



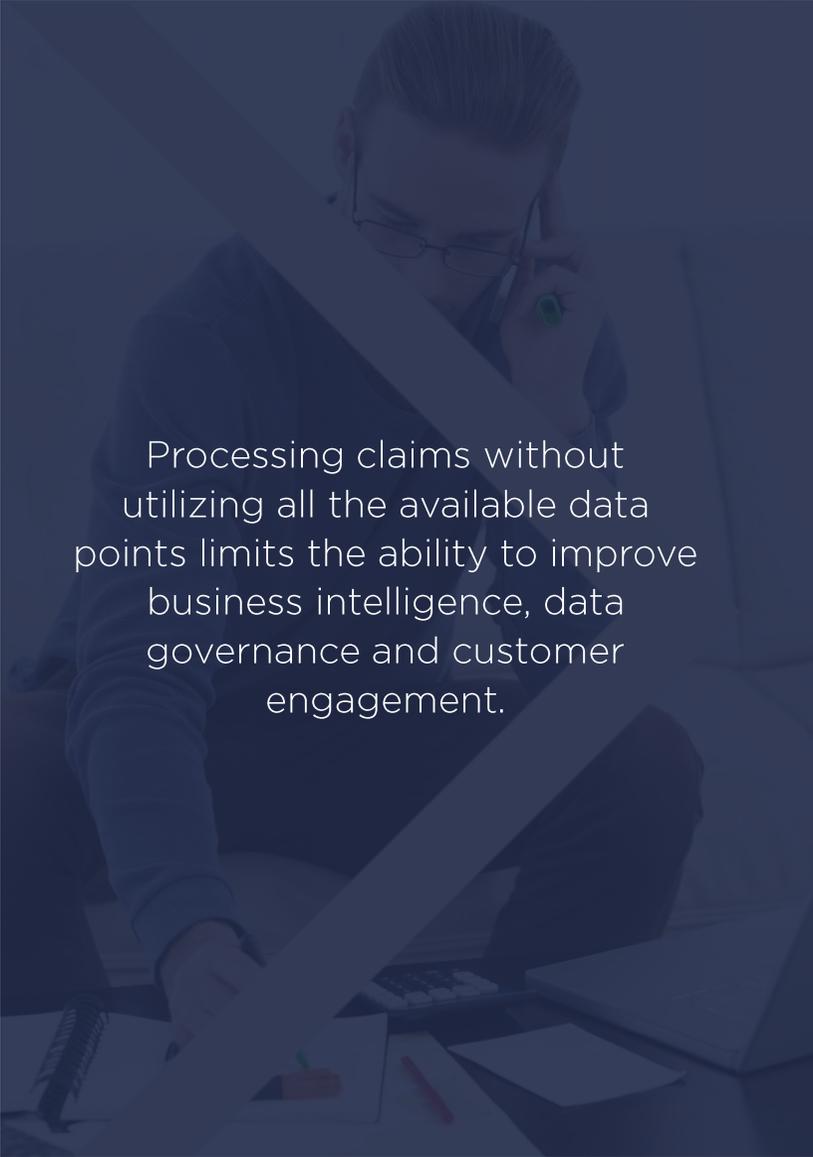
Use Case
Intelligently Streamline Claims Processing

Overview

Advancements in technology are moving more quickly today than ever before, making it difficult for insurance organizations to keep up. As the industry evolves, it has become more apparent that insurers are only as good as the data utilized throughout their decision-making processes. Organizations must take a closer look at their internal operating workflows such as claims processing and embrace emerging technologies to streamline traditional workflows that can no longer adapt to the current or future consumer demands of the industry.

Challenge

Claims processing involves an intricate mix of electronic and paper documents. Even with advances in technology, insurance companies still face bottlenecks, information siloes and slowed processing times due to the inability to accurately automate access to data on incoming documents. The collection of information for expedited processing and payments is an extremely difficult task because of the complexity of the documents received from many different sources, including adjusters, customers, law enforcement, medical professionals, repair shops and agents, and often differ greatly in both layout and content. The inability to automatically access data from these documents leaves insurers spending far too much time and money on manually handling and keying information.



Processing claims without utilizing all the available data points limits the ability to improve business intelligence, data governance and customer engagement.

Solution

Working to improve claims processing workflows and to manage document processing more intelligently, insurers are able to streamline the once costly and time-consuming tasks by automating them with specialized software. A2iA's recognition toolkits assist insurance organizations to streamline their access to data found within complex documents for improved fraud detection, lowered settlement costs, improved customer satisfaction and reduced labor costs. Intelligently automating claims processing allows for data to be utilized quickly and for more informed decisions to be made, where processing bottlenecks previously existed.

Regardless of the market segment, Property and Casually, Health, or Life & Annuities, A2iA's intelligent recognition offerings allow insurance organizations to streamline claims processing with more access to complex data. *a2ia TextReader* utilizes RNN-technology to transcribe printed and handwritten information from incoming documentation without the need for any customization or dictionary. With this new approach, *a2ia TextReader* allows insurers to fully transcribe text, whether cursive or machine print, in one simple call. Organizations are able to automate larger pieces of the claims processing workflow and to expand their reach of its data without having to increase error rates or processing times. Once transcribed, the previously underutilized data can be applied to an existing third-party classification and/or information extraction solution to automate any further processing.

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The more quickly and fully insurers can access data from documents and incorporate it into the decision making process, the more profitable they can be as an organization. Data usability is limited because of the slow processing times of complex documents varying in layout and content. The automation of invoices, explanation of benefits (EOBs) and other tabular formatted documents is regularly left to be manually sorted and keyed due to their complex nature. Residing within *a2ia DocumentReader*, *a2ia DocumentKeyer's* patented semi-automated keying functionality speeds the processing of these complex, columnar documents containing both handwritten and printed information. In addition to the extraction of tabular data, *a2ia DocumentReader* delivers automatic document classification or indexing based on a holistic approach of analyzing a document's layout and content, as well as performing key field extraction from cursive handwritten and unstructured documents like that found within patient files and forms.

While many steps of the insurance workflow may already be transformed and automated, claims processing still heavily relies on a complex mixed workflow and a mix of manual and automated solutions. Insurers must choose the right tools to further their data utilization and to differentiate themselves in a highly competitive marketplace.

