i3systems

It gets simpler

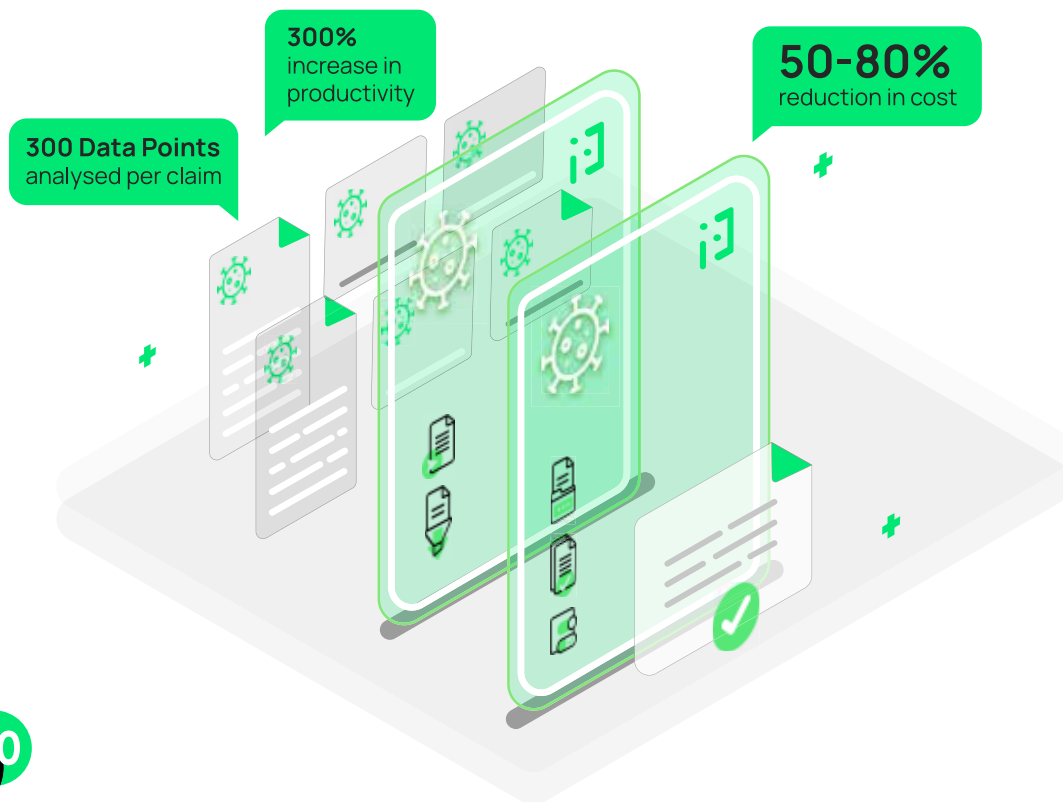**COVID-19 Claim Automation**

CliniAId

Leverage Intelligent Automation to
Approve COVID-19 Discharge Claim in 30 minutes

300 Data Points
analysed per claim

300%
increase in
productivity

50-80%
reduction in cost

COVID-19 pandemic has changed the healthcare industry. Insurers are finding it difficult to process the COVID-19 claims timely resulting in delaying of the discharge process.

This has accelerated the need for intelligent automation to reduce the overhead of claims adjudicators & ensure faster & accurate claims.

Current Challenges

COVID-19 claims **3X higher** than average claims

Difficulty in management of **customer experience**

70-100% more Average Handling Team (AHT) than usual claims

Higher chances of **payment leakages**

IRDAI & High court orders to process cashless claims under **60min**

Huge variations in treatment & cost based on comorbid conditions

i3Systems' CliniAId is an Intelligent Automation solution that enables insurers and TPAs to approve the COVID-19 claims in 30 minutes by automating financial and medical adjudication. The solution is equipped with components to manage the end-to-end claims process.

Simplify COVID-19 claims with CliniAId ➡

1 **Easy Claim Inward**

2 **Higher Accuracy**

3 **Cognitive Decision Models**

4 **Financial & Medical Adjudication**

5 **Discharge Approval Process**

Key Business Use Cases

Improved AHT

Auto-extract invoice data and identify non-payable items for faster financial adjudication

Automated Medical Summary

Generate a summary of medical conditions and test report findings to facilitate faster decision for medical adjudicators

Automatic FWA Triggers

To identify & flag special cases for an expert overview

Features & Benefits

Pre-trained AI models that process medical data from any hospitals

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Medical adjudication including automated detection of severity and comorbidity

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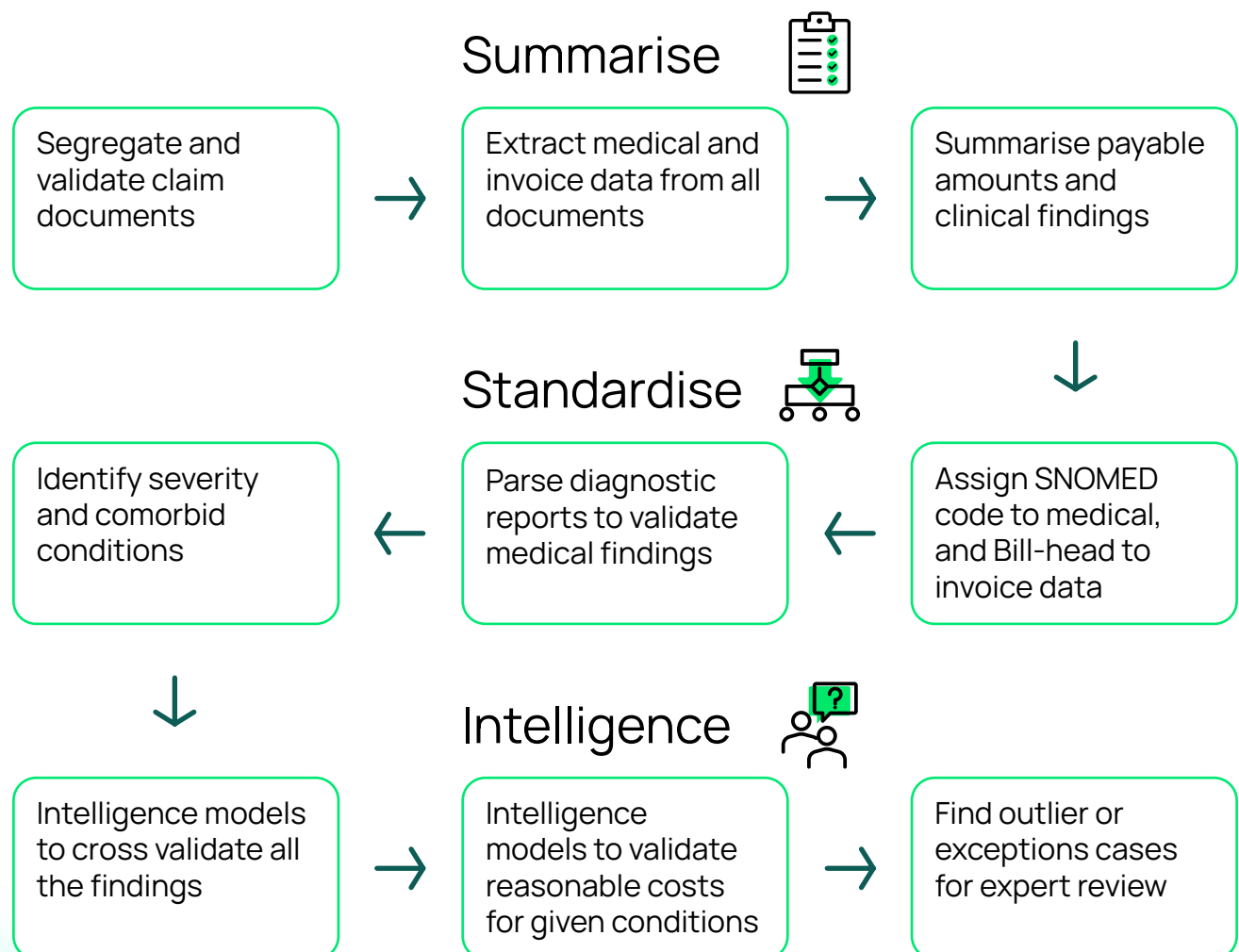# Deployment Mechanisms

Cloud Deployment (No integration)

Insurers can use cloud-hosted i3Claims and forward COVID related claims via emails and get output

On-premises Deployment

On-premise deployment in 2hrs and easy integration through 3 APIs ensuring go-live in 3-5 days

Process Flow

Summarise

| Segregate and validate claim documents | → | Extract medical and invoice data from all documents | → | Summarise payable amounts and clinical findings |

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Standardise

| Identify severity and comorbid conditions | ← | Parse diagnostic reports to validate medical findings | ← | Assign SNOMED code to medical, and Bill-head to invoice data |

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Intelligence

| Intelligence models to cross validate all the findings | → | Intelligence models to validate reasonable costs for given conditions | → | Find outlier or exceptions cases for expert review |

Clientele

ICICI Lombard · Medi Assist · HDFC ERGO · BAJAJ Allianz · AXA · Chola MS · ADITYA BIRLA HEALTH · RELIANCE General Insurance

www.i3systems.ai

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