Auto Casualty, Workers' Comp

The Next Generation of Claim Handlers Is Forcing a Rethink of How Referral Management Gets Done

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The claims industry is not only adopting new technology. It is also being reshaped by a new workforce.

As experienced claim handlers retire, a new generation is stepping into the role with different expectations. They want easy-to-use workflows, not fragmented processes across email, spreadsheets and disconnected vendor portals. At the same time, payers must onboard talent faster while maintaining consistency across increasingly complex claims.

This shift is forcing a fundamental rethink of how referral management gets done.

Redefining the Claim Handler's Role

Payers are facing a talent shift:

- A significant portion of the experienced claims workforce is nearing retirement
- New claim handlers are entering the field with less institutional knowledge but stronger digital fluency
- Organizations are under pressure to onboard and ramp up new talent faster than ever

This shift creates a dual challenge: preserving expertise while increasing productivity with a less tenured workforce. At the same time, newer claim handlers are accustomed to seamless digital experiences in their personal lives and expect the same in the workplace. As a result, the role of the claim handler needs to evolve from administrative task execution to higher-value decision support.

From Task Execution	To Decision Support

• Re-entering the same claim data across multiple vendor portals • Managing different requirements and formats for each vendor • Tracking referrals manually through email and disparate systems	• Making complex claim de • Managing risk and outcor • Engaging with claimants • Applying judgment instea

This shift creates a clear opportunity to use automation to reduce low-value tasks so claim handlers can focus on higher-impact decision-making.

Why Referral Management Needs a More Connected Approach

Referral management directly impacts how quickly services are scheduled, how easily referrals are tracked, how much administrative burden falls on the claim handler and ultimately reduces overall claim costs and durations.

Across managed care services, IMEs, legal review and other referral types, the process is often repetitive and fragmented among vendors. This makes it critical to standardize how referrals are created, routed and fulfilled while still allowing flexibility where it matters.

Referral automation enables a more consistent, efficient process without sacrificing flexibility. Forward-looking tools such as Referral Engine are built to support the way claim handlers work today and how they will expect to work in the future, with fewer manual steps and better visibility across the life of the referral.

With Referral Engine, your team can:

- Initiate all referral types from a single interface
- Automatically populate required data from existing claim systems
- Leverage intelligent distribution to route referrals to the right vendors
- Track status, communication and outcomes in one place

Aligning Technology with Workforce Reality

Payers that continue to rely on manual, fragmented processes will face:	Those that embrace automation will be better positioned to:

• Lower productivity • Slower onboarding of new claim handlers • Increased frustration and turnover • Missed opportunities to improve claim outcomes • Reduced ability to control claim costs and durations	• Scale effectively with a changing workforce • Elevate the role of the claim handler • Improve consistency and outcomes across claims • Deliver a modern, intuitive experience that attracts and retains talent • Reduce overall claim costs and durations through more effective claim management

In the end, this is not just about technology adoption; it’s about aligning the claims operating model with the expectations and day-to-day needs of the people managing claims.



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