



Automating Claims Adjudication

With Machine Learning



CLAIMS ADJUDICATION **PROCESS**



CLAIM SUBMISSION

From policy holder or healthcare provider



VERIFICATION

Rule-driven manual verification and investigation



ACCEPTANCE/REJECTION

Explanation of benefits, details of findings, justification for settling.



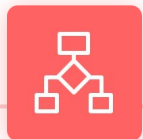
PAYMENT DETERMINATION

Rule-based determination of settlement amount

CLAIMS ADJUDICATION CHALLENGES

- Claims submission, collection, and processing is data and time intensive
- Manual verification is cumbersome and prone to errors
- Fraudulent claims result in huge losses to business
- Errors in claims adjudication process can result in additional effort and customer dissatisfaction
- Claims is a contact intensive part of the insurance customer lifecycle

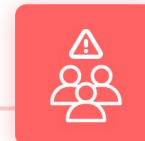
TRANSITIONING TO **AUTO-ADJUDICATION**



New claims are fed to ML classification models trained on historical claims data. The models generate diagnostic codes for each claim (approved, denied, partial payment).

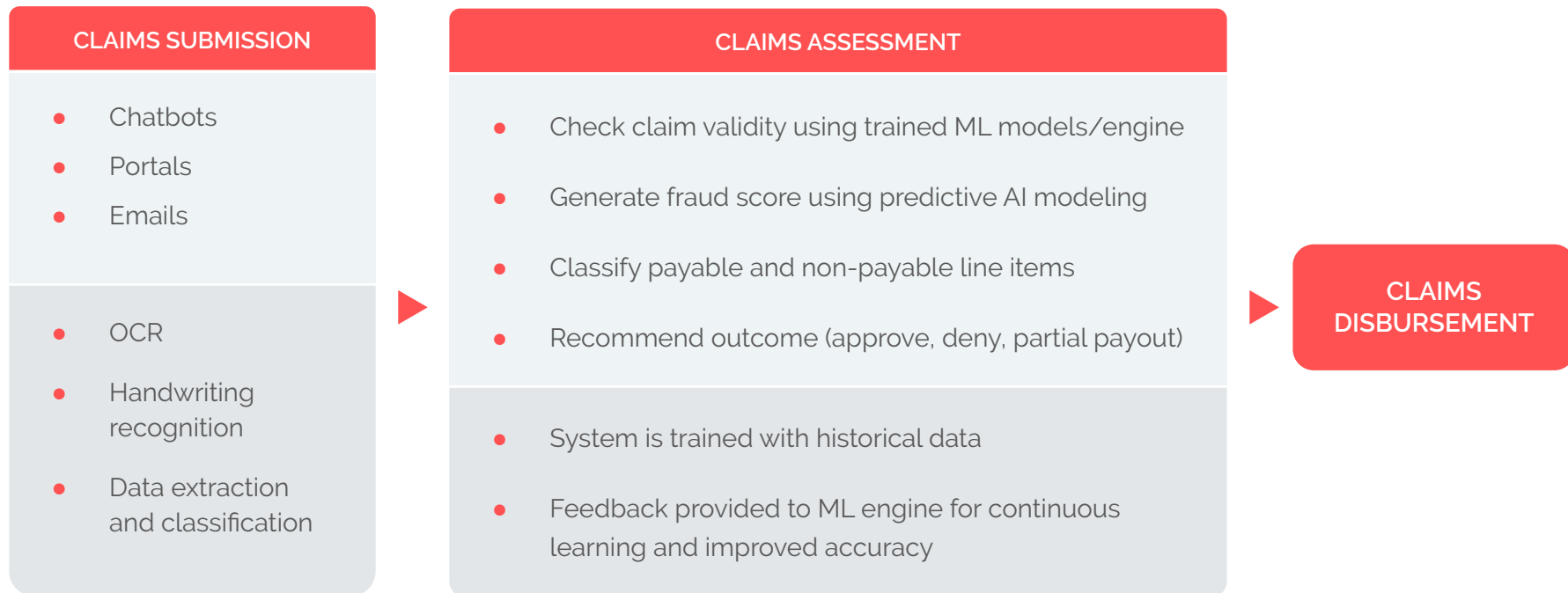


A rules-based system sends each claim to its work queue based on its code. Low threshold claims are auto-cleared.



Human operators quickly identify issues in claims directed to them with the help of the diagnostic codes.

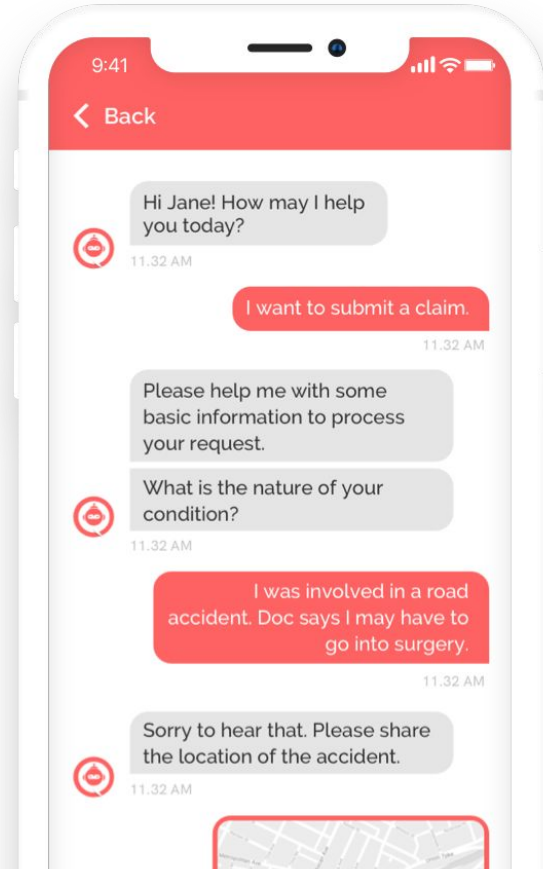
TRANSITIONING TO **AUTO-ADJUDICATION**



AUTOMATING CLAIMS SUBMISSIONS

AI-driven Chatbots

- 1 Asks all the right questions to ensure error-free claim submission
- 2 Reduces claims processing time with little to no manual intervention
- 3 24X7 availability



AUTOMATING DATA EXTRACTION

- Structured and unstructured data extracted from forms and documents
- Data extraction expedited using cognitive technologies such as Natural Language Processing (NLP), Optical Character Recognition (OCR), and Robotic Process Automation (RPA) technologies
- Deep learning-based handwriting recognition

AUTOMATING FRAUD DETECTION

- Machine learning models trained on historical claims can help analyze new claims to establish veracity
- Claims data can be categorized for training, testing, and cross validation
- Algorithms can be trained on data with parameters continuously tweaked for cross validation
- Generation of diagnostic codes/warnings can help determine whether to accept, deny, or further validate a claim

BENEFITS

- Faster and accurate processing: Integration of cognitive technologies, such as computer vision, chatbots, OCR, and RPA, reduces claims processing time and human errors significantly.
- Improved customer experience: Speedier processing leads to quicker claims resolution.
- Touchless claims: In the aftermath of global pandemic, digitalization and ML-enabled solutions would be the right way forward for claims adjudication. This would be ideal for areas such as auto and property insurance.
- Fraud-free settlements: Pre-trained neural networks glean insights from historical data to identify patterns and flag fraudulent claims.
- Better insights into claims costs.

WHY QBURST



- Strong AI/ML capabilities - NLP, computer vision, chatbots, OCR, document classification, and handwriting recognition
- Expertise in leading RPA platforms such as UiPath, Blue Prism, Jiffy.ai, and a range of complementary technologies
- Agile approach to project delivery
- Expertise in enterprise security
- Cloud skills for centralized implementation
- Competitive pricing

