu choice | Administrative task |
|---|---|
| <ul style="list-style-type: none"> • Coverage Verification <ul style="list-style-type: none"> ◦ Invalid Coverage for Cause ◦ Incompatible New Exposure ◦ Possible Invalid Coverage Due to Fault Rating | View information on which exposures are valid, or not valid, for the policy. Choose the menu link for the type of coverage or exposure verification you want to work with. ClaimCenter uses the policy of the claim and its coverages to verify that related exposures are valid. See “Managing coverage verification” on page 541. |
| <ul style="list-style-type: none"> • Holidays | Add holidays that can be zone specific. See “Managing holidays” on page 529. |
| <ul style="list-style-type: none"> • ICD Codes | Administer the International Statistical Classification of Diseases and Related Health Problems (ICD) medical diagnosis codes that classify diseases. See “Managing icd codes” on page 549. |
| <ul style="list-style-type: none"> • Metrics & Thresholds | Define and manage metrics and large loss thresholds, such as claim metrics, exposure metrics, and large loss limit. See “Managing metrics and thresholds” on page 551. |
| <ul style="list-style-type: none"> • Reinsurance Thresholds | Edit the reinsurance tables based on treaty type, policy, threshold value, reporting value, and dates. See “Managing reinsurance thresholds” on page 548. |
| <ul style="list-style-type: none"> • WC Parameters <ul style="list-style-type: none"> ◦ Benefit Parameters ◦ PPD Min / Max ◦ PPD Weeks ◦ Denial Period | Edit workers’ compensation parameters to define benefit times and amounts. Choose the menu link for the screen you want to work with. See “Managing WC parameters” on page 542. |
| Monitoring | Groups menu links for Message Queues , Workflows , and Workflow Statistics . |
| <ul style="list-style-type: none"> • Message Queues | Control the message queues. See “Managing message queues” on page 529. |
| <ul style="list-style-type: none"> • Workflows | Troubleshoot workflows that are in the application. See “Managing workflows” on page 532. |
| <ul style="list-style-type: none"> • Workflow Statistics | Troubleshoot workflows that are in the application. See “Managing workflows” on page 532. |
| <ul style="list-style-type: none"> • Predictive Analytics Errors | If ClaimCenter integrates with Guidewire Predictive Analytics, view information about errors associated with predictive analytics. |
| Utilities | Groups menu links for Import Data , Export Data , Script Parameters , and Data Change . |
| <ul style="list-style-type: none"> • Import Data | Import and export certain types of data through the ClaimCenter interface. See “Managing importing and exporting data” on page 534. |
| <ul style="list-style-type: none"> • Export Data | Import and export certain types of data through the ClaimCenter interface. See “Managing importing and exporting data” on page 534. |
| <ul style="list-style-type: none"> • Script Parameters | Edit script parameters without restarting the application. See “Managing script parameters” on page 532. |
| <ul style="list-style-type: none"> • Data Change | Administrative users with the <code>admindatachangeview</code> permission can view the ClaimCenter Data Change administration screen, which displays information about data change operations. See “Overview of the Production Data Fix tool” in the <i>Administration Guide</i> . |
| <ul style="list-style-type: none"> • Runtime Properties | Provides the ability to add or change application properties in real-time without restarting the application server. See “Using runtime properties” on page 539. |
| <ul style="list-style-type: none"> • Inbound Files | Provides a framework for configuring multiple integrations with external systems by processing file-based data. See “Inbound files integration” in the <i>Integration Guide</i> . |
| <ul style="list-style-type: none"> • Outbound Files | Provides a framework that supports creating files for external systems. See “Outbound files integration” in the <i>Integration Guide</i> . |

| Menu choice | Administrative task |
|---------------------|---|
| • Analytics Manager | If ClaimCenter integrates with Guidewire Predictive Analytics, provides a management tool for Guidewire Predictive Analytics functionality. |

Managing accounts

An *account* represents an organization or person that has one or more policies. The settings in this screen enable you to add and edit accounts. You can set up automated notifications, automated activities, or notes to be shown to adjusters working on claims connected to the policies with these account numbers.

When you click **Administration > Special Handling > Accounts**, you see a list of accounts. You can:

- Click **Add Account** to add a new account to the list.
- Click an account number to see its details page and edit the existing account.
- Select the check box for an account and then click **Delete** to remove it from ClaimCenter.

You see a prompt warning you that removing an account can affect existing policies that reference the account.

- If you are sure that removing the account will not affect existing policies used in ClaimCenter, you can click **OK** to remove the account. Otherwise, click **Cancel**.

See also

- For general information, see “Accounts and service tiers” on page 129.
- For specific information on working with the account management screens, see “Account-related tasks” on page 130.
- “Administration tab” on page 514

Managing users and groups

To manage existing groups or users, you must find them either in the organization tree or by searching for them.

Find users and groups in the organization tree

About this task

Find users and groups in ClaimCenter using the organization tree as follows:

Procedure

1. Expand the organization tree, which appears in the upper left when you click the **Administration** tab, to see all groups and users in your organization.
2. Navigate through the tree and select the user or group.

Search for a user or group

About this task

In ClaimCenter, you can search for existing users and groups as follows:

Procedure

1. Navigate to the **Users & Security > Users** screen or the **Users & Security > Groups** screen to locate a user or group.
2. Select the user or group from the search results.

See also

- “Users, groups, and regions” on page 479
- “Administration tab” on page 514

Create new users and groups

About this task

You can define a user or group.

Choose **New User** or **New Group** from the **Actions** link of the **Administration** tab.

Manage users

About this task

You can edit the properties of users.

Procedure

1. Click the **Administration** tab and navigate to **Users & Security > Users**.
2. Search for and select a user.
3. Click the **Edit** button.
4. Change the following user data as needed:
 - **Name, user name, password** – Set these values on the **Basics** card.
 - **Profile** – Click the **Profile** card to enter data like job title, department, address, phone numbers, email, and employee number.
 - **Active** – On the **Basics** card, setting **Active** status to **No** means that the user is inactive. An inactive user cannot be assigned work and cannot log in. The user remains inactive until an administrator changes the **Active** status to **Yes**.
 - **Locked** – On the **Basics** card, setting **Locked** status to **Yes** means that the user is locked and is unable to login because of too many login attempts. A setting in the `config.xml` file determines how locked-out users are handled. Locked-out users can be allowed to log in again at a later time, or an administrator can be required to unlock them.
 - **Vacation Status** – On the **Basics** card, set a vacation status and designate a backup user to receive work assignments during vacation periods.
 - **User roles** – On the **Basics** card, add roles for a user or remove them. See “User roles” on page 482.
 - **Group memberships** – On the **Basics** card, set characteristics, such as whether or not the user is a member or a manager, load factor, and weighted workload. To add a user to multiple groups, see “Add a user to multiple groups” on page 519.
 - Set the value of **Member** to **Yes** if the user is a working member of the group. This is required for work assignment.
 - Specify if the user is a **Manager** of the group.
 - Setting the **Load Factor Permissions** to **Admin** for a user enables the user to both view and edit the **Load and Vacation** screen for the group. Setting this permission to **View** enables the user just to see the screen.
 - See “Load factors” on page 483.
 - See “Weighted workload” on page 225
 - **Authority Limits** – For information on settings in this card, see “Managing authority limit profiles” on page 521.
 - **Attributes** – For information on settings in this card, see “Manage attributes” on page 520.

- **Regions** – For information on settings in this card, see “Managing regions” on page 527.
- **Details** – Show information on activities, claims, exposures, and matters that have various relationships to this user, such as **All open owned** and **All open related**.

Deleting users

Note: As an alternative to deleting a user, consider making a user inactive. Inactive users are not shown in the organization tree. Another approach is to obfuscate a user.

If you have the permissions to do so and the button is visible, you can click **Delete User** on the user screen and delete a user. However, if any of the following items are true, the user is not eligible for deletion and ClaimCenter does not display the **Delete User** button:

- The user is the Super User.
- The user is the *default owner*, the assignee of last resort used by the assignment system.
- The user supervises any groups.
- The user has any open claims assigned.
- The user has any draft or open exposures assigned.
- The user has any open activities assigned.
- The user has any open matters assigned.
- The user has any non-terminal service requests assigned.
- The user has ever created or requested a transaction.

Note: You can also see some of the conditions preventing deletion in the *Data Dictionary*. The **User** entity’s virtual property **SafeToDelete** lists these conditions.

See also

- “Data obfuscation” in the *Configuration Guide*

Manage groups

About this task

You can use the **Groups** screen both to search for groups and to edit the properties of a group.

Procedure

1. Use the **Users & Security > Groups** menu link on the **Administration** tab to open the **Groups** screen.
2. Select a group and click **Edit**.
3. Change the following group settings as needed:
 - **Name and Type**
 - **Parent** – The group to which this group belongs, which determines its location in the Organization tree.
 - **Supervisor** – User who is the supervisor of the group.
 - **Security Zone** – See “Managing security zones” on page 539.
 - **Users** – Members of the group.
 - **Load factor** – A percentage of the normal workload for the group. Assignment rules can consider this load factor in assigning work to the group. See “Load factors” on page 483.
 - **Queues** – The queues of activities for the group to which work can be assigned. Assigning an activity to a queue is an alternative to assigning the activity to individual members of a group. Activities in a queue wait for a group member to take ownership of them. See “Queues” on page 222.

- **Regions** – See “Managing regions” on page 527.
- 4. You can also delete a group by clicking the **Delete** button.

See also

- To create a new group, see “Create new users and groups” on page 517.

Add a user to multiple groups

About this task

An important business decision is deciding which groups in ClaimCenter a user belongs to. You can add a user to multiple groups on the **Administration** screen.

Note: After performing this task, if needed, you can export the groups the user belongs to for importing automatically in a new environment. This prevents against having to perform this task again in another environment. See "Importing and exporting administrative data" in the *ClaimCenter System Administration Guide*.

Procedure

1. Navigate to **Administration > Users & Security**.
2. Search for and select a user.
The **Basics** card appears.
3. Click **Edit** at upper-right.
4. At the bottom of the screen, in the **Groups** area, click **Add**.
The **Browse Groups** screen appears.
5. Select a group using the groups folder hierarchy.

You can click the caret to the left of each group name to expand the hierarchy. For example, in sample administration data, the following hierarchy exists:

ACME Insurance > Eastern Regional Claims Center > Eastern Property Group

The selected group is added to the list view in the **Groups** area.

6. Repeat steps 4 and 5 until all the groups have been added.
7. Click **Update** in the upper-right to save your changes.

Managing activity patterns

You can access the **Activity Patterns** screen to manage all activity patterns in your installation. To open this screen, click the **Administration** tab and navigate to **Business Settings > Activity Patterns**. On this screen, you can:

- View all activity patterns or select a subset by category.
- Use the **Add Activity Pattern** button to add a new activity pattern.
- Select an activity pattern and use the **Edit** button to modify it.

Note: If you have multiple languages defined for your installation, when you click **Edit**, you can edit the **Subject** of the activity for each language. Use the table at the bottom of the screen.

IMPORTANT: Guidewire recommends that you not delete an activity pattern because it might be used in more than one area. See “Understanding activity patterns” on page 241 for details of how activity patterns work and what their fields do.

See also

- “Administration tab” on page 514

Manage attributes

About this task

ClaimCenter provides a general way to describe any user attributes that you need to use in assigning work. ClaimCenter also has rules that assign work based on these attributes, such as selecting a user with a specified attribute by round-robin.

Procedure

1. To manage user attributes, click the **Administration** tab and navigate to **Users & Security > Attributes**.
2. Create a new attribute or delete an existing one.
 - To create a new attribute, use the **Add Attribute** button and specify the **Name**, **Type**, and **Description**.
 - To delete an existing attribute, select it and click **Delete**.

Results

Attributes are grouped by **Type**, defined in the **UserAttributeType** typelist, which you can access from Guidewire Studio™ for ClaimCenter. In the base configuration, this typelist contains **Default**, **Expertise**, **Language**, and **Named account** types. This typelist can be extended. The **type** is a way to group custom user attributes. For example, you can give the French attribute the type **Language**.

See also

- “Custom user attributes” on page 481
- “Administration tab” on page 514

Managing catastrophes

A *catastrophe* is a single incident or series of closely related incidents that cause a significant number of losses. The system provides a way to associate a claim with a CAT number. ClaimCenter maintains a list of catastrophes that affect the carrier’s business. ClaimCenter can associate one catastrophe from this list with a claim. After creating a new claim, the New Claim wizard displays a list of active catastrophes, and you can associate the claim with one of them.

When you navigate to **Administration > Business Settings > Catastrophes**, you can do the following:

- Add a catastrophe. See “Add a new catastrophe” on page 520.
- Activate or deactivate catastrophes. See “Activate or deactivate a catastrophe” on page 521.
- Select a catastrophe and find claims to associate with it. See “Associate a catastrophe with a claim” on page 521.

Add a new catastrophe

Procedure

1. Click the **Administration** tab and navigate to **Business Settings > Catastrophes**.
2. Click **Add Catastrophe**.
3. Enter the required fields such as name, description, CAT number, type, dates covered and click **Update**.
The status of the catastrophe is active.

Activate or deactivate a catastrophe

Procedure

1. Click the **Administration** tab and navigate to **Business Settings > Catastrophes** to see the list of catastrophes.
2. Check the check box for a catastrophe and click either **Activate** or **Deactivate**.

If you deactivate a catastrophe, you cannot see it in the user interface and you cannot associate a claim with it.

Associate a catastrophe with a claim

About this task

If you create a new catastrophe, you can find claims to associate with it.

Procedure

1. Click the name of the catastrophe to open the **Catastrophe Details** screen.
2. Click **Find Unmatched Claims**.

The list of unmatched claims is built by using only active catastrophes. ClaimCenter runs a batch process that performs a search to find all claims with the following criteria:

- Claim loss date is within the catastrophe's effective dates.
- Claim loss location matches one of the catastrophe's affected zones.
- Claim loss cause is one of the catastrophe's coverage perils.
- The claim does not already have an activity on it for potential catastrophe match.
- **Claim.Catastrophe** is null.

The system shows the number of matching claims and creates an activity on the found claims. The count includes all claims that have a **Review for Catastrophe** activity open.

3. After the batch process runs, find the claim and navigate to its **Loss Details** screen. Generally, the quickest way is to click **Desktop > Activities** and set the filter on the **Activities** screen to **All open**. The activity subject is **Review for Catastrophe**.
4. If you select the claim number, you can navigate to the editable **Loss Details** screen to link the claim to the catastrophe.

Results

This process results in running the batch process one time. You can also schedule the batch process to run periodically to find claims that match but have not yet been associated with active catastrophes.

See also

- “Catastrophes and disasters” on page 165 to learn about catastrophes.
- “Administration tab” on page 514

Managing authority limit profiles

Authority limits are used in ClaimCenter to determine if a financial transaction can be automatically approved when it is created, or if it requires further manual approval by a supervisor. An Authority Limit Profile is a named collection of authority limits. Together, these authority limits determine the type of transactions a user can create and whether those new transactions require approval. The authority limits to which a user is subject are defined by the user's assigned Authority Limit Profile. A user assigned the Custom profile has a customized set of authority limits.

You manage authority limit profiles by navigating to **Administration > Users & Security > Authority Limit Profile**.

To view or edit this screen, in addition to being logged in as a user with administrative privileges, you must have the following permissions:

- To view this screen, you must be logged in as a user with a role that has the permission View authority limit profiles, code `alpview`.
- To create, edit, or delete authority limit profiles, you must be logged in as a user with a role that has the permission Manage authority limit profiles, code `alpmanage`.

See also

- “Administration tab” on page 514

Authority limits

An authority limit is composed of an authority limit type and a limit amount. If no authority limits exist for a particular authority limit profile, the user associated with that profile cannot create transactions of the given type. If a user performs an action that exceeds the user's limit, the action requires approval by a user with higher limits who is selected by the approval routing rules.

The `AuthorityLimitType` typelist, accessed from ClaimCenter Studio, contains the following types of limits.

| Authority Limit Type | Description |
|-----------------------------|--|
| Claim available reserves | The available reserves for all exposures on a claim. |
| Claim payments to date | The total amount of payments to date for the claim. Use this authority limit type to enforce total payments. |
| Claim total reserves | <p>The total reserves for all exposures on a claim. If the user's authority limit profile does not have this limit type, the user will not see the menu option to create reserves.</p> <p>This authority limit type covers the sum of reserve transactions. If a claim has any supplemental payments, the Total Incurred on the financial summary screen will always be greater than the Claim Total Reserves for authority limit checking. Therefore, a user can exceed the claim total reserves limit by the amount of the sum of supplemental payments.</p> |
| Exposure available reserves | The available reserves for a single exposure. |
| Exposure payments to date | The total amount of payments to date for a single exposure. |
| Exposure total reserves | The total reserves for a single exposure. |
| Payment amount | The amount of a single payment. |
| Payments exceed reserves | The amount by which payments are allowed to exceed reserves on a claim. |
| Reserve change size | The size of a single reserve change. |

Configuration parameters that affect authority limits

The following parameters in the `config.xml` file, which you can access in ClaimCenter Studio, affect authority limits.

| Parameter | Default | Description |
|-----------------------------------|---------|--|
| <code>CheckAuthorityLimits</code> | true | <p>This parameter determines if authority limits are checked when approving a transaction set. If set to <code>false</code>, it disables authority limit checking.</p> <p>If set to <code>false</code>, it disables authority limit checking. ClaimCenter will not perform any validation for the creation or approval of financial transactions. You will need to implement your own validation for transactions.</p> <p>If set to <code>true</code> and no limits are added in the Authority Limit Profile for a user, the user is permitted to have maximum authority. See “Working with authority limit profiles” on page 523.</p> |

| Parameter | Default | Description |
|-----------------------------------|---------|--|
| AllowPaymentsExceedReservesLimits | false | <p>While this parameter does not affect authority limit behavior, it is related to it. The Payments Exceed Reserves authority limit makes sense only if this parameter is set to true.</p> <p>If set to true, you can submit payments that exceed available reserves up to the amount specified by the Payments Exceed Reserves authority limits. Otherwise, no partial or final payments that exceed reserves are allowed, other than first and final payments.</p> |
| MulticurrencyDisplayMode | SINGLE | <p>This parameter does not directly affect authority limit behavior. However, it must be set to MULTIPLE for ClaimCenter to show the currency selector.</p> <p>WARNING: The MultiCurrencyDisplayMode parameter setting is semi-permanent. After you enable MultiCurrencyDisplayMode by setting the value to MULTIPLE and then start the server, you cannot change the value again.</p> |
| EnableMultiCurrencyReserving | false | <p>This parameter does not directly affect authority limit behavior. However, if you set this parameter to true, you must also set MulticurrencyDisplayMode to MULTIPLE.</p> <p>IMPORTANT: The EnableMultiCurrencyReserving parameter setting is semi-permanent. After you set the value of EnableMultiCurrencyReserving to true and then start the server, you cannot change the value again.</p> |

Authority limit profiles in another currency

You can define an authority limit profile in a currency that is different from the base currency. Using a different currency is useful for insurers that write policies in more than one country, or in countries with different currencies. They can manage their claims for all these countries in one instance of ClaimCenter.

For example, an insurer based in the United Kingdom (UK) writes policies in both the UK and Ireland. The UK's currency is GBP and Ireland's currency is the Euro. The insurer wants all their claims for their British policies to be managed and tracked in GBP. The insurer also wants all of their claims for their Irish policies to be managed in the Euro. The base currency is GBP because the insurer is based in the UK. However, the insurer wants to create certain transactions in a different currency. The insurer administers authority limit profiles in different currencies for their users.

A user can be assigned only one Authority Limit Profile, which has all its limits defined in one currency. For a particular user, you would assign them an Authority Limit Profile with a currency that matches the claim currency of the claims they will typically handle. For example, an adjuster in Ireland would be assigned an Authority Limit Profile with a currency of Euro. A UK adjuster would have an Authority Limit Profile with limits defined in GBP.

No matter what the currency of the user's assigned Authority Limit Profile is, the user can still administer claims of any currency. If the currency of the user's profile does not match that of the claim for which the user is creating transactions, the user's Authority Limit Profile currency is converted. This conversion to the claim currency happens on-the-fly using current exchange rates, and it is then compared with the `ClaimAmount` value of the relevant transactions.

Working with authority limit profiles

To manage complex sets of authority limits, ClaimCenter groups them into authority limit profiles, which you can assign to users. You can define additional profiles or edit the following profiles that are in the base configuration:

- Adjuster profile
- Claims Supervisor profile
- Regional Supervisor profile

Authority limits in base configuration

In ClaimCenter, authority limit profile limits are as follows:

| Authority limit profile | Limits in base configuration |
|-------------------------|--|
| Adjuster | Claim total reserves \$15,000 USD |
| | Claim payments to date \$15,000 USD |
| Claims Supervisor | Claim total reserves \$25,000 USD |
| | Claim payments to date \$25,000 USD |
| Regional Supervisor | Claim total reserves \$100,000 USD |
| | Claim payments to date \$100,000 USD |

Note: If demo sample data is loaded into ClaimCenter, the Super Visor user (Username svisor) authority limit profile is set to a Custom profile with \$1,000,000 Claim total reserves and \$1,000,000 Claim payments to date (USD).

Working with authority limits

For each of the authority limit types, you can define a limit amount that applies to the whole claim or only to transactions with a given coverage or cost type. For example, you can create different amounts for the payment amount, depending on the cost type and coverage selected. Therefore, you can design a complex set of authority limits. Also, the currency you select in the **Currency** drop-down list applies to all the limit types.

When applying authority limits, the coverage of the limit type determines what coverage type transactions the limit checks. If you leave it unspecified—null—the limit applies to all transactions, regardless of coverage. The **Policy Type** further narrows the limit to the specified line of business.

To enforce limits on the claim's Total Incurred Gross financial calculation, create two limits with the same limit amount. One limit must be of type Claim Total Reserves and the other of type Claim Payments to Date.

Note: To remove a user's ability to create transactions of any kind (such as checks and reserves), remove all authority limits for a user or for an authority limit profile the user is associated with. Exercise caution as doing so removes the ability to create a check or reserve in the **Actions** menu. For example, to prevent the adjuster profile from creating checks, remove the **Claim payments to date** and the **Claim total reserves** limit types so that there are no limit types or amounts at all.

While altering authority limit amounts in the base application is often needed, replacing one limit type with another is not recommended. Do not remove the **Claim payments to date** limit type and replace it with **Exposure payments to date**. This causes ClaimCenter to not require approval on any claim-level payments, and, therefore claim-level checks can bypass financials approvals. In this case, ClaimCenter treats the limits as only applicable to exposure payments, and other payments are allowed.

Manage authority limit profiles

About this task

You can manage authority limit profiles.

Procedure

1. Click the **Administration** tab and then navigate to **Users & Security > Authority Limits Profile**.
2. In this screen, you can:
 - **Create a new profile** – Click the **Add Authority Limit Profile** button.
 - **Delete a profile** – Select the profile's check box and then click **Delete**.
 - **Edit an existing profile** – Click the name of the profile to open its detail view, and then click **Edit**.
 - **Change a limit** – Edit a profile and then enter the limit type, policy type, coverage type, cost type, and amount. All but the amount are available from drop-down lists.
 - **Create a new limit** – Edit a profile and click the **Add** button, and then set the values.
3. Click **Update** to save your changes.

Assign authority limits to a user

About this task

You can edit a user and assign authority limit profiles.

Procedure

1. Click the **Administration** tab and then navigate to **Users & Security > Users**.
2. Search for a user, and select the user in the search results.
3. To assign authority limit profiles for the user, on the user's screen, click the **Authority Limits** card.
4. Click **Edit** and select a profile from the **Authority Limit Profile** drop-down list.

Assign a customized authority limit profile to a user

About this task

You can customize and assign an authority limit profile to a user. To define generally available authority limit profiles, see “Working with authority limits” on page 524.

Procedure

1. Click the **Administration** tab and then navigate to **Users & Security > Users**.
2. Search for a user, and select the user in the search results.
3. On the user's screen, click the **Authority Limits** card.
4. Select the profile closest to the one you want the user to have from the **Authority Limit Profile** drop-down list.
5. Select **Custom** from this same drop-down list. The screen contains a table of the authority limits of the **Authority Limit Profile** you first selected.
6. Modify the profile's existing limits, or add new ones, or both.
Your changes affect only this user.

Managing roles

Roles are named collections of system permissions that you assign to users. Both roles and permissions are listed and fully described in “Role-based security” on page 492.

Use the **Roles** screen, available at **Administration > Users & Security > Roles**, to manage the roles themselves. You can create new roles, add or remove permissions from existing roles, and assign roles to users.

See also

- “Security: Roles, permissions, and access controls” on page 491
- “Administration tab” on page 514

Assign roles to users

About this task

You can edit a user and assign roles.

Procedure

1. Click the **Administration** tab and then navigate to **Users & Security > Users**.
2. Search for a user, and then select the user in the search results.
3. Click **Edit**.
 - To add a role to this user, on the **Basics** card in the **Roles** section, click **Add**. Then select a new role from the drop-down list, and click **Update** to save your changes.
 - To remove a role from this user, on the **Basics** card in the **Roles** section, select the check box next to the role you want to delete and click **Remove**. Then click **Update** to save your changes.

Changing roles and their permissions

You can work with roles and set permissions assigned to each role in the **Roles** screen.

Add a new role

Procedure

1. Click the **Administration** tab and then navigate to **Users & Security > Roles**.
2. Click **Add Role**.
3. Give the role a name and a description. The name you choose appears in the table of roles.
4. You can also add permissions to the role in this screen below the **Description** field.
5. Click **Update** to add the new role to the list of roles.

Delete a role

Procedure

1. Click the **Administration** tab and then navigate to **Users & Security > Roles**.
2. Select the check box next to the role you want to delete.
3. Click **Delete**.
4. Click **Update** to save your changes.

Add permissions for a role

Procedure

1. Click the **Administration** tab and then navigate to **Users & Security > Roles**.
2. Edit the role using one of two methods.
 - Click the role name in the main **Roles** screen and then click **Edit**.
 - Click **Add Role**.

You can add system permissions from either screen.

3. Click **Add** below the **Description** field to add a line to the table of permissions.
4. Click in the **Permission** field and choose a permission from the drop-down list.
5. Click **Update** to save your changes.

Delete permissions for a role

Procedure

1. Edit the role by using one of two methods:
 - Click the role name in the main **Roles** screen and then click **Edit**.
 - Click **Add Role**.

You can delete system permissions from either screen.

2. To delete a permission, select its check box and click **Delete**.
3. Click **Update** to save your changes.

Managing regions

Regions are geographical areas that are used to define areas of responsibility for groups. Assignment rules use regions.

You define and name regions in the **Regions** screen. Click the **Administration** tab and then navigate to **Users & Security** > **Regions** to open this screen.

You assign regions to groups when you edit a group's attributes, as described at "Manage groups" on page 518. Regions can be defined as collections of states, counties, or ZIP codes, and can use another address element, such as postal codes, if so configured.

You can assign more than one region to a group, and more than one group can be given the same region. For example, you might want a group to be responsible for a region including both states and counties. You can create one region for the states, another region for the counties, and assign both regions to the same group.

See also

- "Understanding regions" on page 488
- "Administration tab" on page 514

Search for regions

Procedure

1. Click the **Administration** tab and then navigate to **Users & Security** > **Regions** to open the **Regions** screen. On the **Regions** screen, you can find all regions defined in your installation.
2. You can search either by using a filter or by listing all regions for a search.
 - a) To list all regions, leave the **Region Name** blank and set the **Zone Type** to All.
 - b) To search by using a filter, filter the search by **Zone Type** and **Code**.

You typically use this search feature when managing regions.

Creating, editing, and deleting regions

To create, edit, and delete regions, click the **Administration** tab and then navigate to **Users & Security** > **Regions** to open the **Regions** screen.

If the region you want to work with is not visible, you can use the **Search** button item to find it. For more information, see "Search for regions" on page 527.

Create a new region

About this task

To create a new region in ClaimCenter:

Procedure

1. Click the **Administration** tab and then navigate to **Users & Security > Regions**.
2. On the **Regions** screen, click **Add Region**.
3. In the **Add Region** screen, give the region a **Name** and select its **Type**, which by default is **County**, **State**, or **Zip code**.
 - If you choose **County**, you must then choose a state. After choosing a state, you see two boxes separated by **Add-->** and **<--Remove** buttons that you use to build the set of counties.
 - If you choose **State**, you see two boxes separated by **Add-->** and **<--Remove** buttons. Use them to build the set of states.
 - If you choose **Zip code**, you can click **Add** and enter the value for each ZIP code you want to have in the region.
4. Click **Update** to save the new region.

Edit an existing region

Procedure

1. Click the **Administration** tab and then navigate to **Users & Security > Regions**.
2. On the **Regions** screen, click the region name to open its edit screen, and then click **Edit**.
3. In the **Add Region** screen, give the region a **Name** and select its **Type**, which by default is **County**, **State**, or **Zip code**.
 - If you choose **County**, you must then choose a state. After choosing a state, you see two boxes separated by **Add-->** and **<--Remove** buttons that you use to build the set of counties.
 - If you choose **State**, you see two boxes separated by **Add-->** and **<--Remove** buttons. Use them to build the set of states.
 - If you choose **Zip code**, you can click **Add** and enter the value for each ZIP code you want to have in the region.
4. Click **Update** to save the changes to the region.

Delete a region

About this task

To delete an existing region in ClaimCenter:

Procedure

1. Click the **Administration** tab and then navigate to **Users & Security > Regions**.
2. On the **Regions** screen, select the check box for the region in the list.
3. Click **Delete**.

Assign a region to a group

Procedure

1. Click the **Administration** tab.
2. Select the group, either from the Organization tree or by searching for and selecting the group on the **Groups** screen.

To open the **Groups** screen so you can search, navigate to **Users & Security > Groups**.
3. Click **Regions** to see the list of regions associated with this group.
4. Click **Edit** and then click **Add**.
5. In the **Browse Group Regions** screen that opens, search for regions. You can filter by **Zone Type** or **Code**.

See “Search for regions” on page 527.
6. Select the check box next to the region or regions you want to add.
7. Click **Select** to add your selections to the list.
8. Click **Update**.

Disassociate a region from a group

Procedure

1. Click the **Administration** tab.
2. Select the group, either from the Organization tree or by searching for the group on the **Groups** screen.

Navigate to **Users & Security > Groups** to open the **Groups** screen.
3. Click **Edit**.
4. Click **Regions** and select the check box for the region.
5. Click **Remove**.

Managing holidays

You can administer holidays by clicking the **Administration** tab and then navigating to **Business Settings > Holidays**.

Holidays and weekends define the business days for the business calendar. Holidays can vary according to city, state, county, or country. In turn, ClaimCenter uses a business calendar to calculate many important dates. Given that holidays differ in different areas, ClaimCenter defines holidays associated with different regions.

Since many holiday dates change annually, it is a good practice to edit these holidays at the beginning of each new year.

Information on setting holidays, weekends, and business weeks is available in the following topics:

- “Specifying holiday dates” on page 279
- “Working with holidays and zones” on page 280
- “Managing business weeks” on page 555

See also

- “Administration tab” on page 514

Managing message queues

This topic provides a brief overview of ClaimCenter messaging. For detailed descriptions, see:

- *Integration Guide*
- *Administration Guide*

After certain events occur, ClaimCenter can send a message to an external system to notify it of the event. Every message is related to a specific claim and has a particular external destination. Event messages could be sent to an email server, to the Metro Bureau, to a payment system, or to ContactManager to synchronize a contact. For example, when a payment is ready to be made on a claim, ClaimCenter sends a message to your accounts payable system to have it issue a check.

After ClaimCenter sends a message, the message is said to be *pending* or *in flight* until the external system acknowledges receipt of the message. Only one message for a given claim and destination can be in flight at one time. Messages are ordered as first-in-first-out because one message can depend on reception of another message. This ordering is called *safe-ordered* messaging. Messages that relate to more than one claim are called *non-safe-ordered* messages. They can be sent at any time and can enter the FIFO queue in any position. The distinction between safe- and non-safe-ordered messages is important when you try to re-send a message that has failed because of an error.

To monitor and manage the message queues that ClaimCenter uses to send messages to these systems, click the **Administration** tab and then navigate to **Monitoring > Message Queues**. You can manage resending failed messages and suspending, resuming, and restarting the messaging system.

See also

- “Administration tab” on page 514

Monitoring message queues

To monitor message queues, click the **Administration** tab and then navigate to **Monitoring > Message Queues**. The **Message Queues** screen can show several summary tables of messages:

- The summary table lists all external destinations for ClaimCenter messages and the ID and status of each message queue. It also shows the traffic statistics—the number of failed, retryable error, in flight, unsent (queued), and batched messages, and messages awaiting retry.
- You can click a destination name to open the **Destination** screen and see similar statistics for a single destination. This screen shows statistics for messages relating to each claim, as well as all non-ordered messages to that destination.
 - Use the filter to search for claims with failed messages, unfinished messages, or messages needing retry.
 - If the non-safe-ordered messages link is listed, you can click it to view the list of non-safe-ordered messages by claim. The **Non-safe-ordered messages** screen does not show any safe-ordered messages.

Suspending and resuming messaging

If you know that a message destination is not available, you can temporarily suspend sending messages to that destination. Messages are put in a queue during the time that their destination is suspended. You can later resume sending messages to the destination, and the queued messages are sent in the proper order. You can do the following:

- Suspend messaging to a specific destination. See “Suspend messaging to a specific destination” on page 530.
- Resume messaging to a single destination. See “Resume messaging to a single destination” on page 531.
- Restart messaging to all destinations. “Restart messaging to all destinations” on page 531.
- Skip a message. See “Skip a message” on page 531.
- Skip all messages. See “Skip all messages” on page 531.

Suspend messaging to a specific destination

Procedure

1. Click the **Administration** tab and then navigate to **Monitoring > Message Queues**.

2. Select the check box for the destination in the **Message Queues** screen.
3. Click **Suspend**.
The **Status** for that destination changes to **Suspended**.

Resume messaging to a single destination

Procedure

1. Click the **Administration** tab and then navigate to **Monitoring > Message Queues**.
2. Select the check box for the destination in the **Message Queues** screen.
3. Click **Resume**.
The **Status** for that destination changes to **Started**.

Restart messaging to all destinations

Procedure

1. Click the **Administration** tab and then navigate to **Monitoring > Message Queues**.
2. Click the **Restart Messaging Engine** button to resume sending messages to all destinations.

Skip a message

Procedure

1. Click the **Administration** tab and then navigate to **Monitoring > Message Queues**.
2. Click the destination name for the message in the **Message Queues** screen to open the **Destination** screen.
3. If you know that a message cannot reach its destination or is no longer relevant, you can skip it by selecting it and clicking **Skip first**.
ClaimCenter stops trying to send it to the destination.
Once you skip a message, you cannot retry it.

Skip all messages

Procedure

1. Click the **Administration** tab and then navigate to **Monitoring > Message Queues**.
2. Click the destination name for the messages in the **Message Queues** screen to open the **Destination** screen.
3. Choose all messages by selecting the check box in the table header.
4. Click **Skip**.

Retrying messages

In any message destination screen, clicking the check box to select a message from a single destination activates the **Retry** button. Click it to resend the message. To resend all retryable messages to a single destination, select them all before clicking **Retry**.

ClaimCenter distinguishes between retryable and failed messages. The **Retry** button is not available for a failed message.

Synchronizing contacts with ContactManager

Note: This feature works only if you have integrated ContactManager with ClaimCenter. See the *Contact Management Guide*.

If you choose the **Contact Auto Sync Failure** destination and select one contact, a **Sync** button appears. Use it to copy all changes and additions made on that ClaimCenter contact to ContactManager. If you select the check box above all the new or changed ClaimCenter contacts, clicking the **Sync** button updates all contacts in ContactManager.

See also

- *Contact Management Guide*

Managing script parameters

A *script parameter* is an application-wide global parameter that has a value that tends to change over time. For instance, script parameters can be used to set initial reserve values for auto glass damage, full body damage, or minor body damage. These initial reserve values can change from year to year.

See also

- For information on how to configure the list of script parameters, see the *Configuration Guide*.
- “Administration tab” on page 514

Modify existing script parameters

About this task

You can modify values of existing script parameters in ClaimCenter.

Procedure

1. Click the **Administration** tab and navigate to **Utilities > Script Parameters**.

On the **Script Parameters** screen, you see the list of script parameters and the **Value** and **Type** of each parameter, such as `java.lang.boolean`, `java.lang.integer`, and so on.

2. Select a script parameter in the list.
3. Click **Edit**.
4. Change the script parameter **Value**.
5. Click **Update** to save your changes.

Create, edit, and delete script parameters

About this task

You can edit and delete existing script parameters and create new ones in Guidewire Studio.

Procedure

1. Navigate in the **Project** window to **configuration > config > resources** and double-click `ScriptParameters.xml`.
2. Restart the ClaimCenter server to pick up the changes.

Managing workflows

A workflow is a multistep process that manages a complex business practice that rules cannot define by themselves. You define a workflow in Guidewire Studio™ and execute instances of it from buttons you add to PCF pages.

Once invoked, a workflow handler executes the instance of the workflow, performs its steps, and controls its status. You can edit a workflow even when instances of it are running. Editing a workflow creates another version of the workflow with an incremented **Process Version**. New instances use the latest **Process Version**.

If you click the **Administration** tab, you can navigate to **Monitoring** and choose **Workflows** or **Workflow Statistics**.

- On the **Workflows** screen, you can search for workflows, see a list of workflow instances and their statuses, and manage them.

See the following topics that describe working with this screen:

- “Find workflows” on page 533
- “Start and stop workflows” on page 533
- On the **Workflow Statistics** screen, you can search for a workflow type and period during which its steps executed. You then see data about the workflow steps that executed during that period.

See “View workflow statistics” on page 533.

See also

- “Administration tab” on page 514
- *Configuration Guide*

Find workflows

Procedure

1. Click the **Administration** tab and navigate to **Monitoring > Workflows**.
2. The upper part of the **Workflows** screen enables you to search either for all workflow instances, or for all instances of one **Workflow Type**, which is one workflow name.
3. Filter your search by a version, a start date range, an update date range, a specific step it is executing, the handler type it uses, or its current status.
The results reflect, for each workflow instance found, its **Workflow Type**, **Ver** (version), **Start Time**, **Update Time**, **Parent**, **Children**, **Handler**, current **Step**, **Status**, **Active State**, **Work Item**, and **Timeout**. The last item indicates if the workflow has timed out instead of completing.

Start and stop workflows

Workflows proceed according to their internal schedules. They stop either on an error or if you suspend them in the **Workflow** screen. You can restart workflows on the **Workflows** screen.

1. Click the **Administration** tab and navigate to **Monitoring > Workflows**.
2. Search in the upper part of the **Workflows** screen for all workflow instances, or for all instances of one **Workflow Type**, which is one workflow name. See “Find workflows” on page 533.
 - You can suspend only the instances that have **Active** status. To suspend an instance, select it and click the **Suspend** button.
 - To restart an instance with suspended status, click **Resume**. The **Resume-All** button resumes all instances in the current list.

View workflow statistics

About this task

Workflow statistics are collected periodically. You define the period you want to see. The statistics capture information on the workflow steps that have completed during the interval you specify. For each step that completed, the elapsed time and execution time is analyzed by extracting the min, max, mean, and std deviation. To see workflow statistics:

Procedure

1. Click the **Administration** tab.
2. Navigate to **Monitoring > Workflow Statistics**.

Managing importing and exporting data

While users enter much of the administrative data directly into ClaimCenter, there are times when it is necessary or convenient to transfer this information in bulk. The **Administration** tab provides a convenient way of moving administrative data, question sets, role definitions, and so on as XML or HTML files.

| Method | Import / Export | File Names | File Formats |
|--------------------------|-----------------|--|--------------|
| user interface yes / yes | | admin.xml, questions.xml, roles.xml, vendor servicetree.xml, vendorservicedetails.xml | XML, HTML |

See also

- *Administration Guide*
- “Administration tab” on page 514

Importing administrative and other data in the administration tab

About this task

To import administrative and other data in ClaimCenter:

Procedure

1. Click the **Administration** tab and then navigate to **Utilities > Import Data**.
2. Select a file of administrative data to import.

The **Browse** button can assist you in finding the file.

For example, if you have created a file of modified question sets, called newquestionset.xml, select this file. This file must be either in XML or zipped XML format, with an XSD compatible with the XML files you can import. However, you need not import all administrative data. You can instead import any subset, such as users, regions, or security zones.

3. Click **Next**, and follow the commands on the screen to resolve differences between the data in the imported file and data already in the database.

Data not yet in the database is imported without question. If the imported data differs from what is already in the database, these commands enable you either to accept the imported data or to keep what is in the database.

4. Click **Finish** to complete the import.

See also

- “Export data in the administration tab” on page 534
- *Administration Guide*

Export data in the administration tab

About this task

To export administrative data in ClaimCenter administration, use the following steps.

Note: There is no method in the user interface to export a CSV file or other file format.

Procedure

1. Click the **Administration** tab and then navigate to **Utilities > Export Data** to export administrative data or the security dictionary.

See also “Exporting the security dictionary” on page 538.

2. Select the data to export from the **Data to Export** text drop-down list. You can choose from one of the export types listed in “Export categories” on page 535.
3. Click **Export**.

Export categories

Exporting administrative data creates XML files. Each file contains all the data of a certain type in your installation. These export categories are:

- **Activity Patterns** – Exports all activity pattern data to `activitypattern.xml`, data of type `ActivityPattern`. If you choose **Admin** as the export type, the same activity patterns are exported with the other administrative data.
For more information, see “Managing activity patterns” on page 519.
- **Admin** – Exports all administrative data to `admin.xml`, including data of the following types:
 - `Attribute`
 - `AssignableQueue`
 - `AuthorityLimit`
 - `Catastrophe`
 - `Contact` objects, plus their associated `Address` and `ContactIndividual` objects
 - `Credential`
 - `Group`, `GroupRegion`, and `GroupUser`
 - `GroupAssignmentState` and `GroupUserAssignmentState`
 - `InvalidCoverageForCause`
 - `IncompatibleNewExposure`
 - `IntegerClaimMetricLimit`
 - `IntegerExposureMetricLimit`
 - `LargeLossThreshold`
 - `MoneyClaimMetricLimit`
 - `Organization`
 - `QuestionSet` and `Question`, `QuestionChoice`, and `QuestionFilter`
 - `PolicyTypeMetricLimits`
 - `Region`
 - `ReinsuranceThreshold`, and `ReinsuranceCoverage` and `ReinsuranceLossCause`
 - `Reviewtype` and `ReviewCategoryQuestionSet`
 - `Role`, `Privileges`, `RolePrivilege`, and `Permission`
 - `SecurityZone`
 - `User`, including `AttributeUser`, `UserRole`, and `UserSettings`
 - `UserPreference`
 - `WCBenefitParameterSet` and `WCBenefitFactors` and `WCDenialPeriod`
- **Authority Limit Profiles** – Exports all data on authority limit profiles to `authoritylimitprofiles.xml`, data of type `AuthorityLimitProfile`. If you choose **Admin** as the export type, the same authority limit profiles are exported with the other administrative data.
For more information, see “Managing authority limit profiles” on page 521.
- **Business Weeks** – Exports all data you have defined on business weeks to `businessweeks.xml`. If you have not defined business weeks, no data is exported.

For more information, see “Managing business weeks” on page 555.

- **Catastrophes** – Exports all data you have defined on catastrophes to `catastrophes.xml`, data of type `Catastrophe`. If you choose **Admin** as the export type, the same catastrophe data is exported with the other administrative data.

For more information, see “Managing catastrophes” on page 520.

- **Coverage Verifications** – Exports all data on coverage verification to `coverageverification.xml`. If you choose **Admin** as the export type, the same coverage verification data is exported with the other administrative data. The exported file has the following types of data:

- `InvalidCoverageForCause`
- `IncompatibleNewExposure`
- `InvalidCoverageForFault`

For more information, see “Verifying coverage” on page 121.

- **Exchange Rates** – Exports all data on exchange rates to `exchangerates.xml`. You must choose this export type to export exchange rate data because it is not exported with the **Admin** data. The file contains the following types of data:

- `ExchangeRate`
- `ExchangeRateSet`

For more information, see “Exchange rates” on page 380.

- **Holidays** – Exports all data you have defined on holidays to `holidays.xml`. If you have not defined holidays, no data is exported.

For more information, see “Managing business weeks” on page 555.

- **ICD Codes** – Exports all data on version 10 of the International Statistical Classification of Diseases and Related Health Problems (ICD), medical diagnosis codes that classify diseases, to `icd.xml`. You must choose this export type to export ICD data, because it is not exported with the **Admin** data. The file contains data of type `ICDCode`.

For more information, see “Managing icd codes” on page 549.

- **Large Loss Thresholds** – Exports all data on large loss thresholds to `largelossthresholds.xml`. The file contains data of type `LargeLossThreshold`. If you choose **Admin** as the export type, the same large loss threshold data is exported with the other administrative data.

For more information, see “Managing metrics and thresholds” on page 551.

- **Metric Limits** – Exports all data on metric limits to `metriclimits.xml`. If you choose **Admin** as the export type, the same metric limit data is exported with the other administrative data. The file has data of the following types:

- `IntegerClaimMetricLimit`
- `IntegerExposureMetricLimit`
- `MoneyClaimMetricLimit`
- `PolicyTypeMetricLimits`

For more information, see “Managing metrics and thresholds” on page 551.

- **Questions** – Exports all data on question sets to `questions.xml`. By default, contains both the SIU (fraud) and Service Provider Management question sets. You can export question sets to modify them and create your own custom question sets. If you choose **Admin** as the export type, the same question set data is exported with the other administrative data. The file has data of the following types:

- `QuestionSet`
- `Question`
- `QuestionChoice`
- `QuestionFilter`
- `Reviewtype`

- ReviewCategoryQuestionSet

For more information, see the *Configuration Guide*.

- **Regions** – Exports all data on regions to `regions.xml`. If you choose **Admin** as the export type, the same region data is exported with the other administrative data. The file has data of the following types:

- Region
- RegionZones
- RegionZone

For more information, see “Managing regions” on page 527.

- **Reinsurance Thresholds** – Exports all data on reinsurance thresholds to `reinsurancethresholds.xml`. If you choose **Admin** as the export type, the same reinsurance threshold data is exported with the other administrative data. The file has data of the following types:

- ReinsuranceThreshold
- ReinsuranceCoverage
- ReinsuranceLossCause

For more information, see “Managing reinsurance thresholds” on page 548.

- **Roles** – Exports all data that maps system permissions to roles to the file `roles.xml`. If you choose **Admin** as the export type, the same role data is exported with the other administrative data. The file has data of the following types:

- Role
- Privileges
- RolePrivilege
- Permission

For more information, see “Managing roles” on page 525.

- **Service Metric Limits** – Exports all limit data for service request metrics to `servicerequestmetriclimits.xml`. If you choose **Admin** as the export type, the same metric limit data is exported with the other administrative data. The export data set includes all instances of `ServiceRequestMetricLimit`.

Each instance includes:

- `ServiceRequestMetricType` – Type of metric.
- `CustomerServiceTier`
- `SpecialistService` – Service request type.
- `Currency`
- `LimitType` – Calculation method for the limit.
- `DecimalTargetValue`, `DecimalYellowValue`, and `DecimalRedValue` – Target, yellow, and red limit values.
- `MetricUnit` – The units for the limit values (currency, hours, days, and so on).

For more information, see “Managing metrics and thresholds” on page 551.

- **Special Handling** – Exports data for accounts and special handling of those accounts to `accountsandspecialhandling.xml`. You must choose this type to export this data because it is not exported with the **Admin** data. The data includes the following types:

- Account
- AccountSpecialHandling
- Company

For more information, see “Accounts and service tiers” on page 129.

- **Users and Groups** – Exports all data on users and groups to the file `usergroup.xml`. If you choose **Admin** as the export type, the same user and group data is exported with the other administrative data. The file has data of the following types:

- User
- Users
- UserContact
- UserSettings
- Credential
- Organization
- Group
- SecurityZone
- AuthorityLimitProfile
- Address
- Role

For more information, see “Managing users and groups” on page 516.

For more information, see “Managing roles” on page 525.

- **Vendor Service Details** – Exports all data on vendor service details to the file `vendorservicedetails.xml`. Vendor service details associate each service with a compatible incident type and service request type.

See the *Configuration Guide*.

- **Vendor Service Tree** – Exports the tree of vendor services to the file `vendorservicetree.xml`. Vendor services describe services performed by vendors. The file has data of the following types:

- SpecialistService

See the *Configuration Guide*.

- **Workload Classifications** – Exports data on workload classifications to the file `workloadclassifications.xml`. Workload classifications support weighted workload balancing.

See “Weighted workload classifications” on page 227.

After you choose to export one of these types of data, ClaimCenter provides it with all relevant data formatted in XML. For example, the `questions.xml` file contains all the default question sets and all the question sets subsequently added.

See also

- “Claim fraud” on page 151
- The *Contact Management Guide* for details of the supplied question sets and how to modify them.
- *Administration Guide*

Exporting the security dictionary

About this task

You can export the *ClaimCenter Security Dictionary* from the **Export Data** screen. The *Security Dictionary* provides information on application permission keys, page configuration files, system permissions, and roles. You can export this data as HTML or XML.

To export the *Security Dictionary*:

Procedure

1. Click the **Administration** tab and then navigate to **Utilities > Export Data**.
2. Under **Export Security Dictionary**, select the output format, HTML or XML.
3. Click **Export**.

See also

- “Security dictionary” on page 511

Using runtime properties

Guidewire ClaimCenter provides the ability to add or change application properties in real-time without restarting the application server. You add or change properties using the **ClaimCenter Administration > Utilities > Runtime Properties** screen. To be useful, you must link each runtime property with application code. Your application code must call an instance of the `RuntimePropertyRetriever` class and use one of its methods to retrieve the property value.

See also

- *Administration Guide*

Using inbound files integration

The base configuration of ClaimCenter includes a framework for configuring multiple integrations with external systems by processing file-based data. ClaimCenter provides the framework with a general processing mechanism and the `InboundFileHandler` interface which describes how to process data in the files. You must provide configuration details and a class implementing the `InboundFileHandler` interface.

In the **Administration** tab, the **Utilities > Inbound Files** menu link enables you to configure the feature.

See also

- *Integration Guide*

Using outbound files integration

The base configuration of ClaimCenter includes a framework that supports creating files for external systems. The files are created from records in a database. ClaimCenter provides the framework with a general processing mechanism and the `OutboundFileHandler` interface which describes how to process data in the records.

You must provide configuration details and a class implementing the `OutboundFileHandler` interface.

In the **Administration** tab, the **Utilities > Outbound Files** menu link enables you to configure the feature.

See also

- *Integration Guide*

Managing security zones

Security zones are a way for ClaimCenter to provide security for a defined area larger than a group in your organization.

Every group must belong to a security zone. It is a good idea to have a strategy for how to use security zones. One strategy is to use zones that describe your lines of business (LOBs). Another is to describe zones that reflect your local or regional offices.

If you define just one security zone, there is no difference between global and related permission scopes. With just one security zone, both the owner of any claim and all users are members of the same security zone.

Security zones are just names. They are not defined as collections of geographical areas and are not regions. Claim center provides two default security zones, Workers' Compensation and Auto and Property.

See also

- “Understanding regions” on page 488
- “Security zones” on page 508
- “Data-based security and claim access control” on page 495
- “Administration tab” on page 514

Add and edit security zones

About this task

You can perform add, edit, and delete operations on security zones.

Note: Changing the name of a security zone effectively deletes the old zone and assigns the zone with the new name to all groups that had used the old name.

Procedure

1. On the **Administration** tab, click **Users & Security > Security Zones** in the sidebar.
2. Choose to create a new security zone or to edit an existing security zone.
3. To create a new security zone:
 - a) Click the **Add Security Zone** button.
 - b) Enter a name and description.
 - c) Click **Update**.
4. To edit an existing security zone:
 - a) In the list of zones, click the zone you want to edit and then click **Edit**.
 - b) Edit the name or description or both.
 - c) Click **Update**.

Choose or change a group's security zone

Procedure

1. Click the **Administration** tab.
2. Select the group, either from the Organization tree or by searching for and selecting the group on the **Groups** screen.
To open the **Groups** screen, navigate to **Users & Security > Groups**.
3. On the screen for the group you selected, click **Edit**.
4. In the **Security Zone** field, select a security zone from the drop-down list.
5. Click **Update** to save your changes.

Creating and managing reference tables

Reference tables are tables not connected to specific claims. Most entities in ClaimCenter are claim related. Main entities that are not related to specific claims and are used across claims are bulk invoices, aggregate limits, and reference tables.

ClaimCenter implements two varieties of reference tables: reference tables that define the Verifying Coverage feature and workers' compensation reference tables that enable rules to calculate benefits. You can view these reference tables by selecting one of the following sidebar menu links in the **Administration** tab:

- **Business Settings > Coverage Verification** – See “Managing coverage verification” on page 541.
- **Business Settings > WC Parameters** – See “Managing WC parameters” on page 542.

You can also create your own sets of reference tables.

See also

- “Verifying coverage” on page 121
- “Administration tab” on page 514
- *Configuration Guide*

Coverage verification reference tables

The coverage verification feature uses the following tables to define allowed coverages for specific losses, users, and exposures. See “Verifying coverage” on page 121 for more information.

- **Invalid Coverage For Cause** – A list of invalid loss cause and coverage pairs. ClaimCenter uses these pairs to warn if you are about to create an exposure with such an invalid combination, such as a personal auto comprehensive exposure due to a collision. The PCF files are `InvalidCoverageForCause.pcf` and `InvalidCoverageForCauseLV.pcf`. They use the entity `InvalidCoverageForCause.eti` to populate the table in the user interface and store changes.
- **Incompatible New Exposure** – A list of new exposures you try to create that are incompatible with other exposures that are already part of the claim. For example, it warns you if you try to create a comprehensive exposure when the claim already contains a collision exposure. The PCF files are `IncompatibleNewExposure.pcf` and `IncompatibleNewExposureLV.pcf`. They use the entity `IncompatibleNewExposure.eti` to populate the table in the user interface and store changes.
- **Possible Invalid Coverage due to Fault Rating** – A list of invalid coverage and fault rating pairs. ClaimCenter uses these pairs to warn if you are about to create an exposure with an invalid combination. An example is a personal auto liability exposure when the other party is at fault. The PCF files are `InvalidCoverageForCause.pcf` and `InvalidCoverageForCauseLV.pcf`. They use the entity `InvalidCoverageForCause.eti` to populate the table in the user interface and store changes.

Configuring reference tables

You can create new reference entities and the PCF files for them and add them either to the **Coverage Verification** or **WC Parameters** menu items in the **Administration** tab. Or you can create a new menu item for your new tables. Click **Edit** in the screens that show each table to edit values and remove table rows.

Once you have a correctly defined and populated reference table, you can write rules that read and use it. You can use Gosu functions in the rules to access the reference table.

ClaimCenter uses the Coverage Verification tables to help users avoid creating unreasonable exposures.

Managing coverage verification

Whenever you create a new exposure, ClaimCenter looks for inconsistencies between a policy's coverages and the loss party, loss cause, other existing exposures, and claimant's liability. The tables on each screen associate loss causes with appropriate exposures, loss party with appropriate exposures, and exposures on a claim incompatible with other existing exposures. In addition, you can edit and extend these tables.

On the **Administration** tab, click **Business Settings > Coverage Verification** in the sidebar. You see the following menu links:

- **Invalid Coverage for Cause** – You can edit or add the loss type, line of business code, policy type, loss cause, and invalid coverage for new exposure.

- **Incompatible New Exposure** – You can edit or add policy type, invalid coverage for a new exposure, and the coverage of existing exposure.
- **Possible Invalid Coverage due to Fault Rating** – You can edit or add the policy type, invalid coverage for a new exposure, and fault rating.

See also

- “Coverage verification reference tables” on page 541
- “Verifying coverage” on page 121
- “Administration tab” on page 514

Managing WC parameters

ClaimCenter provides menu links on the **Administration** tab under **Business Settings > WC Parameters** that you can use to administer and manage parameters associated with Workers’ Comp calculations. The screens that open from these menu links work in conjunction with business logic defined in Guidewire Studio™. ClaimCenter bases this framework of business logic on conventions in use in the United States. However, it is possible for you to adapt the logic for use in other countries as well.

Note: See “Jurisdictional benefit calculation management” on page 201 for an explanation of the various types of compensation.

Using this functionality, it is possible to calculate multiple types of compensation, based on jurisdiction:

| | |
|-----|------------------------------|
| TPD | Temporary Partial Disability |
| TTD | Temporary Total Disability |
| PPD | Permanent Partial Disability |
| PTD | Permanent Total Disability |

An important aspect of handling workers’ compensation claims is calculating workers’ compensation payments for lost time. For example, the following calculation is an example of a possible TPD calculation using AWW (Amount Weekly Wage):

```
WeeklyCompRate = JurisdictionRate x (Pre-injuryAWW - Post-injuryAWW)
```

It is possible for an individual state to calculate this value differently for each year. In the base configuration, ClaimCenter provides sample calculations for a few example states and more detailed sample PPD calculations for the state of California. The goal of these examples is to show you how you can calculate these amounts.

You enter, manage, and edit various workers’ compensation-related parameters through the ClaimCenter interface. ClaimCenter then uses these parameters to perform the actual calculations in Gosu code, which you can configure through Guidewire Studio™ for ClaimCenter.

An adjuster can always override workers’ comp amounts by entering a manual amount.

Click the **Administration** tab and navigate to **Business Settings > WC Parameters** to see the menu links for screens in which you can manage workers’ compensation parameters. The menu links and screens are:

| Screen | Description | Topic |
|--------------------|---|---|
| Benefit Parameters | Provides a list of jurisdictions. Clicking a jurisdiction “Using the benefit parameters detail screen” opens the Benefit Parameters Detail screen showing the set of benefit parameters for that jurisdiction. You can view and edit these parameters. | “Using the benefit parameters detail screen” on page 543 |
| PPD Min / Max | Provides data similar to the PPD area of the Benefit Parameter Detail screen, but with more detail. | “Enter information in the ppd min/max screen” on page 544 |

| Screen | Description | Topic |
|---------------------------|---|---|
| PPD Weeks | Entry screen in which you can define the limits of how long the injured worker can receive the workers' compensation benefits, based on the disability. | "Enter information in the ppd weeks screen" on page 544 |
| Compensability Parameters | Shows a list of jurisdictions and the maximum time for each that the insurer has to make a compensability decision, the denial period. Click a jurisdiction to open its Compensability Parameter Detail page, where you can edit the settings. | "Entering denial period information" on page 545 |

Using the benefit parameters detail screen

Use this screen to define a benefit parameters record, with a different jurisdictional state, start date, and end date for each record. For example, you can create several entries for a single state, with each entry based on a specific time period.

You access the **Benefit Parameter Detail** screen by clicking the **Administration** tab and navigating to **Business Settings > WC Parameters > Benefit Parameters** and then doing one of the following:

- Clicking **Add** in the **Benefit Parameters** screen. ClaimCenter opens the **Benefit Parameter Detail** screen in which you can create a new set of defined benefit parameters based on a new jurisdiction.
- Clicking a jurisdiction in the **Benefit Parameters** screen. ClaimCenter opens an existing set of benefit parameters, which you can then edit.

Use the **Benefit Parameter Detail** screen to define information on the following:

| Area | Description |
|------------------------------------|---|
| General | <p>You must set the following for each defined set of benefit parameters:</p> <ul style="list-style-type: none"> Jurisdiction Start date End date <p>These parameters make this set of benefit parameters unique.</p> |
| Temporary Total Disability (TTD) | ClaimCenter can calculate benefits, for example, as Average Weekly Wage (AWW) times Percent of Wages. If the result falls within the maximum and minimum, this calculated benefit amount becomes the benefit. Otherwise the value of the benefit is one of the following: <ul style="list-style-type: none"> The maximum if the result was more than the maximum weekly benefit. The minimum if the result was less than the minimum weekly benefit. |
| Temporary Partial Disability (TPD) | |
| Permanent Total Disability (PTD) | |
| Permanent Partial Disability (PPD) | If you set Minimum adjusted by Weekly Wage to Yes and the employee's AWW is less than the Minimum Weekly Benefit, the calculation changes. The minimum amount that the worker can receive becomes the AWW rather than the Minimum Weekly Benefit. |
| Waiting Period | <p>In the Waiting Period section, you set the following:</p> <ul style="list-style-type: none"> Number of days – Number of lost work days before the workers' compensation benefits will begin to be paid. For example, if the waiting period is three days, the worker is eligible to be paid on the fourth day of lost wages. Retroactive Period – Number of lost work days at which point the worker is paid retroactively for the original waiting period days. For example, the waiting period is three days and the retroactive period is 14 days. In this case, the worker is eligible to be paid for the initial three days of lost wages on the 14th day of lost wages. |

| Area | Description |
|-------------------------------------|--|
| Other Jurisdictional Factors | <p>You can add additional factors for ClaimCenter to use in calculating workers' compensation benefits. The Other Jurisdictional Factors list view at the bottom of the screen can track information about special rules that apply to claims in this jurisdiction. Click Add under Other Jurisdictional Factors to define additional factors. Click the field for Category to add a category, and do the same for Detailed Factor. You can specify the units for the category and indicate if it applies to any combination of TTD, TPD, PTD, and PPD.</p> <p>In the default configuration, this list view informs adjusters working on claims of special conditions for various types of disabilities. The information could be leveraged in rules. The information is presented on the time loss exposures for claims in the appropriate jurisdictions. The expectation is that the adjuster can take this information into account and modify the benefits and manage the claim as appropriate.</p> |

ClaimCenter renders the **Benefit Parameter Detail** screen by using the **WCBenefitParameterSetDV** PCF file.

ClaimCenter embeds **WCBenefitFactorsLV** in **WCBenefitParameterSetDV**. The **WCBenefitFactorsLV** PCF file defines the information to show in the **Other Jurisdictional Factors** section of the **Benefit Parameter Detail** screen. The entity **WCBenefitParameterSet** is used to retrieve and store the data used in these screens.

Enter information in the ppd min/max screen

About this task

Use the **PPD Min / Max** screen to define the extent to which an injured worker is disabled. ClaimCenter renders the **PPD Min / Max** screen by using the **WCPDBenefits** and the **WCPDBenefitsLV** PCF files. The entity **ref_WC_PD_Benefits** is used to retrieve and store the data used in these screens.

Procedure

1. Access the **PPD Min / Max** screen by clicking the **Administration** tab and navigating to **Business Settings > WC Parameters > PPD Min / Max**.
2. Click **Edit** to edit the screen.

The disability percentage minimum and maximum values on this screen refer to the degree to which the injured worker is disabled. The **PPD Min / Max** values are based on jurisdiction, with start and end dates, such as dates defining a calendar year.

3. Enter a jurisdiction, the start and end dates, a minimum and maximum disability percentage, and a minimum and maximum benefit dollar amount.

If the data on the **Benefit Parameters** screen conflicts with the data on the **PPD Min / Max** screen, use the detailed data on the **PPD Min / Max** screen.

Enter information in the ppd weeks screen

About this task

Use this screen to define the length of time the injured worker can receive workers' compensation benefits, based on the disability. ClaimCenter renders the **PPD Weeks** screen by using the **WCPDWeeksAndLimits** and the **WCPDWeeksAndLimitsLV** PCF files. The entity **ref_WC_PD_WeeksAndLimits** is used to retrieve and store the data used in these screens.

Procedure

1. Access the **PPD Weeks** screen by clicking the **Administration** tab and navigating to **Business Settings > WC Parameters > PPD Weeks**.
2. Click **Edit** to edit the screen.

The PPD Weeks settings are based on jurisdiction, with start and end dates, such as dates defining a calendar year.

3. Enter a jurisdiction, the start and end dates, the disability percent, and the number of weeks that apply.

Entering denial period information

About this task

The denial period defines the maximum time the carrier has to make the compensability decision.

Procedure

1. Access the **Denial Period Detail** screen by clicking the **Administration** tab and navigating to **Business Settings > WC Parameters > Denial Period Detail**.
2. Do one of the following:
 - Click **Add** in the **Denial Period** screen. ClaimCenter opens the **Denial Period Detail** screen.
Create a new denial period based on a new jurisdiction.
 - Click a jurisdiction in the **Denial Period** screen. ClaimCenter opens an existing set of parameters in the **Denial Period Detail** screen.
Click **Edit** to edit them.

Deciding compensability and the denial period

If the compensability decision is not made by the time the denial period expires, the claim is automatically determined to be compensable. ClaimCenter uses the denial period data to determine due dates of the Determine Compensability activity. If ClaimCenter does not find a jurisdiction in the reference table, the system uses the Determine Compensability activity pattern. ClaimCenter creates the activity and sets the activity due date to five business days after the notice date.

The denial period is based on jurisdiction with effective and expiration dates. ClaimCenter also requires you to enter a due date formula that is based on either the loss or notice date. For example:

- Greater of x days after the loss date or y days after the notice date
- x days after the loss date
- y days after the notice date

Depending on your selected formula, you further define what **Target Days from Loss (x)** or **Target Days from Notice (y)** is. You must also select **Target Include Days** that can be based on calendar or business days.

You can optionally indicate documents to be used when accepting or denying compensability.

ClaimCenter renders the **Denial Period** screen by using the **DenialPeriods** and the **DenialPeriodsLV** PCF files. The entity **WCDenialPeriod** is used to retrieve and store the data used in these screens.

Creating benefits calculations in Gosu

ClaimCenter uses the benefit amounts and other information that you enter on the **WC Benefit Parameters** screens to calculate workers' compensation benefits programmatically. Guidewire calls the entire process the Workers' Comp Benefits Calculator. ClaimCenter stores the formulas used in these calculations in Gosu code that you can access and configure in Studio.

In Guidewire Studio, navigate in the **Project** window to **Configuration > gsrc** and then open the node **gw.api.benefits** to see the classes.

Guidewire provides the following classes to illustrate how to construct benefit calculations:

| Gosu class | Description |
|-----------------------|--|
| PPDBenefitsCalculator | Benefits calculator for permanent partial disability (PPD). This example implementation illustrates how to vary the minimum compensation rate by state and also how a particular state, California, can use a separate calculator from the other states. |

| Gosu class | Description |
|-------------------------------|--|
| PPDBenefitsCalculatorForCA | Benefits calculator for permanent partial disability (PPD) in California. Guidewire has provided detailed information for the US state of California to serve as an example of the implementation. |
| PTDBenefitsCalculator | Benefits calculator for permanent total disability (PTD). The sample code includes a custom calculator for the U.S. state of Pennsylvania (PA), taking into account Pennsylvania's special minimum compensation rate. |
| TPDBenefitsCalculator | Benefits calculator for temporary partial disability (TPD). The sample code includes customized calculators for the U.S. states of Florida (FL), Pennsylvania (PA), and New Jersey (NJ). |
| TTDBenefitsCalculator | Benefits calculator for temporary total disability (TTD). The sample code includes customized calculators for the U.S. states of Illinois (IL) and Pennsylvania (PA). |
| WorkersCompBenefitsExceptions | Static utilities for workers' compensation benefit calculators. Utilities for a particular type of benefit, such as TTD or PPD, must go in the appropriate calculator class. However, utilities that will be shared across multiple benefit types do go in this class. |

For each of the four benefit types (TTD, TPD, PPD, and PTD), the Gosu class for each type contains common getter properties that each class then overrides:

| | |
|------------------|--|
| BaseRate | Typically, the weekly rate of pay for the worker before the injury occurred, except for Temporary Partial Disability (TPD). For Temporary Partial Disability, the base rate is typically the difference between: <ul style="list-style-type: none">• The weekly rate of pay for the worker pre-injury• The weekly rate of pay for the worker post-injury The calculation typically enforces the condition that the worker is earning less due to the disability. |
| PercentOfWages | The percentage of the BaseRate that is paid to injured workers as their benefit |
| MaxCompRate | The jurisdictional Maximum to pay the injured worked each week. |
| MinCompRate | The jurisdictional Minimum to pay the injured worked each week. |
| MinAwwAdjustment | A common exception to lower the Jurisdictional Minimum Comp Rate. If the BaseRate is lower than the mandated Minimum, states with this exception will lower the jurisdictional minimum to the BaseRate. |

ClaimCenter uses these values to calculate the following:

| | |
|---------------|--|
| CompRate | The weekly benefit for the injured worker based upon their BaseRate and the applicable jurisdictional parameters |
| MaxWeeksToPay | The maximum number of weeks to pay this benefit. ClaimCenter implements this calculation only in the sample code for PPD calculations. The other calculations return null in the ClaimCenter base configuration. |

In addition to the previous properties, ClaimCenter uses an array of `WCBenefitFactorDetail` objects to track other notes, conditions, and exceptions related to the Jurisdictions benefit calculations. Some of the important fields on `WCBenefitFactorDetail` are:

| | |
|----------------|--|
| AppliesToPPD | A flag that indicates to which of the four benefit types this entry belongs. |
| AppliesToPTD | |
| AppliesToTPD | |
| AppliesToTTD | |
| FactorCategory | Typekey to the <code>WCBenefitFactorCategory</code> typelist. |

`DetailedFactor` Typekey to the `WCBenefitFactorType` typelist, filtered by `FactorCategory`, the `WCBenefitFactorCategory` typelist.

`FactorValue` Tracks a related value. For example, if `DetailedFactor` is set to age, the field indicates that a benefit is possibly reduced at a certain age. This value tracks the specific age, such as 70, at which the change in benefits occurs.

`FactorComment` Available only if `WCBenefitFactorDetail.DetailedFactor == "other"`.

Viewing the resultant calculations

ClaimCenter displays the results of these calculations as benefits amounts in the **Time Loss > Benefits** card of a workers' compensation claim. This screen provides a view of any calculated values for each of the four benefit types. The screen shows any benefit factors relevant to the claim as well. It is possible to edit this screen and enter a weekly compensation rate manually.

In this screen:

- If there is no entry in `WCBenefitCalculations` appropriate for the claim, ClaimCenter sets the value of **Reference Data** for that benefit type to *Not available*.
- If ClaimCenter cannot calculate the Compensation Rate, meaning that `CompRate == null`, then ClaimCenter generates a *Not available* message.

Benefits calculator and multicurrency

The `WorkersCompBenefitCalculator` uses the `WCBenefitParameterSet` values to do the calculations. It does not contain information about the claim currency. ClaimCenter calculates everything based on the default currency of the system, configuration parameter `DefaultApplicationCurrency`.

If an adjuster is working on a workers' compensation claim and it is in Euros, but the default currency is in U.S. dollars, ClaimCenter shows both currencies. The benefits screens of the workers' compensation claim will be in Euros for claim-specific benefit amounts—the weekly wage, the weekly wage amount, and benefit periods. However, all the calculator-based benefit amounts will be in U.S. dollars.

For example, if there is a parameter of PPD maximum value of USD \$2000, you could set 1500 in Euros for a compensation rate. The calculator class interprets the 1500 Euros as \$1500 USD because you must do the currency conversion inside the calculator implementation.

Note: For benefit definitions refer to “Jurisdictional benefit calculation management” on page 201.

Workers' compensation reference tables

ClaimCenter uses the following administration entities to store reference data for workers' comp calculations. The tables, as seen in the **Benefit Parameters** screens, are:

| ClaimCenter screen | Entity |
|--------------------|---------------------------------------|
| Benefit Parameters | <code>WCBenefitParameterSet</code> |
| PPD Min / Max | <code>ref_WC_PD_benefits</code> |
| PPD Weeks | <code>ref_WC_PD_WeeksAndLimits</code> |
| Denial Period | <code>WCDenialPeriod</code> |

Note: The administration tables `WCBenefitParameterSet`, `ref_WC_PD_benefits`, and `ref_WC_PD_WeeksAndLimits` do not contain any information about the currency of a claim.¹

Workers' compensation permissions

In the base configuration, ClaimCenter provides the following permissions for use with workers' compensation:

| Permission | Code | Description |
|----------------------------|-------------|--|
| View WC disability rates | wcrefview | Permission to create, edit, and delete values on Workers' Comp disability rate tables. |
| Manage WC disability rates | wcrefmanage | Permission to view the values on Workers' Comp disability rate tables. |

Managing reinsurance thresholds

Agreements between insurers and reinsurers, called reinsurance treaties, are based on losses to insurers exceeding certain threshold amounts. Generally, insurers identify claims for possible reinsurance if the gross total incurred on a claim approaches the thresholds set out in the reinsurance treaty.

For each policy type, ClaimCenter stores the following threshold information:

- Threshold value for gross total incurred, over which the reinsurance is triggered.
- Reporting threshold percentage, at which point the reinsurer is to be notified.
- Start and end dates, which set the life spans of thresholds.
- List of loss causes and coverages included in threshold calculations. An empty list is considered to include all loss causes and coverages.

Thresholds can also be stored at the reinsurance agreement level. For more information on how claims are identified for possible reinsurance, see “Reinsurance notifications” on page 472.

See also

- “Reinsurance Management concepts” on page 457
- “Reinsurance agreements retrieval” on page 469
- “Reinsurance Management in ClaimCenter” on page 469
- “Administration tab” on page 514

Administer reinsurance thresholds

About this task

The base configuration contains simple uniform default threshold values for each policy type that you can configure to match the terms of your own reinsurance treaties.

IMPORTANT:

Only perform this task if reinsurance agreements are not retrieved from PolicyCenter or an external policy administration system. If agreements are applied to the claim, you do not need to administer reinsurance thresholds as explained in this task.

Procedure

1. Click the **Administration** tab and navigate to **Business Settings > Reinsurance Thresholds** and click **Edit**.
The treaty types are mapped to policy types with a threshold value and reporting threshold percentage.
Thresholds can also be optionally limited to a start date and end date, loss cause, or coverage type.
2. Make any changes and click **Update** when you are finished.

What to do next

Enable and disable specific Claim Preupdate and TransactionSet Preupdate rule sets in Guidewire Studio according to the following:

| Rule set | Category | Configuration to perform | Enabled in base application? |
|---|--------------------------|--------------------------|------------------------------|
| CPU17100 - Exceeds Notification Threshold | Claim Preupdate | Disable | Yes |
| TPU04000 - Reinsurance | TransactionSet Preupdate | Enable | No |
| TPU04100 - Large Loss Identification | TransactionSet Preupdate | Enable | No |
| TPU04000 - RI Notification Threshold Exceeded | TransactionSet Preupdate | Disable | Yes |

IMPORTANT: There are two TPU04000 rule sets, each with different names. Refer to the previous table to ensure you configured the rule sets correctly.

When the TransactionSet Preupdate rule sets are enabled, the Review Claim for Reinsurance activity is created and the **Reinsurance Reportable?** indicator is automatically set on claims without reinsurance agreements that meet the configured threshold values. Disabling the other rule sets is necessary to ensure duplicate or conflicting reinsurance flags are not set on claims.

See also

- *Gosu Rules Guide*

Managing icd codes

The International Statistical Classification of Diseases and Related Health Problems (ICD) are medical diagnosis codes that classify diseases. The ICD also classifies a wide variety of signs, symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or disease. Every health condition can be assigned to a unique category. Published by the World Health Organization, ICD is used for morbidity and mortality statistics, reimbursement systems, and automated decision support in medicine. Given a diagnosis code from a physician, the treatment codes for that injury or illness can be compared to the diagnosis code to ensure the treatments are valid and appropriate. Additionally, use these codes to adjust the claim as benchmarks of the claim characteristics. An example might be the amount of time off from work for the type of job for that diagnosis.

You manage ICD codes from the **Administration** tab, and you apply them in the **Medical Diagnosis** section of a claim in ClaimCenter. For information on permissions required to manage ICD codes, see “Icd permissions” on page 550.

Note: **Medical Diagnosis** is located in different areas of the user interface depending on the line of business. For example, you would edit a **Medical Diagnosis** in a workers’ compensation claim by navigating to **Medical Details** screen and clicking **Edit**. You would then click the **Medical Case Mgmt** card and make your edits on the **Medical Diagnosis** section. In a personal auto claim, you would navigate to **Loss Details** screen and click the name of a person in the **Injuries** section. Then, on the **Injury Incident** screen, you would click **Edit** and make your edits on the **Medical Diagnosis** section.

Guidewire provides ICD-10 codes as reference data, which can be imported through either the command line or the user interface. In the user interface, use the **Utilities > Import Data** tool in the **Administration** tab. ClaimCenter stores each code in an **ICDCode** entity. Once stored, you can use it immediately without doing additional configuration. Each year the administrator must either add or expire codes.

ClaimCenter additionally stores classifications of ICD codes used for categorization in the typelist **ICDBodySystem**.

Note: Guidewire does not provide ICD-9 codes in the base configuration, and the link to the external web site does not work for ICD-9.

See also

- “Administration tab” on page 514
- “Working with medical details for workers’ compensations claims” on page 196

Working with icd codes

You can view, edit, or add new codes.

Icd permissions

You need the following permissions to work with administration reference data:

- `viewrefdata` – Enables you to view administration reference data.
- `editrefdata` – Enables you to edit administration reference data.

View icd codes

Procedure

1. To see a code in ClaimCenter, click the **Administration** tab and navigate to **Business Settings > ICD Codes**.
2. Optionally, enter a code or select a body system from the drop-down list, and then click **Search**.
3. Select a code by clicking its link in the **ICD Code** column.
4. In the **ICD Code Details** screen, you can obtain additional information about that code. Click the code identifier in the **ICD Code** field to see the code on the external ICD web site.

Edit icd codes

Procedure

1. Click the **Administration** tab and navigate to **Business Settings > ICD Codes**.
2. Enter a code or select a body system from the drop-down list and click **Search**.
3. Select a code by clicking its link in the **ICD Code** column.
4. Click **Edit**. You can:
 - Edit the code number.
 - Edit the description.
 - Edit the body system.
 - Mark it as chronic, or clear the check box to remove the chronic setting.
 - Enter availability and expiration dates.

Typically, you might edit the dates to activate or retire a code, because you cannot delete them.

5. When you are finished, to save your edits, click **Update**.

Add new icd codes

Procedure

1. Click the **Administration** tab and navigate to **Business Settings > ICD Codes**.
2. Click **Add new code**. The **New ICD Code** screen opens.
3. Enter the code and description, and associate it with a body system.
4. Optionally mark the code as chronic.
5. Optionally add the available date or the expiration date or both.
6. Click **Update**.

Example

You can also import codes by clicking the **Administration** tab and navigating to **Utilities > Import Data** or by using the command line. See “Managing importing and exporting data” on page 534.

Managing metrics and thresholds

You can define metric targets by policy type in ClaimCenter by clicking **Administration** tab and navigating to **Business Settings > Metrics & Thresholds**. You can define metric targets for different tiers. When a tier is not defined, you are setting up the metric targets for the default tier.

Selecting a policy type displays all the metric limits that apply to that policy type. Every metric subtype has default limits. For money based metric targets, there are multiple defaults, one for each currency in the **Currency** typelist. Because these default limits are added automatically by the system, you cannot delete them, but you can edit them.

You add new metric limits by using the menu items on the default limits. You can add new limits for each claim tier that applies to the policy type. The claim tier typelist is filtered by the policy type typelist. You can add only one limit per tier.

See also

- “Claim health metrics” on page 436
- “Administration tab” on page 514

Editing metric limits

You need the Manage Metric Limits permission `metriclimitmanage` to edit claim health metric target values. Click the **Administration** tab and navigate to **Business Settings > Metrics & Thresholds**. There are separate cards for **Claim Metric Limits**, **Exposure Metric Limits**, and **Large Loss Threshold**, which is visible on the high-risk indicators section of the claim summary.

To edit, you must first select the policy type. In the following example, the policy type is Personal Auto.

| Metrics & Thresholds | | | | | |
|------------------------------|-------------------------------|---------------------|----------------------|------------------------|-----|
| Edit Policy Type * | | Personal Auto | | | |
| | | Claim Metric Limits | | Exposure Metric Limits | |
| | Attribute | Units | Target/Service Level | ! | X |
| Overall Claim Metrics | | | | | |
| | Days Open | Days | 30 | 25 | 60 |
| | Low Severity | Days | 10 | 8 | 20 |
| | High Severity | Days | 150 | 140 | 180 |
| | Initial Contact with Insur... | Days | 1 | 1 | 2 |
| Claim Activity | | | | | |
| | Days Since Last View - Ad... | Days | 10 | 8 | 15 |
| | High Severity | Days | 20 | 18 | 30 |
| | Days Since Last View - Su... | Days | 20 | 16 | 40 |
| | High Severity | Days | 30 | 25 | 50 |

Metric values can be assigned for the target service green level, yellow status, and red status. The red level is used for highlighting claims that need immediate attention. The yellow level is for warnings and indicates that supervisors or

adjusters need to take action before the claim becomes problematic. You can have yellow values be either above or below the target values, either warning that you are slightly above the target, or warning that you are approaching the target.

You first assign metric target values by policy type. While all policy types have the same metrics, there can be different target values associated with them. For example, you decide that the **Days Open** target value for the red level can be at a higher threshold number for one policy type than for the others.

Using tiers to add granularity

You can use tiers to provide different target values for a particular metric with a specific policy type. Tiers are a way to add further granularity within the policy type and help in identifying type, complexity, and size of the claim.

For example, the **Days Open** metric on the Personal Auto policy type has default values of 30/25/60. For Low Severity claims the values are 10/8/20. For the High Severity claims, the values are 150/140/180. In this example, the Medium Severity tier is not defined. The screen showing these settings is in “Using tiers to add granularity” on page 552.

Add a tier

Procedure

1. Click the **Administration** tab and navigate to **Business Settings > Metrics & Thresholds**.
 2. Click the **Edit** button.
 3. In the **Attribute** column, click the down arrow next to the claim metric to which you want to add a tier.
 4. ClaimCenter shows the available tiers. Click one to add it to the metric.
- When you add a tier, the initial values are the same as the base values for the metric.
5. Enter values for the tier and click **Update** to save.

Remove a tier

About this task

You cannot remove a metric on the **Administration** tab, but you can remove a tier from a metric.

Procedure

1. Click the **Administration** tab and navigate to **Business Settings > Metrics & Thresholds**.
2. Click the **Edit** button.
3. Click the check box for the tier you want to remove.
The **Remove** button is now enabled.
4. Click **Remove** to delete the tier.
5. Click **Update** to save your changes.

Claim metric limits

In the base configuration, you can administer the targets for the following claim metrics. To see these limits, click the **Administration** tab and navigate to **Business Settings > Metrics & Thresholds**. For more information and details on these metrics, see “Claim health metrics calculations” on page 437.

| Metric Name | Description |
|------------------------------|--------------------|
| Overall Claim Metrics | |
| • Days Open | Average days open. |

| Metric Name | Description |
|--|--|
| • Initial Contact with Insured (Days) | Average time to initial contact. |
| Claim Activity | |
| • Days Since Last View - Adjuster | Number of days since the adjuster last viewed the claim. |
| • Days Since Last View - Supervisor | Number of days since the supervisor last viewed the claim. |
| • Activities Past Due Date | Indicates that activities are past their due date. |
| • Open Escalated Activities | Number of how many escalated activities are still open. |
| • Number of Escalated Activities | Number of escalated activities associated with the claim. |
| • % of Escalated Activities | Number of escalated activities divided by total activities. |
| Claim Financials | |
| • Net Total Incurred | Total Incurred Net financial calculation, the Open Reserves plus Total Payments minus Total Recoveries. This metric can be in more than one currency. |
| • Total Paid | The amount that has been paid on the claim. This metric can be in more than one currency. The Total Payments financial calculation is the sum of all submitted and awaiting submission payments whose scheduled send date is today or earlier. |
| • Incurred Loss Costs as % of Net Total Incurred | Net Total Incurred for Cost Type of claim cost divided by Net Total Incurred. |
| • Paid Loss Costs as % of Total Paid | Payments for Cost Type of claim cost divided by Total Payments. |
| • Time to First Loss Payment (Days) | The number of days until the first loss payment occurs. |
| • Number of Reserve Changes | The number of reserve changes. |
| • % Reserve Change from Initial Reserve | Total Reserve Amount divided by Initial Reserve Amount. In the base configuration, Initial Reserve Amount includes all reserve changes in the first three days after initial reserves are created. |

Claim metric limits and currency

If ClaimCenter is configured to use a single currency, all money based metrics use the default currency type. However, if multicurrency is configured, all money based metrics such as Net Total Incurred or Total Paid, have an entry for every currency defined. In the base configuration, USD and CAD currencies are included in the `metriclimit` type filter.

For more information on currency configuration, see the *Configuration Guide*.

Exposure metric limits

In the base configuration, you can administer the exposure metrics listed in the following table. To see these limits, click the **Administration** tab and navigate to **Business Settings > Metrics & Thresholds** and click **Exposure Metric Limits**.

Tiering is based on the policy type. For example, for the Personal Auto policy type, available exposure tiers include rental, towing, first party medical, first party physical damage, third party medical, and so forth.

| Metric Name | Description |
|------------------|-------------|
| Exposures | |

| Metric Name | Description |
|--|--|
| • Days Open | Average days open. |
| • Initial Contact with Claimant (Days) | Average time to initial contact. |
| • Net Total Incurred | Total Incurred Net financial calculation, the Open Reserves plus Total Payments minus Total Recoveries. This metric can be in more than one currency. |
| • Total Paid | The amount that has been paid on the claim. This metric can be in more than one currency. The Total Payments financial calculation is the sum of all submitted and awaiting submission payments whose scheduled send date is today or earlier. |
| • % of Escalated Activities | Number of escalated activities divided by total activities. |
| • Paid Loss Costs as % of Total Paid | Payments for Cost Type of claim cost divided by Total Payments. |
| • Time to First Loss Payment (Days) | The number of days until the first loss payment occurs. |

Set a large loss threshold

About this task

You can set large loss thresholds in the **Metrics & Thresholds** screen, based on policy type. To see these limits:

Procedure

1. Click the **Administration** tab and navigate to **Business Settings > Metrics & Thresholds**.
2. Select a **Policy Type** and click **Large Loss Thresholds**.
3. Click **Edit** to set the **Large Loss Indicator** amount.
Claim amounts that are over your defined limit trigger the large loss indicator.
4. If PolicyCenter has been integrated with ClaimCenter, you can also define the large loss threshold for PolicyCenter, the **Policy System Notification**.
When that number is reached, then PolicyCenter is notified. This number does not need to match the large loss indicator number in ClaimCenter.

See also

- To learn more about large loss thresholds sent to a policy administration system, see “Large loss notifications” on page 603.

Claim metrics batch processes

To run your existing claims against newly set claim health metrics, you must run the Claim Health Calculations batch process. Press **Alt+Shift+T** to open the **Server Tools** screen, and then click **Batch Processes** in the sidebar menu. You must be logged in as a user with a role that has the `toolsBatchProcessview` permission to be able to see this screen.

ClaimCenter provides the following batch processes to calculate claim metrics:

- **Claim Health Calculations** – Calculates health indicators and metrics for all claims that do not have any metrics calculated.
- **Recalculate Claim Metrics** – Recalculates claim metrics for claims whose metric update time has passed. For example, this batch process is used for overdue activities.

See also

- The *Configuration Guide* to learn more about batch processes.

Managing business weeks

To define one or more business weeks, click the **Administration** tab and navigate to **Business Settings > Business Week**. For information on this feature, see:

- “Working with holidays and zones” on page 280
- “Business weeks and business hours” on page 282

See also

- “Administration tab” on page 514

Managing Guidewire Analytics

In the base configuration, Guidewire integrates Guidewire ClaimCenter with Guidewire Predictive Analytics:

Guidewire ClaimCenter

Your Guidewire ClaimCenter license provides access to demonstration versions of the Guidewire embedded analytics solutions.

Guidewire Predictive Analytics

Your Guidewire Predictive Analytics (Predict) license provides for the following:

- Access to the Guidewire Predictive Analytics platform.
- Activation of a single offering in a single Predictive Analytics category as a working instance of Guidewire Predictive Analytics embedded within Guidewire ClaimCenter.

You must acquire a separate license for each additional Predictive Analytics solution that you want to activate.

ADS package

IMPORTANT: After obtaining a Predict license, to use the analytics solutions, you must install the Guidewire Analytics and Data Services (ADS) package. This package contains code, permissions, and other components needed for the solutions to function with ClaimCenter. To obtain and install this package in your implementation, contact Guidewire or create a ticket in Customer Community.

Analytics Manager

Guidewire ClaimCenter provides a set of administrative screens to manage the integration points between ClaimCenter and the analytics solutions provided by Guidewire Predictive Analytics. To access these administrative screens, navigate to the following location in ClaimCenter:

Administration > Analytics Manager

You use these screens to do the following:

- Activate a Guidewire analytics solution
- Enable or disable a specific analytics solution
- Enable or disable specific analytics screen functionality
- Configure the current settings for each solution
- Create a custom solution

You must have special analytics permissions to access these screens.

Note: A Guidewire Predictive Analytics (Predict) license is required to use Analytics Manager.

Required permissions for Analytics Manager

In the base configuration, ClaimCenter provides the following application permissions related to Analytics Manager.

| Permission | Code | Description |
|------------------------|----------------|------------------------|
| Edit Analytics Manager | adsmanageredit | Edit Analytics Manager |
| View Analytics Manager | adsmanagerview | View Analytics Manager |

For a ClaimCenter user to see the **Analytics Manager** administration screens, it is necessary for that user to have an assigned role that contains the **View Analytics Manager** permission. For a user to be able to edit the information in the **Analytics Manager** administration screens, that user must have an assigned role that contains the **Edit Analytics Manager** permission.

User roles

It is also possible to assign one or both of these permissions to a new user role, or, to an existing user role. In the base configuration, ClaimCenter assigns both of these permissions to the Analytics Manager role.

Working with the analytics solutions

Guidewire Predictive Analytics

Guidewire provides multiple Predictive Analytics solutions that you can view and access through the ClaimCenter **Analytics Manager** screens. As part of your Predictive Analytics general license, you can select one of the Predictive Analytics solutions to make active within Guidewire ClaimCenter. Your Predictive Analytics license gives you access to the Guidewire analytics platform, as well.

It is possible to load and view all of the demonstration solutions, if desired. You can view and interact with the unlicensed solutions in the **Analytics Manager** screens and the ClaimCenter application screens. However, the analytics content returned by unlicensed solutions is not accurate. Do not rely on this data in any way other than for testing purposes. For example, the sample URL that Guidewire supplies for each solution points to an actual, working, Guidewire server. But, this server does not return any useful or meaningful data.

Custom predictive analytics solutions

It is possible to create your own custom Predictive Analytics solution, using one of the existing solutions as a template. If you do so:

- You need to provide your own Gosu classes for your custom analytics solutions.
- You need to modify the affected ClaimCenter PCF files so that the analytics content shows in the desired screen.

Activating a Guidewire analytics solution

Although Guidewire provides a number of reference implementations of analytics solutions in the base ClaimCenter configuration, these analytics solutions display only demonstration data until you activate the analytics solution. Activating a licensed analytics solution requires that you perform specific integration and configuration steps within ClaimCenter. These activation steps include obtaining specific information from Guidewire and entering that information in the **Analytics Manager** screens. For each solution that you license, you must enter separate, unique, information.

You can also configure the analytics solution to meet your business needs by selecting various product and input parameters as part of the activation process.

Embedded analytics

For a user to view embedded analytics content in an application screen, you must enable that content through settings in the **Solution Details** screen for each solution. Thus, it is possible to activate a particular analytics solution, but, restrict the types of analytics content that a user can see in ClaimCenter for that analytics solution.

Enabling a Guidewire analytics solution

To actively use an analytics solution in production, you must first activate the solution, then enable (turn on) the solution within ClaimCenter. Enabling an analytics solution makes its specific content show in the ClaimCenter screens and tabs.

You can enable, or disable, an analytics solution at any time after the activation of the analytics solution.

Enable in Analytics Manager screen

It is also possible to enable or disable one or more analytic solutions directly from the main **Analytics Manager** screen. First, make the screen editable, then use the **Enabled** setting to selectively enable or disable each analytics solution.

Enable in Solution Details screen

It is possible to enable or disable an analytics solution in either of the following ways:

- Use the **Enabled** setting in the **Solution Details** screen during the activation process.
- Use the **Enabled** setting in the **Create New Solutions** screen as you create a custom solution.

Non-production environments

It is also possible to enable an analytics solution without activating it in development or test environments. This makes the analytics solution visible in ClaimCenter for review or testing but without actual, meaningful, data.

ClaimCenter demonstration analytics solutions

In the base configuration, Guidewire provides demonstration solutions for Guidewire Predictive Analytics. To be able to see analytics content in the ClaimCenter application screens:

- You must download and activate the solution in the **Analytics Manager** workspace.
- You must enable the analytics solution in **Analytics Manager**.
- You must enable the specific parts of the analytics solution that you want to be visible in the ClaimCenter screens.

Embedded predictive analytics

Guidewire ClaimCenter provide the following types of embedded predictive analytics.

Litigation If enabled, you see a **Litigation Analytics** tab on the following types of claim exposure screens:

- Bodily injury
- Medical payments

The **Litigation Analytics** tab contains analytics on the likelihood of litigation for that particular exposure on the claim.

ClaimCenter provides litigation strategies for the following claim types:

- Personal auto
- Workers' compensation

Segmentation The purpose of segmentation is to set the Segment property on certain new claims and exposures based on the complexity of the claim or exposure, the severity of the damage, and other attributes. Typically, ClaimCenter uses the segmentation values in determining the assignment of the claim or exposure.

ClaimCenter provides segmentation strategies for the following claim types:

- Personal auto
- Workers' compensation

Severity Escalation If enabled, you see a **Severity Analytics** tab on the following types of claim exposure screens:

- Bodily injury
- Medical details

The **Severity Analytics** tab contains analytics on the severity of the exposure.

ClaimCenter provides severity escalation strategies for the following claim types:

- Personal auto
- Workers' compensation

| | |
|--------------------|---|
| Subrogation | If enabled, you see a Predictive Analytics Summary area on the Subrogation screen for personal auto claims. This area contains analytics on the likelihood of subrogation on the claim. |
|--------------------|---|

ClaimCenter utility tab

If you integrate Guidewire ClaimCenter with Guidewire Predictive Analytics, you see an additional **Utility** option on the ClaimCenter menu bar. The **Utility > Predictive Analytics** menu provides access to the following Predictive Analytics screens:

- Dashboard
- Claim Search
- Claim Overview

You must have administrative privileges to see the **Utility** menu.

Dashboard

The **Dashboard** screen provides information about the following Predictive Analytics solutions:

- Segmentation
- Subrogation
- Litigation
- Severity Escalation

Claim Search

The **Claim Search** screen provides a means to search for open claims that have a successful predictive analytics score attached to the claim. A results table shows useful information for each claim that matches the search criteria. You can also print or export the information in the table.

Claim Overview

The **Claim Overview** screen provides a means to view analytics information about a specific claim. After entering a claim number, ClaimCenter displays analytics information related to that specific claim.

IMPORTANT: Guidewire provides this utility for testing purposes only, as an overview of all solutions for a given claim.

Predictive Analytics Solutions

Activate a Predictive Analytics solution

Your Predictive Analytics license provides for the activation of a single offering in a single Predictive Analytics category as an embedded analytics solution within Guidewire ClaimCenter.

About this task

Initially, the **Analytics Manager** screen is empty of content. You must actively load an analytics solution into the workspace for the solution to become accessible for activation, enablement, and configuration.

IMPORTANT: The initial values shown for a Guidewire analytics solution are for demonstration purposes only. You must obtain valid production values from Guidewire to activate a fully functioning Predictive Analytics solution. Each analytics solution that you license requires different activation information.

Procedure

1. Navigate to the following location in Guidewire ClaimCenter:

Administration > Analytics Manager

2. Select **More** in the **Analytics Manager** screen.
3. Select **Import Sample Solution**.
4. Select a category to see the available offerings for that category.
5. Select the Predictive Analytics solution that you want to activate.
The **Analytics Manager** screen displays a table row for the analytics solution that you selected.
6. In the summary table, select the solution name to open the **Solutions Details** screen for that solution.
7. Select **Edit**.
8. Choose whether to set **Enabled** to **Yes** or **No**.

You must enable a Guidewire analytics solution before its specific content can show in the ClaimCenter application screens.

9. In the **Analytics Manager** screen, review the following tabs and update as necessary:

Appearance Sets whether to show the solution summary and solution details in the affected application screens.

To access the choices available under **Display Solution Details**, first select the check box next its name. Set the **Yes/No** value for each individual choice. A value of **Yes** enables that content to show in the relevant ClaimCenter screen.

Credentials Enter the Guidewire-supplied URL and authentication token values.

Applicability Select either **All** or **Selected** for each of the listed types (**Loss Type**, **Policy Type**, **Jurisdiction**):

- **All** means that the analytics solution applies to all of the listed claim details.
- **Selected** allows you to selectively choose the parts of the claim details to which the analytics solution applies.

Condition Code Expression

Provides a space for the entry of Gosu code in free text. The entered code must evaluate to true or false.

For example, the following expression checks whether the "Description" field on the claim has changed:

```
claim.isFieldChanged("Description")
```

The analytics solution evaluates the Boolean value of the expression, in conjunction with the other factors associated with the solution, to determine whether to trigger the solution.

Input Variables Update the variable definitions to provide meaningful results. The variables listed on this tab must exist. Do not delete any of the variables. This means that if the tab lists ten variables, the analytics solution expects those ten variables to exist with those specific names. However, the default definitions that Guidewire provides for these variables are for demonstration purposes only.

In the base configuration, Guidewire provides the Gosu classes that support the demonstration expressions. If you modify the base configuration expressions, you may need to extend the existing Gosu classes or to add additional Gosu classes to support your custom expressions.

See "Create a custom Predictive Analytics solution" on page 560 for the location of the Gosu backing classes in Guidewire Studio.

Note: Guidewire also calls input variables "influence factors".

Claims Read-only information on the claims processed by this particular Predictive Analytics solution.

10. Save your work after you complete your edits.

Create a custom Predictive Analytics solution

It is possible to create your own custom analytics solution, using one of the existing solutions as a template.

About this task

To create a custom solution, you need to create your own Gosu classes for input variable expressions, and update or modify the ClaimCenter application screens that you want to show your analytics solution.

Procedure

1. Obtain a subscription license to Guidewire Predictive Analytics.
2. Open Guidewire ClaimCenter and navigate to **Administration > Analytics Manager**.
3. Select **Add Solution**.
4. In the upper part of the **Create New Solution** screen that opens, set the following values:
 - a) For **Enabled**, select either **Yes** or **No** to either enable or disable this solution.
 - b) For **Business**, select **Predictive Analytics**.
 - c) For **Business Function**, choose the type of the analytics solution to configure.

A business function provides the template that represents the business categories for different types of analytic cases. For each of the default business functions, Guidewire provides ClaimCenter screens and screen elements that support that business function. For example, to support the Litigation template, Guidewire modified the necessary litigation-related ClaimCenter screens and elements in the base configuration.

The **Default** option provides for creating a test or proof-of-concept analytics solution. For such solutions, you do not need to provide updated ClaimCenter application screens. See “Create a Predictive Analytics test solution” on page 561 for more information.

- d) For **Solution Name**, enter text that describes this solution.
- e) For **Configuration Method**, select one of the following:

| | |
|----------------------------|--|
| Admin | Use ClaimCenter Analytics Manager to configure this solution. Selecting this option opens additional configuration fields and tabs. |
| Custom using Studio | Use Gosu classes in Guidewire Studio to configure and manage the configuration resources for the analytics solution. |

- f) For **Scoring Entity** (which you see only if you select **Admin** for **Configuration Method**), choose the business entity on which to score the analytics algorithms.

It is possible to create your own custom entity and to use that entity to trigger your analytics solution. If you add a custom entity, you need to update the **ContextDefinitionKey** typelist and add your custom entity to the list of context entities.

- g) For **Trigger Action** (which you see only if you select **Admin** for **Configuration Method**), choose the type of action on the business entity that triggers the analytics functionality.

The available choices include the following:

| | |
|------------------------|--|
| Creation | Execute the analytics solution on the creation of the selected business entity. |
| Update | Execute the analytics solution on any update to the selected business entity. |
| Exception Batch | Execute the analytics solution if running an exception process for the business entity. By default, the processes that trigger execution of the analytics solution are the Claim Exception work queue and the Idle Claim Exception work queue. |
| Manual | Execute the analytics solution based on business logic defined in Gosu classes constructed in Guidewire Studio. |

- h) For **Description**, Enter text that describes this solution.

5. In the lower part of the screen, update the following tabs:

| | |
|----------------------------------|--|
| Appearance | Sets whether to show the solution summary and solution details in the affected application screens. To access the choices available under Display Solution Details , first select the check box next its name. Set the Yes/No value for each individual choice. A value of Yes enables that content to show in the relevant ClaimCenter screen. |
| Credentials | Enter the Guidewire-supplied URL and authentication token values. |
| Applicability | Set the loss details to which the analytics solutions applies. You see this tab only if you select Admin for Configuration Method . Choose either All or Selected : <ul style="list-style-type: none">• All means that the analytics solution applies to all of the listed claim details.• Selected allows you to selectively choose the parts of the loss details to which the analytics solution applies. |
| Condition Code Expression | Provides a space for the entry of Gosu code in free text. The entered code must evaluate to true or false. For example, the following expression checks whether the "Description" field on the claim has changed: <code>claim.isFieldChanged("Description")</code> The analytics solution evaluates the Boolean value of the expression, in conjunction with the other factors associated with the solution, to determine whether to trigger the solution. |
| Input Variables | Add the variable names and variable definitions that you need to provide meaningful results for your custom analytics solution. You need to create new Gosu classes or modify existing Gosu classes for the custom expressions that you create. You see this tab only if you select Admin for Configuration Method . |
| Claims | Read-only information on the claims processed by this particular analytics solution. |

6. In Guidewire Studio for ClaimCenter, create or update the following items as needed.

| | |
|---------------------|--|
| Gosu classes | Place all of new Gosu classes for your custom solution in the following location in the Studio Project window: configuration > gsrc > ads > analytics Do not modify any of the classes in the following ads folder: configuration > gsrc > ads > platform The analytics solutions require these classes for correct functioning. |
| PCF files | Review the PCF files in the following location: configuration > config > Page Configuration > pcf > ads > analytics Determine if you need to update or modify any of the analytics-related PCF file to support your customer solution. |

7. In Guidewire ClaimCenter, review your analytics solution in the affected application screens.

Create a Predictive Analytics test solution

It is possible to test the analytical algorithms associated with a Predictive Analytics solution without accessing the ClaimCenter application screens.

About this task

To save time and to provide a proof of concept, it is possible to create a fully functional Predictive Analytics solution with no access to the ClaimCenter application screens. In that case, you need a way to test that your custom solution works as intended.

Procedure

1. In Guidewire ClaimCenter, navigate to the **Analytics Manager** screen.

2. Create a new analytics solution using the steps outlined in “Create a custom Predictive Analytics solution” on page 560.

Use the following options as you create the analytics solution.

Business Function Select Default.

Configuration Method Select Admin.

Credentials Enter the Guidewire-supplied URL and authentication tokens here.

Input Variables Add and define the input variables as needed.

3. On the ClaimCenter toolbar, select the following option.

Utility > Predictive Analytics > Claim Overview

4. Enter a claim number.

The resulting screen shows details of every analytics solution that applies to the claim, regardless of whether the solution shows in the ClaimCenter application screens.

The Predictive Analytics Errors screen

If Guidewire ClaimCenter is integrated with Guidewire Predictive Analytics, ClaimCenter provides a **Predictive Analytics Errors** screen to monitor issues with predictive analytics functionality. You can find this screen in the following location:

Administration > Monitoring > Predictive Analytics

This screen contains a table populated with any errors associated with predictive analytics.

On this screen:

- Select an error and click **Delete** to delete the currently selected error.
- Click **Claim Number** to open the claim associated with the error.
- Click **Code** to view information about the error.

Business rules overview

ClaimCenter provides a management tool that enables business analysts and administrators to create various claim components using business rules. Business rules are executed at different stages of the application to generate activities, exposures, and reserves.

ClaimCenter includes two types of rules:

- **Business rules** – Business rules are created and managed by using the **Administration > Business Settings > Business Rules** menu. You can define business rules to create activities, exposures, and reserves. Business rule management is targeted towards administrators and can be configured without any system downtime.
- **Gosu rules** – Gosu rules are created and managed entirely in Guidewire Studio. They are written and edited in Gosu and require in-depth domain knowledge and technical expertise. Gosu rule management is targeted towards developers. When you make changes to Gosu rules, you will typically need to restart the application server.

This topic addresses the Business Rules feature. For more information on Gosu rules, see the *Gosu Rules Guide*.

See also

- “Working with business rules” on page 567
- “Business rules for activities” on page 579
- “Business rules for exposures” on page 585
- “Business rules for reserves” on page 589
- “Configuring business rules” on page 564
- *Gosu Rules Guide*

Accessing business rules

You access and manage business rules in the **Administration** tab using the **Business Settings > Business Rules** menu link.

The following types of business rules can be accessed in this menu:

- Activity Rules
- Exposure Rules
- Reserve Rules

In each of these screens, a list of existing activity, exposure, or reserves rules is shown. You can then proceed to create, edit, and manage these business rules.

See also

- “Business rules roles and permissions” on page 595

Business rule execution flow

In general, ClaimCenter business rules have the following execution flow:

- ClaimCenter application logic triggers the evaluation of business rules at certain points in the application flow, based on rule implementation. Only those rules that match a triggering action and a triggering entity are candidates for evaluation.
- Business rule logic uses applicability criteria, defined in the **Applies To** area of the Business Rules editor, to filter rules for evaluation based on the current state of the data. For example, if **Jurisdiction** = California, ClaimCenter evaluates only those rules with a jurisdiction of California.
- After ClaimCenter determines the list of rules eligible for execution, it evaluates the rule conditions for each rule. ClaimCenter then creates the set of rules for which the rule conditions evaluate to true and executes the actions for this set of rules.
- Rule logic caches the rules for execution at every triggering point. ClaimCenter flushes this rule cache at every rule edit, rule import, and application restart.

Managing business rule export and import

You transfer rules between different server environments by exporting the rules from one server and importing the rules into the other server. Typically, dedicated Rule Administrators manage the export and import of business rules between different ClaimCenter servers.

During the rule import process, it is possible for rule conflicts to occur. This can happen, for example, if you import a different version of a rule that already exists on the importing server. ClaimCenter detects and highlights these types of issues. The Rule Administrator manages these rule conflicts manually, in the **Business Rules** import screens.

IMPORTANT: The user who is responsible for resolving rule conflicts, either in a production environment or non-production environment, must have the necessary rule edit permission.

To access the main **Business Rules** import and export screen, navigate to the following location in Guidewire ClaimCenter:

Administration > Business Settings > Business Rules > Import/Export Status

See also

- *Administration Guide*

Configuring business rules

In the base configuration, you can configure some aspects of business rules for activities. For example, you can configure ClaimCenter to add new trigger entities and generate activities on additional entities. However, you cannot modify applicability criteria or the **Set Field** rule action.

See also

- *Configuration Guide*

Business rule states

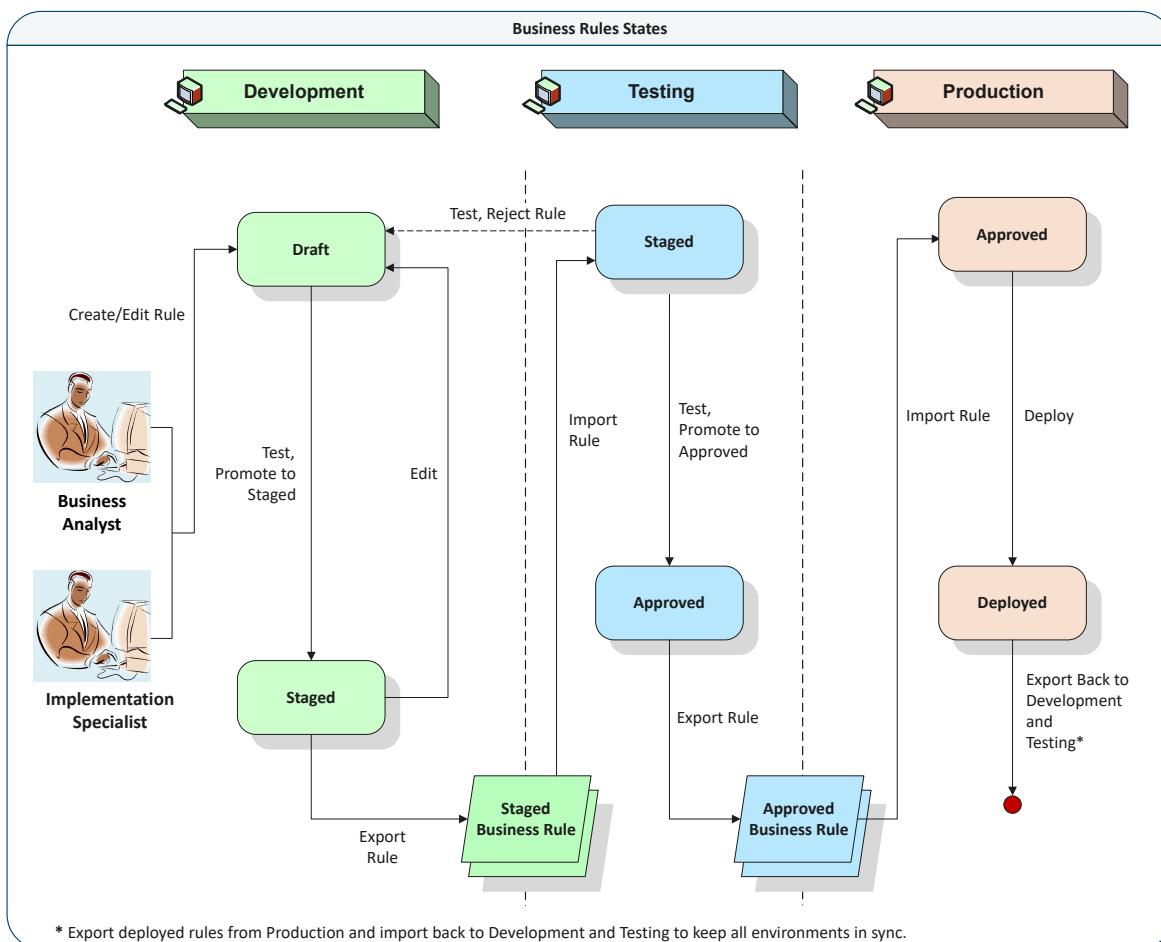
At initial creation, all business rules are in the Draft state. As you begin the process of reviewing, evaluating, and updating a business rules, its state can vary and progress.

In ClaimCenter, business rules have the following states:

- **Draft** – This is the first state a rule is assigned when it is created and saved. A rule reverts to Draft status any time it is edited. Draft rules can be executed in a development environment.
- **Staged** – Draft rules are moved up or promoted to the Staged status in a development environment when editing is complete and they are ready to be executed and tested.
- **Approved** – Staged rules are promoted to the Approved status once the evaluation phase is complete and they are ready to be exported to production. Only Approved rules must be exported from the development server.
- **Deployed** – Approved business rules are imported into production, where they can then be promoted to Deployed. Only rules in Deployed status can be executed in production.

Note: In order to deploy business rules, the `BizRulesDeploymentEnabled` configuration parameter must be set to true in `config.xml`.

The following diagram describes the various states associated with a business rule, as it is created, edited, and deployed in development and production environments.



See also

- *Administration Guide*

Working with business rules

You typically create new rules in a development environment. This is a collaborative process involving company personnel such as the business analyst and the implementation specialist.

A business rule has the following components:

- **Basic information** – Specify basic rule details such as the rule name, description, and the object or entity that triggers the rule.
- **Applicability criteria** – Specify whether the rule applies to one or more commonly used matching criteria. For example, you can choose to apply an activity rule to one or more loss types.
- **Rule conditions** – Specify additional conditions that need to be met for the business rule to be executed.
- **Actions** – Specify the actions that will be taken, such as activity generation, when all rule conditions are met and the rule is executed.

See also

- “Business rules overview” on page 563

Promote business rules

About this task

Once a draft rule is complete and has been validated, it is ready to be moved to a staging area for evaluation. This is typically done in the development environment.

Procedure

1. Open the rule in ClaimCenter by selecting **Administration > Business Settings > Business Rules > Activity Rules**. Existing activity rules are listed by name.
2. Click the rule name to open it.
3. In the rule details screen, select **Promote to Staged**.
The rule status in the **Version** field is now changed to **Staged**. In a typical workflow, a developer would create a rule, edit it, run it, and when it is ready, promote it to the Staged status for review.

See also

- “Business rule states” on page 564

Clone business rules

About this task

You can use cloning to copy an existing rule and use it as the basis for a new rule.

Procedure

1. Open the rule in ClaimCenter by selecting **Administration > Business Settings > Business Rules > Activity Rules**. ClaimCenter displays list of existing activity rules by name.
2. Select the rule in the list by using the check box in the column to the left.
3. Click **Clone**.
A new rule is created and is available in the **Rule** screen to edit.

Specifying business rule conditions

On the **Rule** screen in **Rule Condition**, you specify additional conditions that must be met for this rule to create an activity. In new rules, the default rule condition is **AND**, which means the rule fires if all the applicability criteria are met. You can replace this rule condition with your own.

The rule condition type can be one of the following:

- **None** – Always fires when the rule is executed.
- **All of the following criteria must be true (AND)** – All rows evaluate to true.
- **At least one of the following must be true (OR)** – At least one row evaluates to true.
- **The following combination of criteria must evaluate to true (AND/OR)** – Multiple rows can be combined by using AND, OR, and parentheses for grouping. The rows evaluate to true.

Each row requires a **Left Expression** followed by an **Operation**. The **Right Expression** is required except when the **Operation** is **Is True**, **Is False**, **Has Value**, or **Has No Value**.

So that you can more easily comprehend the rule condition, ClaimCenter displays a formatted view of the rule condition below the rule condition table.

Note: Avoid commas when using numerical values in business rules expressions. Use commas only in lists.

The following are examples of rule conditions:

- Example of AND:

```
claim.FirstAndFinal Is False  
AND  
claim.LossType = "Property"
```

- Example of AND/OR:

```
claim.AccidentType = "Collision or sideswipe with another vehicle"  
AND  
claim.LossType = "Auto"  
OR  
claim.Policy.PolicyType = "Personal Auto"
```

Entering expressions in business rules

In the **Rule Condition**, expressions appear on the left and right of a condition row.

Expressions can be in one of the following modes:

| Mode | Description |
|------------------|--|
| Formula | Write an expression using literals, comparison operators, and object properties. |
| Last saved value | Retrieve the last value of a field or property saved to the database. |
| Count | In a list, count the number of items matching a given condition. |
| Sum | In a list, sum up the expression for every item matching a given condition. |

Select the mode by clicking the down arrow to the immediate right of an expression.

Formula expressions in business rules

In formula expressions, you enter literals, context objects, arithmetic operators, and utility functions directly in the text field. The arithmetic operators are +, -, *, /, and %. For information about these operators, see the *Gosu Reference Guide*. Utility functions are defined globally and are always available.

When you start typing, autocomplete shows you available objects, properties, and methods based on the selected context and filtered by the text you enter.

To select from available objects, press Spacebar. Type one or two letters to display first-level objects containing letters in that order. Type a period after the object to select its subobjects, properties, and methods. Type three or more letters to display objects containing letters in that order. The letters can match objects at multiple levels of nesting. The number of levels is defined in the `BizRulesLeafSearchNumOfHops` parameter in `config.xml`. The default value is 3.

To access utility functions, type `Util` followed by a period.

The following formula expressions use literals and comparison operators:

- 50
- 50 + 50
- "some" + "thing"

Enter formula expressions in business rules

About this task

The following formula expression uses objects and comparison operators:

- `claim.AssignmentDate < claim.Policy.ExpirationDate`

To enter this formula expression:

Procedure

1. In **Administration > Business Rules > Activity Rules**, open the rule and click **Edit**.
2. In **Rule Condition**, click **Add**.
3. Set the mode to Formula by clicking the down arrow to the immediate right of an expression.
4. In the **Left Expression**, press Spacebar to view available objects, and then select `claim`.
5. Type a period to view objects and properties on the object.
6. Select `AssignmentDate`.
7. In the **Operation** column, type `<` for the comparison operator.
8. In the **Right Expression**, select `claim.Policy.ExpirationDate`.

Use last saved values in expressions

About this task

In the left expression, select from available objects whose last saved value is to be used. When you start typing, the autocomplete feature shows you all available objects, properties, and methods based on the rule trigger entity and filtered by the text you enter.

The following is an example of an expression using the last saved value:

```
The last saved value of claim.SIEscalateSIU
```

To enter an expression using previously saved values:

Procedure

1. In **Rule Condition**, click **Add**.
2. To the right of the expression, click  and select **Last saved value**.
3. Click **Set field** to display the **The last saved value of...** screen.
4. Select the field. For this example, select `claim.SIEscalateSIU` and click **OK**.

Count and sum expressions in business rules

You enter both count and sum expression types in the same way. These expressions can include a Boolean condition to filter the list.

The following are examples of count and sum expressions:

- Count the number of vehicles with outstanding loans covering a specified time period:

```
The count of
each vehicle in the claim.Vehicles list where
vehicle.LoanMonthsRemaining >= 60
```

- Sum the gross amounts for checks that are on hold:

```
The sum of check.GrossAmount for each check in the claim.Checks list
where check.DeliveryMethod = "Hold for adjuster"
```

Enter count and sum expressions in business rules

About this task

To enter a count or sum expression:

Procedure

1. In **Rule Condition**, click **Add**.
2. To the right of the expression, click the down arrow and select **Count or Sum**.
- For this example, select **Count**.
3. Click **Set fields and condition** to display the **Count or Sum** popup screen.
4. For this example, select the list `claim.Vehicles`.
5. Select the type of count, and specify conditions of items to count.

For this example, set the count condition to:

```
Count each "vehicle" where
```

Add the following expression to complete the count condition:

```
vehicle.LoaMonthsRemaining >= 60
```

Below the condition table, the formatted view displays the complete rule condition with the count or sum that you are editing highlighted in yellow.

Operations in business rule conditions

Operations appear between the left and right expressions. In rule conditions, operations specify how the left expression is compared against the right expression. Each rule condition row requires an operation. There are three types of operations:

- Comparison
- Unary
- Functional

Comparison operations

Comparison operations require both left and right expressions. Both expressions must evaluate to the same type. The comparison operations are:

| Operation | Description |
|------------------------|---|
| = | Left expression is equal to the right expression. |
| Is Not Equal To | Left expression is not equal to the right expression. |
| < | Left expression is less than the right expression. |
| <= | Left expression is less than or equal to the right expression. |
| > | Left expression is greater than the right expression. |
| >= | Left expression is greater than or equal to the right expression. |

Monetary expressions

When using monetary amount properties in operations in the rule condition builder, drill down to the appropriate **Amount** property to avoid validation errors.

For example:

- `exposure.AverageWeeklyWages.Amount < 1000.00`

Unary operations

Unary operations require only a left expression. For **Is True** and **Is False**, the expression must evaluate to a Boolean.

| Operation | Description |
|---------------------|--|
| Is True | Left expression is true. |
| Is False | Left expression is false. |
| Has a Value | Left expression has a value. The expression does not evaluate to null. |
| Has No Value | Left expression evaluates to null. |

Functional operations

Functional operations require both left and right expressions.

| Operation | Description |
|-------------------------|--|
| Is In | Item in the left expression is contained in the list in the right expression. |
| Is Not In | Item in the left expression is not contained in the list in the right expression. |
| Contains | List in the left expression contains at least one item matching the condition in the right expression. |
| Does Not Contain | List in the left expression does not contain any item matching the condition in the right expression. |

For **Is In** and **Is Not In**, the right expression must evaluate to a list, and the left expression must evaluate to a type matching an item in the list.

For **Contains** and **Does Not Contain**, the left expression must evaluate to a list, and the right expression specifies a condition that items in the left expression are compared against.

The following conditions use functional operations:

- `claim.JurisdictionState Is In "California", "Oregon", "Washington"`
- `claim.Activities Does Not Contain an activity where activity.Status = "Open" AND activity.AssignedUser = claim.AssignedUser`

Specifying rule actions

On the **Rule** screen, in **Actions**, you specify the action that is to be taken if rule conditions are satisfied. Rule actions vary based on the type of business rule. A business rule can have one or more actions.

Actions can be ordered and reorganized using the arrow buttons shown at the top of the **Actions** table. You must select a row for these buttons to become available. When you add a new action, it is added to the bottom of the table.

In the case of exposure rules and reserve rules, the only valid rule action is the creation of exposures and reserves.

ClaimCenter provides the following action choices for activity rules:

- Generate Activity
- Generate History Event
- Set Field

The following topics provide more details about these actions:

- “Generate activities” on page 572
- “Generate history events” on page 573
- “Set fields” on page 574

Generate activities

About this task

In an activity rule, the most common action selected upon rule execution is activity generation.

To generate an activity:

Procedure

1. In the **Actions** section of an activity rule, click **Add Action**.
2. In the **Parameters** tab, select **Generate Activity** in the **Action** drop-down menu.
3. In the **Activity Pattern** drop-down menu, select an activity pattern.

The **Activity** fields are populated based on the activity pattern choice. In addition, this screen also includes the following additional fields for business rules:

- **Assigned To** – Select how the activity is to be assigned. Choices include **Auto Assign**, **Claim Owner**, **Group**, **Queue**, and **Users by Role**. If you choose to assign the activity to a group or queue, you must enter a group or queue in the associated text field. If you select **Users by Role**, a list of roles associated with the claim is shown. You can then make a selection from the **User Role** drop-down list.
 - **Related To** – Select the entity the activity is associated with. The list of available values shown depends on the trigger entities selected for the business rule.
 - **Additional Restriction** – Select restrictions to avoid duplication of activities, if needed. You can prevent creating the following:
 - Duplicate activities (**No duplicate Activity on Claim**)
 - Duplicate open activities (**No duplicate open Activity on Claim**)
4. Enter relevant details for the activity pattern. In each field, you can enter text, select from a drop-down menu or use a formula. In formula fields, (fx) appears after the field name.
- To include a formula, embed the expression between \${ }. After typing \${, autocomplete shows you available objects, properties, and methods based on the rule trigger entity and filtered by the text you enter.
- For example, the following formula sets the value of the field to the current date:
5. Click **Save** or **Update** to save your changes.

Results

When the rule is executed, the specified activity is generated and a corresponding entry is added to the claim workplan.

See also

- “Working with activities” on page 233.
- “How ClaimCenter assigns work” on page 212.
- “Queues” on page 222.

Generate history events

About this task

When an activity rule is executed, you can choose to create an event to be added to the claim history in the **Actions** section.

To generate a history event:

Procedure

1. In the **Actions** section of an activity rule, click **Add Action**.
2. In the **Parameters** tab, select **Generate History Event** in the **Action** drop-down menu.
3. Enter the event type in the **Type** drop-down menu.
4. In the **Related To** field, specify if the history event is related to the claim. The list of available values shown depends on the trigger entities selected for the business rule.
5. Enter a description.

Results

When the rule is executed, the specified event is added to the claim history.

See also

- “Claim history” on page 141.

Set fields

About this task

When an activity rule is executed, you can choose to specify the value of a field in the **Actions** section.

To set a specific field:

Procedure

1. In the **Actions** section of an activity rule, click **Add Action**.
2. In the **Parameters** tab, select **Set Field** in the **Action** drop-down menu.
3. Specify if you want to set the field only if it is currently empty.
4. Enter the name of the field. You can also click **Set Field** and enter the field name in the **Set Field** screen. When you start typing, the autocomplete feature shows you all available fields filtered by the text you enter.
5. Enter a value. You can enter literal values or functions (`{fx}`) in this field.

Validation errors, if any, are indicated in the corresponding fields of this screen.

Results

When the rule is executed, the specified event is added to the claim history.

See also

- “Claim history” on page 141.

Rule execution status

Business rule execution status indicators display in the **Run Status** column on the rules list pages and provide information on the execution of a rule in the current environment.

A business rule can have one of the following execution status types:

Table 1: Rule execution status indicators

| Icon | Rule execution status | Description |
|------|----------------------------|---|
| ..▶ | Executing | The business rule is executing in the current environment. |
| ■... | Not executing | The business rule is not executing in the current environment due to one of the following reasons: <ul style="list-style-type: none"> • The rule has validation errors. • The rule is disabled. • The rule has not been deployed. • The previously deployed version of the rule is not enabled. |
| ▶.. | Previous version executing | A previous version of this business rule is deployed in the current environment. A newer version exists, but has not been deployed. |
| ...• | Unknown | The business rule status is unknown, as the system has not completed validating the rule. |

Working with business rule variables

It is possible to define a variable in ClaimCenter business rules that stores a specific expression or value for later reuse in the rule. In this manner, you define an expression once and then reuse it at will in the conditions or actions of the rule. Thus, rule variables are similar to rule symbols. Just as you can use symbols defined in the context definition in the rule conditions and actions, you can use variables in the rule conditions and actions as well.

Adding a rule variable

Guidewire recommends that you first set the rule context before defining the rule variable (as you must with condition expressions as well). This ensures that the rule editor recognizes any rule symbol that you use in the variable expression.

To add a rule variable to a rule, place the rule in edit mode and click **Add** in the **Rule Variables** section of the editor. It is possible to add multiple variable rows in the **Rule Variables** section by clicking **Add** multiple times. However, if you do so, ClaimCenter removes any variable row that is completely empty during a save operation of the rule edits.

After you add a rule variable row, enter the following information.

| Field | Required | Description |
|----------------|----------|--|
| Name | Yes | Use alpha-numeric characters only. The variable name must start with a letter and meet Java naming conventions. The variable name cannot be a reserved Gosu or Java keyword. Each variable name must be unique within the entire variable name space. |
| Description No | | A simple sentence that describes the meaning and purpose of the variable. |
| Expression | Yes | <p>Expressions that you enter in this field must one of the following forms:</p> <ul style="list-style-type: none"> • Formula • Count • Sum <p>Use the drop-down picker to set the form of the expression. If shown, click the link in the expression to open up a secondary screen in which you must enter additional information.</p> |
| Type | | ClaimCenter populates this read-only field automatically after you enter a value in the Expression field. This field shows the return type of the defined expression. |

After you define the rule variable values, and after ClaimCenter determines the variable name and expression to be valid, ClaimCenter adds the rule variable to the rule context definition.

Each rule variable that you define must have a unique name across the entire variable name space. However, a variable that you define in a rule is only available to that rule, not across other rules. A variable that you define in a particular rule version is not available to prior versions of that rule. Thus, rule versioning, rule lifecycle, rule deployment, and rule import and export all apply to rule variables as well.

For more information about expressions, see the following topics:

- “Formula expressions in business rules” on page 569
- “Count and sum expressions in business rules” on page 570

Working with rule variables

Rule variables work in exactly the same manner as the other symbols in the context definition. This means that you can perform such operations as `var1 + var2` and other similar operations.

In working with rule variables:

- It is possible to use variable expressions of any form in rule condition and action statements, on either side of the line.
- It is possible to use rule variables in rule action parameters that permit Gosu expressions. Use the `{}$` construct to enter a variable into an action parameter.
- It is not possible to nest one variable inside another variable. (A variable expression cannot itself contain a previously defined variable.) However, it is possible to use variables in any of the nested expressions (sum, count) if accessed through the condition builder.
- It is not possible to use variables in **Last saved value** expressions in rule conditions.
- It is not possible to use rule variables whose form is Sum or Count within rule action statements.

ClaimCenter invalidates the entire rule if a rule variable is invalid.

Removing a rule variable

If you use a variable in a condition or action line and then delete the variable definition, ClaimCenter generates a validation error. If you rename a variable, ClaimCenter again generates a validation error if the variable exists in a rule condition or action line.

View rule history

About this task

Changes to business rules are recorded in the rule **History**.

Procedure

1. Open the rule in ClaimCenter by navigating to **Administration > Business Settings > Business Rules > Activity Rules**.
A list of existing activity rules displays, ordered by name.
2. Click the rule in the list to open the **Rule** screen.
3. Click **View History**.
The **History** screen displays a list of changes with associated details including the date and time of the change, the name of the responsible user, and the system name. It also provides details on import status, if any.

Deleting a business rule version

ClaimCenter associates a version number and a status (state) with each individual business rule. Whether it is possible to delete any given version of a rule depends on the state of the business rule. The following table lists the rules for deleting a rule version.

| Rule version state | Rule deletion action |
|--|--|
| Deployed | It is not possible delete a rule version after its deployment |
| Approved or Staged | Clicking Delete deletes all rule versions down to the last deployed rule version. |
| Draft – Direct parent deployed | Clicking Delete Draft deletes all rule versions down to the last deployed rule version. |
| Draft – Rule previously staged or approved | Clicking Delete Draft deletes the immediate draft version of the rule. After deleting the draft version of the rule, it then becomes possible to delete the staged and approved versions of the rule. |

Enabling or disabling a business rule

ClaimCenter provides the following means to enable or disable a business rule:

- From the rule list screen, by selecting **More > Enable Selected** or **More > Disable Selected**.
- From the rule details screen, by clicking either **Enable** or **Disable**.
- From the rule details screen, by placing the rule in edit mode and updating the **Enabled** check box.

Whether a user is able to view and use the **Enable / Disable** functionality depends on several factors:

- If the value of configuration parameter `BizRulesDeploymentEnabled` is `true`:
 - The user must have the permission to edit, approve, and deploy business rules.
 - The selected rule version must be the currently deployed rule version.
- If the value of configuration parameter `BizRulesDeploymentEnabled` is `false`:
 - The user must have permission to edit business rules.

- The selected rule version must be the latest rule version.

Clicking the **Enable / Disable** button on a rule details screen toggles the **Enabled** field on the selected version of the rule. The label of the button changes depending on whether the selected rule version is currently enabled or disabled.

If the selected rule version is the deployed version of the rule and `BizRulesDeploymentEnabled` is `true`, clicking the **Enable / Disable** button does the following:

- Creates a new draft version of the rule.
- Promotes the rule version from draft to deployed automatically.

If the selected rule version is not the deployed version, clicking the **Enable / Disable** button does the following:

- Creates a new draft version of the rule.
- Toggles the **Enabled** field on the rule.

To be absolutely clear, if the rule version is already deployed, then enabling or disabling the deployed rule creates another deployed version of the rule, except with the new status.

Business rules for activities

ClaimCenter enables business analysts and administrators to automate activity creation using the **Administration > Business Settings > Business Rules > Activity Rules** menu link. This is part of the larger business rules administrative feature.

Business rules evaluate the following before deciding if activities can be automatically created for a claim:

- Loss type of the claim
- Policy type on the claim
- Claim jurisdiction

Once these conditions are satisfactory, ClaimCenter generates activities automatically for qualifying claims.

See also

- *Configuration Guide*

Create a new activity rule

About this task

Create a new activity rule in ClaimCenter as follows:

Procedure

1. Click **Administration > Business Settings > Business Rules**.
2. Select **Activity Rules**.
The **Activity Rules** screen is shown with a list of existing activity rules, if any.
3. Click **Add** to create a new activity rule.
4. In the topmost section of the screen, enter the following information:
 - **Name** – Enter a name.
 - **Description** – Enter a description of the rule.
 - **TriggerEntity** – Specify the object that acts as the trigger for the rule. For example, a **Claim** or **Exposure**. Performing an action on this object, such as creating or updating it, will activate the rule. Additionally, an entity, such as a **Claim**, can be associated with a collection of objects, such as **Exposures**. The activity rule is also triggered every time any associated collection object is updated.

If you select **Claim: Repeat for each Exposure** as the Trigger Entity, the rule is executed for each item in the collection, that is, for each associated exposure.

These selections determine the subsequent menu options available in the bottom portions of the screen.

- **Trigger Action** – Select the action that activates the rule. In the base configuration, you can choose from **Creation**, **Update**, or **Exception**.
 - **Enabled** – Specify if the rule will be executed in the current environment. For example, you could choose to disable certain activity rules in development.
5. In the **Applies To** section, select the applicability criteria for the rule. For example, you can choose to apply the rule to a specific loss type, such as **Property**, or to all loss types.
 6. In the **Rule Condition** section, specify the conditions that must be fulfilled for this rule to run. A rule condition is composed of one or more rows of expressions combined with operations. You can specify multiple criteria for rule conditions.
 7. In the **Actions** section, specify the action that needs to be performed when the rule conditions are met and the rule is executed.

In the base configuration, ClaimCenter offers three choices for rule **Actions**:

- Generate Activity
 - Generate History Event
 - Set Field
8. Click **Save** and the new rule is saved in Draft state.
Validation errors, if any, are highlighted once the rule is saved.
 9. **Edit** the rule to go back and fix validation errors.

See also

- “Specifying business rule conditions” on page 568
- “Specifying rule actions” on page 572

Localizing activity rules

The following activity rule fields are localizeable:

- **Subject**
- **Description**

If localized text is not available for any of these fields, then the localized values are retrieved from the corresponding fields on the activity pattern.

Activity rule summary

ClaimCenter provides a set of activity rules in the base configuration that generate activities for claims, exposures, check sets, recovery sets, and subrogations. Check sets and recovery sets are both transaction sets. The entity trigger action, depending on the entity, can be on creation, update, or exception. You work with these rules in the ClaimCenter Business Rules editor.

The following list describes the activity business rules that Guidewire provides in the base ClaimCenter configuration.

| Rule | Description |
|--|--|
| CERO2000 - At least one activity for claim owner | This business rule runs after the Claim Exception Gosu rules complete. It is triggered on a claim exception. The rule ensures that the user who owns the claim has at least one activity assigned for the claim. |

| Rule | Description |
|---|---|
| CERO3000 - At least one activity for exposure owner | This business rule runs after the Claim Exception Gosu rules complete. It is triggered on a claim exception. The rule evaluates each exposure for the claim and ensures that each user who owns each claim exposure has at least one activity assigned. |
| CLW01000 - Contact insured | This business rule runs after the Claim Workplan Gosu rules complete. It is triggered on creation of a claim. If the claim is not first and final and it is not a worker's compensation claim, the rule creates an activity to interview the insured party on the claim. |
| CLW02000 - Thirty day review | This business rule runs after the Claim Workplan Gosu rules complete. It is triggered on creation of a claim. If the claim is not first and final, the rule creates an activity to perform a 30-day review of the claim. |
| CLW03100 - Verify coverage | This business rule runs after the Claim Workplan Gosu rules complete. It is triggered on creation of a claim. If the claim is not first and final and the experience level of the assigned user is low, this rule creates an activity to verify the coverage on the claim. |
| CLW04100 - Scene inspection | This business rule runs after the Claim Workplan Gosu rules complete. It is triggered on creation of a claim. The Scene inspection rule first determines if the claim loss type is AUTO and the strategy indicates that the claim needs further investigation. If so, this rule creates an activity to perform an inspection of the scene of the auto claim. |
| CLW04210 - Police report | This business rule runs after the Claim Workplan Gosu rules complete. It is triggered on creation of a claim. The rule first determines if: <ul style="list-style-type: none"> • The claim is not first and final. • The claim loss type is AUTO. • The strategy indicates that the claim needs further investigation. • The user experience level is low. If all these conditions are true, this rule creates an activity to obtain a police report for the auto claim. |
| CLW05100 - Property inspection | This business rule runs after the Claim Workplan Gosu rules complete. It is triggered on creation of a claim. The rule first determines if: <ul style="list-style-type: none"> • The claim is not first and final. • The claim loss type is property (PR). • The strategy indicates that the claim needs further investigation. If all these conditions are true, this rule creates an activity to set up a property inspection. For example, in the base configuration, the line of business for this loss type can be Commercial Property, Homeowners, or Inland Marine. |
| CLW05210 - Police report | This business rule runs after the Claim Workplan Gosu rules complete. It is triggered on creation of a claim. The rule creates an activity to obtain a police report if the following is true: <ul style="list-style-type: none"> • The user experience level is low. • The claim loss type is property (PR). For example, in the base configuration, the line of business for this loss type can be Commercial Property, Homeowners, or Inland Marine. • The strategy indicates that the claim needs further investigation. • The loss cause is fire. |
| CLW05300 - Verify coverage | This business rule runs after the Claim Workplan Gosu rules complete. It is triggered on creation of a claim. This rule creates an activity to verify the coverage on the claim if the following is true: <ul style="list-style-type: none"> • The claim is not first and final. • The claim loss type is property (PR). • The policy for this claim is a Homeowners policy. |

| Rule | Description |
|---|--|
| CLW07310 - Get Employee Injury Notice | This business rule runs after the Claim Workplan Gosu rules complete. It is triggered on creation of a claim. If the claim is for Workers' Comp and the user experience level is low, this rule creates an activity to get the employee's notice of injury. |
| CPU05000 - SI - Create Supervisor Review Activity | <p>This business rule runs after the Claim Preupdate Gosu rules complete. It is triggered on update of a claim. If the SIU score is higher than a threshold value, this rule creates a supervisor review activity.</p> <p>The rule compares the SIU total score for the claim to the script parameter <code>SpecialInvestigation_CreateActivityForSupervisorThreshold</code>, which in the base configuration is set to a value of 5.</p> |
| CPU06000 - SI - Create SIU Escalation Activity | <p>This business rule runs after the Claim Preupdate Gosu rules complete. It is triggered on update of a claim. If the claim was changed to escalate it for SIU review, this rule creates an SIU escalation review activity.</p> <p>In addition, the rule:</p> <ul style="list-style-type: none"> • Sets fields on the claim indicating the date the special investigation was escalated and the fact that the SIU status is under investigation. • Creates a history event for this change. |
| CPU09000 - Related to Catastrophe | This business rule runs after the Claim Preupdate Gosu rules complete. It is triggered on update of a claim. The rule checks whether a claim matches a named catastrophe that is already in the system. If there is a match, the rule creates an activity for the claim owner to look into this issue. |
| CPU31100 - Class Code Selection | <p>This business rule runs after the Claim Preupdate Gosu rules complete. It is triggered on update of a claim. The rule creates an activity to review the employment class code for a workers' compensation claim to ensure that the code is correct for the policy location. The rule applies if:</p> <ul style="list-style-type: none"> • The claim loss type is Workers' Compensation • There is workers' compensation information in the <code>claim.ClaimWorkComp</code> field. • There is an employment class code for the claim. • There is no location for the employment class code. • One of the following conditions is true: <ul style="list-style-type: none"> ◦ The claim is still in Draft state and is open. ◦ The claim is not in Draft state and the field <code>ClaimWorkComp.ClassCodeByLocation</code> just changed. |
| | <p>After evaluating these conditions, if the rule still applies and an employment class code review activity is not already open, this rule creates one.</p> |
| EPU02000 - Salvage | <p>This business rule runs after the Exposure Preupdate Gosu rules complete. It is triggered by update of an exposure of a claim. The rule first determines:</p> <ul style="list-style-type: none"> • If the exposure is a vehicle incident with a total loss. • If the exposure does not already have an activity for salvage review. |
| | <p>If so, then the rule creates two activities and sets the date the salvage activity was assigned if it is not already set. The activities it creates are to review the claim exposure both for potential salvage value and for possible vehicle recovery.</p> |
| EXW01000 - Contact claimant | <p>This business rule runs after the Exposure Workplan Gosu rules complete. It is triggered on creation of an exposure. The rule creates an activity to make initial contact with the claimant if the following conditions are true:</p> <ul style="list-style-type: none"> • The claim is not first and final. • The claim is not a workers' compensation claim. • The claimant is not the insured party on the policy. |
| EXW02100 - Vehicle inspection | <p>This business rule runs after the Exposure Workplan Gosu rules complete. It is triggered on creation of an exposure. This rule creates an activity to schedule an inspection on the damaged vehicle if the following conditions are true:</p> |

| Rule | Description |
|--|---|
| | <ul style="list-style-type: none"> The claim is not first and final. The exposure type is Vehicle. |
| EXW04100 - Medical report | This business rule runs after the Exposure Workplan Gosu rules complete. It is triggered on creation of an exposure. If the exposure type is Bodily Injury, this rule creates an activity to get the claimant's medical report. |
| EXW04200 - IME | This business rule runs after the Exposure Workplan Gosu rules complete. It is triggered on creation of an exposure. This rule creates an activity to get an independent medical evaluation by an expert if the following conditions are true: <ul style="list-style-type: none"> The exposure type is Bodily Injury. The injury is a normal injury that requires investigation. For example, the injury is not a Workers' Comp injury. |
| EXW05100 - Medical report | This business rule runs after the Exposure Workplan Gosu rules complete. It is triggered on creation of an exposure. This rule creates an activity to get the initial medical report for a Workers' Comp injury. |
| EXW06100 - Wage Statement | This business rule runs after the Exposure Workplan Gosu rules complete. It is triggered on creation of an exposure. If the exposure type is Workers' Comp lost wages, this rule creates an activity to get the wage statement from the injured employee's employer. |
| EXW07100 - Get list of damaged items | This business rule runs after the Exposure Workplan Gosu rules complete. It is triggered on creation of an exposure. This rule creates an activity to get a list of the items that were damaged if the following conditions are true: <ul style="list-style-type: none"> The policy type is Homeowners. The exposure type is Content. The coverage subtype is Homeowners personal property. |
| EXW07200 - Contact insured about living expenses | This business rule runs after the Exposure Workplan Gosu rules complete. It is triggered on creation of an exposure. This rule creates an activity to contract the insured to determine if additional living expenses are required if the following conditions are true: <ul style="list-style-type: none"> The policy type is Homeowners. The exposure type is Living Expenses. |
| EXW07300 - Get property inspected | This business rule runs after the Exposure Workplan Gosu rules complete. It is triggered on creation of an exposure. This rule creates an activity to schedule an inspection of the damaged property under the following conditions: <ul style="list-style-type: none"> The policy type is Homeowners. The exposure type is one of the following: <ul style="list-style-type: none"> Dwelling Other Structure Property Damage with a coverage subtype of Homeowners personal liability property damage |
| EXW07400 - Get medical reports | This business rule runs after the Exposure Workplan Gosu rules complete. It is triggered on creation of an exposure. If the policy type is Homeowners and the exposure type is Med Pay, medical payments, this rule creates an activity to get the claimant's medical reports. |
| Subrogation Referral | This business rule runs after the Claim Preupdate Gosu rules complete. It is triggered on update of a claim. The rule checks each subrogation on the claim for both a summary and a change that escalated the subrogation for review. If these conditions are true, for each subrogation, the rule: <ul style="list-style-type: none"> Creates a new activity to check the subrogation and determine if there is an opportunity for recovery. Sets the referral date on the subrogation summary to today's date. Creates a custom history event for the referral. |

| Rule | Description |
|--|--|
| Subrogation Reopened Claim | <p>This business rule runs after the Claim Preupdate Gosu rules complete. It is triggered on update of a claim. For each subrogation on the claim, the rule first determines if the following is true:</p> <ul style="list-style-type: none"> • The claim was closed and has been reopened. • The subrogation has a summary. • The subrogation is closed. • A decision was not made to discontinue pursuing the subrogation. |
| | <p>If these conditions are true for the subrogation, the rule creates an activity to review the claim for subrogation and determine if there is an opportunity for recovery.</p> |
| Subrogation Responsible Party Added | <p>This business rule runs after the Claim Preupdate Gosu rules complete. It is triggered on update of a claim. For each subrogation on the claim, the rule first determines if the following is true:</p> <ul style="list-style-type: none"> • The subrogation has a summary. • The subrogation has a new responsible party assigned. |
| | <p>If these conditions are true for the subrogation, the rule creates an activity to notify the new third party that they are being considered for the subrogation.</p> |
| Subrogation Supplemental Payment Created | <p>This business rule runs after the Transaction Set Preupdate Gosu rules complete. It is triggered on update of a claim's check set. For each check in the check set, the rule first determines if the following is true:</p> <ul style="list-style-type: none"> • The claim has a subrogation summary. • Either all the following conditions are true: <ul style="list-style-type: none"> ◦ The claim does not subrogate individual exposures. ◦ A decision has not been made to stop pursuing the subrogation. ◦ There is at least one new check payment that is a supplemental payment. • Or all the following conditions are true: <ul style="list-style-type: none"> ◦ The claim does subrogate at least one individual exposure. ◦ A decision has not been made to stop pursuing the subrogation. ◦ There is at least one new check payment for the exposure that is a supplemental payment. |
| | <p>If these conditions are true for the subrogation, the rule creates an activity for the subrogation owner to review the subrogation recovery financials.</p> |
| TPU01000 - Create Activity After Check Denial | <p>This business rule runs after the TransactionSet Preupdate Gosu rules complete. It is triggered by an update to a check set. The rule determines for each check in the check set:</p> <ul style="list-style-type: none"> • If the check status has changed. • If the check has been denied. |
| | <p>If so, the rule creates an activity to look into the check denial and assigns the activity to the user who created the check.</p> |
| TPU02000 - Create Activity After Recovery Denial | <p>This business rule runs after the TransactionSet Preupdate Gosu rules complete. It is triggered by an update to a recovery set. The rule determines for each recovery in the recovery set:</p> <ul style="list-style-type: none"> • If the recovery status has changed. • If the recovery has been denied. |
| | <p>If so, the rule creates an activity to look into the recovery denial and assigns the activity to the user who created the recovery.</p> |

See also

- *Administration Guide*

Business rules for exposures

ClaimCenter enables business analysts and administrators to automate exposure creation using the **Administration > Business Settings > Business Rules > Exposure Rules** menu link. This is part of the larger business rules administrative feature.

Business rules for exposures are triggered upon the creation of an incident for a claim. A claim incident encapsulates specific information on the item that sustained the loss or damage such as a car or a house.

When a claim incident is created, business rules evaluate the following before deciding if exposures can be automatically created:

- Policy type on the claim
- Type of incident
- Loss cause of the claim
- Parties involved and whether the incident involves a first or third party
- Type of loss
- Jurisdiction of the claim

Once these checkpoints are completed and the corresponding information is gathered, ClaimCenter generates exposures automatically for qualifying claims.

There are, however, some exceptions. If one of the following conditions is true, exposures cannot be automatically created using business rules:

- The associated claim is closed or archived.
- An exposure with the given coverage type and coverage subtype already exists.
- The associated incident does not have coverage in the given coverage type.

See also

- “Business rules overview” on page 563
- “Working with business rules” on page 567
- “Business rules for activities” on page 579
- *Configuration Guide*

Create a new exposure rule

Create a new exposure business rule using the Administration menu.

About this task

To create a new exposure business rule:

Procedure

1. Click **Administration > Business Settings > Business Rules**.

2. Select **Exposure Rules**.

The **Exposure Rules** screen is shown with a list of existing exposure rules, if any.

3. Click **Add** to create a new exposure rule.

4. In the topmost section of the screen, enter the following information:

- **Name** – Enter a name.

- **Description** – Enter a description of the rule.

- **Trigger Entity** – This field specifies the object that acts as the trigger for the rule and defaults to **Incident** for exposure rules. Performing an action on this object, such as creating it in this case, will activate the rule.

In the base configuration, the trigger entity for exposure rules is not editable and defaults to **Incident**.

- **Trigger Action** – Select the action that activates the rule. In the base configuration, this field is not editable and defaults to **Creation**. The business rule, when executed, creates one or more exposures.

- **Enabled** – Specify if the rule will be executed in the current environment. For example, you could choose to disable certain exposure rules in development..

5. In the **Applies To** section, select the applicability criteria for the new exposure rule. Select from the following:

- Policy Type

- Incident Type

- Loss Cause

- Loss Party Type

- Loss Type

- Claim Jurisdiction

In the base configuration, **Policy Type** and **Incident Type** are required. Select a **Loss Party Type** and **Loss Type**, if necessary. For example, you can choose to apply the rule to a specific loss type, such as **Property**, or to all loss types. Select a **Loss Cause** or **Jurisdiction**, if necessary. Otherwise, the exposure rule will apply to all loss causes and jurisdictions.

For example, you can choose to apply the rule to a specific loss type, such as **Property**, or to all loss types.

6. In the **Rule Variables** section, add variables, if needed.

7. In the **Rule Condition** section, specify the conditions that must be fulfilled for this rule to run. A rule condition is composed of one or more rows of expressions combined with operations. You can specify multiple criteria for rule conditions.

8. In the **Actions** section, specify the action that needs to be performed when the exposure rule conditions are met and the rule is executed.

In the base configuration for exposure rules, the default **Action Type** is exposure creation. Additionally, you can specify two other fields here:

- **Coverage Type**

- **Coverage Subtype**

9. Click **Save** and the new rule is saved in Draft state.
Validation errors, if any, are highlighted once the rule is saved.
10. Edit the rule to go back and fix validation errors.

See also

- “Working with business rule variables” on page 574
- “Specifying business rule conditions” on page 568
- “Specifying rule actions” on page 572

Exposure rule summary

ClaimCenter provides a set of exposure rules in the base configuration, which address some common use cases in exposure creation for claims. You work with these rules in the ClaimCenter Business Rules editor.

The following list describes the exposure business rules that Guidewire provides in the base ClaimCenter configuration.

| Rule | Description |
|--|---|
| EC01000 - Personal Auto Collision | This business rule runs before the Exposure Pre-update Gosu rules complete. The rule creates a collision exposure for a personal auto claim. |
| EC02000 - Commercial Auto Collision | This business rule runs before the Exposure Pre-update Gosu rules complete. The rule creates a collision exposure for a commercial auto claim. |
| EC03000 - Personal Auto Comprehensive | This business rule runs before the Exposure Pre-update Gosu rules complete. The rule creates a comprehensive exposure for a personal auto claim. |
| EC04000 - Commercial Auto Comprehensive | This business rule runs before the Exposure Pre-update Gosu rules complete. The rule creates a comprehensive exposure for a commercial auto claim. |
| EC05000 - Business Owners Building | This business rule runs before the Exposure Pre-update Gosu rules complete. The rule creates a building exposure for a businessowners claim. |
| EC06000 - Commercial Package Property Damage | This business rule runs before the Exposure Pre-update Gosu rules complete. The rule creates a property damage exposure for a commercial package claim. |
| EC07000 - Farmowners Property | This business rule runs before the Exposure Pre-update Gosu rules complete. The rule creates a property damage exposure for a farmowners claim. |
| EC08000 - General Liability Property | This business rule runs before the Exposure Pre-update Gosu rules complete. The rule creates a property damage exposure for a general liability claim. |
| EC09000 - Personal Umbrella Liability | This business rule runs before the Exposure Pre-update Gosu rules complete. The rule creates a liability exposure for a personal umbrella claim. |
| EC10000 - Professional Liability Injury | This business rule runs before the Exposure Pre-update Gosu rules complete. The rule creates an injury exposure for a professional liability claim. |
| EC11000 - Commercial Property Building | This business rule runs before the Exposure Pre-update Gosu rules complete. The rule creates a building exposure for a commercial property claim. |

Business rules for reserves

ClaimCenter enables business analysts and administrators to automate reserve creation using the **Administration > Business Settings > Business Rules > Reserve Rules** menu link. This is part of the larger business rules administrative feature.

Business rules for reserves are triggered upon the creation of an exposure for a claim. An exposure is a liability item on a claim and is associated with a specific policy coverage, including a coverage type and a coverage subtype.

When an exposure is created for a claim, business rules evaluate the following before deciding if reserves can be automatically created:

- Loss type of the claim
- Policy type on the claim
- Type of exposure
- Claim jurisdiction
- Exposure segment — complexity of the exposure

Once these conditions are satisfactory, ClaimCenter generates reserves automatically for qualifying claims.

See also:

- “Create a new reserve rule” on page 589
- “Bulk Editing Reserve Rules” on page 591
- “Business rules overview” on page 563
- “Configuring business rules” on page 564

Create a new reserve rule

Create a new reserve business rule using the Administration menu.

Procedure

1. Click **Administration > Business Settings > Business Rules**.
2. Select **Reserve Rules**.
The **Reserve Rules** screen is shown with a list of existing reserve rules, if any.
3. Click **Add** to create a new reserve rule.

4. In the topmost section of the screen, enter the following information:
 - **Name** (required) – Enter a name.
 - **Description** – Enter a description of the rule.
 - **Trigger Entity** – Specify the object that acts as the trigger for the rule. This field is set to **Exposure** for reserve rules and is not editable. Performing an action on this object, such as creating it in this case, will activate the rule.
 - **Trigger Action** – Select the action that activates the rule. This field is set to **Creation** for reserve rules and is not editable. The business rule, when executed, creates reserves.
 - **Enabled** (required) – Specify if the rule will be executed in the current environment. For example, you could choose to disable certain reserve rules in development.
5. In the **Applies To** section, select the applicability criteria for the new reserve rule. Select from the following:
 - **Loss Type** (required) - This selection determines the choices available in the next four menus.
 - **Policy Type**
 - **Claim Jurisdiction**
 - **Exposure Type**
 - **Exposure Segment**

For example, you can choose to apply the reserve rule to claims with the loss type of **Auto**, policy type of **Personal Auto**, claim jurisdiction of **California**, and exposure type of **Vehicle**. Exposure segmentation is set to **All**. In this case, the reserve rule will be activated on personal automotive claims that originate in California, and reserves will be automatically generated for vehicle exposures.

6. In the **Rule Variables** section, add variables, if needed.
7. In the **Rule Condition** section, specify the conditions that must be fulfilled for this rule to run. A rule condition is composed of one or more rows of expressions combined with operations. You can specify multiple criteria for rule conditions.
For example, you can specify that the reserve rule be activated only for claims with a specific accident type or only for catastrophe-related claims.

```
claim.AccidentType = "Crash of airplane"  
  
claim.Catastrophe Has a Value
```

8. In the **Actions** section, specify the action that needs to be performed when the reserve rule conditions are met and the rule is executed.

In the base configuration for reserve rules, the default **Action Type** is reserve creation. Additionally, you can specify other fields as follows:

- **Cost Type**
- **Cost Category**
- **Respect Financial Holds**
- **Amount**
- **Currency**
- **Comments**

For example, you can specify an amount for the reserves or choose to prevent the creation of initial reserves if a claim is under a financial hold.

9. Click **Save** and the new rule is saved in Draft state.
Validation errors, if any, are highlighted once the rule is saved.
10. Edit the rule to go back and fix validation errors.

What to do next

See also:

- “Working with business rule variables” on page 574
- “Specifying business rule conditions” on page 568
- “Specifying rule actions” on page 572

Reserve rule summary

ClaimCenter provides a set of reserve rules in the base configuration, which address some common use cases in reserve creation for claims. You work with these rules in the ClaimCenter Business Rules editor.

The following list describes the reserve business rules that Guidewire provides in the base ClaimCenter configuration.

| Rule | Description |
|---|---|
| IRR01110 - Auto Vehicle Damage Minor | This business rule runs after the Initial Reserve Gosu rules complete. The rule creates reserves for a minor-complexity auto claim with a vehicle damage exposure. |
| IRR01120 - Auto Vehicle Damage Medium | This business rule runs after the Initial Reserve Gosu rules complete. The rule creates reserves for a medium-complexity auto claim with a vehicle damage exposure. |
| IRR01130 - Auto Vehicle Damage High | This business rule runs after the Initial Reserve Gosu rules complete. The rule creates reserves for a high-complexity auto claim with a vehicle damage exposure. |
| IRR01140 - Travel MultiCurrency | This business rule runs after the Initial Reserve Gosu rules complete. The rule creates reserves in the appropriate coverage currency for a travel claim. Both multicurrency display and multicurrency reserving are enabled in ClaimCenter. This sample reserve rule is disabled in the base configuration. |
| IRR01150 - Multi-Region Baggage Reserve | This business rule runs after the Initial Reserve Gosu rules complete. The rule creates reserves in the appropriate claim currency for a travel claim with a baggage exposure. Multicurrency display is enabled in ClaimCenter and multicurrency reserving is disabled. This sample reserve rule is disabled in the base configuration. |

Bulk Editing Reserve Rules

You can make a bulk change to reserve rules using the **Bulk Edit** menu option. Rules are loaded into a comma-separated values (CSV) file, which can then be edited and loaded back into ClaimCenter. For example, if you need to index the reserve amounts for all reserve rules, it would be easier to make this change in bulk in a CSV file using **Bulk Edit** and then load the file back into ClaimCenter.

Bulk editing updates existing rules and inserts new rules. Before you edit reserve rules in bulk, note the following:

- The CSV file identifies a reserve rule using a Global Public ID. This ID is generated and must not be created or edited manually. If you add a new rule in the CSV file, this column must be empty.
- Rule conditions and variables are copied into the CSV file only for reference. They are not modified during the Bulk Edit process.
- If a rule is edited in the CSV file, its content is overwritten when the rule is loaded back into ClaimCenter.
- New rules created in the CSV file are added to ClaimCenter when the rules are loaded back.

Note: Only the latest version of rules can be edited using **Bulk Edit**. This feature is not available in production environments.

Permissions for Bulk Editing

The following permissions and parameters need to be set to enable bulk editing of reserve rules:

- The configuration parameter, `BizRulesDeploymentEnabled`, must be set to `false` in `config.xml`.
- You will need the appropriate edit rule permissions to be able to access the bulk editing menu options.

See also

- “Bulk Edit - Edit All in Spreadsheet” on page 592
- “Bulk Edit - Load reserve rules” on page 592
- “Bulk Edit CSV file” on page 593

Bulk Edit - Edit All in Spreadsheet

Select reserve rules and edit them in a CSV file.

About this task

You can copy reserve rules to a CSV file, where bulk changes can be made as needed. The rules can then be loaded back into ClaimCenter.

To edit reserve rules in a spreadsheet:

Procedure

1. Navigate to **Administration > Business Settings > Business Rules > Reserve Rules**.
2. You can copy selected or all reserve rules to edit in a spreadsheet. Select **Bulk Edit > Edit All in Spreadsheet** to copy all reserve rules, or select the rules to edit and click **Bulk Edit Selected**.
3. Save the resulting CSV file to a local folder.
A CSV file of the selected reserve rules is now available.

Bulk Edit - Load reserve rules

How to load reserve rules from a CSV file using the Bulk Edit feature.

About this task

In the **Reserve Rules** screen, you can make changes to reserve rules at a global level using the **Edit All in Spreadsheet** menu option and editing the resulting comma-separated values (CSV) file. When revisions are complete, the edited CSV file can be copied back into ClaimCenter.

When a rule is loaded back into ClaimCenter, the system checks existing rules first by the `Global Rule ID` and then by rule name to find a match. If a matching rule is found, ClaimCenter:

- Updates the rule if the rule content is different, or
- Skips updating the rule if the rule content is found to be the same as the CSV file

If a matching rule is not found, the new reserve rule is added to ClaimCenter.

To load edited reserve rules:

Procedure

1. Navigate to **Administration > Business Settings > Business Rules > Reserve Rules**.
2. Select **Bulk Edit > Load from Spreadsheet**.

3. Select the CSV file to load.
4. In the **Load from Spreadsheet** screen, click **Browse** and select a CSV file.
5. Select a file and click **Open**.
6. Select **Load**.

The reserve rules in the selected CSV file are copied into ClaimCenter. An **Upload Summary** is shown with the number of rules that were added, updated, or skipped.

Note: Rule variables and conditions are not overwritten during bulk editing.

Bulk Edit CSV file

The following table describes the columns in the comma-separated values file (CSV) used to edit reserve rules in bulk in ClaimCenter. Most of the information is extracted from the reserve rules page in ClaimCenter.

Note: Rule conditions and variables are copied into the CSV file only for reference. They are not modified during the Bulk Edit process.

| Column Name | Editable | Copied back into ClaimCenter |
|--|----------|------------------------------|
| Global Rule ID | No | No |
| System-generated, unique ID used to identify the reserve rule. This ID is only used in the CSV file and is unavailable in ClaimCenter. | | |
| Name | Yes | Yes |
| Description | Yes | Yes |
| Trigger Entity | Yes | Yes |
| Trigger Action | Yes | Yes |
| Enabled | Yes | Yes |
| Loss Type | Yes | Yes |
| Policy Type | Yes | Yes |
| Claim Jurisdiction | Yes | Yes |
| Exposure Type | Yes | Yes |
| Exposure Segment | Yes | Yes |
| Rule Variables | No | No |
| Rule Condition | No | No |
| Action Type | Yes | Yes |
| Cost Type | Yes | Yes |
| Cost Category | Yes | Yes |
| Respect Financial Holds | Yes | Yes |
| Amount | Yes | Yes |
| Currency | Yes | Yes |
| Comments | Yes | Yes |

Business rules roles and permissions

The configuration parameter, `BizRulesEnabled`, in `config.xml` needs to be set to `true` for **Business Rules** screens to be activated.

You need appropriate permissions and roles to access the **Business Rules** screens and manage rules. ClaimCenter provides a set of permissions to enable users to create, edit, deploy, and manage business rules. In the base configuration, these permissions are included in the Super User user. Additionally, roles can be assigned to users for business rules, including Rules Admin, Rules Editor, and Rules Viewer.

See also

- *Administration Guide*.

External system integration

ClaimCenter integration points

ClaimCenter can integrate with many applications and services. These integration points need to be considered as you configure the application. Some are mandatory while others are optional, depending on your business needs.

ClaimCenter integrates with external systems by using a set of services and APIs that can link ClaimCenter with custom code and external systems. The code or mechanism used to exchange information with an external system is known as an *integration point*. ClaimCenter can be integrated with any system that can make information available externally through a commonly established technology. The following list shows the most common types of external systems that might need to be integrated.

- **Authentication system** – Enables a person to access ClaimCenter.
- **Policy Administration System** – ClaimCenter pulls related policy information during the claim process from a policy administration system, such as Guidewire PolicyCenter. To learn more how ClaimCenter integrates with a policy administration system, see “Policy administration system integration” on page 601.
- **Billing System** – When a user creates a policy, the policy administration system can export billing information to a billing system, such as Guidewire BillingCenter. ClaimCenter can communicate with the billing system as needed.
- **Contact Management or Address Book application** – A separate application for contact information. It is often necessary to store and maintain contact information separately from ClaimCenter to make the information available both to different claims and to users outside ClaimCenter. For details on integrating with the Guidewire contact management system, see the *Contact Management Guide*.
- **Document Production System and Document Storage System** – ClaimCenter creates and manages claim-associated documents. These documents can be online documents existing in or created in ClaimCenter as well as hard copy, printed documents stored in a file cabinet. It is common to integrate your document management system with ClaimCenter to store electronic versions of your claim-associated documents. See “Document management” on page 615 for details.
- **Metropolitan Reporting Bureau** – A nationwide police accident and incident reports service in the United States. Many insurers use this system to obtain police accident and incident reports, which can improve record-keeping and reduce fraud. ClaimCenter built-in support for this service makes it easier to deploy Metropolitan Reporting Bureau integration projects. See “Overview of metropolitan reports” on page 635 for details.
- **General Ledger, Check Processing System, and Financial Institution** – ClaimCenter passes financial information to downstream systems for tasks such as check processing. See “Claim financials” on page 317 for more information.
- **ISO** – In the United States, ClaimCenter integrates with ISO, formerly known as the Insurance Services Office. ISO provides a service called ClaimSearch that helps detect duplicate and fraudulent insurance claims. After a claim is

created, the insurer can send details to the ISO ClaimSearch service and subsequently get reports of potentially similar claims from other companies. See “ISO ClaimSearch and claims” on page 641 for details.

- **Geocoding Service** – The Geocoding service works with Microsoft Bing Maps Geocode Service to geocode contacts. One use is to help users find services within a given location. See the *Administration Guide* for details.

Policy administration system integration

In the base configuration, ClaimCenter provides integration points to use for a functional integration with Guidewire PolicyCenter. You can also integrate ClaimCenter with the policy system of your choice. This topic describes how ClaimCenter integrates with a policy system in general and with PolicyCenter in particular.

See also

- *Installation Guide*
- *Integration Guide*

Permissions for working with policies

There are two permissions that allow the user to view policies in PolicyCenter:

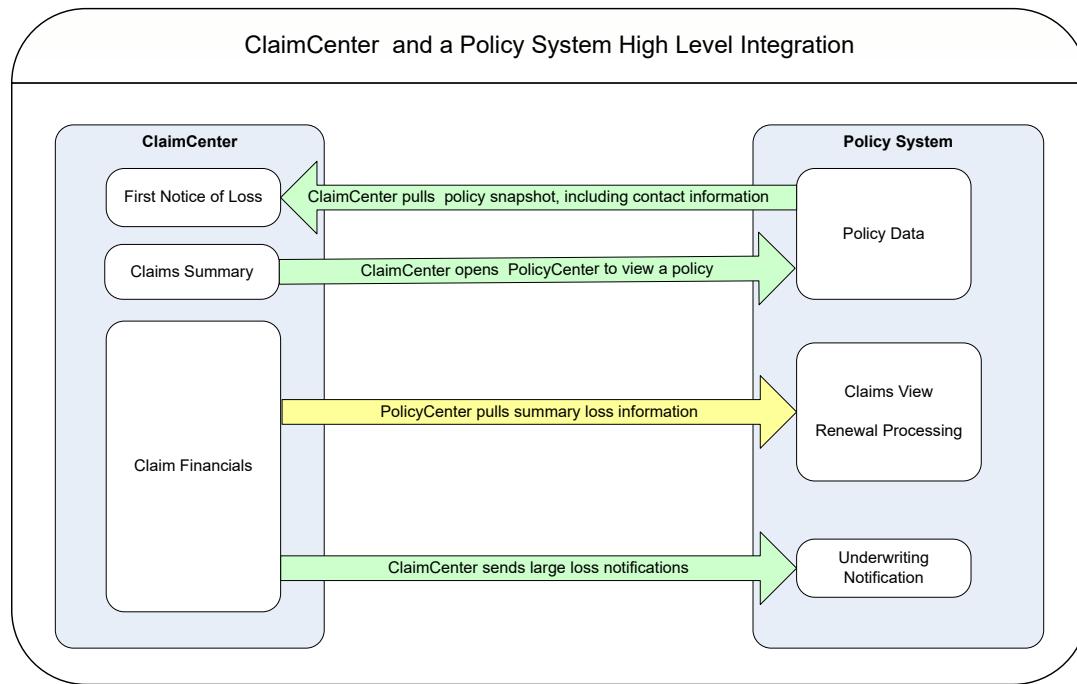
- **View claim Policy page** – This permission controls the policy screens in ClaimCenter. The code for this permission is `viewpolicy`.
- **View policy system** – You can select the **View Policy** button in the user interface, which opens PolicyCenter so you can view a policy. The code for this permission is `viewpolicysystem`.

Policy administration system integration overview

In the ClaimCenter base configuration, you can do the following:

- **Retrieve a policy snapshot in the process of gathering claim information** – It is necessary for ClaimCenter to have a verified policy to ultimately be able pay on a claim. For example, in the **New Claim** wizard when starting a new claim, you must either find a policy or generate an unverified policy.
- **View a policy in PolicyCenter** – The integration opens an instance of PolicyCenter or any policy administration system that has a web interface.
- **ClaimCenter sends large loss notifications to PolicyCenter** – Sending notifications to the policy's underwriter helps in determining risk and ultimately granting a policy renewal.

The following diagram shows the integration between ClaimCenter and a policy administration system at a high level.



See also

- For information about the parts of the integration that originate in PolicyCenter, see the *PolicyCenter Application Guide* topic “Claim System Integration”.

Retrieving a policy in ClaimCenter

In the base configuration, ClaimCenter defines a plugin interface called `IPolicySearchAdapter`. The default implementation of this plugin, `PolicySearchPCPlugin`, pulls policies from a policy administration system into ClaimCenter.

See also

- For information on how to do the integration, see the *Installation Guide*.
- For information on the plugin, see the *Integration Guide*.

Viewing policies in a policy administration system (pas)

If enabled, from the **Policy** screen you can open a web browser window of the policy administration system. This policy administration system can be Guidewire PolicyCenter or another system if it has a web interface.

Viewing a policy in PolicyCenter

Before you begin

The ClaimCenter **Policy** screen has a **View Policy in Policy System** button. This button appears if the PolicyCenter integration is enabled and you have the permissions to view policies in the system. You must also have set the `PolicySystemURL` exit point configuration parameter in `config.xml` to the URL for the policy system.

About this task

If ClaimCenter is integrated with PolicyCenter, you can view policies in PolicyCenter as described in this topic. Based on your business requirements, you can integrate ClaimCenter with several policy administration systems. These integrations are seamless in the user interface.

Procedure

1. Open a claim and then click the **Policy** menu link in the sidebar.
ClaimCenter opens the **Policy: General** screen.
2. Click **View Policy in Policy System**.
The button opens PolicyCenter in a web browser window. You must have a user account in PolicyCenter to use this functionality. If you are not logged in, the login screen appears. If you are logged in, PolicyCenter displays the policy. If you have single sign-on, PolicyCenter opens directly with the policy summary screen.
3. Log in to PolicyCenter.
If the policy system finds the policy, it shows the information. If it does not find the policy, you can search for it in PolicyCenter.
4. Click the policy link.
PolicyCenter opens the **Policy Summary** screen, in which you can view the policy information.

See also

- *Integration Guide*

Large loss notifications

Sometimes a claim has a large loss associated with it. You determine the large loss amount based on your business practices. The amount can vary depending on the line of business, or policy type. For example, a personal auto large loss notification might have a lesser amount than a large loss notification for a homeowners policy. Large loss information is critical to an underwriter who uses that information in determining risk and ultimately granting a renewal policy. ClaimCenter can send large loss information to a policy administration system if the two systems are integrated.

Policy system notification framework

Guidewire supplies a policy system notification framework that enables ClaimCenter to send messages to policy administration systems, including Guidewire PolicyCenter. Large loss notifications use this framework. Notifications are created as events, which generate messages in the Guidewire messaging system. A messaging transport then delivers the messages to the policy system.

In the base configuration, ClaimCenter does not send large loss notifications to the policy system. You must configure this integration.

See also

- *Installation Guide*
- *Integration Guide*

Administering large loss notifications

You must configure one large loss notification threshold per line of business (policy type). You define and map threshold amounts for large losses by using the **Large Loss Threshold** card.

Default reserve thresholds for large loss notification

The following table lists the default large loss reserve thresholds for policy types in the base configuration of ClaimCenter and the corresponding PolicyCenter base configuration lines of business, if any.

| ClaimCenter Policy Type | PolicyCenter Line of Business | Default Large Loss Total Reserve Threshold in US Dollars |
|-------------------------|-------------------------------|---|
| Businessowners | Businessowners | 25,000 |
| Commercial auto | Commercial Auto | 50,000 |
| Commercial package | Commercial Package | no default |
| Commercial property | Commercial Property | 100,000 |
| Farmowners | not applicable | 10,000 |
| General liability | General Liability | 50,000 |
| Homeowners | not applicable | 10,000 |
| Inland marine | Inland Marine | 25,000 |
| Personal auto | Personal Auto | 20,000 |
| Personal travel | not applicable | no default |
| Professional liability | not applicable | 100,000 |
| Workers' compensation | Workers' Compensation | 50,000 |

In the base configuration, ClaimCenter maps the workers' compensation and personal auto lines of business to their equivalent PolicyCenter lines of business for policy search and large losses.

Setting a large loss notification threshold

Procedure

1. Log in to ClaimCenter as an administrator.
2. Click the **Administration** tab.
3. In the sidebar, click **Business Settings > Metrics & Thresholds**.
4. Click the **Large Loss Threshold** card.
5. From the **Policy Type** drop-down list, select the policy type for which you want to set the threshold amount.
6. Click the **Edit** button.
7. Edit the value in the **Large Loss Indicator** field.
8. Click **Update**.
9. If you want to change additional thresholds, select another policy type and repeat these steps.

See also

- *Integration Guide*

Coverage term mapping between ClaimCenter and PolicyCenter

A coverage term is a value that specifies the extent, degree, or attribute of a coverage. Using a coverage term, you can:

- Specify the limits or deductibles of a coverage
- Specify the scope of a coverage
- Specify a selection or an exclusion that is specific to a particular coverage

A coverage can have zero, one, or many coverage terms.

In the base configuration, ClaimCenter provides a CovTerm entity, along with multiple CovTerm subtypes, all of which end in CovTerm. You use these coverage terms to map to the equivalent coverage terms in the policy administration system.

You can enter coverage and coverage term information in ClaimCenter in the **Policy** screen. To access this screen, open a specific claim, and then choose **Policy** from the sidebar menu on the left. After you choose a policy, you can add coverage terms to that coverage, if any are available.

In the base configuration, ClaimCenter provides the following coverage term entities.

| Entity | Important fields | Description |
|-----------------------|--|---|
| CovTerm | <ul style="list-style-type: none"> • PolicySystemId • Coverage • CovTermPattern • ModelAggregation • ModelRestriction • CovTermOrder | <p>Specifies the extent, degree, or attribute of a coverage. As the supertype, fields on the CovTerm entity are common to all its subtypes:</p> <ul style="list-style-type: none"> • PolicySystemID – The identifier for the coverage term in an external policy system • Coverage – Foreign key to the coverage to which the coverage term belongs. • CovTermPattern – Typekey to the CovTermPattern typelist. • ModelAggregation – Typekey to the CovTermModelAagg typelist. This value indicates that the CovTerm applies to a subset or a subtype of the coverage. • ModelRestriction – Typekey to the CovTermModelRest typelist. This value indicates to what level of an event the CovTerm applies, for example, to a single claimant or to a single accident. • CovTermOrder – Provides a way to place the coverage terms in a particular order. This field is set in Guidewire PolicyCenter. Its primary purpose is to sort data in the user interface. |
| ClassificationCovTerm | <ul style="list-style-type: none"> • Code • Description | <p>Specifies a class code. Policy systems often use classification codes to segment or categorize a large set of items. For example, there are jurisdictional class codes that divide a geographical region into smaller areas, each with a specific code. There are also medical class codes that assign every conceivable medical condition a specific code.</p> <p>IMPORTANT The Code field on a Classification coverage term must map to a valid classification code in PolicyCenter.</p> |
| FinancialCovTerm | <ul style="list-style-type: none"> • Deductible • FinancialAmount | <ul style="list-style-type: none"> • Deductible – Boolean value that indicates if a financial coverage term is a deductible. • FinancialAmount – Specifies a non-negative currency amount. |
| NumericCovTerm | <ul style="list-style-type: none"> • NumericValue • Units | Specifies a decimal value, along with its units. The CovTermModelVal typelist populates the drop-down list for the Units field. |

See also

- “Adding coverages to a policy” on page 118

Coverage term typelist mapping

ClaimCenter uses the following typelists in working with coverage terms. Most of these typelists exist in PolicyCenter as well. If you make a change to a typelist that is common to both ClaimCenter and PolicyCenter, you must duplicate that work in both applications.

| TypeList | PolicyCenter | Comments |
|------------------|--------------|---|
| CovTermModelAgg | Yes | Used to populate the Per field drop-down list of the Coverage Term screen. |
| CovTermModelRest | Yes | Used to populate the Applicable To field drop-down list of the Coverage Term screen. |
| CovTermModelVal | Yes | Used to populate the Units field drop-down list on a Numeric type Coverage Term screen. |
| CovTermPattern | No | Used to populate the Subject field drop-down list of the Coverage Term screen. |

ClaimCenter contacts

Contacts are external people, companies, or locations that you connect with a claim. A contact can be the insured party, the reporting party, a witness, attorney, doctor, repair shop, legal venue, and so on. The people who process the claim, such as claims adjusters, are not contacts. They are *users*, and are typically employees of the insurance company.

In ClaimCenter, you define and maintain contacts at the claim level. For example, you can define contacts in the **New Claim** wizard when processing a new claim or in the **Parties Involved > Contacts** screen for an existing claim. In these screens, you can view contacts and their data, like address, phone number, and so on. You can also create new contacts for the claim, edit existing contacts, and delete them.

If ClaimCenter is not integrated with a contact management system, contacts stored with one claim have no connection to contacts stored with another claim. Additionally, you cannot search for contacts in the Address Book. For example, you can add a new witness, Samantha Andrews, separately to two claims. The contact information for Samantha Andrews is stored separately with each claim and does not have to be the same. If an adjuster changes the address for Samantha Andrews in one of the claims, the updated address is stored only with that claim. The address for the Samantha Andrews contact in the other claim is not updated.

If ClaimCenter is integrated with a contact management system, like ContactManager, you have the option of storing contacts in the contact management system and maintaining them centrally. Contacts stored in the contact management system can be added to claims, and they are then stored with claims, as are any claim contacts. However, ClaimCenter tracks claim contacts that are stored in the contact management system and keeps their data in sync. For example, Samantha Andrews is a contact in the contact management system. You add her as an existing contact, a contact retrieved from the contact management system, to two separate claims. The two copies of the contact, one stored with each claim, are kept in sync by ClaimCenter.

Types of contacts

Contacts have a data model, a set of tags, and a set of services that can be associated with contacts in ContactManager, all of which define the contact. Contact tags define two major types of contacts, client contacts and vendor contacts. In ClaimCenter, a contact can be a third type of contact, also defined by a tag, a claim party.

- **Vendor Contact** – A person or company that provides services for claims. In ClaimCenter, a vendor contact can be a person like a doctor or attorney. Additionally, a vendor contact can be a company, such as a repair shop, a bank, or a hospital. A vendor can also be a client and a claim party. See the *Contact Management Guide*.
- **Claim Party** – A person or company who has been added to a claim. For example, a witness can be just a claim party and nothing else. A vendor is often both a vendor and a claim party, because vendors are added to claims to provide services for the claim. A client, such as the insured party on a claim, can be both a claim party and a client contact.

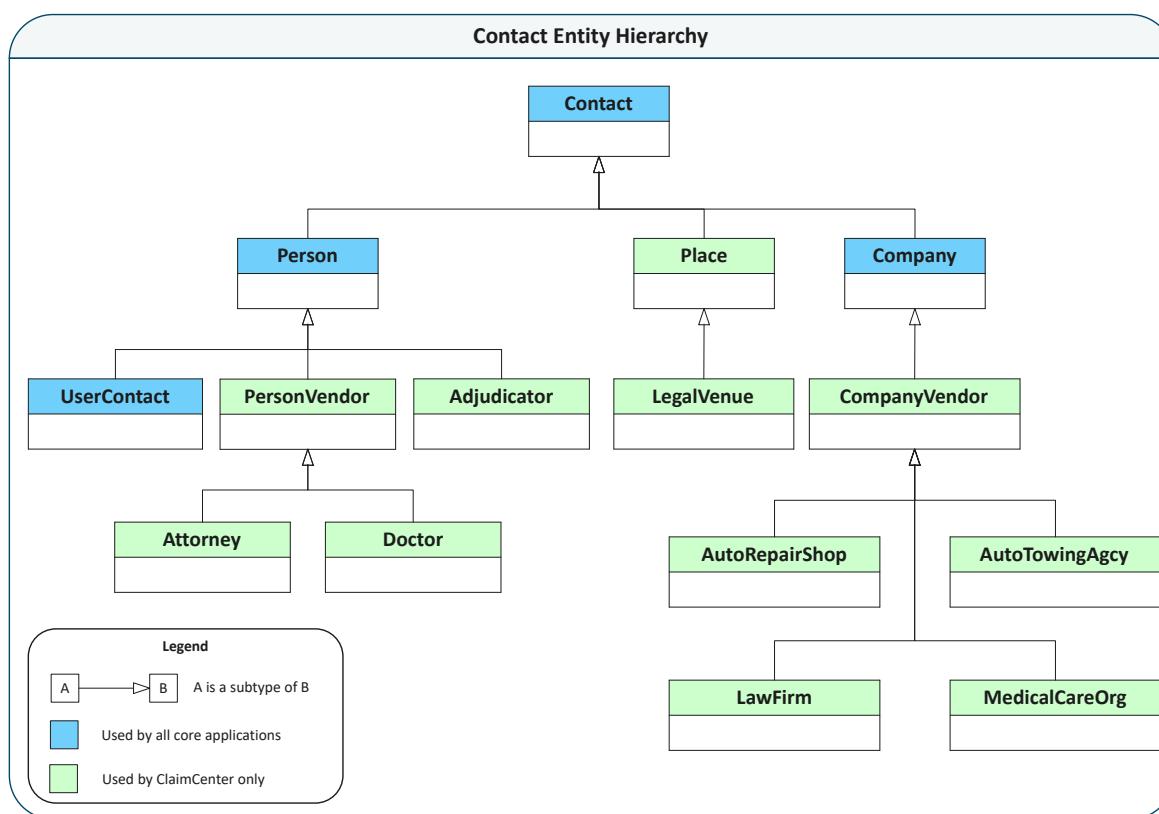
- **Client Contact** – A person or company that is a customer of an insurer, such as the owner of a policy. A client can be both a vendor and a client. For example, a doctor who has a policy with the insurer also provides medical services on claims. Client contact access requires that you license Client Data Management. See the *Contact Management Guide*.

A **Contact** is the ClaimCenter data model entity used in both client and vendor data management. In the base configuration, this entity is the core application equivalent of the ContactManager entity **ABContact**, described in the *Contact Management Guide*.

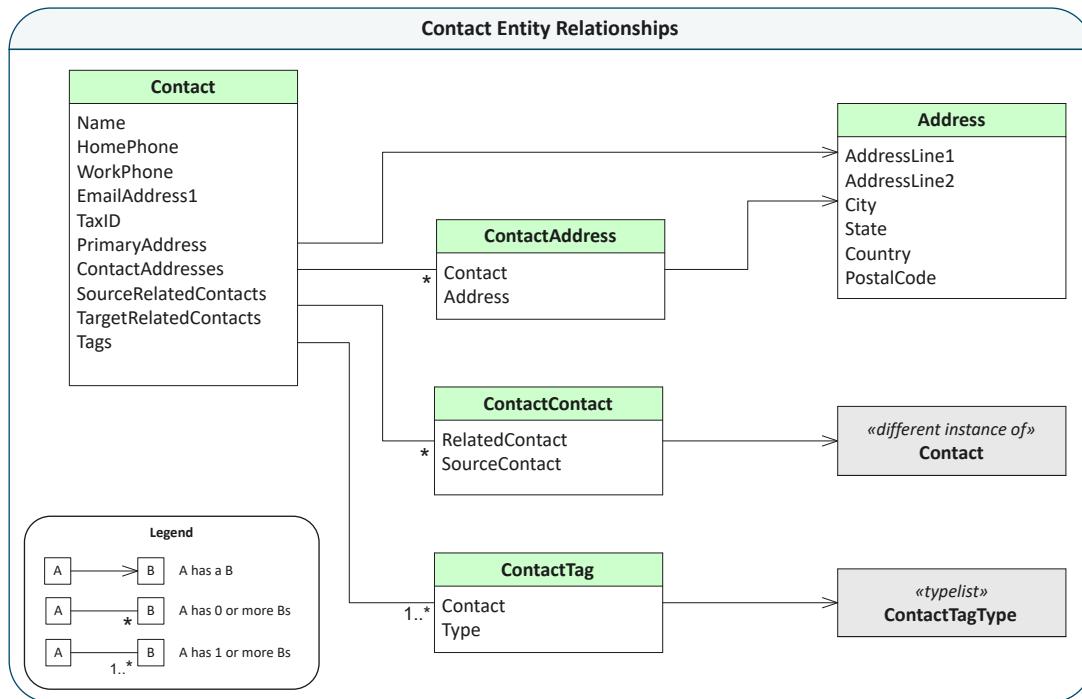
The **Contact** entity has subtypes for various types of contacts, like **Person**, **Company**, and **Place**.

In ClaimCenter, these subtypes have additional subtypes, like **Adjudicator**, **CompanyVendor**, **LegalVenue**, and so on. The following figure shows the **Contact** entity hierarchy. This entity hierarchy has a parallel in the **ABContact** entity hierarchy in ContactManager. See the *Contact Management Guide*.

Note: The following figure includes a special **Contact** subtype, **UserContact**. This entity, a subtype of **Person**, is used by the **User** entity, which represents a user of the application, such as a claims adjuster. The **User** entity has a foreign key to **UserContact** so it can store data like the user's address and phone number. However, **UserContact** entities are not intended to be used as either vendor contacts or client contacts, and in the base configuration they cannot be stored in ContactManager.



The **Contact** entity is associated with other entities as well. A contact can have multiple addresses, related contacts, and tags. A **Contact** entity that is stored in ContactManager must have at least one tag. Except for the primary address, references to those entities are handled with arrays of join entities. For example, there is **ContactAddress** for addresses and **ContactContact** for related contacts, as shown in the following figure:



The mailing address of a Contact is stored in the Address entity. A Contact can reference a primary address and, through the ContactAddress entity, other secondary addresses.

Contacts can have relationships with other contacts. For example, a Person might be employed by a particular Company. The ContactContact entity maintains data about the relationships a contact can have with other contacts.

Note: For simplicity, the diagram shows ContactContact connecting to a different instance of Contact. However, ContactContact can also point back to the original contact. For example, you can be your own primary contact.

Contacts can have tags, like Client and Vendor. A Contact entity references its tags by using the ContactTag entity.

A contact that has the Vendor tag can provide specialist services, like carpentry or independent appraisal. The relationship between a contact and its services is maintained by ContactManager, which is why there is no Contact property accessing services in the entity relationship model.

Additionally, a contact that has the Vendor tag can have documents associated with it in ContactManager. Those documents are shown in ClaimCenter on the **Documents** tab of a vendor contact's detail view.

See also

- “Services” on page 417
- *Contact Management Guide*

ContactManager integration

ContactManager is a Guidewire application that serves as a central address book—a contact management system—for ClaimCenter and the other Guidewire core applications. Most aspects of using ClaimCenter with ContactManager are covered in the *Guidewire Contact Management Guide*.

There are several reasons for having a separate contact management application:

- Sharing contact information with other applications, like PolicyCenter and BillingCenter

- Using a common administrative interface for creating, editing, deleting, and resolving duplicate address book contacts
- Managing data for a contact across all claims

Before you can work with ContactManager, you must install it as described at the *Contact Management Guide*.

You can set up ClaimCenter and ContactManager to work together as described in the *Contact Management Guide*.

Working with contacts in ClaimCenter and ContactManager

After you set up ClaimCenter and ContactManager to work together and then start both applications, you can work directly in ClaimCenter with contacts stored in ContactManager. These contacts are called *linked contacts*. For example, you can use the **Address Book** tab to search for contacts stored in ContactManager. You can open the Address Book Search screen by clicking the **Address Book** tab. This screen also opens when you choose in a claim to add an existing contact, such as in the **Parties Involved > Contacts** screen or in the **New Claim** wizard.

Note: To search in ClaimCenter for contacts stored in ContactManager and see the results, log in as a user with a role that has `abviewsearch`, `abview`, and `anytagview` permissions. See the *Contact Management Guide*.

You cannot create or edit contacts in the **Address Book** tab. However, you can open ContactManager for that purpose from the Address Book Search screen by clicking either the **Open ContactManager** button or the **Edit in ContactManager** button. If you are not already running ContactManager, you must log in when ContactManager opens. To log in, you need a ContactManager user name with a role that has the permissions to work with contacts.

Note: These buttons use the ContactManager URL set in the configuration parameter `ContactSystemURL`. If the URL is not set in that parameter, the system uses the ContactManager URL defined in `suite-config.xml`. See the *Contact Management Guide*.

You can also create and edit ContactManager contacts associated with claims by using the **New Claim** wizard or the **Parties Involved > Contacts** screen of an open claim.

Notes:

- To be able to create, edit, and delete local-only, unlinked contacts in ClaimCenter, your role must include the following permissions: `anytagedit`, `ctccreate`, `ctcedit`, and `ctcview`.
- Each contact that you access in the **Address Book**, the New Claim wizard, or the **Parties Involved > Contacts** screen has a detail view consisting of multiple cards.
 - The standard cards that appear for all contacts are **Basics**, **Addresses**, and **Related Contacts**. These cards provide contact information that you can edit.
 - If the contact is stored in ContactManager and has its Vendor tag set, the detail view has an additional **Documents** card. This card displays a read-only list of documents that have been associated with the contact in ContactManager.

See also

- *Contact Management Guide*

Pending changes

Changes made in ClaimCenter to linked vendor contacts can be sent to ContactManager as pending changes, which require approval in ContactManager.

How ClaimCenter handles creating and editing vendor contacts depends on the permissions of the user making the changes. If a user does not have permission to create a new vendor contact or edit a vendor contact, ClaimCenter sends the create or update to ContactManager as a pending change. If the user does have the needed permissions, the changes are sent to ContactManager, where they take effect. For information on these permissions, see “Contact permissions and contacts” on page 613.

In the base configuration, pending changes are created only when a user with insufficient permissions is working with vendor contacts. The changes remain pending until a ContactManager user logs in to ContactManager and reviews the pending changes. The reviewer either approves or rejects the pending contact creates and updates.

- If a pending change is approved, the contact becomes linked and in sync, meaning that the data for the contact in ClaimCenter and in ContactManager is the same.
- If a pending change is not approved, the behavior depends on the type of change. A pending change can be a pending create of a new vendor contact or a pending update of an existing vendor contact.
 - **Pending create** – When a pending create is rejected, ContactManager retires the pending contact object and notifies ClaimCenter. ClaimCenter updates the status of the contact as a broken link and creates a Pending Create Rejected activity for the user that created the vendor contact.
 - **Pending update** – When a pending update is rejected, ContactManager discards the pending updated data and notifies ClaimCenter of the rejected update. ClaimCenter overwrites the data for the contact with the existing data from ContactManager, making the contact in sync again. Additionally, ClaimCenter creates a Pending Update Rejected activity for the user who made the update and associates a note with the activity that retains the rejected change data.

This ClaimCenter pending contact behavior with vendor contacts is defined in the Gosu class `gw.plugin.contact.ContactSystemApprovalUtil`. You can edit this class and change how ClaimCenter determines the following:

- If a contact created in ClaimCenter will be created in ContactManager
- If a contact created or updated in ClaimCenter will be applied immediately, or if it requires approval in ContactManager before being applied

Pending create example process flow

1. A user with the Clerical role opens a claim and navigates to **Parties Involved > Contacts**.
The Clerical role does not have permissions that allow creating or editing a linked vendor contact.
2. On the **Contacts** screen, the user creates a new vendor contact. The vendor contact has the minimum required data, including a name and a tax ID.
3. The ClaimCenter user re-selects the new vendor contact to refresh the **Basics** card for that contact.
After the pending contact creation request is sent to ContactManager and a return message comes back, the **Basics** card displays the following message:
The contact is linked to the Address Book and is in sync but the remote contact is pending approval.
4. A user who can review pending changes logs in to ContactManager and rejects the pending create.
The ContactManager user indicates on the rejection notice that more information is needed on the contact. Additionally, the user specifies in the note for the rejection why the create was rejected and what needs to be done to correct it.
5. After ClaimCenter gets the message from ContactManager that the pending create was not approved and the user refreshes the contact screen, the **Basics** card shows the following message:
This contact has been removed in ContactManager
6. The user clicks the **Desktop** tab and then clicks **Activities** and chooses the **All open** filter to see if there is more information on the rejected contact.
The **Activity Detail** worksheet indicates that more information is needed on the contact.
7. The user edits the contact and adds more information to the contact.
8. After saving the contact change, the user clicks **Relink** in the **Basics** card.
9. After the pending contact creation request is sent to ContactManager and a return message comes back, the ClaimCenter user refreshes the contact. The **Basics** card displays the following message:
The contact is linked to the Address Book and is in sync but the remote contact is pending approval.

10. A user who can review pending changes logs in to ContactManager and approves the pending create.
11. In ClaimCenter, the user refreshes the **Contacts** screen and selects the vendor contact. The **Basics** card now shows the following message:
The contact is linked to the Address Book and is in sync

Pending update example process flow

1. A user with the Clerical role opens a claim and navigates to **Parties Involved > Contacts**.
The Clerical role does not have permissions that allow creating or editing a linked vendor contact.
2. On the **Contacts** screen, the user edits an existing, linked vendor contact that is in sync.
3. The user clicks **Update** to save the contact, and the **Basics** card shows the contact status as:
The contact is linked to the Address Book but is out of sync
This message appears because ClaimCenter has not yet received notification from ContactManager that the pending update was received.
4. The user clicks another contact and then clicks the edited one to refresh the message on the **Basics** card.
The pending contact creation request has been sent to ContactManager and has been acknowledged, so the **Basics** card displays the following message:
The contact is linked to the Address Book and is in sync but the remote contact has pending updates.
5. A user who can review pending changes logs in to ContactManager and rejects the pending update.
The ContactManager user indicates on the rejection notice that more information is needed on the contact. Additionally, the user specifies in the note for the rejection why the update was rejected and what needs to be done to correct it.
6. After ClaimCenter gets the message from ContactManager that the pending update was not approved, the user refreshes the contact screen.
The **Basics** card shows the following message:
This contact is linked to the Address Book and is in sync
This message appears because the update has been discarded and the contact data has been overwritten with the current data in ContactManager.
7. The ClaimCenter user navigates to **Desktop tab Activities** and chooses the **All open** filter to see if there is an activity providing more information on the rejected update.
The **Activity Detail** worksheet for the rejected update indicates that more information is needed on the contact and specifies what information was incorrect.
8. The ClaimCenter user clicks **View Notes** on the **Activity Detail** worksheet. The note shows the original data that the user entered for the contact.
9. The ClaimCenter user edits the contact and corrects the information for the contact.
10. The user clicks **Update** to save the contact, and the **Basics** card shows the contact status as:
The contact is linked to the Address Book but is out of sync
This message appears because ClaimCenter has not yet received notification from ContactManager that the pending update was received.
11. The user clicks another contact and then clicks the edited one to refresh the message on the **Basics** card.
After the pending contact creation request is sent to ContactManager and a return message comes back, the **Basics** card displays the following message:
The contact is linked to the Address Book but is out of sync and the remote contact has pending updates.
12. A user who can review pending changes logs in to ContactManager and approves the pending update.

13. In ClaimCenter, the user refreshes the **Contacts** screen and selects the vendor contact. The **Basics** card now shows the following message:

The contact is linked to the Address Book and is in sync

See also

- *Contact Management Guide*

Contact permissions and contacts

ClaimCenter contact and tag permissions are described in the *Contact Management Guide*. These contact permissions permit a user to make changes to contacts, with varying effects.

Following are some examples of actions you can perform with various groups of permissions.

Permissions required to save contacts locally only in ClaimCenter

In the base configuration, to be able to work with contacts stored only in ClaimCenter with claims, and not in ContactManager, you must have at least the following permissions:

| Code | Enables a User to |
|------------|---|
| anytagview | See a contact that has any contact tag. |
| ctccreate | Create a new, local contact. |
| ctcedit | Edit local contacts. |
| ctcview | View and search local contacts. |

Permissions required to view ContactManager contacts in claimcenter, save locally, and make pending changes and creates in ContactManager

In the base configuration, to be able to view, create, and edit contacts stored in ContactManager, you must have at least the following permissions. In the base configuration, these permissions are in the role Clerical. These permissions enable you to save pending creates and updates to vendor contacts in ContactManager.

| Code | Enables a User to |
|--------------|--|
| abview | View the details of contact entries retrieved from ContactManager. |
| abviewsearch | Search for contact entries in ContactManager. |
| anytagview | See a contact that has any contact tag. |
| ctccreate | Create a new, local contact. |
| ctcedit | Edit local contacts. |
| ctcview | View and search local contacts. |

For example, with these permissions, you can do the following:

- Create or edit a contact that is stored only locally, an unlinked contact.
- Create or edit a non-vendor contact that is stored in ContactManager and have your changes saved in ContactManager.
- Create or edit a vendor contact that is stored in ContactManager and have your changes saved as pending creates or pending updates in ContactManager. Pending changes must be reviewed and either approved or rejected by a ContactManager user. See the *Contact Management Guide*.

Permissions required to view ContactManager contacts in claimcenter, save locally, and save changes in ContactManager

In the base configuration, the following permissions give you all the capabilities described in the previous topic. Additionally, you can create and edit vendor contacts and have your changes saved in ContactManager without requiring approval. Unless you have preferred vendors defined in your system, these permissions give you everything you need to work with contacts.

Note: If you are working in ClaimCenter, you cannot delete a contact in ContactManager. You can remove a contact from a claim, but that removal does not delete the contact stored in ContactManager. You must log in to ContactManager to delete contacts.

| Code | Enables a User to |
|--------------|--|
| abcreate | Create a new vendor contact in ContactManager. In the base configuration, this permission enables a ClaimCenter user to create a vendor contact and have it saved in ContactManager. Without this permission, a ClaimCenter user can create and save non-vendor contacts in ContactManager. Any vendor contacts created by a user without this permission are created in ContactManager with pending status and must be approved by a ContactManager user. |
| abedit | Edit an existing vendor contact stored in ContactManager. In the base configuration, this permission enables a ClaimCenter user to edit a vendor contact and have it saved in ContactManager. Without this permission, a ClaimCenter user can edit and save non-vendor contacts in ContactManager. Any vendor contact changes by a user without this permission become pending changes in ContactManager and must be approved by a ContactManager user. |
| abview | View the details of contact entries retrieved from ContactManager. |
| abviewsearch | Search for contact entries in ContactManager. |
| anytagview | See a contact that has any contact tag. |
| anytagcreate | Create a new contact regardless of which contact tag it requires. |
| anytagedit | Edit a contact that has any contact tag. |
| ctccreate | Create a new, local contact. |
| ctcedit | Edit local contacts. |
| ctcview | View and search local contacts. |

Changing the subtype of a contact

If you have a contact that has the wrong subtype, you can change the contact's subtype under certain conditions by using a command-prompt tool. See the *Contact Management Guide*.

Document management

ClaimCenter enables you to create and manage documents that are associated with claims. These documents can either be online—existing in or created in ClaimCenter—or printed documents. For example:

- You write and send the insured a letter to acknowledge the claim.
- The claimant emails you a map of the loss location.
- You have received a printed copy of a written police report.

This topic describes how to work with documents that are associated with claims and possibly associated as well with entities that are part of a claim. There is a similar feature that enables you to associate documents with vendor contacts in ContactManager, separately from claims, and then view those documents for vendors in ClaimCenter.

Guidewire recommends integrating with an external document management system rather than using the default demonstration document management system on the ClaimCenter server. The default system is useful only for demonstration purposes and does not support features of a real document management system, such as document versioning.

Use document management in ClaimCenter to:

- Create new documents on the server from templates, and then download and edit them.
- Have another user approve a document you wrote before it is sent.
- Store documents, both those you create and those received from other sources.
- Search for documents associated with a claim, and categorize them to simplify the searches.
- Link to external documents.
- Indicate the existence of hardcopy, printed documents.
- Remove documents.
- Associate a document with a claim, exposure, matter, subrogation, service request, reserve, activity, or check.
- Create and send a document to perform a task for an activity.
- Create and send a document from rules or workflows.
- Extend these default capabilities by integrating with an external document management system (DMS).

By default, ClaimCenter stores document contents as files on your ClaimCenter server. For more robust document management, integrate documents with an external document management system.

[See also](#)

- *Contact Management Guide*
- *Globalization Guide*
- *Integration Guide*

Claim document storage overview

This topic describes how ClaimCenter stores documents as configured in the base product. You can configure how ClaimCenter uses metadata properties and stores content.

In the base configuration, documents are stored as a combination of:

Metadata

Properties that specify information about a document. In the base configuration, ClaimCenter stores these properties in the database. For example, there are properties for the document's name, the business object associated with the document, the document's file type, an optional type classification, and so on. When you create a new document, you must specify some of its properties before you can save it.

For example, you see document properties when you click Info action  for a document in the **Documents** screen.

Document content

A file that is stored in the ClaimCenter file system. In general, you edit document content as a file on your local system by using your editing software. Alternatively, you can create the file from a template and, in some cases, edit that file on your local system. Before uploading the content, you select or specify the metadata representing the document in ClaimCenter. You then upload the file to the server, which associates the file with its metadata and saves the file.

For example, you can view a document's content by clicking the document name in the **Documents** screen.

If you are just indicating the existence of a document, the document is hard copy and there is no content to upload. The document is stored in the database as metadata only. In this case, typically the document name and description indicate where the hard copy is stored.

See also

- “Document metadata properties” on page 616
- “Viewing claim documents” on page 618
- “Indicate the existence of a hard-copy claim document” on page 624
- For information on configuring document storage, see the *Integration Guide*.

Document metadata properties

When you create a new document or edit an existing document, you see a set of metadata properties that the base configuration of ClaimCenter stores in the database. Document search uses a subset of these properties.

You can set the following metadata properties for a document:

Name

The name of the document. ClaimCenter uses this name for the document content file. For example, if you download the content for a document, this setting determines the name of the file name sent to the browser.

For hard-copy documents, this field provides information helpful for identifying the hard-copy document.

Description

Especially useful for locating hard-copy documents.

File Type

The type of content file, also known as a MIME type.

You can change the file type, but do so with caution. ClaimCenter uses your setting to set the MIME type for the file. The operating system formats the document content file to match this MIME type when you upload the content.

This field does not apply to documents representing hard copy documents because there is no content for this kind of document.

Language

The language the document is written in.

Section

A way to classify documents, such as legal, medical, or correspondence.

If the document is related to subrogation, choosing Subrogation from the **Section** drop-down list is the only way to indicate this relationship.

Related To

A document is always associated with a claim. It can also be related to an instance of an entity that is associated with a claim. A document can be related to just one entity instance. The specific entity depends either on where in ClaimCenter the document was created or which entity the user set this value to when creating the document.

Author

By default, the name of the user who associated the document with the claim. This field can be changed to some other value, such as the sender of a document.

Recipient

The person or business to which the document was sent, if applicable.

Inbound

Indicates whether the document came from an external source or was generated internally. This attribute typically applies to emails and letters. A value of Yes means the document came from an external source.

Status

A value from the **DocumentStatusType** typelist, such as Final or Draft. You are required to set this value when you create a document. In the base configuration, only Final and Draft are used. For example, a metro report document must never be edited, so ClaimCenter sets it to Final when it comes in. The Approving and Approved statuses are not used in the base configuration, but you can implement code that uses them.

Security Type

The default values are Sensitive Document and Unrestricted Document. For example, a document related to a special investigation might be sensitive and might require extra restrictions on users who can view and edit the document.

Document Type

A value from the **DocumentType** typelist that classifies the document, such as Police Report or Email Sent.

See also

- “Configuration parameters for claim document management” on page 631
- “Searching for claim documents” on page 621

Working with claim documents

You can open a claim or run the New Claim wizard and click the **Documents** link in the left Sidebar to work with documents. Additionally, you can view and link existing documents from some claim-related entities, like activities, service requests, subrogations, reserves, and checks.

In general, to create a new document, select any of the **New Document** menu choices from either the **Actions** menu or the **Documents** screen while in any claim.

Viewing claim documents

You can view all documents associated with the claim or you can filter this list. Additionally, you can select a service request, subrogation, activity, reserve, or check and view only those associated documents.

You can view all documents for which you have permission.

See also

- For information on document permissions, see “Document security” on page 630.
- For information on document configuration parameters, see “Configuration parameters for claim document management” on page 631.

Viewing all claim documents

The **Documents** screen shows all documents associated with a claim. To open this screen, open a claim and click the **Documents** link, located on the left Sidebar of all claim and New Claim wizard screens.

The **Documents** screen initially displays the unfiltered list of all documents. Use the search pane at the top of the screen to filter the list of documents.

For example:

- You can use the **Related To** drop-down list to select the current claim or an entity on the claim, such as a contact, exposure, matter, or service request. The search results will show documents related only to the instance of the entity you chose.
- To see all documents related to a subrogation on the claim, you can select **Claim** for **Related To**, and then for the **Section** field, select **Subrogation**.

In the list of documents, you can:

- Click a document **Name** to download the document and view its contents.
 - If the browser can open the document for viewing, a window opens showing the contents.
 - If the browser cannot open the document for viewing, you see a message saying that the file was downloaded for viewing. You can then open the downloaded file with the appropriate viewer.

If nothing happens when you click the document name, enable pop-ups for ClaimCenter in your browser.

- Click **View Document Properties**  to see the document’s metadata properties on the **Document Properties** screen. On that screen you can edit the properties, download the document content, or upload new content.
- Click **Download**  to download, view, and possibly edit the document’s content.
- Click **Upload**  to upload new or edited content.
If the document is linked to a service request and has been sent to a vendor, you cannot change its contents.
- Click **Delete**  to delete the document.
If the document is linked to a service request and has been sent to a vendor, you cannot delete it.

View documents for a service request

About this task

You can view documents specifically for service requests.

Alternatively, you can see all the documents for a claim on the Documents screen, and then filter by service request.

Procedure

1. With a claim open, click **Services** in the Sidebar menu on the left.

2. On the **Services** screen, select a service request from the list.
3. In the **Details** view for the service request, click the **Documents** card. See “Documents card for a service request” on page 619

Documents card for a service request

The **Documents** card for a service request lists all documents linked to the service.

You can view a document’s contents, see or edit its metadata properties, and change the document’s contents.

While you cannot delete a document in this screen, you might be able to unlink it from the service request. The document must not have been sent to the vendor, and it must not be linked to a service request statement.

To unlink a document from the current service request, click the Remove Document  action.

Additionally, you can link or upload a document from this tab for two purposes:

- **Send to vendor** – If you integrate with a vendor portal, you can use the **Link** and **Upload** buttons to send notifications about a document to the portal. Otherwise, these actions apply just to documents stored by ClaimCenter. In either case, the Date Vendor Notified field is updated with the date you did the link or upload.
- **Associate only** – Use the **Link** and **Upload** buttons to perform these actions on documents stored by ClaimCenter.

See also

- For information on using document **Name** and **Actions** for viewing content or metadata properties and downloading and uploading content, see “Viewing all claim documents” on page 618.

View documents for a subrogation

About this task

You can view documents specifically for a subrogation.

Alternatively, you can see all the documents for a claim on the **Documents** screen, and then use the **Section** search field to filter for Subrogation.

Procedure

1. With a claim open, click **Subrogations** in the Sidebar menu on the left.
2. On the **Subrogation:Summary** screen, click the **Documents** card.
3. On this card, you can see a list of documents currently linked to this subrogation.

You can view a document’s contents, see or edit its metadata properties, and download and upload document contents. Additionally, you can use the buttons above the list to create a document from a template, upload content, and link a document to the subrogation.

What to do next

See also

- For information on using the **Name** and **Actions** for viewing content or metadata properties, downloading and uploading content, or deleting a document, see “Viewing all claim documents” on page 618.
- “Link a document to a subrogation” on page 627

View documents for an activity

About this task

Procedure

1. Click the **Desktop** tab to view your open activities.
2. Select an activity.
3. In the **Activity** worksheet, the documents linked to this activity are listed in the **Documents** section.

You can view a document's contents, see or edit its metadata properties, and download and upload document contents. Additionally, you can click the **Link Document** button to link an existing document to the activity.

What to do next

See also

- For information on using the **Name** and **Actions** for viewing content or metadata properties, downloading and uploading content, or deleting a document, see “Viewing all claim documents” on page 618.
- “Link a document to an activity” on page 627

View documents for a reserve

About this task

Procedure

1. With a claim open, click **Financials > Transactions** in the Sidebar menu.
2. In the **Financials: Transactions** screen, click a reserve type or amount to open its **Reserve Details** screen.
3. Scroll down to **Documents linked to Group**.

For each document in the list, you can click the document name to view its contents or click **View Document Properties**  to see the document's metadata properties.

What to do next

See also

- “Viewing all claim documents” on page 618
- “Link a document to a reserve” on page 627

View documents for a check

About this task

Procedure

1. With a claim open, click **Financials > Checks** in the Sidebar menu.
2. In the **Financials: Checks** screen, click a check number or amount to open its **Check Details** screen.
3. Scroll down to **Documents linked to Checks**.

For each document in the list, you can click the document name to view its contents or click **View Document Properties**  to see the document's metadata properties.

What to do next

See also

- “Viewing all claim documents” on page 618
- “Link a document to a check” on page 628

View documents for a note

About this task

You can view documents as links in a note. When you create a new note, you can link one or more documents that already exist. Documents are added to the body of the note as links to the document content stored on the server.

Procedure

1. With a claim open, click **Notes** in the Sidebar menu.
2. In the **Notes** screen's list of notes, any notes to which documents have been linked have links to those documents in the **Details** column.

What to do next

See also

- “Link a document to a note” on page 628

Searching for claim documents

Use the **Search** pane of the **Documents** screen to search for documents. You can use the following search parameter values for a document after you create the document or link to it:

- **Related To** – A document created in an exposure, activity, matter, contact, or service request is related to the instance of that entity that is associated with a claim. This filter specifies a search for documents related to a specific exposure, activity, matter, contact, or service request. A document can be related to just one entity instance.
- **Section** – A classification, like legal, medical, or correspondence.
If you want to search for documents related to subrogation, choose Subrogation from this drop-down list.
- **Name or Identifier** – The name of the document. Typically, also the name of the file in which the document content is stored. The document name is especially useful for locating hard-copy documents.
- **Status** – A value from the **DocumentStatusType** typelist, such as Final or Draft. You are required to set this value when you create a document. In the base configuration, only Final and Draft are used. For example, a metro report document must never be edited, so ClaimCenter sets it to Final when it comes in. The Approving and Approved statuses are not used in the base configuration, but you can implement code that uses them.
- **Author** – By default, the name of the user who associated the document with the claim. This field can be changed to some other value, such as the sender of a document.
- **Include Hidden Documents** – Whether to search also for documents that have been hidden.

See also

- “Hiding a claim document” on page 629
- *Configuration Guide*

Create a new claim document

Before you begin

You can create a new claim document when you have a claim open.

Procedure

1. Either use the **Actions** menu and go to the selections under **New Document** or open the **Documents** screen and click **New Document**.
2. Click one of the following choices for adding documents to the current claim:

- Upload document
- Create from a template
- Indicate existence of a document

What to do next

See also

- For information on creating a document from a subrogation, see “View documents for a subrogation” on page 619.

Upload documents

About this task

When you upload a document, you replace the content for a document with a file from your file system. If you are creating a new document, you must specify metadata properties for the document, and the upload becomes the content. You can upload multiple documents at one time.

Procedure

1. There are multiple ways to get to the **Upload Documents** worksheet that enables you to upload one or more documents:
 - Click **Actions**, and under **New Document** click **Upload documents**.
 - In the **Documents** window, click **New Document** and then click **Upload documents**.

The **Upload Documents** worksheet opens.

2. To add files that you want to upload, do any of the following:
 - Drag one or more files from your file system window, such as Windows Explorer, to the worksheet.
 - Click **Add Files**, browse to the locations of your documents, and click **Add**.
 - Click **Add Files** multiple times for files in different folders. You can also select more than one document in a folder.
 - Paste an image from the clipboard in the **Paste Files Here** text field. Note that this option works only for clipboard images. The option is not for files.
3. Set the properties for the files you want to upload.
 - You must have values for the **Name**, **File Type**, **Related To**, **Status**, and **Document Type** fields.
 - You can set the properties one file at a time in the fields to the right of each file you added to the list.
 - You can edit the properties for multiple files by selecting their check boxes and then clicking **Edit Details**.
 - Do not set the **Name** field for multiple files. Files must have different names. Additionally, ClaimCenter sets the file type for you based on the MIME type it detects. If you set the **File Type** field, the file contents will be configured to match that MIME type when you upload it.
4. Click **Upload** to send the file or files to the server and create the link or links.

Replace content for an existing document

Procedure

1. You can start the upload to replace a document’s content in two ways:
 - On the **Documents** screen, for the document whose contents you want to upload, click **Upload**  under **Actions**.
 - On the **Documents** screen, for the document whose contents you want to upload, click **View Document Properties**  under **Actions**. Then, on the **Document Properties** screen, click **Upload** .

2. In the **Update Document Content** screen, add the file that has the new content by:
 - Browsing for the content file.
 - Dragging the file from your file system window, such as Windows Explorer.
3. Click **Update**.

Create a new claim document from a template

Procedure

1. Open a claim.
2. Select either of the following:
 - Actions > New Document > Create from a template.
 - Open the **Documents** screen, and then click **New Document > Create from a template**.
3. In the **New Document** worksheet, click the **Select Template** search icon so you can select a template. To create a document, you must specify an existing template.
4. After you click the **Select Template** search icon, a search screen for document templates opens.

The search settings are based on the claim you have open.

- a) If no results are showing, choose a document type from the **Type** picker.
For example, select **Email**.
- b) Set any other search fields that will help you find the template.
For example, select **<none>** for the Line of Business and Jurisdiction fields.
- c) Click **Search**.
The **Search Results** displays a list of matching document templates.
- d) Click **Select** for the template you want to use.

The base configuration Sample Acrobat document, **SampleAcrobat.pdf**, uses Helvetica font. If you intend to create a document that uses Unicode characters, such as one that uses an East Asian language, the document template must support a Unicode font. Otherwise, the document does not display Unicode characters correctly.

5. After you select a template, ClaimCenter displays numbered steps along the left side of the screen.
6. Follow the steps on the screen.

The document requires values for **Name**, **Related To**, **Status**, **Document Type**, and **Hidden**. Those values are filled in for you, but you might want to change them. In particular, **Name** sets the file name of the content file.

If you integrate with a document management system, the file attributes used by that system need not be the same as the comparable object values that appear in the document.

7. After filling in the fields, click **Create Document**.
8. If you see **View/Edit**, click this button.
 - If you can edit the document content, your browser will indicate that it downloaded the file.
 - You can use the browser feature that enables you to open the downloaded file in its native editor.
 - If you edit the document content file, be sure to save it.
 - Make note of the saved file name and location so you can browse for the file when you upload changes to the document. The file you upload becomes the new content for the document.
9. Click **Update** to save your work.

What to do next

After you create the document, you can take additional steps, such as sending this document as an email attachment. You can also print it and send it through the mail. Additionally, if you have integrated with a document management system, you can use any features provided by that system.

See also

- “Document metadata properties” on page 616

Indicate the existence of a hard-copy claim document

About this task

If you keep claim documents as hard copies instead of scanning them into your file system, use this option to describe the document in ClaimCenter. This description becomes searchable. However, you have to go to your file cabinet or other storage location to retrieve the document. This option gives you all the document property fields that you have for electronic documents except **File Type**.

Procedure

1. Click **Action** and under **New Document** choose **Indicate existence of a document**. An alternative is to open the **Documents** screen and click **New Document > Indicate existence of a document**.
2. The **New Document** screen that opens enables you to set metadata properties for the document, but does not enable you to select a file to upload. Enter attributes that describe the hard copy document sufficiently to enable a user to find it.
3. Click **Update** to add the document describing the hard copy document to the database.

Using an activity to create a document

In the base configuration, when you create an activity, you can select a document template from which to create a new document. The activity then displays a **Create Document** button when a user opens it.

If a document template is specified in the activity pattern of an activity, all activities created from that pattern have a **Create Document** button visible after the activity opens.

Clicking the **Create Document** button displays the **New Document** screen for creating a document from a template, enabling you to create the document. Because an activity pattern can indicate only one template, any single activity creates only one type of document.

In the default configuration, none of the activity patterns specify a document template.

See also

- “Create a new claim document from a template” on page 623
- *Configuration Guide*

Edit content for a claim document

About this task

You can edit contents of documents in multiple places in ClaimCenter:

- The **Documents** screen of a claim can show all documents for the claim.
- The **Subrogations** screen has a **Documents** card.
- The **Service Request** detail screen has a **Documents** card.
- The **Activity** detail screen has a **Documents** card.

You can edit the content of a document if you have sufficient permissions.

Note: If you are using Microsoft Internet Explorer and you download a Microsoft Office document, the browser can open it for you in the Office application, such as Microsoft Word. However, it is possible that the browser will not use the correct file name for the document. Before saving a Microsoft Office document that you have downloaded for editing, verify that the file name is correct, and enter it again if necessary.

Procedure

1. Click Download  in the **Actions** column for the document. Alternatively, you can click the same button on the **Document Properties** screen for the document.
Your browser indicates that it downloaded the file.
2. Edit the document content file in the appropriate editor.
Most web browsers can be configured to open some types of downloaded files in their native editors.
3. Save your work after you have made all your edits.
Make note of the saved file name and location so you can browse for the file when you upload changes to the document. The file you upload becomes the new content for the document.
4. In the **Documents** screen, click **Upload**  under **Actions**.
5. On the **Update Document Content** screen, click **Browse**, locate the file you saved, and then click **Update**.
Alternatively, you can drag a file from your file system viewer to this screen.

What to do next

See also

- “Upload documents” on page 622
- “Claim document storage overview” on page 616

Edit metadata properties of a claim document

Before you begin

You can edit the metadata properties of a document if you have sufficient permissions.

About this task

You can edit metadata properties of documents in multiple places in ClaimCenter:

- The **Documents** screen of a claim can show all documents for the claim.
- The **Documents** card on screens for various entities associated with the claim. For example, the **Subrogations** screen, the **Service Request** detail screen, or the **Activity** detail screen.

Procedure

1. Click View Document Properties  in the **Actions** column for the document.
2. In the **Document Properties** screen, click **Edit**.
3. Make your changes.
If you change the **Name** field, ClaimCenter subsequently uses that name for the file it downloads for document content.
4. Click **Update** when you have made all your changes.

What to do next

See also

- “Upload documents” on page 622

- “Claim document storage overview” on page 616

Linking documents to claim-related entities

In the details screen or new entity screen of some claim-related entities, you can click a **Link Document** button to link existing documents to the entity. In some cases, such as reserves, new activities, and new notes, clicking **Link Document** is the only way to establish a link.

The linking described in these topics applies only to claim-related entities. You can separately link documents to vendor contacts in ContactManager.

This topic includes:

- “Link a document to a service request” on page 626
- “Link a document to a subrogation” on page 627
- “Link a document to a reserve” on page 627
- “Link a document to a service request” on page 626
- “Link a document to a check” on page 628
- “Link a document to a note” on page 628

See also

- *Contact Management Guide*

Link a document to a service request

Procedure

1. With a claim open, click **Services** in the Sidebar menu on the left.
2. On the **Services** screen, select a service from the list.
Below the list of services, the **Details** card is selected by default.
3. Click the **Documents** card.
On this card, you can see a list of documents currently linked to this service.
4. Click the **Link** button above the list of documents.
 - If you have a vendor portal installed and you also want to notify the portal, click the **Link** button for **Send to vendor**.
 - If you want to work locally with the document, click the **Link** button for **Associate only**.
5. A search screen opens that by default shows all claim documents. In the **Filter Documents** section of the screen, you can change the search criteria to narrow the selection.
6. On the search screen, click **Select** for the document you want to link to the service request.
7. The **Services** screen returns, and the document you selected is listed on the **Documents** card.

You can also work with a linked document by using any of the actions on the **Documents** card of the **Services** screen.

What to do next

See also

- “Searching for claim documents” on page 621
- “View documents for a subrogation” on page 619

Link a document to a subrogation

Procedure

1. With a claim open, click **Subrogations** in the Sidebar menu on the left.
2. On the **Subrogation: Summary** screen, click the **Documents** card.
On this card, you can see a list of documents currently linked to this subrogation.
3. Click the **Link** button above the list of documents.
A search screen opens that by default shows all claim documents.
4. In the **Filter Documents** section of the screen, you can change the search criteria to narrow the selection.
5. On the search screen, click **Select** for the document you want to link to the subrogation.
6. The **Subrogation: Summary** screen returns, and the document you selected is listed on the **Documents** card.
You can link a document to a subrogation by using the buttons on the **Documents** card of the **Subrogation: Summary** screen. Creating a new document or editing it by using the **Create from Template** or **Upload** button on this screen also links the document to the subrogation.

What to do next

See also

- “Searching for claim documents” on page 621
- “Viewing all claim documents” on page 618
- “Working with subrogation” on page 289

Link a document to a reserve

Before you begin

You can link a document to a reserve only when creating the reserve.

Procedure

1. Navigate to **Actions > New Transaction > Reserve**.
2. Select the check box to the left of the new reserve in the list of reserves.
3. Click the **Link Document** button.
A search screen opens that by default shows all claim documents. In the **Filter Documents** section of the screen, you can change the search criteria to narrow the selection.
4. On the search screen, click **Select** for the document you want to link to the reserve.
The **Set Reserves** screen opens and displays the document you selected in the list under **Documents Linked to Reserves**.

Alternatively, you can unlink a document in this screen by clicking **Remove Document** .

What to do next

See also

- “View documents for a reserve” on page 620

Link a document to an activity

Procedure

1. Open an activity worksheet in one of the following ways:

- Click the **Desktop** tab, and then click an activity's **Subject**.
 - Open a claim and click **Workplan** to open all activities associated with the claim.
2. On the **Activity** worksheet, click the **Link Document** button.
A search screen opens that by default shows all claim documents.
3. In the **Filter Documents** section of the screen, you can change the search criteria to narrow the selection.
4. On the search screen, click **Select** for the document you want to link to the activity.
5. The **Activity** worksheet returns and shows the document you added in the **Documents** section.
6. You can unlink the document by clicking Remove Document .

What to do next

See also

- “View documents for an activity” on page 619

Link a document to a check

Before you begin

You can link a document to a check only when creating a new check.

Procedure

1. Navigate to **Actions > New Transaction > Reserve**.
2. When you get to step 3 of the New Check wizard, click the **Link Document** button.
A search screen opens that by default shows all claim documents.
3. In the **Filter Documents** section of the screen, you can change the search criteria to narrow the selection.
4. On the search screen, click **Select** for the document you want to link to the check.
5. The screen showing step 3 of the New Check wizard returns and shows the document you added in the **Linked Documents** section.
6. While still in the New Check wizard, you can unlink the document by clicking Remove Document .

What to do next

See also

- “View documents for a check” on page 620

Link a document to a note

Before you begin

You can link a document to a note only when creating a new note.

Procedure

1. Navigate to **Actions > New > Note**.
2. On the **Note** worksheet in the **Text** field, put the cursor where you want the link to appear, and then click the **Link Document** button.
A search screen opens that by default shows all claim documents.
3. In the **Filter Documents** section of the screen, you can change the search criteria to narrow the selection.
4. On the search screen, click **Select** for the document you want to link to the note.

The **Note** worksheet returns. In the **Text** field, there is a link to the document you added in the **Linked Documents** section. For example, \$ccDocLink(17).

5. While creating the note, you can move the link text where you want it in the body of the note, or even delete it. For documents that have content stored on the system, this link becomes JavaScript that downloads the content of the document on the ClaimCenter server to your browser for viewing. A link created for a document that indicates existence of a hard copy document cannot be active because there is no content stored on the system.

What to do next

See also

- “View documents for a note” on page 621
- “Indicate the existence of a hard-copy claim document” on page 624
- “Linking documents to notes” on page 274

Hiding a claim document

Hiding a document is a way to remove an obsolete document from your list of documents without deleting it. When you hide a document, you no longer see it listed in the **Documents** screen unless you indicate that you want to see hidden documents.

You can hide a claim document in a number of ways:

- With a claim open, open the **Documents** screen from the left Sidebar, select a listed document, and click **Hide Documents**.
- Open the **Documents** screen or any screen that displays a list of documents, such as the **Documents** card of the **Services** screen. Then click View Document Properties  for a document to open its **Document Properties** screen, click **Edit**, set **Hidden** to Yes, and then click **Update**.

Hiding a document in either of these ways sets the **Obsolete** flag on the **Document** entity and does not retire the document in the database. You can view hidden documents by setting **Include Hidden Documents** to Yes in the search section of the **Documents** screen.

Hiding a document is not the same as deleting it. The **docdelete** permission is necessary to delete documents. Only users who have that permission can delete documents.

Delete a claim document

Procedure

1. Open the **Documents** screen and select the document in the **Documents** list.
2. Click **Delete Selected**.

If this button is dimmed or there is no Delete  action visible in the **Actions** column, you might not have the authority to delete that file.

Other reasons you might not be able to delete a document are:

- The document content is hard copy. The document indicates only the existence of a document.
- The document is in Final status and you do not have permissions that override this status.
- The document has been sent to an external contact.

What to do next

See also

- “Hiding a claim document” on page 629

- “Removing a claim document link” on page 630

Removing a claim document link

In some cases, you can remove the link between a document and a claim-related entity. If you can remove a document, the Remove Document  action is available in the document’s **Actions** column. When you remove a document, you change only the link between the document and the entity it links to. Removing a document does not delete it.

For example, a document you added to a service is not really applicable to that service. You click **Services** in the left Sidebar and then click the **Documents** card. You find the document in the list of documents and then click the Remove Document  action, and then you click **OK** in the confirmation dialog. The document remains linked to the claim and you can still see it in the **Documents** screen.

See also

- “Hiding a claim document” on page 629

Configuring and integrating claim document management

The base configuration provides Document Management system permissions, configuration parameters, plugins, and document templates that you can configure or manage as an administrator.

Guidewire recommends integrating with an external document management system rather than using the default demonstration document management system on the ClaimCenter server. The default system is useful only for demonstration purposes and does not support features of a real document management system, such as document versioning.

See also

- *Integration Guide*

Document security

ClaimCenter provides a set of system permissions to provide security for all documents, as seen in the following table. You can also use these permissions to define security types for documents and assign permissions to users that relate to these security types.

The `RestrictSearchesToPermittedItems` search parameter in the `config.xml` file determines whether you can see a document in the list that you do not have permission to view.

The following system permissions provide security for documents.

| Name | Purpose of permission | Also needed |
|---------------|---|-------------|
| viewdocs | See the Claim Documents page. | |
| doccreate | Create documents for a claim. | |
| docdelete | Remove documents from any claim. | |
| docedit | Edit documents. | |
| doccreateclsd | Add documents to a closed claim. | doccreate |
| docdeleteclsd | Remove documents from a closed claim. | docdelete |
| docmodifyall | Modify any document, regardless of security type (ACL). | |
| docview | View the documents on a claim. | viewdocs |
| docviewall | View any document, regardless of its security type (ACL). | |

See also

- “Access control for exposures” on page 503

Configuration parameters for claim document management

The following configuration parameters in the `config.xml` file control search for and the display and editing of files in a document management system.

- `DisplayDocumentEditUploadButtons`
- `DocumentContentDispositionMode`
- `DocumentTemplateDescriptorXSDLocation`
- `FinalDocumentsNotEditable`
- `MaxContactDocumentSearchResults`
- `MaxDocTemplateSearchResults`
- `MaximumFileUploadCount`
- `MaximumFileUploadSize`
- `MaximumTotalUploadSize`

Another section of the `config.xml` file maps document file types—also called MIME types—to file extensions and associated icons in the user interface. For example:

```
<mimetypemapping>
  <mimetype name="application/msword"
            extensions=".doc"
            icon="mime_word_16.png"
  <!-- more mappings -->
</mimetypemapping>
```

See also

- To configure search parameters for documents, see “Searching for claim documents” on page 621.
- For details about document management and related integration points, see the *Integration Guide*.

Claim document management integration

The following are the main plugin interfaces used to integrate with a document management system. Each plugin interface has a default plugin implementation class.

| Interface | Description |
|--------------------------------------|--|
| <code>IDocumentMetadataSource</code> | <p>ClaimCenter passes search parameters—metadata—to the plugin implementation class registered in this plugin registry. The class searches its metadata and returns a list of documents found.</p> <p>You can implement your own plugin implementation class to interface with a system for storing document metadata—name, id, status, author, and so on. If the plugin is not enabled, then the ClaimCenter database stores the metadata. This interface is separate from <code>IDocumentContentSource</code> because of different architectural requirements.</p> <p>In the base configuration, this plugin is disabled, and the following plugin implementation class is registered:</p> <p><code>gw.plugin.document.impl.LocalDocumentMetadataSource</code></p> |
| <code>IDocumentContentSource</code> | <p>ClaimCenter passes to the plugin implementation class registered in this plugin registry the metadata for one document. The registered class registered returns the document content and does the following:</p> <ul style="list-style-type: none">• Interfaces with a document storage system.• Contains methods for creating, updating, and retrieving document contents. |

| Interface | Description |
|--|---|
| | <ul style="list-style-type: none"> • Supports the following document retrieval modes: <ul style="list-style-type: none"> ◦ Document contents. ◦ Gosu executed by client rules. ◦ URL to a server content store. <p>In the base configuration, the following plugin implementation class is registered: <code>gw.plugin.document.impl.AsyncDocumentContentSource</code></p> <ul style="list-style-type: none"> • In the registry, the parameter <code>TrySynchedAddFirst</code> is set to <code>true</code> and <code>SynchedContentSource</code> is set to <code>gw.plugin.document.impl.LocalDocumentContentSource</code>. • These parameter values cause the class to first try to use synchronous document management. If it fails, then it uses asynchronous document management. |
| <code>IDocumentProduction</code> | <p>This plugin registry registers a plugin implementation class that is the interface to a document creation system.</p> <p>The document creation process can:</p> <ul style="list-style-type: none"> • Involve extended workflow or asynchronous processes or both. • Depend on or set document fields. <p>In the base configuration, the following plugin implementation class is registered: <code>gw.plugin.document.impl.LocalDocumentProductionDispatcher</code></p> |
| <code>IDocumentTemplateSource</code> | <p>This plugin registry registers a plugin implementation class that searches for and retrieves templates describing the document to be created. In the base configuration, the plugin implementation class is: <code>gw.plugin.document.impl.LocalDocumentTemplateSource</code></p> |
| <code>IDocumentTemplateDescriptor</code> | <p>This interface describes the templates used to create documents. It includes basic metadata (name, MIME type, and so on) and a pointer to the template content. In the base configuration, a class that implements this interface is: <code>gw.plugin.document.impl.XMLDocumentTemplateDescriptor</code></p> |

See also

- *Integration Guide*

Creating a claim document template

A document template consists of two files. One file is a document template descriptor file, which contains the metadata, such as its name, ID, and MIME type. The other file is the document template itself, which contains the document contents.

You can view and edit the document templates and descriptors by navigating to **configuration > config > resources > doctemplates** in Studio.

Document template files are in the following directory:

`ClaimCenter/modules/configuration/config/resources/doctemplates`

There are several example files in that directory. The best way to create a new template is to edit copies of these examples. The descriptor file is in XML format. Studio does not provide a special editor to help generate new templates.

See also

- For details about document management, document templates, and related integration points, see the *Integration Guide*.

- To automatically create documents by using rules, see the *Integration Guide*. Use similar rules to create a document in a workflow.

chapter 56

Metropolitan reports

Metropolitan Reporting Bureau (MRB) provides a nationwide police accident and incident reports service in the United States. Many insurance carriers use this system to obtain police accident and incident reports to improve record-keeping and to reduce fraud. ClaimCenter built-in support for this service reduces the amount of time it takes to develop and deploy projects that integrate with the MRB.

See also

- *Integration Guide*

Overview of metropolitan reports

ClaimCenter integrates with the Metropolitan Reporting Bureau to enable you to request police accident and incident reports that might be associated with a claim. You enter all the pertinent data in ClaimCenter and, through the integration, send the data and request a report.

There are many report types. Metropolitan has approximately 30 report types, and ClaimCenter supports most of the current report types. Some examples of the types of reports that MRB provides are:

- Police Accident and Incident Reports
- Fire Reports
- Insurance Check
- Title History Check
- Driver History
- Disposition of Charges
- Weather Reports
- Coroner and Death Certificate
- OSHA Reports
- Property and Judgment Search

MRB also offers additional services such as:

- People Search
- Financial Asset Checks
- Vehicle History Reports

- Vehicle Registration Information
- Court Records Search
- Locate Defendant/Witness

You can attach a report to a claim file as a document. After adjusters request reports, the reports are retrieved later, asynchronously. After Metropolitan returns the report, ClaimCenter matches it to a specific claim and attaches it as a document in the claim file. You can view or print the report as with any other document.

Reasons to order a report

- **Ordering a report during claim intake** – An adjuster or customer service representative is on the phone with an insured customer taking in a First Notice of Loss (FNOL) report through the ClaimCenter **New Claim** wizard. The adjuster or CSR can order a report during the claims intake process.
- **Ordering a report on an established claim** – If a police report was not requested originally during claim intake (FNOL), the adjuster can order one later from the claim screens.
- **Multiple reports on the same claim** – Sometimes an adjuster requests a police report for a claim but has some data incorrect, such as the police department details. An adjuster can change the appropriate information and submit a request for another, new report.

See also

- For a full list of report types and request codes supported by ClaimCenter, see the *Integration Guide*.

Working with metropolitan reports

You can view a report and order a report.

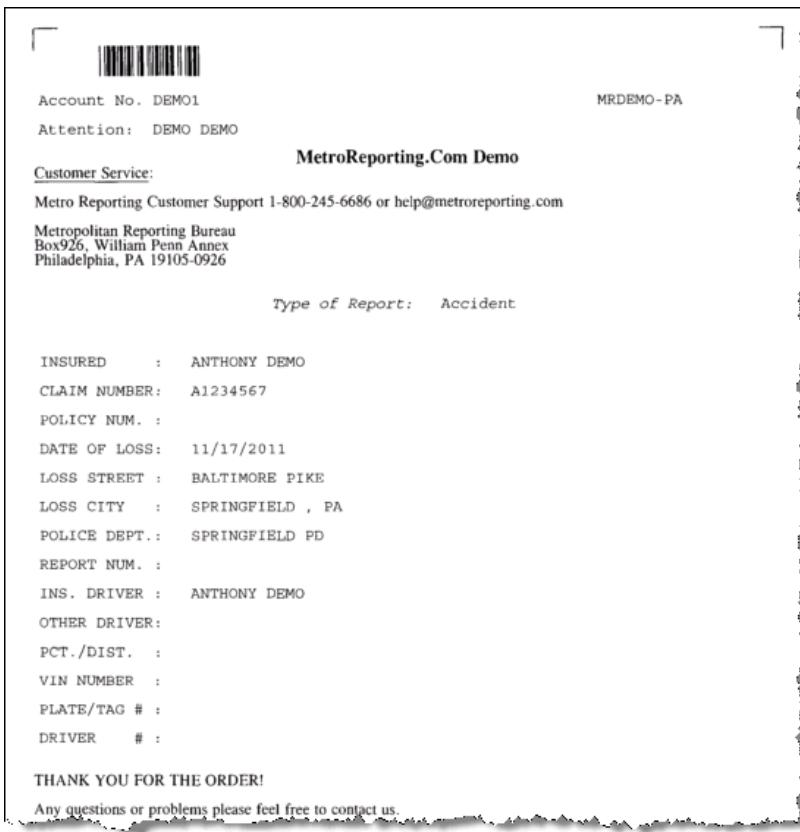
Viewing a metropolitan report

About this task

You view a report in the **Metropolitan Reports** section of **Loss Details**.

Procedure

1. Open a claim and click **Loss Details** in the left sidebar.
2. Scroll down to the **Metropolitan Reports** section.
3. If there are no reports:
 - a) Click **Edit** at the top of the screen.
 - b) Scroll back down to the **Metropolitan Reports** section.
 - c) Click **Add** to add a report.
4. In the list of reports, click the type name link in the **Type** column, such as **Auto Accident**. The **Metropolitan Report Details** screen opens, showing the data for the report.
5. If the report status is Received and you click the **View Document** button, ClaimCenter opens the actual report.



6. Use View Document if you need to print the report.

See also

- “Metropolitan reports section” on page 637

Metropolitan reports section

The list of metropolitan reports on the **Loss Details** screen has the following columns:

- **Type** – The type of the report request. The list of types is in the **MetroReportType** typelist, visible in Guidewire Studio.
- **Status** – The current status of the report request.
- **Order Date** – The date that the report request was sent to the Metropolitan Reporting Bureau. The order date is empty if the report has a status of Insufficient Data.
- **Document** – The document column shows the name of the document if the report status is Received. The user can view the document by clicking the **View Document** button in the **Actions** column.
- **Actions** – The last column is for buttons that enable you to view a document or to resubmit the report request. If the original report request has insufficient data, you can update the claim with all the required properties. You can then return to the **Loss Details** screen and click the **Resubmit** button to re-run pre-update rules. ClaimCenter can send a new report request if the report passes preupdate rules.

See also

- “Viewing a metropolitan report” on page 636
- “Preupdate rules and metropolitan reports” on page 639
- *Integration Guide*

Ordering a report

You can order a report either during claim creation, in the New Claim wizard, or for an existing claim.

Ordering a report in the new claim wizard

Procedure

1. Create a new claim by using the New Claim wizard.
2. In the **Loss Details** step of the wizard, navigate to the **At the Scene** section.
3. In the **Metropolitan Reports** section, click **Add**.
The name of this section depends on the type of claim.
For example, for a personal auto claim, the section is **Police Reports**.
4. The **Metropolitan Report Details** screen opens where you can add details. When finished, click **OK**.
The type of report ordered shows on the **Loss Details** screen.

Ordering a report for an existing claim

Procedure

1. Open a claim.
2. Navigate to the claim's **Loss Details** screen.
3. Click **Edit**.
4. Click **Add** in the **Metropolitan Reports** section.
5. Click **Update**.

Configuring metropolitan reports

The topics that follow give a quick overview of some ways to configure the Metropolitan Reports feature.

See also

- For more details on configuring metropolitan reports, see the *Integration Guide*.

Metropolitan reports configuration parameters

You enable or disable metropolitan reports by setting the `EnableMetroIntegration` configuration parameter in the `config.xml` file. In the base configuration, this is set to `true`.

There is another configuration parameter in the `config.xml` file that affects the Metropolitan Reports feature, the `MetroPropertiesFileName` feature. This parameter sets the name of the Metropolitan Reports properties file in the `ClaimCenter/modules/configuration/config/metro` configuration directory. In the base configuration, this file name is `Metro.properties`. ClaimCenter uses this file to set up fields in the XML messages sent to the Metropolitan Reporting Bureau.

See also

- *Integration Guide*

Configuring display keys for metropolitan reports

About this task

In ClaimCenter Studio, you can set display keys to define your own error messages, property names, and other text to display for metropolitan reports. In the base configuration, you can define them in U.S. English.

Procedure

1. Open Guidewire Studio.
2. Navigate in the **Project** window to **configuration > config > Localizations > Resource Bundle 'display'** and double-click `display.properties` to open this file in the editor.
3. In the properties file, search for `metro`.

See also

- *Integration Guide*

Preupdate rules and metropolitan reports

ClaimCenter sends the metropolitan report request only if the claim contains all the required data. The claim preupdate rule **CPU08000 - Metro Report Request** makes this determination. It checks, one at a time, the type of each report requested and determines whether the claim contains the data required to request each of the requested reports.

If there are any missing fields, an activity called Metropolitan Report Request Failed is created and assigned to the person that created the request.

If the required data is added to the claim and the claim update completes successfully, the report status changes. After the report status is validated, ClaimCenter starts a workflow that then changes the metropolitan report status to Sending Order.

Activity patterns and metropolitan reports

The Metropolitan Reports feature includes a set of *activity patterns*, which are a type of template for a user activity notification. If you log in to ClaimCenter as an administrator, you can modify these activity patterns by clicking the **Administration** tab and navigating to **Business Settings > Activity Patterns**.

For example, when a report request fails as `InsufficientData`, the Metropolitan Report Request Failed pattern creates a `metropolitan_request_failed` activity and assigns it to the person that created the request.

See also

- “Understanding activity patterns” on page 241
- *Integration Guide*

Metropolitan report templates and report types

ClaimCenter report requests to Metropolitan must be formatted in the XML format required by the report type. To generate this request, ClaimCenter runs a specific a Gosu template, which is a text file with embedded Gosu code. This template generates the necessary XML-formatted text. ClaimCenter includes templates for all report types, and these report types are auto-configured to correspond to the standard loss types in the ClaimCenter reference configuration.

You can configure these templates and match them to loss types as described at the *Integration Guide*.

Metropolitan report data types, typelists, and properties

The entity representing a metropolitan report is the `MetroReport` entity.

The `MetroReport` entity also references a `Document`, which represents the report returned from MRB.

There are several typelists used by the Metropolitan Reports feature:

- `MetroReportType` – Defines a type of report that adjusters can request, such as Auto Accident or Coroner Reports and Title History. There is also a mapping defined between loss detail type and `MetroReportType`.
- `MetroAgencyType` – The investigating agency type for each report.
- `MetroReportStatus` – Indicates the current status of the report request, such as Accepted or Pending.

See also

- *Integration Guide*

Metropolitan report workflow

Interacting with the Metropolitan Reporting Bureau is an example of how ClaimCenter uses a workflow process to implement a complex set of interactions. You can either modify this existing workflow or generate new ones to model other business processes.

Workflows do not replace rules. If you can model a business practice with a rule set, a workflow is unnecessary. But workflows are more powerful and flexible than rules in many ways. An advantage of workflows is that they can wait for a defined time before checking to see if a condition has changed or before performing a specific action. This ability to wait means that a process can go to the next step without manual intervention.

See also

- To learn more about workflows, see the *Configuration Guide*.
- See the metropolitan reports workflow diagram in the *Integration Guide*.
- For information on setting workflow timing, see the *Integration Guide*.

ISO ClaimSearch and claims

In the United States, ClaimCenter integrates with ISO, formerly known as the Insurance Services Office. ISO provides a service called ClaimSearch that helps detect duplicate and fraudulent insurance claims. After a claim is created, an insurer can send details to the ISO ClaimSearch service and subsequently get reports of potentially similar claims from other companies.

The base configuration of ClaimCenter includes integration with this service. In the base configuration, you can configure ClaimCenter for claim-level messaging.

ClaimCenter provides a special validation level for ISO that enables ClaimCenter to verify that all the required data is entered into the system during the intake process. Once verified, ClaimCenter sends the claim to ISO and records any ISO match reports associated with the claim or exposure.

ClaimCenter supports the ISO DataPower platform. It is necessary to edit the `iso.properties` file to configure support for DataPower. Refer to the following ISO web sites for more information:

- <https://www.verisk.com/insurance/products/claimsearch/>
- <https://claimsearch.iso.com/>

See also

- *Integration Guide*

How ISO ClaimSearch works with ClaimCenter

If you integrate ClaimCenter with ISO ClaimSearch, you send messages to ISO at the claim level.

You integrate with ISO at the claim level so that other insurers can receive a more complete picture of what happened on a certain claim, aiding in fraud detection.

ClaimCenter interacts with ISO ClaimSearch when a triggering event occurs on a claim that is at the **Valid for ISO** validation level. Triggering events can include:

- An exposure or claim was added, made valid, or changed.
- The policy changed.
- The claim contact changed.
- Specific field information changed.

Note: You can send data to ISO automatically after completing the **New Claim** wizard if the claim has all the required ISO information and passes validation.

The event triggers the Event Message rule set category, which in turn triggers the Event Fired rule set. The system creates a message containing the required data and sends that payload generation request to ISO.

There are different payloads depending on the type of claim. For example, a payload for an auto claim can include items such as VIN, make, model, and year of the damaged vehicle. A payload for WaterCraft/Boat might require data on the loss for each boat property: boat year, boat make, and HIN or serial ID number. A large part of configuration involves defining what data is to be captured and sent to ISO.

ISO sends a reply back to ClaimCenter indicating if there were any matches to the criteria it received. These matches are useful in detecting fraud because the majority of insurance companies in the United States integrate with ISO. The system updates the claim with the new response and match report. ClaimCenter stores the match reports as documents. See “Viewing ISO ClaimSearch information” on page 643.

Changes to key fields

Whenever specific fields on a claim are modified, ClaimCenter automatically sends updated claim data to ISO. These fields are known as *key fields* in the context of ISO integration. In the base application, the key fields are:

- `ClaimNumber`
- `AgencyId`
- `PolicyNumber`
- `LossDate`

To add additional key fields, configure `iso.gs` in Guidewire Studio.

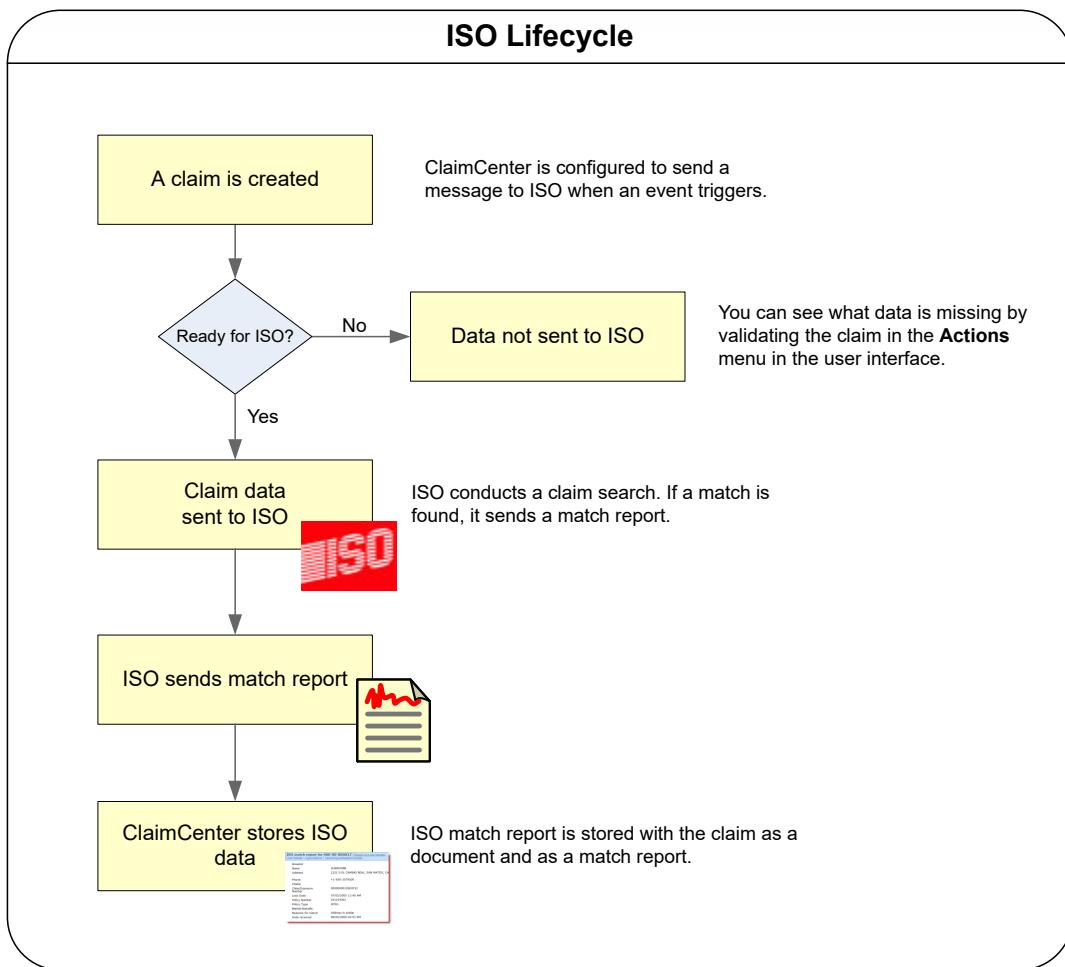
You can manually send claim data to ISO by clicking the **Send to ISO** button located on the **ISO** tab.

See also

- *Integration Guide*

ISO ClaimSearch lifecycle

The following diagram shows the ISO ClaimSearch Lifecycle.



Viewing ISO ClaimSearch information

Depending on your configuration, you can see ISO ClaimSearch information at two locations for an open claim:

- The **Documents** menu link in the sidebar.
- The **ISO** card on the **Loss Details > General** screen.

The following commercial auto claim example shows data that ISO has sent to ClaimCenter. If you click the link under the **Claim/Exposure Number** column, you can see the details.

Loss Details

[Edit](#) [Send To ISO](#) [Refresh Responses](#)

[Details](#) [ISO](#)

Status

| | |
|------------------------|--------------------|
| Status | Sent |
| Date sent to ISO | 10/10/2013 4:05 PM |
| Last response from ISO | 10/10/2013 4:06 PM |
| Known to ISO | Yes |

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| Insurer | Insurer Phone | Claim/Exposure Num |
|---------------|----------------|--------------------|
| GUIDEWIRE... | | 34553343195EXP14 |
| GUIDEWIRE... | | 34553343195EXP18 |
| GUIDEWIRE... | | 34553343195EXP14 |
| GUIDEWIRE... | | 34553343195EXP14 |
| GUIDEWIRE ... | +1-650-3579100 | 34553343195EXP111 |
| GUIDEWIRE ... | +1-650-3579100 | 34553343195EXP111 |
| GUIDEWIRE ... | +1-650-3579100 | 00000000250EXP111 |
| GUIDEWIRE ... | +1-650-3579100 | 00000000285EXP111 |
| GUIDEWIRE ... | +1-650-3579100 | 00000000805EXP111 |
| GUIDEWIRE... | | 34553343195EXP16G |

ISO match report for 345-53-343195 [Return to Loss Details](#)

Insurer
 Name: GUIDEWIRE-XML
 Address: 2121 S EL CAMINO REAL, SAN MATEO, CA, 94403

Phone
Claim
 Claim/Exposure Number: 34553343195EXP14
 Loss Date: 05/30/2005 12:00 AM
 Policy Number: 643187654
 Policy Type: CAPP

Match Details
 Reasons for match: Vehicle identification number is identical
 Date received: 10/10/2013 4:06 PM

If you prefer to see detailed information, click **Documents** in the sidebar and then click **View** for that report to see additional details. The following figure shows an example of the ISO report:

Documents

Related To: * [Claim](#) Status: Any

Section: Any Author:

Name or Identifier:

Yes No

[Search](#) [Reset](#)

[Hide Documents](#)

| | Name | Actions | Type |
|--------------------------|--|----------------------|------|
| <input type="checkbox"/> | ISOMatchReport-2013-10-10-16-06-01.xml | View | ISO |
| <input type="checkbox"/> | ISOMatchReport-2013-10-10-15-51-03.xml | View | ISO |
| <input type="checkbox"/> | ISOMatchReport-2013-10-10-15-50-03.xml | View | ISO |

ISO ClaimSearch
The information system for claims professionals

ISO CLAIMSEARCH MATCH REPORT SUMMARY
 A claim report identified by ClaimSearch identification number 5H000468981 was received by ISO ClaimSearch on 10/10/2013 as a Replacement of a previously submitted claim. Submission of this replacement claim initiated a search of the ClaimSearch database. The claim(s) listed below appear(s) to be similar to the claim submitted. Reasonable procedures have been adopted to maximize the accuracy of this report. Independent investigations should be performed to evaluate the relevant data provided.

If you have any questions concerning your report, please contact Customer Support at (800) 888-4476.

INITIATING CLAIM INFORMATION
 Claim Number: 3455334319514184B74728 Date of Loss: 10/03/2013
 Policy Number: 6431876514184B74728 ISO File Number: 5H000468981

SUMMARY FOR EACH SEARCHABLE PARTY
 PRY WAY TRUCKING COMPANY_14184B74728, BOTH CLAIMANT & INSURED
 Coverage: COLLISION Loss Type: COLLISION

| # of Matches | NAME | ADDRESS | SSN | PHONE | DRIVER'S LICENSE | VIN | LICENSE PLATE | KEY INDICATORS FOR THIS PARTY |
|-----------------|-------------|---------|-----|-------|------------------|-----|---------------|-------------------------------|
| 19 | X | | | | | | | Prior Claims History |
| ISO File Number | 0Y000445677 | X | | | | | X X | |
| | 1H000416366 | X | | | | | X | |
| | 0Y000445677 | X | | | | | X X | |

ISO ClaimSearch permissions

If you have the permissions required to view the claim, you can view the ISO ClaimSearch match reports. You can also edit the claim and click the **Send to ISO** button to send the message to ISO.

Additionally, the Administer Integration permission `integadmin` can be added to a role such as Claims Supervisor or Adjuster. Use this permission to see and edit information that is not of interest to most users, but that can help in rare cases. For example, with this permission you can edit information if the ISO state of the claim is no longer in sync with the ISO server.

See also

- “How ISO ClaimSearch works with ClaimCenter” on page 641

