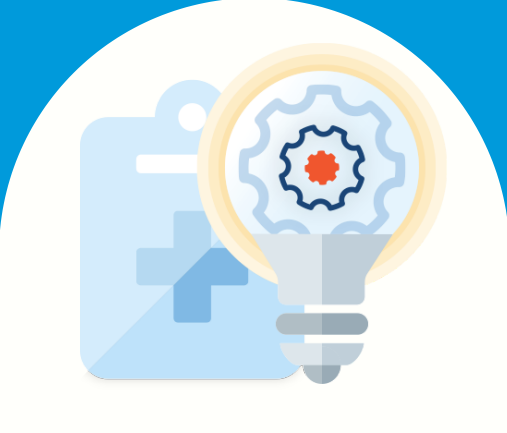# Claims Automation
## Accelerate Claims Processes

What Is Claims Management?

Claims management is one of the most important functions for any insurance company and a language-intensive process that requires collection, processing and analysis of large amounts of complex documents and diverse information including claims forms, medical reports, accident descriptions and much more.

Why NLP Is Critical for This Process

Natural language processing (NLP) helps insurance teams **turn language into data** to accelerate their claims processes and enable subject matter experts to focus on high-value tasks.
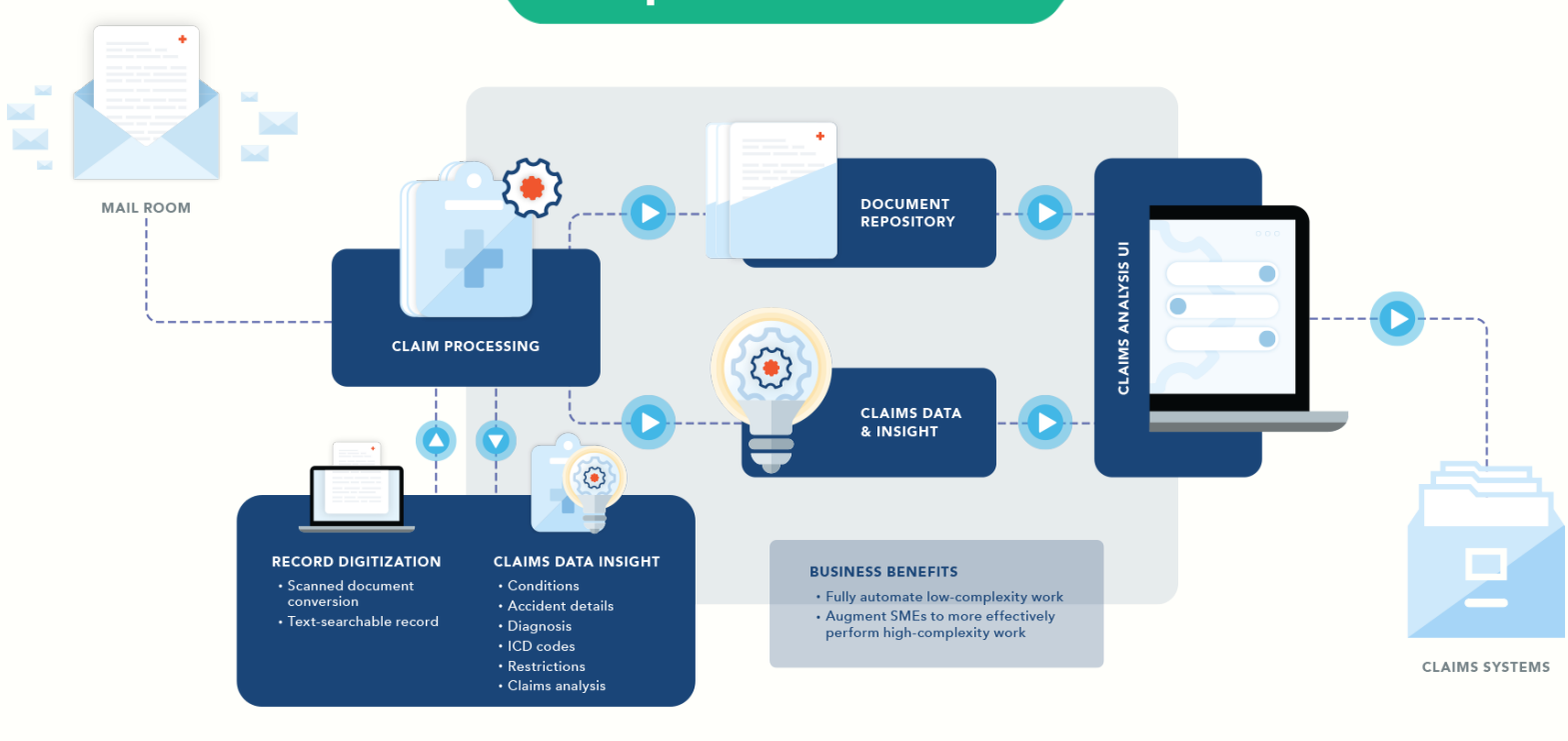
Pain Points

Increased Leakage	Lack of Process Standardization	Fraudulent Claims	Slow Manual Process
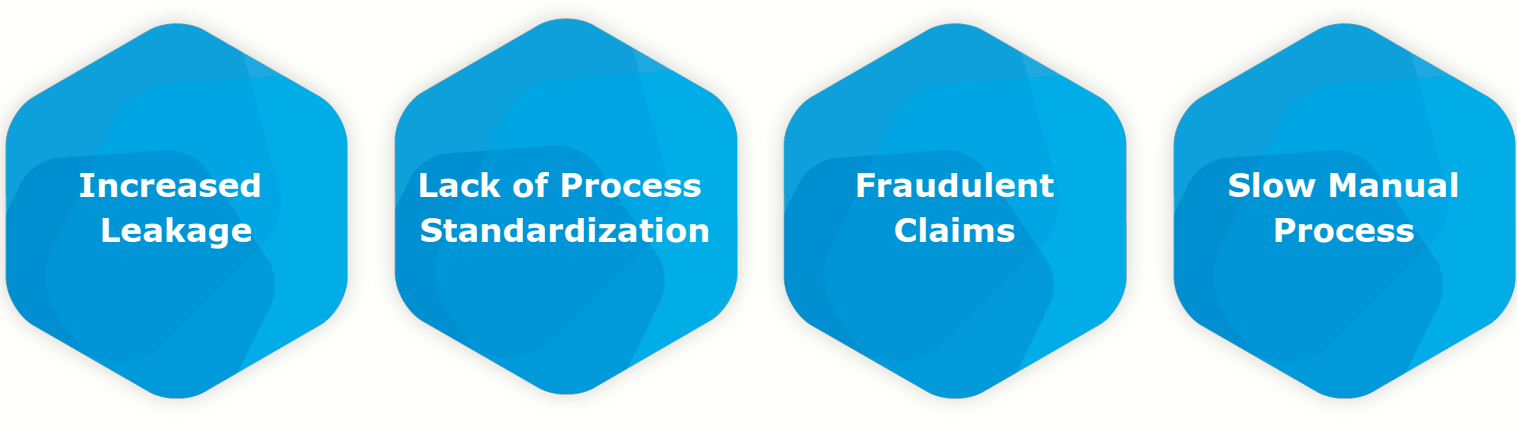
The As-Is Process

1 Claims are submitted by the insured or an agent with all documents (e.g., forms, invoices, medical reports, accident descriptions, etc.). Claim handlers spend up to an hour per claim reviewing documents.

2 Claims are analyzed. Medical codes are extracted and manually standardized to ICD codes. Decision to approve or reject claim made subjectively by reviewer.

3 Claim is negotiated with the insured or a lawyer and a payment is made.

Accelerated Expert.ai Process

MAIL ROOM

CLAIM PROCESSING

DOCUMENT REPOSITORY

CLAIMS DATA & INSIGHT

CLAIMS ANALYSIS UI

RECORD DIGITIZATION
• Scanned document conversion
• Text-searchable record

CLAIMS DATA INSIGHT
• Conditions
• Accident details
• Diagnosis
• ICD codes
• Restrictions
• Claims analysis

BUSINESS BENEFITS
• Fully automate low-complexity work
• Augment SMEs to more effectively perform high-complexity work

CLAIMS SYSTEMS

Benefits

Embed Process Expertise
Improve process standardization and operational efficiency by capturing the expertise of subject matter experts during the process.

More Efficient Throughput
Streamline the claims process by automating high-volume and low-value aspects of the work.

Better Accuracy
Transform the time-intensive, error-prone manual validation process into a highly accurate automated process.

Explainable Results
Return explainable results that people can understand and trust.

Faster Processing Times
Optimize claim handlers' time by providing them with data and insight to make better, faster decisions while keeping humans in the claims loop.

Increased Compliance
Identify conflicting requirements between a given policy and your gold standard when managing different types of benefits and changing regulatory requirements.

Stronger Fraud Detection
Find suspicious information across multiple documents and identify differences between a customer's story and official documentation to minimize claims leakage.

58x Reduction in claim document review time

95% Accuracy of automated policy review