CELENT

# CLAIMS SYSTEMS VENDORS: NORTH AMERICAN PROPERTY CASUALTY INSURANCE, 2022 EDITION

POWERED BY VENDORMATCH



Karlyn Carnahan, Donald Light, and Andrew Schwartz

27 April 2022 (revised)

# CONTENTS

# EXECUTIVE SUMMARY

This report provides an overview of the claims administration systems available in North America for property-casualty insurance carriers. The report profiles 23 core claims solutions and provides an overview of their functionality, customer bases, lines of business supported, technology, implementation, pricing, and support.

# INTRODUCTION

The claims process is the cornerstone of the insurance value proposition. After all, the promise to indemnify a policyholder in a time of need is the reason why the insurance industry exists. The claim, which is the path to indemnification, is not only the costliest part of the insurance process, but it is also one of the only times the policyholder directly connects with the carrier. As such, the claims process can be a powerful determinant of customer experience. The processing and handling of a claim, and the claim payment itself, are the largest components of operational cost and, in turn, a major determinant of underwriting profitability.

A confluence of forces has led to an increased focus on the claims process. Rising external customer expectations for claims speed and accuracy, along with a heightened internal focus on boosting operational efficiency, are two of the driving factors. Carriers' interest in claims is evidenced by Celent's 2022 Property/Casualty CIO Priorities and Pressures survey, where 59% of respondents noted they were currently replacing, beginning replacement, or making significant enhancements to their core claim system.

This report profiles many of the property casualty claims administration systems available in North America today. This report should help insurers define their core systems requirements and, where appropriate, create a shortlist of vendors for evaluation. Expanded claims functionality and improved technology mean that insurers continue to have a wide set of systems and vendors to consider when looking for a solution to fit their needs. Insurers are encouraged to contact the authors of this report through analyst access to learn more about the vendors and solutions.

# CORE CLAIMS SYSTEMS: DEFINITION AND FUNCTIONALITY

## Definition

A core claims system is a transaction-enabled system of record that an adjuster or claims handler (or an automated process) uses to:

- Gather and process information regarding the underlying policy and coverages, the claim, and the claimant.
- Evaluate and analyze the circumstances of the claim.
- Make decisions and take actions, including payment.
- Execute transactions and preserve a record.

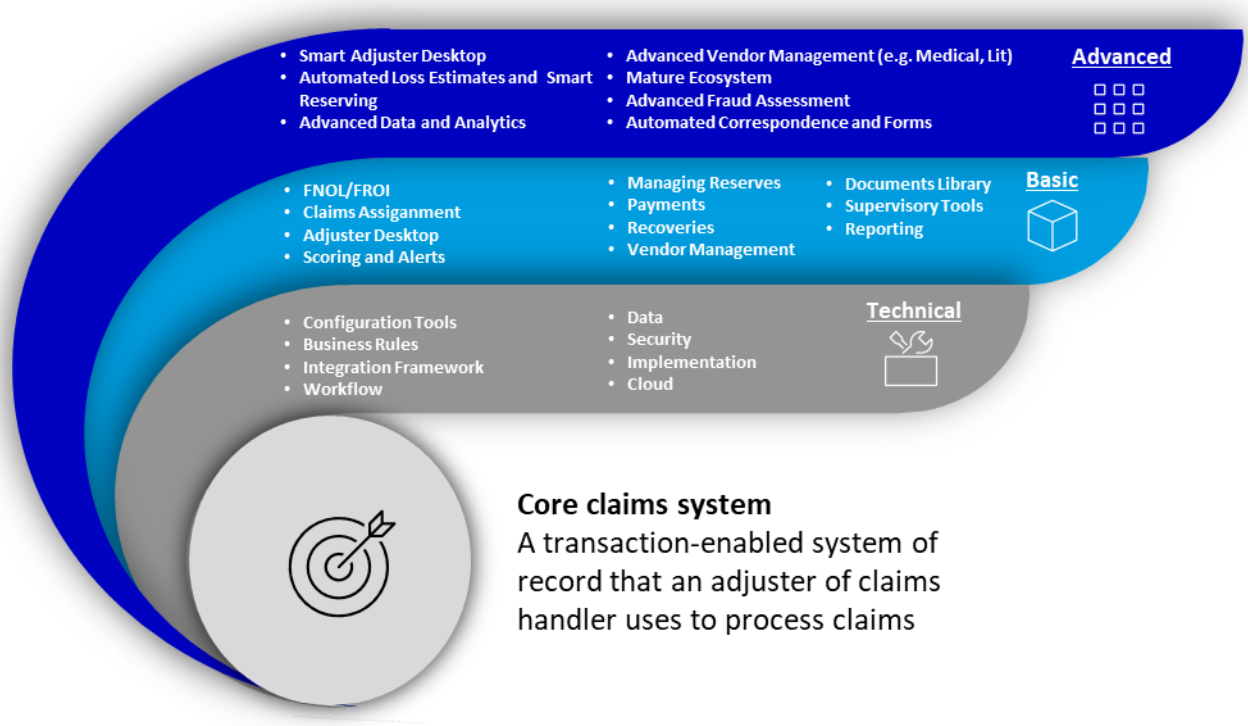
A core claims system does these things over the entire lifecycle of a claim, from first notice of loss through final settlement and closing the active claim file. A claims system typically integrates with policy administration systems to support coverage verification and to provide information back to the underwriter for ongoing decision-making. It integrates to a general ledger and to a disbursement solution or function. Claims systems do not include document creation, document management, reinsurance, and reporting, but typically integrate to those systems. Additionally, claims systems may integrate to a CRM solution, a wide variety of third party data services, and additional third party applications to support capabilities such as estimating, bill review, and analytics. Most solutions also support EDI requirements for FROI/SROI, CMS reporting, or other requirements based on jurisdiction. There is increasing interest in providing claim information back to the policy administration system for use in underwriting renewals.

For the purpose of analyzing solutions, Celent makes the distinction between basic, advanced, and technical functionality, as explained below.

## Basic Functionality

All modern core claims systems provide basic functionality for an adjuster's standard tasks.

**Figure 1: Core Claims Systems Layers of Functionality**




Source: Celent

**First Notice of Loss / First Report of Injury (FNOL/FROI):** This is the start of the claims process. The solution typically has a data input mechanism to gather information about the claim. Many solutions provide dynamic questions, allowing for a more streamlined approach to the user interface by presenting only necessary questions. Some solutions provide a sidebar or overlay that includes a script for a claims intake representative to help guide a consistent claims experience. Many solutions can extend the FNOL intake mechanism to a portal with a simplified interface for a claimant. Some also provide mobile intake mechanisms. Integration with a policy administration system allows some coverage verification to occur during the FNOL/FROI. Some solutions use this integration to prefill information for the FNOL/FROI. Some claims solutions allow a carrier to open a claim without a policy in force, while others require the policy to be in force.

**Scoring and Alerts:** Many solutions are able to handle some type of scoring in the background. Some do this by explicitly identifying claims characteristics and assigning points. When the total points exceed a certain threshold, an alert is created. Alerts are typically used when some kind of special handling is needed, either because of potential fraud or due to the complexity of the claim. This scoring mechanism is often a key aspect of a carrier's operationalization of a predictive model. Solutions that do not have explicit scoring mechanisms can often reach a similar capability by using business rules.

**Claims Assignment:** While many carriers still assign claims manually, more and more carriers are looking for automated support in the assignment process. Solutions handle claims assignment in a variety of ways. Look for the ability to either assign claims using a round-robin capability or to assign them to specific individuals. Some solutions can assign a claim very granularly based on line of business, claim complexity, geography, and workload. Most systems allow multiple adjusters to be assigned to work on a single claim handling different suffixes or sub claims. Carriers also look for capabilities for manual assignment or reassignment for both bulk transactions and single claims or suffixes/sub claims.

**Reserves:** All claims solutions provide the capability for setting and changing reserves. Areas of variation include the level of granularity and hierarchy of reserve setting. Typically, those that provide limited levels of reserves do provide more granularity for the actual payments, allowing carriers to analyze spending. Some systems allow automatic reserve setting. Most solutions that support automatic reserves do so using a table. A carrier can pre-identify certain claim types and populate a table with the reserve type and amount. Some solutions can calculate a reserve dynamically using business rules based on specific claim characteristics. Look for the ability to not only change the total reserve amount, but also to add a specific reserve change amount (e.g., either add $5,000 to the current reserve or change the total reserve to $25,000). Some solutions do a nice job of aggregate tracking to monitor the erosion of policy limits. Many, but not all, also include deductible tracking for both small deductibles and self-insured retentions. For workers' compensation, look for tools that tie reserves to jurisdictional rate and wage calculations. Some solutions include reserve worksheets that assist adjusters in calculating the appropriate reserve.

**Payments:** All claims solutions are able to create payments. However, there is wide variation in the functionality across solutions. Typically, the payment functionality includes an authority verification, confirmation against reserve limits, and integration to a third party payments module to print checks. Some are tightly linked to the reserve process and allow reserves to be changed at the same time the payment is being made. Others require that the adjuster exit the payment process, increase the reserve, and then return to issue the payment. Many, but not all, solutions support split payments, multiparty payments, and recurring payments. Those with recurring payments may allow temporary payment suspension, make it easy to change payment dates, and automatically run holiday calculations. Some solutions allow bulk payments if that

preference is specified at the vendor level. Others handle bulk payments by requiring that each payment be manually marked as bulk. Some solutions allow payments, such as expenses, to be made against closed claims, while others do not support this functionality.

**Recoveries:** Subrogation and salvage are functions performed by all carriers. However, there is wide variation in how software solutions handle these functions. Some solutions have specific modules with separate screens, workflows, calendaring, and even analytical tools to help score and evaluate demand strategies and percent at fault. Other solutions assume the carrier will set up subrogation as a separate set of workflows within the existing functionality. Some solutions permit reserving for recoveries, while others allow the carrier to set up an expected recovery without actually hitting the reserves. Some solutions provide none of the above.

**Vendor Management:** All solutions allow carriers to track contact information for vendors, and most also include tracking for banking information and 1099 data. Some solutions also include scoring mechanisms to rate and rank vendors. Some include integration to vendor scheduling tools to allow a claims intake coordinator to identify nearby vendors and schedule services at the time of FNOL. Some solutions include readymade portals through which vendors can manage their own information, and some allow vendors to manage their own payments.

**Adjuster Desktop:** A wide variety of tools are available to help the adjuster manage their workload. Adjuster desktops typically include an area where open claims and assigned tasks are easily found. User interfaces can vary widely but often include features such as the ability to sort by clicking on columns, to filter columns, and to drag and drop and rearrange columns. All solutions include search, but some include sounds-like search, partial word search, Boolean search, or wildcards. Most systems allow adjusters to create manual diaries, tasks, and notes. Many are integrated with email, allowing an adjuster to send an email from the desktop. Many include a claim summary that contains the most important information about a claim and is available at a glance from any location within the claim. Some solutions allow the adjuster to customize their own workspace by choosing which modules they want displayed, selecting a color scheme, or adding links to commonly used third party websites. Other capabilities like configurable help text, hover-overs, and wizards can help an adjuster easily navigate through various tasks.

**Document Creation and Management:** Most of the solutions include some sort of correspondence or forms library for the most common letters and forms. Some also contain document management capability for storing internally generated documents or external documents such as photos, videos, and other media. Some integrate with third party solutions to provide additional capabilities. Many systems can automatically generate correspondence or forms using business rules and task generation capabilities. When an event occurs, or the data within a field changes, the solution can automatically create correspondence that can often be delivered using a variety of mechanisms including mail, email, and SMS. Look for the level of granularity in indexing forms being created. When a claim file holds hundreds of items, being able to rapidly sort to find the document needed can save time. Look for the ability to search not only through the metadata about the document, but within the document itself.

**Supervisory Management Tools:** Claims supervisors look for a variety of capabilities to effectively manage the claims department. Some solutions allow for easy reassignment of work, including individual tasks, individual claims, and bulk changes. Look for the data-driven capabilities that allow a supervisor to preschedule these changes, as some solutions permit only immediate changes. Some solutions allow for temporary reassignments with start and finish dates for events like vacations. Look for the ability to easily add new employees and to set and manage authority. Also look for automated

escalation procedures to route claims easily when additional authority is needed. Workload balancing tools are built into the claims assignment routines for some solutions. For others, reports allow supervisors to get a picture of employees' workloads and key performance indicators. Most solutions include data and time stamps for logging audit trails.

**Reporting:** Reporting capabilities vary widely across solutions. Virtually all solutions integrate with a third party reporting tool. Some include a third party reporting tool out of the box with the solution. Some solutions use open source reporting tools, and some have in-house solutions. Most include some level of prebuilt standard reports that can be subscribed to or scheduled. Standard reports typically deliver operational reports, performance measures, and some level of financial reporting. Look for the number of reports included out of the box. Ad hoc capabilities vary widely. Some are quite easy to use, with the ability to drag and drop data elements and build a report very simply. Many include dashboards with graphical views of data, and many of those include drilldown capabilities. Some vendors also provide tools for directing claim data to data stores (typically at an additional cost).

## Advanced Functionality

In addition to the basic functionality provided by virtually all solutions, carriers often need advanced functionality depending on the complexity of their business, the lines of business they write, or the geographies they write in.

**Catastrophe Management**: All carriers are vulnerable to a wide variety of catastrophes. Varying levels of support are available. Some solutions support cat management by running reports to identify claims that are likely to be part of a catastrophe. Some support manual tagging of a claim as a cat claim. Some solutions automate the process by allowing carriers to define catastrophes by peril(s), LOB(s), geography, date, or other criteria. The solution can then automatically tag claims that meet those criteria as potential cat claims. Some have geographic mapping of the claim available, typically through integration with Google or Bing maps. Look for the ability to mark a cat with an ISO claim number or to create a carrier-specific number and convert to an ISO claim number if needed.

**Reinsurance:** Like catastrophe management, systems handle reinsurance in a variety of ways. Most assume the carrier will run a report identifying claims subject to reinsurance by specifying a limit or peril. Some allow an adjuster to mark a claim as subject to reinsurance. Occasionally, a solution will provide more ability to define reinsurance contracts and identify claims subject to reinsurance. Tasks related to managing reinsurance, such as notifications and required communications at certain points in a claim, can be handled using business rules and task generation.

**Workers' Compensation Rehabilitation Management:** Functionality specific to workers' compensation is not available in every solution. Those that handle workers' compensation are more likely to have modules to manage the return to work and rehabilitation programs. These solutions may include features such as the ability to calculate recovery dates as well as integration with industry standard duration guidelines and templates for return-to-work plans, including three-point contact.

**Medical Case Management:** Systems that handle workers' compensation are more likely to have robust medical case management tools with features such as diagnosis tracking, medical records, and the ability to create treatment or action plans. Some allow external parties such as nurse case managers to access the claim. Some feature capabilities such as utilization management, service authorization tools, and bill review—or integration

with an insurer's managed care networks (for medical, rehabilitation, drugs, and the like) and bill review solutions. Solutions that do not specialize in workers' compensation may still capture injury and medical treatment details. Many support ICD9 and ICD10. CMS reporting is also included in a number of solutions.

**Litigation Management**: Most solutions offer the ability to mark claims that are in litigation. Some solutions also offer specific litigation management modules, which may include a separate workspace with a separate set of roles and permissions. These modules can be quite robust, with the ability to keep a record of the litigation process, statutory dates, venues, demands and offers, and even calculation of potential outcomes. Other key litigation features to look for include the ability to configure separate workflows and separate permissions and roles, as well as the ability to easily index large numbers of documents. Some solutions also include bill review tools that allow the carrier to electronically receive, review, modify, and pay legal invoices.

**Fraud:** Few solutions have robust fraud analytic tools built in, although most can integrate with third party solutions. Generally, claims systems handle fraud by using scoring mechanisms, automated alerts, and workflow processing that can route claims to a special investigation unit.

**Mobile/Multichannel Access:** Almost all solutions are browser-based and available via a tablet or mobile device for an adjuster in the field. More and more have been optimized for mobile devices using HTML5 or responsive design. Many solutions include some level of role-based security that allows separate access and modified user interfaces to be exposed via a portal to an agent or claimant. Some solutions come with mobile applications out of the box that allow a potential claimant to provide their First Notice of Loss through simplified interview questions or wizards and the ability to upload photos.

## Technical Functionality

While the assessment of features and functionality is a critical step in selecting a claims system, there are a number of technical considerations to be thought through as well.

**Configuration Tools:** A general trend in insurance software is to create tools that allow carriers to modify the system through configuration tools rather than through code. The most robust tools allow carriers to easily add data elements, create business rules, modify workflows, create forms, create screens, and modify the user interface, all using configuration tools. Some tools are extremely intuitive, with drag-and-drop and point-and-click capabilities. Others require knowledge of a scripting language to make the changes. Many vendors are moving toward a dual development environment with simplified tools and wizards meant for Business Analysts to make general changes and a more robust environment for technical staff to use.

**Business Rules:** Look for the ability to design and execute business rules and underwriting rules that are separate from the core program code. Carriers should assess the ability to reuse and share rules. Some tools are extremely intuitive and use natural language; others require knowledge of scripting or programming languages. Some have visualization tools that allow a carrier to use a Visio-like tool to build business rules. Some solutions include a searchable and version-controlled rules repository. A few solutions offer tools to help carriers conduct impact analysis of the rules, or traceability tools to help them understand how and when rules are being used. Since many carriers create hundreds or thousands of rules, there should be a strong rules management environment with a well-organized repository, version control and version storage, etc.

**Integration:** Claims systems integrate with a large number of third party systems and external data sources. Most solutions have been designed with a service-oriented architecture and have a variety of ways of handling integration, with many settling on the use of RESTful APIs as the common standard. Most systems have some kind of accelerator or have experience integrating with the most common third party data sources and the most common document systems. Claims systems, however, integrate with a wide variety of other solution types—medical bill review, fraud analytics, EDI, estimating systems, and payment systems, to name a few. With the rise of insurtech, new data platforms and fast integration capability will be a deciding factor in insurers' agility.

**Workflow:** Some solutions serve more as data capture tools. Workflow is sometimes expressed by flows within a screen or among screens. Other solutions have true workflow capabilities that allow them to automatically generate and assign tasks based on event changes in a claim, time lapse, or data changes in a field. Some of the solutions profiled have a graphic design environment with automated background code generation. This means graphical depictions are actionable; clicking on a step allows the carrier to modify that step, or steps can be dragged and dropped to rearrange the sequencing. It is not uncommon for a software vendor to use a third party or open source tool to manage the workflow requirements.

**Data:** Data is more and more important for carriers, and software vendors are acknowledging this by building in more tools to help carriers with their data needs. Some solutions deliver a certain number of extra fields that users can modify for their own use. More common are configuration tools that allow the easy creation of data elements, including the ability to mask data, encrypt data, add context-specific help text, and modify the data model. Self-documenting data dictionaries are available. Some solutions come with an ODS out of the box and may even include a data warehouse with the appropriate ETL tools. Most solutions are built on an industry standard model, such as ACORD.

**Release Management**: Some solutions include workflow capabilities to handle the release management within the claims system. Some feature full ticket management. Look for the ability to package a group of changes or filings together that you can manage as a release, as well as the ability to assign and track the work packets. Multi-tenant cloud deployment can enable seamless updates.

**Security:** Security is of critical importance. Ask about the security standards the vendor complies with and which certification and assurance methods are used. Look at how the system handles security for managing APIs for application-level integration. Any claim system's payment functionality should be PCI compliant. Look at which authentication capabilities the system leverages for internal and external users. A broad range of capabilities are available, from one-time passwords to security tokens/PINS, multifactor authentication, federated identity support, and even biometric security support. With regard to cybersecurity, look for whether the software has penetration security and how the system has been tested.

**Integration:** Core claim systems often integrate to large numbers of third party systems and external data sources. Most solutions have been designed with a service-oriented architecture and have a variety of ways of handling integration, with many settling on the use of APIs as the common standard. Most systems have some kind of accelerator or experience integrating to the most common third party data sources. With the rise of insurtechs, new data platforms, and the position of claims as a participant in a wider ecosystem, fast integration capability will be a deciding factor in insurers' agility. Look for whether the solution provider has existing partnerships with claims point solutions that enable seamless integration with the core claim system.

**Implementation:** Vendors use a wide variety of implementation methodologies. Some prefer to handle all the implementation themselves. Others prefer to work with third party system integrators. More and more vendors are moving to agile or a hybrid methodology. Look to see what methodology the vendor uses and how it aligns with your own preferred approach. Some vendors are very good at helping insurers transition to an agile methodology. Look for the artifacts they have available for gathering requirements, documenting product architecture, and capturing business rules. Vendors claiming very fast implementation timeframes may indeed have better artifacts and more configurable solutions, or they may be touting very simple single-product implementation with little or no configuration. Be sure to do customer reference checks to understand how well the vendor handles project management, knowledge transfer, and scope creep with insurers of a similar size and complexity as your company.

**Cloud:** Cloud-enabled solutions are on the rise, with most of the responding vendors reporting that they have cloud-enabled core systems. When it comes to the term "cloud," there are many different variations available. Many vendors offer a hosted version of their software. The software is licensed by the carrier and is hosted by the vendor in its own data center or in a private data center like Rackspace. Increasingly, software is being hosted in a public data center like AWS or Microsoft Azure. Look for the level of managed services available if you are interested in this option. Additionally, look to see if the solution includes cloud native features such as dynamic scaling or AI/machine learning modules. AWS, Microsoft, and other cloud vendors often include additional support to help insurers ensure they are using cloud capabilities reliably and efficiently while finding smart ways to manage the costs.

## Suite Capabilities

Celent has limited the definition of a claims administration system to include a set of core processes and key supporting capabilities. However, vendors do not necessarily limit their definitions in the same way, and many have attempted to build out some or all of the end-to-end components that an insurer might need. Some insurers are just looking for a best-of-class claims system to work with other core systems already installed, but others may be looking for a vendor that can offer broad solutions for multiple areas of their insurance operations.

In order to help insurers compare the different solutions, each profile in this report has a table summarizing whether the vendor offers one or more of the end-to-end components.

# REPORT METHODOLOGY

In this report, Celent's objective is to include as many as possible of the leading claims administration systems being used or actively sold to insurers in North America. Celent actively reviews vendor systems in the insurance software market and invites the vendors to participate in reports like these.

## Criteria for Inclusion

Celent actively reviews vendor systems in the insurance software market. Some solutions qualified for profiles that include customer references and a Celent opinion of the solution. These solutions are also ranked in the ABC analysis.

Celent's ABC analysis is used to highlight vendors that have attained success selling their systems in the North American market. In general, in order to have a full profile and be included in the ABC grid, a claims administration solution had to have:

- At least one new sale to one new customer in the region within the last 24 months.
- At least three live customers per region, at least one of which must be an insurer.
- Participation by at least three reference customers.
- A 90-minute solution demonstration.

There are 16 solutions that meet these criteria and are included in this report with ABC profiles.

Celent also profiles a number of other solutions. Solutions that did not qualify to be ranked in the ABC analysis do not include a customer reference or a Celent opinion.

It is important to note that the information available in this report is also available in Celent's online resource, VendorMatch. In addition to this report, Celent also suggests reviewing VendorMatch information, which may be more current.

## About the Profiles

Each profile is structured the same way. Profiles present information about the vendor and its claims administration system offerings, its geographic presence, and its client base. Charts are used to provide more detailed information about specific features such as lines of business supported, technology, and partnerships.

The profiles are presented in alphabetical order.

## Limitations

Celent believes that this study provides valuable insights into current offerings in claims administration solutions. However, readers are encouraged to consider these results in the following context: The vendors self-reported. Participants in the study were asked to indicate which claims administration capabilities were provided in addition to providing generic information about their client base. Celent did not confirm the details provided by the participants.

## Evaluation Process

To analyze the capabilities of claims administration solutions that are active in the insurance marketplace, Celent sent an invitation to participate in this year's report to a broad set of claims vendors. There was no cost for vendors to participate.

Each participating vendor completed an online RFI in Celent's VendorMatch/RFX platform. The RFI requested information about the features provided in the solution, the technology and architecture, the current client base, the pricing models, and the vendor itself. RFIs were completed on 24 products for North America.

After Celent received completed RFIs from the vendors, each vendor was evaluated for meeting the criteria for inclusion in the ABC analysis. Those vendors that qualified for Celent's ABC evaluation provided a briefing and demo for Celent focusing on usability and functionality for everyday users, product and rules configurability for IT and system administration users, and the overall architecture of the system.

Celent also asked references provided by each vendor in the ABC analysis to complete an online survey to obtain their view of the system's business and technology value.

The RFIs, the demos/briefings, and the reference surveys provided quantitative and qualitative data that was used in the ABC analysis of these vendors. This process is described in the next section.

Vendors had an opportunity to review their profiles for factual accuracy and to provide their own perspectives but were not permitted to influence the evaluation.

Some of the vendors profiled in this report are Celent clients, and some are not. No preference was given to Celent clients for either inclusion in the report or in the subsequent evaluations.

Celent used its unique VendorMatch platform to gather RFI data from each vendor. VendorMatch is the world's largest vendor and solutions data store—combined with analytical tools—to help financial institutions find, evaluate, and select a solution. Each profile contains a link to the solution's VendorMatch profile.

The RFI for this market research gathered information across multiple dimensions, including:

- Company information
- Product overview
- Specific information about the vendor and the system—including, among others:
  - *Functionality*
  - *Technology*
  - *Implementation and support*
  - *Commercial terms*
  - *Customer base*

As part of the VendorMatch RFI process, Celent gathered much more information about each solution than is reflected in this report. Subscription clients can leverage analyst access to connect with the author and learn more about the vendors. They can also use Celent's VendorMatch platform to review a vendor's online company and product profiles. Since the online database can be updated at any time, the online data may be more current than this report.

## Customer Reference Feedback

Celent used an online survey tool to gather feedback from client references provided by each vendor. The survey asked about client views of the solution's business and technology value and assessed the vendor's customer service. The survey also asked each client what it liked best about the vendor they use and asked for suggestions for improvement. Anonymous results of the client surveys are reflected in the profiles, including a diagram that displays the average ratings given to the vendor in six categories. It is advisable to keep in mind that the evaluations and comments may vary according to the specific needs of each reference client.

**Table 1: Customer Feedback Ratings**

| Questions Asked | Rating Included in the Average |
|---|---|
| **Functionality**<br>*How would you rate the features and functions you are currently using?* | – First Notice of Loss (FNOL) / First Report of Injury (FROI)<br>– Adjuster's desktop/workstation<br>– Reserving<br>– Making and managing payments<br>– Workflow/task generation<br>– Notes, diaries, calendaring<br>– Document generation and management<br>– Medical case management / disability management<br>– Multi-Channel capabilities (e.g., portal, mobile)<br>– Supervisory Tools (e.g., ability to assign work, vacation rules)<br>– Managing Suppliers (e.g., vehicle repair, building contractors, medical/rehab providers)<br>– Reporting, business intelligence<br>– Statistical reporting (e.g., ISO) |
| **Technology**<br>*How would you rate the technology of this solution in the following areas?* | – Ease of system maintenance<br>– Flexibility of data model<br>– Configurability<br>– Ease of integration with internal and external data/systems<br>– Vendor's timing in improving technical performance through new releases and fixes |
| **Integrations**<br>*What has been your experience integrating this system with the following components?* | – Internal core applications, such as policy admin or reinsurance<br>– Other internal applications, such as reporting, documents, or financial systems<br>– Internal data sources, such as a data warehouse<br>– External applications and data sources |

| Questions Asked | Rating Included in the Average |
|---|---|
| **Upgrades**<br>*How would you rate upgrades of this system?* | – Ease of the overall upgrade<br>– Speed of the upgrade<br>– Cost of the upgrade |
| **Implementation**<br>*How would you rate the implementation experience with this vendor in the following areas?* | – Responsiveness (handling of issue resolution)<br>– Project management (estimations, scope creep, etc.)<br>– Implementation completed on time<br>– Implementation completed on budget<br>– Knowledge of your business<br>– Knowledge of their solution and relevant technology<br>– Continuity with the implementation team—did the core team stay engaged through to implementation?<br>– Overall project success |
| **Support**<br>*How would you rate this vendor's ongoing post-implementation support in the following areas?* | – Timeliness of responses to service requests<br>– Quality of response to service requests<br>– Cost of services<br>– Knowledge of your business<br>– Knowledge of their solution and relevant technology<br>– Communication—proactive communication of issues and changes<br>– Consistency in meeting SLAs<br>– Roadmap delivery |

Source: Celent

# CELENT'S ABC VENDOR VIEW AND TECHNICAL CAPABILITY MATRIX

To help financial institutions better understand the vendor landscape and compare providers, Celent developed its ABC methodology, which positions vendors across three dimensions:

**A**dvanced Technology

**B**readth of Functionality

**C**ustomer Base and Support

While this is a standard tool that Celent uses across vendor reports in many different areas, each report will define the ABC categories slightly differently. The final rating is determined by Celent's and customers' score of these factors, when appropriate, as well as Celent's view of the relative importance of the factors as they apply to both the solution and vendor's capabilities.

**Table 1: Examples of Factors Used in Celent Claims Administration System ABC Evaluation**

| ABC Categories | Possible Factors |
|---|---|
| **Advanced Technology** | – Customer feedback on technology, integration, and APIs<br>– Configurability and upgrades<br>– Code, databases, operating systems detail<br>– Integration<br>– Methods, services, and APIs<br>– Deployment options<br>– Change tooling<br>– Upgrade automation |
| **Breadth of Functionality** | – Customer feedback on features and functions<br>– Overall support of components and features<br>– Product support and in production |

| ABC Categories | Possible Factors |
|---|---|
| **Customer Base and Support** | – Number of insurers running the system<br>– New insurance clients won in the last two years<br>– Number of countries where the system is implemented<br>– Client feedback on implementation and post-implementation services<br>– Vendor's partners network |

Source: Celent

## Additional Considerations

Celent recognizes that the strength of any claims administration platform is somewhat dependent on an insurance company's needs and business. A solution ranked low in Celent's rankings may be a perfect fit for a number of insurers for various reasons: price, business-specific functionality, target customer base, existing technology environments, etc. For this reason, these rankings are purely the opinion of Celent. Insurers should use them in the context of their own specific situations. Additionally:

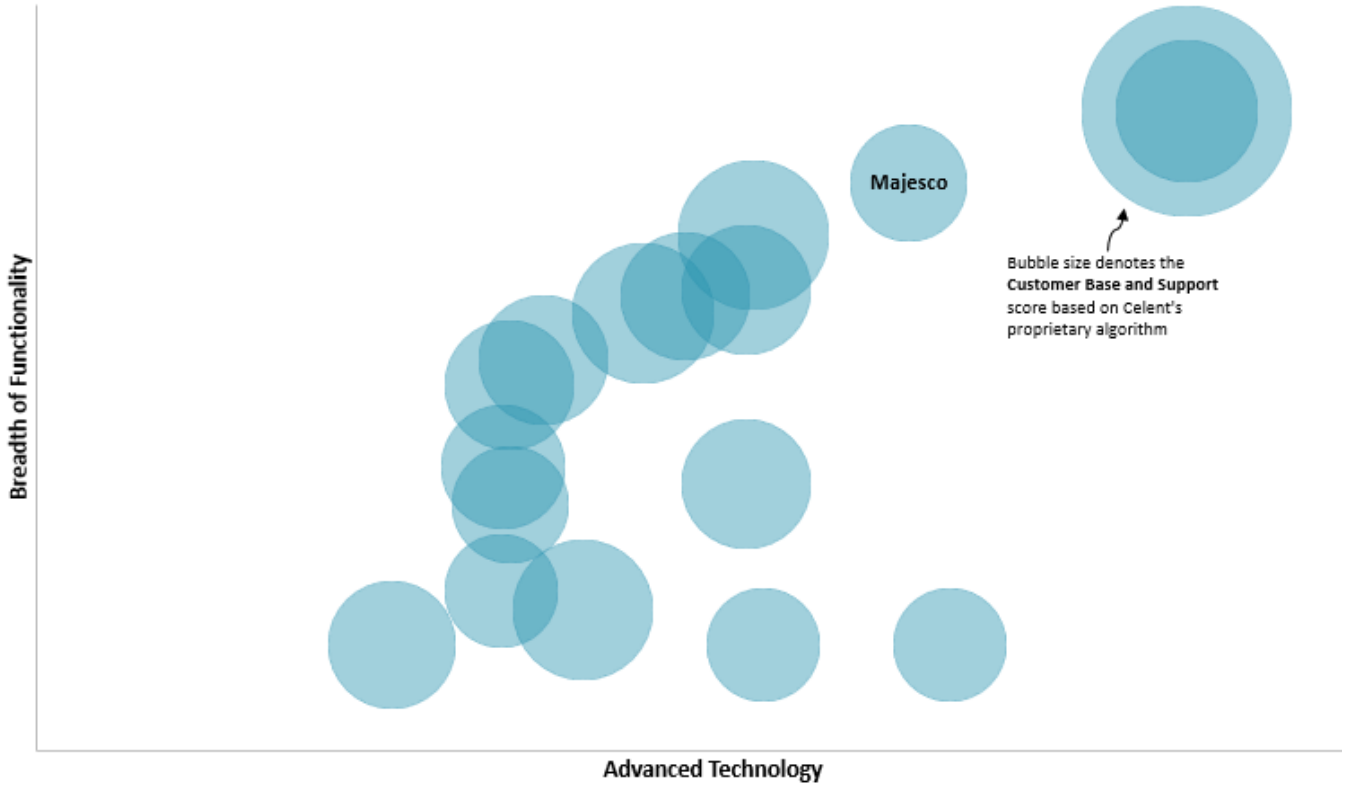
- Celent's ABC methodology uses a normalized scale. In some cases, this can exaggerate quantitative differences. Its purpose is to make the graph easier to read.
- A vendor's suitability comes down to the institution's needs compared to the insight offered by this analysis.
- Vendors in this analysis include Celent subscribers and nonsubscribers. We make no distinction between how either is presented, nor does it affect our ratings.

## ABC Vendor View

The Celent ABC Vendor View shows the relative position of each claims administration system evaluated. Each vendor solution is positioned relative to others in the analysis. Within this framework, the top performers in each ABC dimension receive a corresponding CELENT award.

Figure 1 below displays the relative scoring of each solution, with Advanced Technology on the horizontal axis and Breadth of Functionality on the vertical axis. The bubble size for each vendor represents the third dimension, Customer Base and Support.

**Figure 1: Celent ABC Vendor View for North American Claims Administration Systems**




Source: Celent

## Celent Technical Capability Matrix

New to Celent's solution reports this year is the Technical Capability Matrix. We've placed each solution into one of five categories based on the sophistication and breadth of its technology and functionality (i.e., plotting the A and B dimensions). *Solutions are not ranked within the assigned category; they are listed alphabetically*. We've also included the solutions that didn't qualify for the ABC analysis to provide a more comprehensive view of the market.

The five categories are:

I. **Luminary:** Excels on both Advanced Technology and Breadth of Functionality.

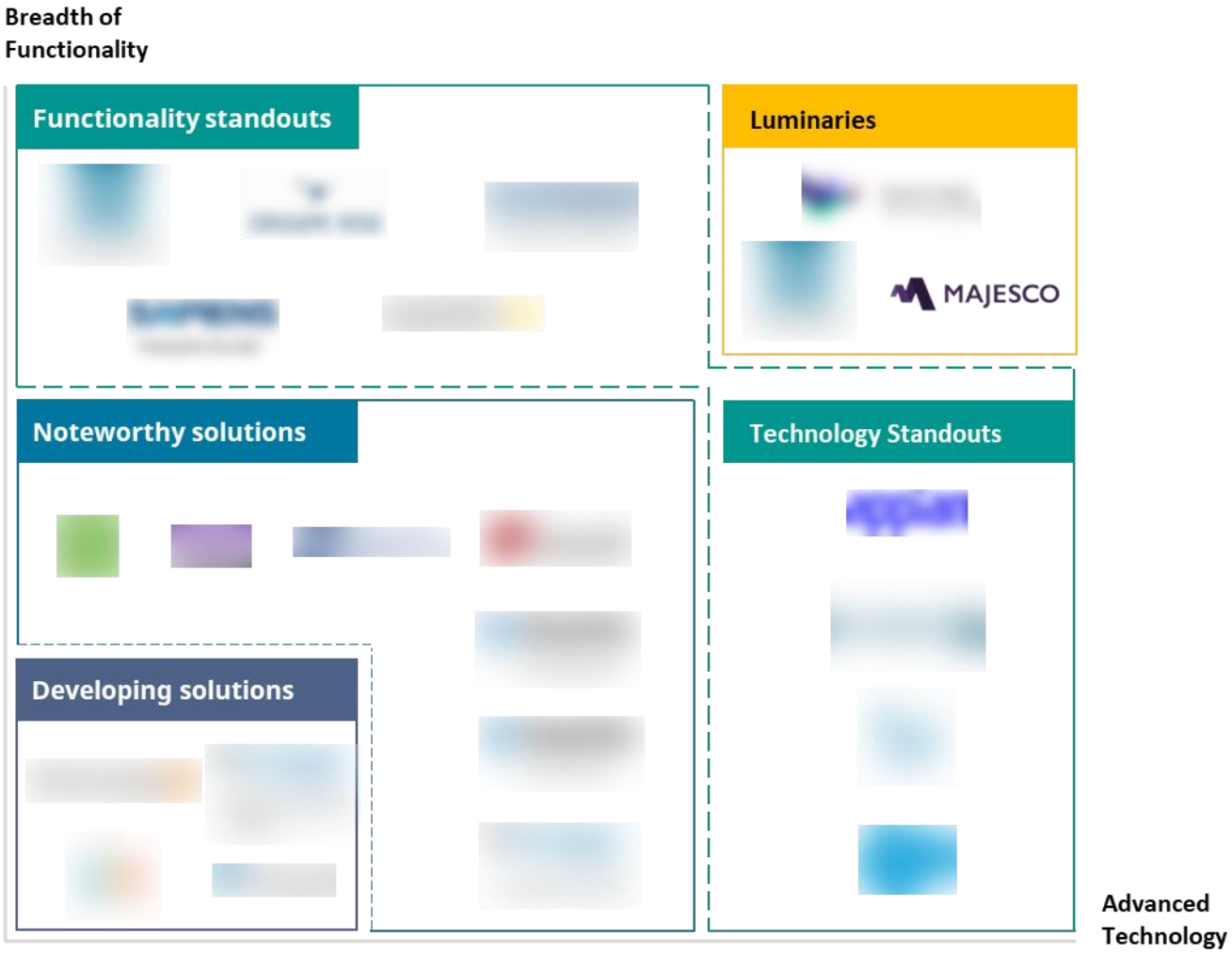
II. **Technology Standout:** Excels in Advanced Technology but doesn't yet have as many features as leading competitors (low on Breadth of Functionality). Often newer, these solutions typically have chosen a focused set of functionalities to begin their journey.

III. **Functionality Standout:** Low on Advanced Technology, high on Breadth of Functionality (likely a large installed base). Often more established, these solutions have built out a robust set of features with technology that may not be cutting-edge.

IV. **Noteworthy Solution:** Relatively lower on both dimensions, yet still worthy of consideration by some financial institutions.

V. **Developing Solution:** Typically, new to the market and low on either Advanced Technology or Breadth of Functionality. Has the potential to mature into a more robust offering over time.

**Figure 2: Celent Technical Capability Matrix**




Source: Celent

# MAJESCO: MAJESCO CLAIMS FOR P&C

Majesco is a private company with sales and professional services personnel located throughout the North America, Latin America, Europe, and Asia-Pacific regions. The company has 2,195 employees, of which 200 are available to provide professional services/client support for their Majesco Claims for P&C solution. One hundred seventy are physically located in North America.

Majesco spends about 15–20% of annual revenue on R&D each year. Majesco does not break down budgets by product. Claims is one of the key investment areas for R&D. The vendor offers an annual user conference or customer event.

The vendor states they have had no legal issues or bankruptcy issues.

## Company

**Table 1: Company Snapshot**

| | |
|---|---|
| **Year Founded** | 1982 |
| **Number of Employees** | 2,195 |
| **Revenues (USD)** | As a privately held company, Majesco does not disclose revenue information.<br>Product Revenue: Majesco does not report revenue by product. |
| **Financial Structure** | Private |

Source: Vendor RFI

**Table 2: Product Snapshot**

| | |
|---|---|
| **Name** | Majesco Claims for P&C |
| **Year Originally Released** | 1992/1992 |
| **Current Release and Date of Release** | V12/2021 |
| **Upgrades** | Client can skip multiple versions—e.g., go directly from version 4.0 to version 7.0. They support current versions and up to two prior. |
| **Target Market** | Insurance carriers across all tiers and regions including greenfield initiatives and start-up carriers. |
| **Installed Base** | North America: 29<br>EMEA: 0<br>APAC: 0<br>LATAM: 0 |
| **Notable Clients** | Ategrity insurance |

Source: Vendor RFI

## Celent Opinion

Majesco Claims for P&C is a well-rounded SaaS solution. Most insurers using the solution are smaller carriers who write a mix of personal, commercial, and specialty lines. The solution is browser-based for all user interface functions and is written in Java. It is certified on a container-based architecture, with over 185 APIs available out of the box.

In terms of usability, the persona-based claims workbench is logical and clear and can help boost user productivity. There is a progress bar showing each step throughout the FNOL, which can drive the claim process. Initial reserving is set up automatically in the FNOL, and it is possible to access incident information and notes on the screen, which can be helpful when the adjuster is trying to accurately assign reserves. Additionally, there is a uniquely comprehensive litigation module that enables the claims user to stay on top of all relevant case details. The claims user can construct tasks, workflow, notes, and diaries for the case. There is even a negotiation module that includes offers, demand, and final settlements. It is worth mentioning the solution provides a highly usable portal for external users with a sleek UI and useful "Customer 360."

Claims for P&C offers several notable features and functions. There is robust built-in fraud evaluation technology that uses AI/ML learning to provide the claims user with a fully auditable claims scorecard. The solution also has granular payment features. Bolstered by the integration with One Inc, it is possible to authorize single and recurring disbursements, send scheduled payments, and bundle multiple payments. Moreover, Claims for P&C has strong catastrophe claims management functionality including incident tracking and automatic identification of a catastrophe claim.

For configuration, it is possible for non-technical business users to make UI changes using a drag and drop tool, which creates a WYSIWIG image. However, business rule, and workflow changes are done by Majesco, using a rules engine. Claims for P&C also provides a business process modeler which allows technically proficient users to create and modify a workflow.

Overall, Majesco Claims for P&C is a compelling offering for small and midsize carriers as it is highly usable, offers an array of advanced features, and is pre-integrated with many leading third party providers through its EcoExchange.

## Overview

The vendor states that:

> *Claims is the "moment of truth." A moment to meet and exceed customer expectations. A modern claims platform is foundational to meet the "moment of truth" in a personalized way for customers, while effectively managing client's claims operations. Majesco Claims for P&C is a comprehensive claims management platform with deep functionality and proven processes that delivers impressive results in some of the most demanding claims operations. Developed by claims experts, the highly configurable and business rules-driven solution empowers claims adjusters to meet the demanding claims expectations of both the customer and the business. As new innovations and capabilities emerge in today's digital age, the ability to enhance the "moment of truth" to meet increasing customer expectations is critically important. Clients need the flexibility and agility to accommodate them with the core capabilities and a partner EcoSystem that offers innovative capabilities using technologies like drones, internet of things, virtual reality, and more. That is the power of Majesco Claims for P&C.*

Key features include:

*End-to-end claims management from FNOL to settlement, persona-based workbench, flexible business rules configuration, catastrophe management, rich API catalogue.*

Key benefits include:

*Enhanced customer experience, improved operational efficiency, reduced claims management costs, reduced loss costs, improved underwriting quality, innovative EcoSystem capabilities.*

## Overall Functionality

Majesco offers the following modules in the core system application. Majesco Claims for P&C is available on a standalone basis.

**Table 3: Suite Availability**

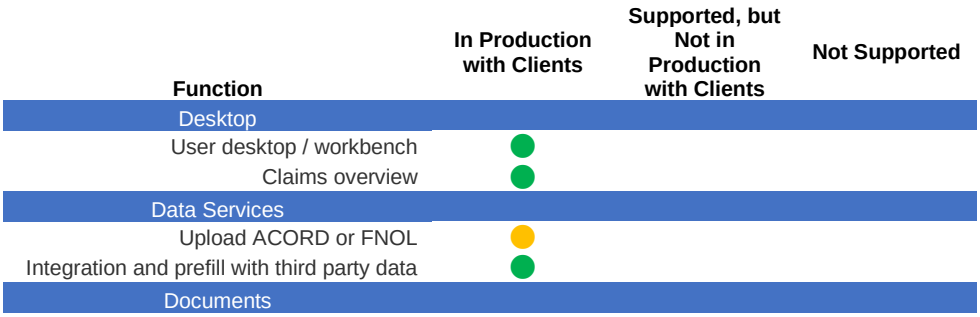
| Suite | Availability |
|---|---|
| **Policy Administration** | ☐ |
| **Billing** | ☐ |
| **CRM** | ☐ |
| **Reinsurance** | ☐ |
| **Rating Engine** | ☐ |
| **Digital Tools** | ☐ |
| **Distribution Management** | ⊖ |
| **Business Intelligence** | ☐ |
| **ETL Tools** | ☐ |
| **Data Hub** | ☐ |
| **Data Warehouse** | ☐ |

Legend: ✔ =Integrated into Claims Module; ☐ = Separate Module available from this vendor; ⊖ = Through a formal partnership with another vendor; ✕ = Not available

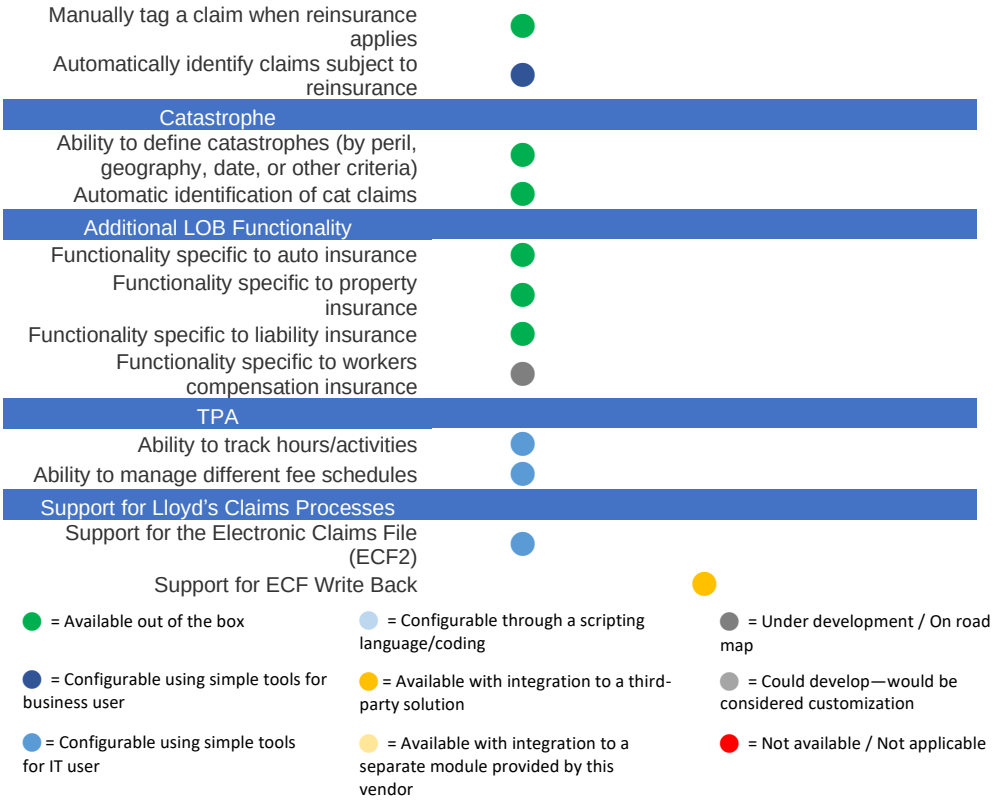
Source: Vendor RFI

The figure below shows Majesco Claims for P&C's functionality and production status of key features for claims administration systems.

**Figure 1: Key Functionality**



| | |
|---|---|
| Includes a correspondence and forms library | ● |
| Can attach documents, emails, phone calls, or notes | ● |
| Includes a content repository and document management | ● |
| **Notes** | |
| Includes a notes facility | ● |
| Ability to search text within notes and diaries | ● |
| **Other** | |
| eSignature | ● |
| Consumer Portal | ● |
| Agent Portal | ● |
| **Supervisory Tools** | |
| Escalation based on authority | ● |
| Dashboard to manage employee's workload | ● |
| **Underwriter/Adjuster Assignment** | |
| Automated underwriter assignment | ● |
| Out of office /vacation rules | ● |
| **Workflow** | |
| Automatic task generation | ● |
| **FNOL/FROI** | |
| Ability to consume FNOL from multiple sources | ● |
| Supports submission of additional attachments | ● |
| Can use party's preferred communication method | ● |
| Location-based guidance at time of FNOL | ● |
| **Injury Management** | |
| Track utilization review and recertification | ● |
| Can create, document, and track special programs such as return to work | ● |
| **Claim Investigation** | |
| Provides capability for adjuster to explain any coverage exclusion or endorsements that apply | ● |
| Can display alerts | ● |
| Can document the case strategy | ● |
| Add data fields for investigation details | ● |
| Automatic ordering of third party data | ● |
| **Reserving** | |
| Ability to specify automatic default initial reserves based on business rules | ● |
| Multiple levels of reserve categories | ● |
| Aggregate tracking (erosion of policy limits) | ● |
| Deductible Tracking | ● |
| **Payments** | |
| Recurring payments | ● |
| Multiple pay parties (e.g. garnishments) | ● |
| **Subrogation and Recoveries** | |
| Separate tasks, workflow, diaries, and business rules for subrogated cases | ● |
| **Fraud** | |
| Workflows specific to fraud and special investigations | ● |
| **Litigation Management** | |
| Separate tasks, workflow, diaries, and business rules for litigated cases | ● |
| **Vendor Management** | |
| Vendor management tools | ● |
| **Reinsurance** | |




Source: Vendor RFI

## Reporting Features

The vendor's reporting capabilities can be described by as follows: Majesco Claims for P&C provides a set of canned reports that can be used for operational, management, reconciliation, statistical and regulatory reporting, and audit purposes. These reports can be conveniently generated by end users through the UI. All reports can be generated in real time and can be executed on a daily, weekly, monthly, or yearly basis.

External Database:

Majesco offers a unique data store called Enterprise Data Warehouse (EDW) for ad hoc and custom reporting requirements. This product is pre-integrated with Majesco Claims and has been built to meet custom reporting requirements. All the transactions can be fed into EDW across the systems viz. Policy, Billing & Claims, and data can also be made available centrally to feed into a data warehouse. Third party systems, too, can consume the data objects from EDW and generate data analytics reports in desired formats.

Majesco Business Analytics (MBA):

Additionally, Majesco offers Majesco Business Analytics (MBA), which is seamlessly integrated within the application, allowing supervisors and senior executives to gain direct access to charts, dashboards, and scorecards on their homepage. Reports—including user productivity, company performance, top agent performance, and many more views—can be made available to users online. Majesco MBA offers rich reporting tools that integrate with Majesco Claims and let users create ad hoc reports and dashboards that seamlessly integrate within the applications. Users can incorporate reports and dashboards right within the application and use these tools to extract data in Excel, PDF, and other formats. Graphical reporting tools (charts, graphs, etc.) and report

scheduling are available. Majesco provides the following report types: ad hoc, pre-defined reports, and real time reporting.

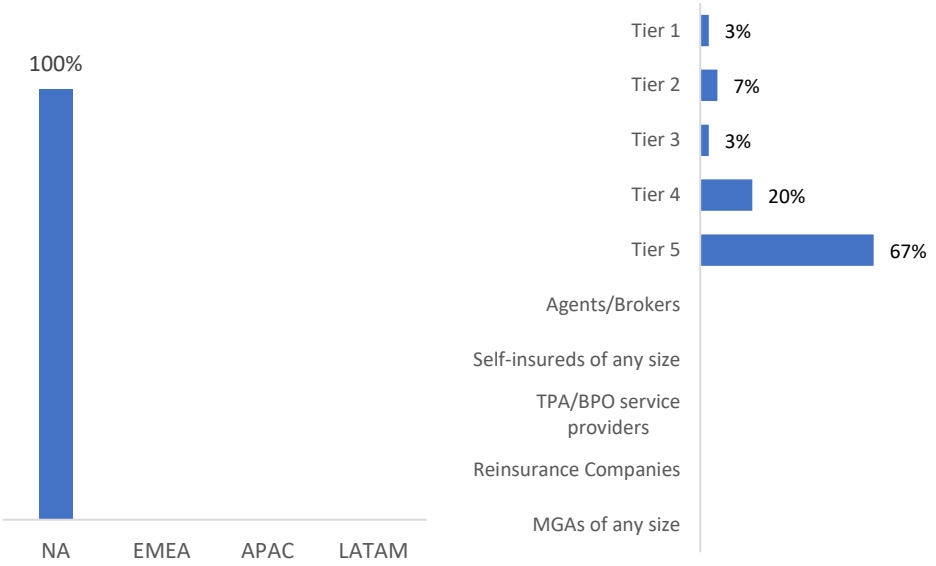
## Internationalization

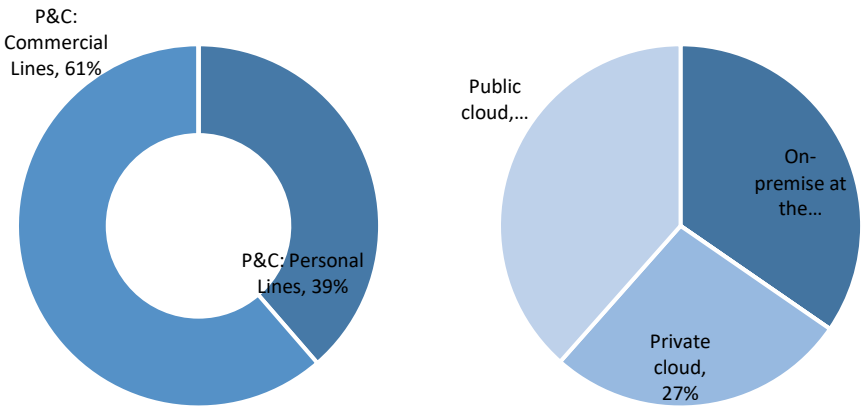
Majesco Claims for P&C cannot support multiple currencies, with US Dollar (USD) currently in production. Majesco Claims for P&C does support multilingual capabilities as part of the application (English–US, English–CA, French, Spanish, among others). The system can be configured to handle multiple languages. The user can select their language preference at any point during application usage. Multilingual capabilities are demonstrated in all the field labels, dropdowns, allowed values, numeric & date fields, error messages, etc., currently in production.

## Customer Base

Majesco Claims for P&C has 29 total customers.

**Figure 2: Majesco Claims for P&C Client Base by Geography, Line of Business, Institution Type, and Deployment Mode**






Source: Vendor RFI

## Customer Feedback

Three clients provided feedback on Majesco. One client is based in North America, another client is based in LATAM, and the last client is also based in North America. One client has been using the system for three to five years, another client has been using it for one to three years, and the last client has been using it for less than a year.

Clients rated Majesco favorably overall. For functionality, respondents appreciated the making and managing payments features, while document generation and management was not rated as favorably. Within technology, the vendor's timing in improving technical performance through new releases and fixes was scored the highest, with ease of system maintenance seen as weaker.

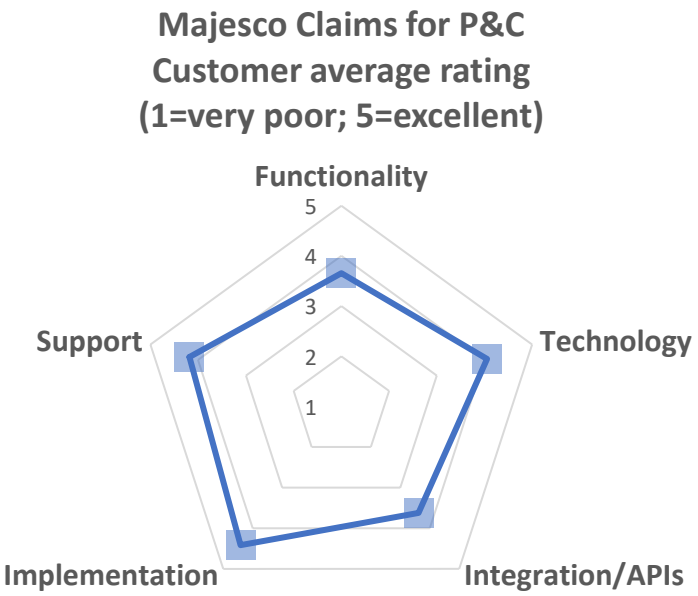
Clients felt the solution integrated most easily with their internal core applications, such as policy admin or reinsurance, and integrated less well with internal data sources, such as a data warehouse. Regarding their implementation experience, implementation completed on time received the highest marks while knowledge of their business received the lowest score. Finally, in the area of ongoing system support, project management (estimations, scope creep, etc.) received the highest score while staff turnover was seen as an area of relative weakness.

When asked what they liked best, one client appreciated "the deep functionality and integration with other parts of the suite." Another client appreciated the "total tech industry knowledge." The last client observed, "Majesco has been a great provider to work with. Considering the scale, scope, and timing of our development cycle (during the pandemic), we had issues with knowledge transfer, turnover, and some gap solutions. However, Majesco has responded responsibly and worked diligently with us to get all of the issues addressed. They

have been great partners to us in making sure we meet our business needs despite any issues."

Clients suggested such improvements as making the UI "more modern [and] digital-like." Another said, "I think more explanation could be provided up front that the claims, billing, and policy admin suites work on different platforms and require integration between all three in order for the system to work in concert as a 'suite.' Some of our difficulties have been where this integration has taken extra work."

**Figure 3: Customer Feedback**




Source: Celent 2021 PC PAS Customer Feedback Survey

## Lines of Business Supported

**Table 4: Lines of Business Supported**

| P&C LOBS | Availability |
|---|---|
| **Personal Auto** | ✔ |
| **Homeowners/Home** | ✔ |
| **Renters/Contents** | ✔ |
| **Umbrella** | ✔ |

| | |
|---|---|
| **Commercial Auto** | ✔ |
| **Commercial Property** | ✔ |
| **Commercial Liability** | ✔ |
| **Workers' Compensation** | ✕ |
| **Medical Professional Liability** | ✕ |
| **Other Professional Liability** | ✕ |
| **Business Owners Policy (BOP)** | ✔ |
| **Surety & Fidelity** | ✔ |
| **Excess Policies** | ✔ |
| **Directors and Officers Liability** | ✔ |

Legend: ✔ = In production; ☐ = Supported but not in production; ✕ = Not supported

Source: Vendor RFI

# Technology

The technical architecture of Majesco Claims for P&C is a Java/J2EE technology-based solution. Majesco Claims Platform has a multi-layered, web-based application architecture.

The key benefits of its application architecture are as follows:

- The presentation layer for the system is a Web 2.0–enabled user interface with cutting-edge technologies including HTML5, CSS3, Bootstrap, and industrial grade JavaScript framework.
- It exposes critical business functionality as services over various protocols and formats. An open-source middleware framework from Spring and Apache CXF provides the basis creating and hosting of such services.
- All the workflows are BMPN 2.0 compliant and created by using an open-source BPM framework called "Yet Another Workflow Language."
- The entire set of insurance content, including business rules, are run on the open-source JBoss Rules Engine.
- Hibernate is used as for ORM (Object Relational Mapping) to provide mapping & configuration between entity models and the relational database.
- All the components interact with each other using the dedicated APIs for specific layers, thus enabling a seamless component-based implementation.

The last major technology change was implemented in version 2017.

The primary UI is 100% browser-based (HTML). The vendor has no plans to change the framework for the future.

Technology details for Majesco Claims for P&C are provided in the table below.

**Table 5: Technology Options**

| Technology Options | Responses |
|---|---|
| **Code Base** | Java: 100% |
| **Operating Systems** | The system is implemented in Java and in JEE. JEE/Java version support: 1.8x. Available operating systems: Unix–BSD, Unix–Linux, Unix–Other, Windows. |
| **Servers Supported** | The system uses/supports JEE servers Boss, WebLogic, WebSphere, other JEE servers. |
| **Databases** | Oracle |
| **Scalability** | Scalability Metrics: Majesco Claims for P&C supports around 1500+ concurrent users at one of their largest deployments.<br><br>The total policy count for their largest deployment approximates to around 800,000 in-force policies and over three million total policies.<br><br>System Performance: Majesco Claims for P&C supports both horizontal and vertical scalability at both the application server and database server levels. Inherent system software supports scaling by means of "clustering." The platform's active-active (via hardware and/or software load balancers) deployment pattern in high availability environment is recognizable and it enables higher availability and uptime of the system. Microsoft Azure is used for performance.<br><br>They have a full featured performance lab equipped with a variety of profiling and benchmarking tools. They use an industry standard load generator tool—Neoload—for creating concurrent Application UI load as well as Input SOAP transaction load. The tool creates a structured report as part of test execution. Their performance engineers analyze the report and determine whether they are successfully meeting target performance, or if the system needs tuning due to any customization or newly introduced client specific configuration.<br><br>They also have profiling infrastructure where they can profile the application in detail at each tier (App/DB/Network) and determine the current bottleneck and correlate it with the exact solution to fix the bottleneck.<br><br>Their performance lab runs performance assurance practice whereby they engage with the client to choose right-sized hardware (as per client's |

| Technology Options | Responses |
|---|---|
| | datacenter-preferred platform choice) and help conduct necessary benchmarks leading to guaranteed performance within the client environment.<br><br>As a benchmark, Majesco Claims processes simple transactions in an average time of less than one second and transactions of medium complexity less than three seconds. |
| **Deployment Models** | Public Cloud, Private Cloud, On Premises |
| **Hosting Details** | Number of instances: 0<br>Maximum number of clients running on one instance: 0 |
| **Public Cloud Options** | Microsoft Azure, Amazon AWS, IBM Cloud/Bluemix |

Source: Vendor RFI

## Data

Majesco Claims for P&C's data model is proprietary in nature.

The solution supports industry standard data model schemas. The system provides a robust set of APIs, making it easy to interface with systems and industry-standard data models. The database was designed from the ground up for this product. A client can make changes to the data model using the system's supporting Majesco Configuration Toolset—a rapid application development tool with its own IDE. The toolset provides Product Object Modeler (POM) to maintain Majesco Claims for P&C's data model. POM is an object modeler component with the prime function of maintaining the object models.

POM facilitates creation of a business/domain layer of abstraction on top of the physical data structure through a user-friendly UI, thereby providing configurability to manage the objects and provides basis for Model Driven Architecture (MDA).

The intuitive user interface of POM eases the creation of new attributes, extending the existing data model by adding attributes and entities and linking them with screens, process flows, rules, etc. POM is an Eclipse plug-in used to create Insurance Business Objects. (Of course, it can create not only insurance business objects, but any business objects as well.) The objects created are used in developing user-configurable insurance business applications.

The models are stored as XML definitions along with their relations. Upon publishing these models, Java classes are created, which are mapped with the actual physical data structure using the plumbing provided by ORM-"Hibernate" configurations. The data model can be released to the client, be published easily to a client's data model, or map to an intermediate format (such as an industry standard) to share with a client.

The system offers the following features with respect to its data model:

- Predefined Insurance Domain Models.
- Ability to create and extend domain models.
- Define Object models & mappings using a GUI-based editor.
- Add attributes to the model to add them to database.
- Stored in XML format for seamless integration with other tools in Configuration Toolset.
- Developing a Web service via modeler.
- Re-usability of domain model through inheritance.

## Integrations

Majesco Claims for P&C provides Web services; JSON format; MQSeries, JMS, or similar queue technology; custom APIs; and flat files as integration methods. External systems can trigger events in the system that can be responded to by a workflow or business rule.

Public API integrations: At this point, Majesco Claims for P&C is not integrated with Public APIs. However, the claims system has been integrated with third-party interfaces from various vendors. A list of third party APIs is available online at https://ecoexchange.digital1st.io.

- API details for the vendor are as follows: The API is documented. External systems can trigger an event in the system that can be responded to by a workflow or business rules system. API management supports local or global standards such as ACORD application creation and rendering. API sample codes are available to clients. API developer portal is available for support and descriptions. The system allows API publishing in SOAP, REST, JSON, and XML-style services as APIs. API version management is available. Training in extending the system is offered.
- Majesco provides documentation and training for API integrations.
- Training for API integration is Classroom/WebEx training.

The table below shows available products pre-integrated with Majesco Claims for P&C.

**Table 1: Insurance Pre-Integrations**

| Integration |
|---|
| Payment processing systems: Transcard, One Inc |
| Other (Integration Type: Vendor): ISO Claim Search: ISO |
| Other (Integration Type: Vendor): Property Estimation: XactAnalysis |
| Agency/broker management connectivity solutions (those that manage the data transfer between a carrier’s systems and an agent/broker’s systems): Majesco Digital1st |
| Agent portal software: Majesco Digital1st |
| Agent/Broker management systems: Majesco Distribution Management |
| Analytics solutions: Majesco Business Analytics |
| Billing systems: Majesco Billing for P&C |

Business Intelligence systems: Majesco Business Analytics
Data warehouse: Majesco EDW
Distribution management systems (e.g., commissions and licensing): Majesco Distribution Management
Document creation systems: Majesco DocGen, Pitney Bowes
Document management systems: Majesco DocGen, Pitney Bowes eVault, ImageRight
General Ledger: SunGuard, SAP, DBS
OFAC systems: FINSCAN
Policy administration systems: Majesco Policy
Underwriting workbench/New business underwriting systems: Majesco Policy
Contents databases for both individuals and businesses: Verisk (ISO)
Other (Integration Type: Vendor): Infinilytics (Charlee)
Source: Vendor RFI

# Configuration

**Table 7: Approach to Accelerating Product Change**

| Approach to Accelerating Product Change | Availability |
|---|---|
| **Customers can copy and paste between products** | ✔ |
| **Customers can define reusable parts that can be linked together** | ✔ |
| **The system uses inheritance to help define products** | ✔ |
| **The system uses reusable components, inheritance, and other schemes (explained below)** | ✔ |
| **Other** | ✘ |

Source: Vendor RFI

Majesco's approach to change tooling is that their platform provides an out-of-the-box ticket management process to provide electronic inventory of all configuration changes that are made to provide complete auditability and governance.

The following changes require a restart of the server to take effect: Change to user interface, change to underlying data model, new web service or integration point, and workflow change. Upgrades are typically handled by scripts doing the majority of the upgrade task, or tooling (or leverages third party tools) that helps identify use of deprecated or old services/APIs to assist with upgrades, or tests or test tooling assisting with validating upgrades.

**Table 8: Approach to System Changes**

| Approach to System Changes | Availability |
|---|---|
| **Business Rule Definition** | ✔ |
| **Data Definition** | ✔ |
| **Table Maintenance, List of Values, etc.** | ✔ |
| **Interface Definition** | ☐ |
| **Product Definition** | ✔ |

| Approach to System Changes | Availability |
|---|---|
| **Role-Based Security, Access Control, and Authorizations** | ✔ |
| **Screen Definition** | ☐ |
| **Workflow Definition** | ☐ |

Legend: ✔ = Configurable via tools for business users; ☐ = Configurable via tools for IT users; ■ = Configurable via the vendor; ⊖ = Configurable via scripting; ● = Coding required; ✕ = Not available

Source: Vendor RFI

# Security

Majesco complies to the following security standards: Majesco is in compliance with the ISO, SOC1, and SOC2 standards provided. The vendor is PCI-compliant. They do not capture and store credit/bank information in the system. Majesco Claims for P&C provides specialized UI elements for capturing information using third party vendors such as Transcard that provide tokenized information which is used in compliance with standards. One-time passwords, flexible user permissioning, multi-factor authentication, and federated identity support are available as authentication factors for internal and external users.

For cybersecurity arrangements, Majesco is certified with ISO 27001:2013 standard & their Information & Data Security initiatives are in line with the ISO 27001:2013 standard.

Some of the major controls implemented are as below:

- There exists a logically separate environment for development/ test and production for customer environments.
- All customer networks are logically separated using VLAN's for segregation of networks.
- For testing purposes, if required, dummy data is used in non-production environments.
- Role based access is provided to authorized associates on a need-to-know basis.
- Media containing sensitive information are disposed of securely, using secure wipe tools for electronic storage media. All documents of sensitive nature or confidential information are shredded when no longer required.
- Network services and their use, firewall traffic, and IPS monitored by Majesco for possible misuse and intrusions.
- USB drives are disabled to prevent any unauthorized information exchange/loss.
- No portable external media (CDs, USB drives, any form of mass storage devices) are allowed inside the Majesco premises.
- CCTV cameras are installed at entry/exit points of the facility and for the restricted areas like server rooms. The system does not have penetration security as Majesco has an in-house Application Security Team of Certified Professionals. To effectively address an application's security vulnerabilities, they undertake Application Vulnerability Assessment and Penetration Testing

during Majesco Product development and implementation. This includes comprehensive tests to discover vulnerabilities and to determine the risk index of the application.

The product platform undergoes two internal vulnerability audits in a year.

- Each internal assessment will have a corresponding verification assessment within three months of the initial assessment.
- The first and third assessments are conducted on an unhardened environment/application.
- The second and fourth assessments are conducted on a hardened environment/application.

## Partnerships

**Table 9: Partnerships**

| Type of Partnership | Partner Vendor |
|---|---|
| **System Integrators** | Majesco has System Integrator (SI) partners who manage the implementation in substantial deployment instances. Majesco has strategic partnerships with IBM, Deloitte, Capgemini, PwC, KPMG, EY, and other system integration partners for implementation of Majesco's core solutions. Resources from their strategic implementation partners are trained and certified on Majesco solutions. |
| **Conversion Partners** | Not applicable |
| **Functionality Partners** | Majesco has functionality partnerships with a number of vendors, including AssureSign, OneInc, Infinilytics, Transcar, Metropolitan Reporting Bureau, Splice. |
| **Fintech Partners** | Majesco has fintech partnerships with a number of vendors, including Appulate, Cybersource, Denim, DMS, DOOR3, Dropin, eGain, Elafris, Fenris, Fusion, HazardHub, ISO, Life.io, etc.<br><br>Majesco has a partner, EcoExchange. Details of partners can be accessed here: https://ecoexchange.digital1st.io/eco-apps/store |

| | |
|---|---|
| **Accreditations and Certifications** | None |

Source: Vendor RFI

# Implementation and Support

**Table 10: Implementation and Support**

| Function | Approach |
|---|---|
| **Employees Available /Average Experience Level (Years)** | Majesco has 200 staff with eight average years of experience providing professional services / client support for this solution. The average number of customers per professional services / client support staff is 0.15. |
| **Locations of Employees** | Majesco has employees in North America, EMEA, APAC, and LATAM, with 170 in North America, 10 in EMEA, 10 in APAC, 10 in Latin America. If implementation resources need to be sourced from different countries, the vendor applies specific rates by location. |
| **Resource Breakdown (Vendor, Client, System Integrator)** | Typical implementation team size: 6 to 10<br>Vendor: 75%; Client: 25%; SI: 0% |
| **Use of Third Parties** | The vendor occasionally works with third-party system integrators.<br>Conversion Options: The vendor can handle data conversions themselves. |
| **Average Time to Implementation** | Initial Implementation: 4 to 6 months<br>2nd and subsequent LOBs: 1 to 3 months<br>2nd and subsequent states/jurisdictions: 1 to 3 months |
| **Preferred Implementation Approach** | Majesco follows an Agile implementation approach |
| **SLA Availability** | Service scope included in base SLA: 24x7 service hours, extended service hours (beyond 9 a.m. to 5 p.m.), service during working hours at client location, service during working hours at vendor location.<br>Features typically included in SLA: Incident resolution time based on priority level of incident, incident status updates based on priority level of incident, metrics and reports, recourse for downtime, shared liability, ticket prioritization, training, upgrade support, upgrades.<br>System availability: 96 to 100% |

Source: Vendor RFI

# Training

Majesco's training plans are typically tailored to the unique needs of each client. Majesco offers the following courses to fulfill their customer's education & certification requirements:

IT Support Team or Technical Framework (Platform) Training: Technical training is imparted to system administrators, architects, and developers. System administrator training covers installation, configuration, and upgrades.

Business Operations Team or Functional Training: The overall aim is to train the trainers based on the practical experience of using the system and passing on this knowledge to small groups at a time. By ensuring that all potential users have had a hands-on session, uncertainty is minimized during the changeover. Training to the end users cover module-wise functionality and navigation, besides the "tips and tricks."

Majesco conducts live training at client premises and at their development centers, as well as remote video conferencing–based training. New training modules are periodically added, and online video training is available.

# Pricing

**Table 11: Pricing Models**

| | |
|---|---|
| **Pricing Models Available:** | Subscription-based license, term license, enterprise license |
| **Factors Used to Determine Pricing** | Usage-based factors: Number of concurrent users, number of total or named users, per functional components/modules used, per transaction, policy or account volume, annual premium volumes/revenues.<br>Tier-based factors: Functional components/modules, jurisdictions (States/Provinces/Countries), annual premium volume/revenues. |

Source: Vendor RFI

The following table shows the average total costs of the vendor's current client base. This includes costs associated with the software license, initial installation, customization, annual maintenance, and training in the first year. It also estimates the remaining costs for full implementation, including license fees, maintenance, customization, and other fees.

**Table 12: Pricing Models: Five-Year Pricing Estimates**

| Average Total Costs | Licensing | Implementation | All Other |
|---|---|---|---|
| **Average Year 1 Costs** | US$100,001 to US$250,000 | US$100,001 to US$250,000 | Under US$100,000 |
| **Average Year 2 and Beyond Remaining Costs** | US$100,001 to US$250,000 | Under US$100,000 | Under US$100,000 |

Source: Vendor RFI

# CONCLUDING THOUGHTS

## For Insurers

There is no “one-size-fits-all” claims solution, but insurers can take comfort in the fact that there are myriad options to fit almost any set of requirements. An insurer seeking a new core claims system should begin the process by looking inward. Every insurer has its unique mix of lines of business, geography, staff capabilities, business objectives, and financial resources. This unique combination and the organization’s risk appetite will influence the list of vendors for consideration.

Some vendors are a better fit for an insurance company with a large IT group that is deeply proficient with the most modern platforms and tools. Other vendors are a better fit for an insurance company with a small IT group that wants the vendor to take a leading role in maintaining and supporting its applications.

Most core claims systems bring some level of out-of-the-box functionality for various lines of business and operating models. Many systems offer powerful configuration tools to build capabilities for both known and future requirements.

We recommend that insurers that are looking for a claims system narrow their choices by focusing on four areas:

- The functionality needed and available out of the box for the lines of business and states desired. Check to see what is actually in production.
- The technology—the integration framework, the overall architecture, and the configuration tools and environment.
- The vendor stability, knowledge, and investment in the solution.
- Implementation and support capabilities and experience.

## For Vendors

There has been considerable investment among solution providers to differentiate themselves from their peers. Many of today’s claims admin systems are mature. The solutions deliver robust functionality, improve configuration tools, and are more connected with SOA. Cloud implementation is also becoming table stakes.

Although these trends are beneficial for insurers, they make the competitive challenges facing vendors much more daunting.

Celent recommends vendors differentiate themselves by:

- Focusing on improving usability for both new and experienced users and managers.
- Emphasizing ease of use.
- Building an ecosystem of claims-focused established tech solutions and insurtechs that integrate with the claims admin solution.
- Making implementation faster and less expensive.

- Continuing to move to open APIs and other integration frameworks to drive the easy orchestration of processes and data across external digital capabilities.
- Continuing to build out configuration environments to put change controls in the hands of the carriers.

# LEVERAGING CELENT'S EXPERTISE

If you found this report valuable, you might consider engaging with Celent for custom analysis and research. Our collective experience and the knowledge we gained while working on this report can help you streamline the creation, refinement, or execution of your strategies.

## Support for Financial Institutions

Typical projects we support include:

**Vendor short listing and selection.** We perform discovery specific to you and your business to better understand your unique needs. We then create and administer a custom RFI to selected vendors to assist you in making rapid and accurate vendor choices.

**Business practice evaluations.** We spend time evaluating your business processes and requirements. Based on our knowledge of the market, we identify potential process or technology constraints and provide clear insights that will help you implement industry best practices.

**IT and business strategy creation.** We collect perspectives from your executive team, your front line business and IT staff, and your customers. We then analyze your current position, institutional capabilities, and technology against your goals. If necessary, we help you reformulate your technology and business plans to address short-term and long-term needs.

## Support for Vendors

We provide services that help you refine your product and service offerings. Examples include:

**Product and service strategy evaluation.** We help you assess your market position in terms of functionality, technology, and services. Our strategy workshops will help you target the right customers and map your offerings to their needs.

**Market messaging and collateral review.** Based on our extensive experience with your potential clients, we assess your marketing and sales materials—including your website and any collateral.

# RELATED CELENT RESEARCH

Exploring The Wide World of P&C Claims Insurtechs
February 2022

North American Property/ Casualty 2022 CIO Pressures and Priorities
January 2022

What Makes a Cloud a Good Cloud?
December 2021

Photo Finish: Seeing is Believing
December 2021

Technology Trends Previsory, Property & Casualty Insurance, 2022 Edition
November 2021

Applying Behavioral Economics to Insurance
September 2021

Unlocking The Value of Touchless Claims
August 2021

Claims Systems: EMEA Property Casualty Edition
April 2021

Claims Systems Vendors: Asia Pacific (APAC) Property & Casualty 2020 Edition
July 2020

Insurance Claims Payments as a Service: A Primer
June 2020

Data Science in Claims- Digital Acceleration and Customer Delight
June 2020

## COPYRIGHT NOTICE

For more information, please contact info@celent.com or:


Karlyn Carnahan Kcarnahan@celent.com
Donald Light Dlight@celent.com
Andrew Schwartz Aschwartz@celent.com


## Americas

**USA**
99 High Street, 32nd Floor
Boston, MA 02110-2320

+1.617.424.3200

**USA**
1166 Avenue of the Americas
New York, NY 10036

+1.212.345.8000

**USA**
Four Embarcadero Center
Suite 1100
San Francisco, CA 94111

+1.415.743.7800

**Brazil**
Rua Arquiteto Olavo Redig
de Campos, 105
Edifício EZ Tower – Torre B – 26º andar
04711-904 – São Paulo

+55 11 3878 2000

## EMEA

**Switzerland**
Tessinerplatz 5
Zurich 8027

+41.44.5533.333

**France**
1 Rue Euler
Paris 75008

+33 1 45 02 30 00

**Italy**
Galleria San Babila 4B
Milan 20122

+39.02.305.771

**United Kingdom**
55 Baker Street
London W1U 8EW

+44.20.7333.8333

## Asia-Pacific

**Japan**
Midtown Tower 16F
9-7-1, Akasaka
Minato-ku, Tokyo 107-6216

+81.3.6871.7008

**Hong Kong**
Unit 04, 9th Floor
Central Plaza
18 Harbour Road
Wanchai

+852 2301 7500

**Singapore**
138 Market Street
#07-01 CapitaGreen
Singapore 048946

+65 6510 9700