

GAPCO

INTELLIGENTLY AUTOMATING THE CUSTOMER CLAIMS JOURNEY: A USE CASE WITH XPERTRULE



a wipro company

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1. INTRODUCTION

Over the last 30 years, our society has seen substantial changes in the way we live, work, and interact with each other. Everything is now at the tips of our fingers, from banking, to shopping, to all kinds of services directly from a smartphone. We are in a digitalized age where services are increasingly fast, intuitive, and easy to use. As an example, the technology-driven revolution in the banking and payments industry has turned us into a semi-cashless society, accessing and processing payments in seconds from mobile apps. As we look to the future, we need to ask ourselves: how can we further leverage technology to simplify our work, and make our lives easier?

The answer lies in technologies such as intelligent automation (IA) and artificial intelligence (AI), which are already entering our daily lives. For example, it is now unremarkable to receive help via a chatbot, while other systems use machine learning to predict what we might like, or our future consumer behavior. Most major companies are now also leveraging IA to create efficiencies in their back-office processing and deliver more effectively to their clients. Yet some industries have not embraced technological change. The general insurance sector has been relatively slow to digitalize

customer journeys and make better use of data. The claims journey can still be very cumbersome and often lacks digital customer touchpoints, with policyholders frustrated by the large number of phone calls and physical documents required to process a claim. This paper examines how we can provide a holistic solution to

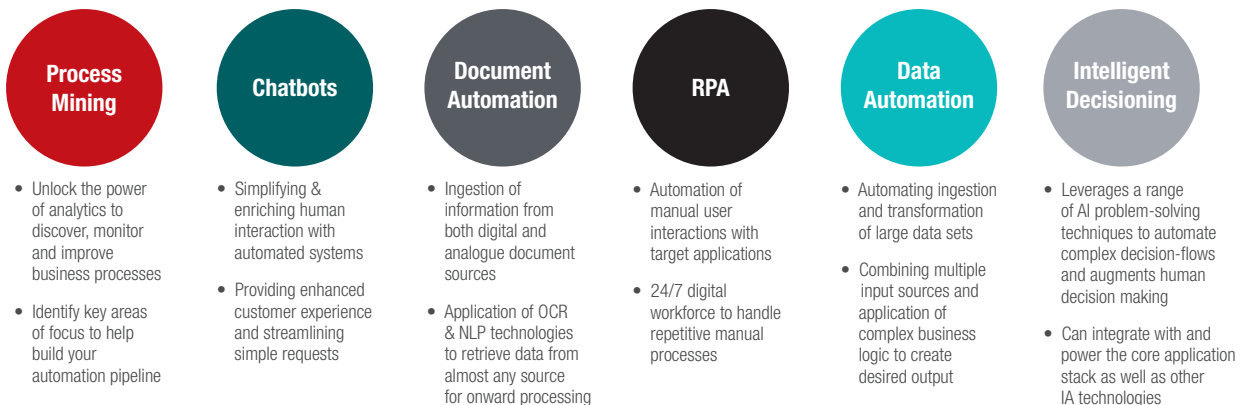
this business problem, drawing on powerful workflow automation and intelligent decision making to drive outcomes and improve customer journeys.

1.1. Intelligent Automation

Intelligent automation (IA) can range from basic forms of robotic process automation (RPA) that deliver quick, scalable solutions right the way up to complex artificial intelligence (AI) algorithms that underpin an organization's strategic platform, and directly shape the firm's go-to-market strategy. IA adds business value by automating a process using fit-for-purpose technologies, whether creating small-scale time savings through automating a back-office process or profound change through recreating end-to-end workflows and customer-facing processes using intelligent decisioning solutions.

At Capco, we combine our extensive financial services, technology and digital expertise to define automation strategies and to implement enterprise-wide autonomous capabilities across top tier clients. We partner with leading technology vendors to help our clients improve operational efficiency, transform customer experience, and implement the most effective solutions with scalability and continuous improvement embedded at their core. Our IA toolkit covers not only robotic process automation (RPA) but also data automation, chatbots, process mining, document automation, intelligent decisioning and more.

Intelligent Automation



2. USE CASE

2.1 Background

The world's leading insurance companies are now exploring how to use cutting-edge technologies to shape their insurance service landscape and meet digital-age customer experience standards. In this paper, we focus on how they can improve their healthcare insurance claims process from two main angles: speed of response and quality of customer engagement.

2.2 Challenges

Making a claim on health insurance can be stressful for customers. They may already be in distress from an illness or an unexpected accident, worried about how poor health will affect their lives, and desperate for a quick response from their insurance company. However, healthcare insurance claims processes traditionally require multiple human activities, including interactions with busy call centers and workflows – retrieving information from IT systems, updating records, sending emails, conducting investigations – interspersed with complex decision-making. It can take an extended amount of time for the customer to hear back from their insurer regarding claim authorization, potential providers of treatment, and other next steps. Meanwhile, the insurer must also manage ineligible claims, errors when making a claim, and fraudulent cases. How can insurers resolve all these challenges at a speed that satisfies customers while also controlling costs and minimizing the risk of litigation?

2.3 Solution

To solve these challenges, we partnered with XpertRule – vendor of a cloud-native, low-code and outcome-driven intelligent decisioning platform called Viabl.ai – to build an interactive, end-to-end automated claim processing flow.

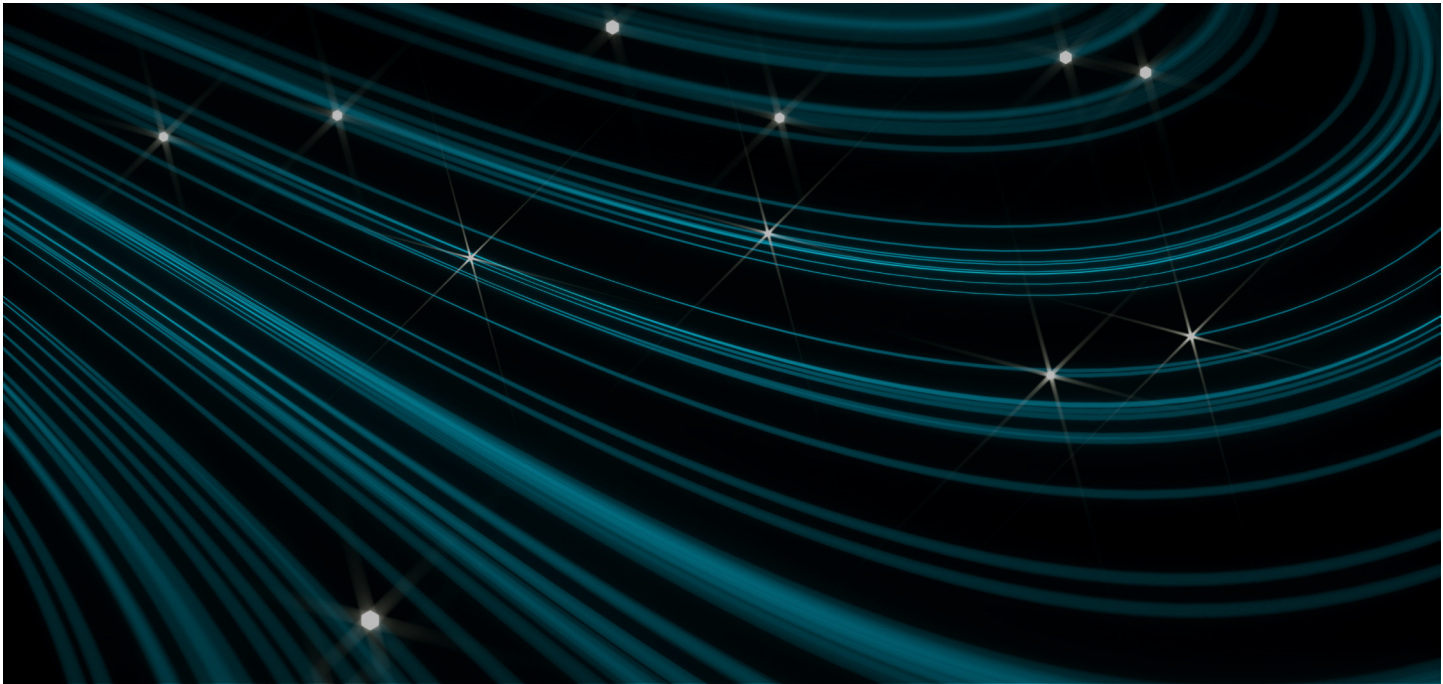
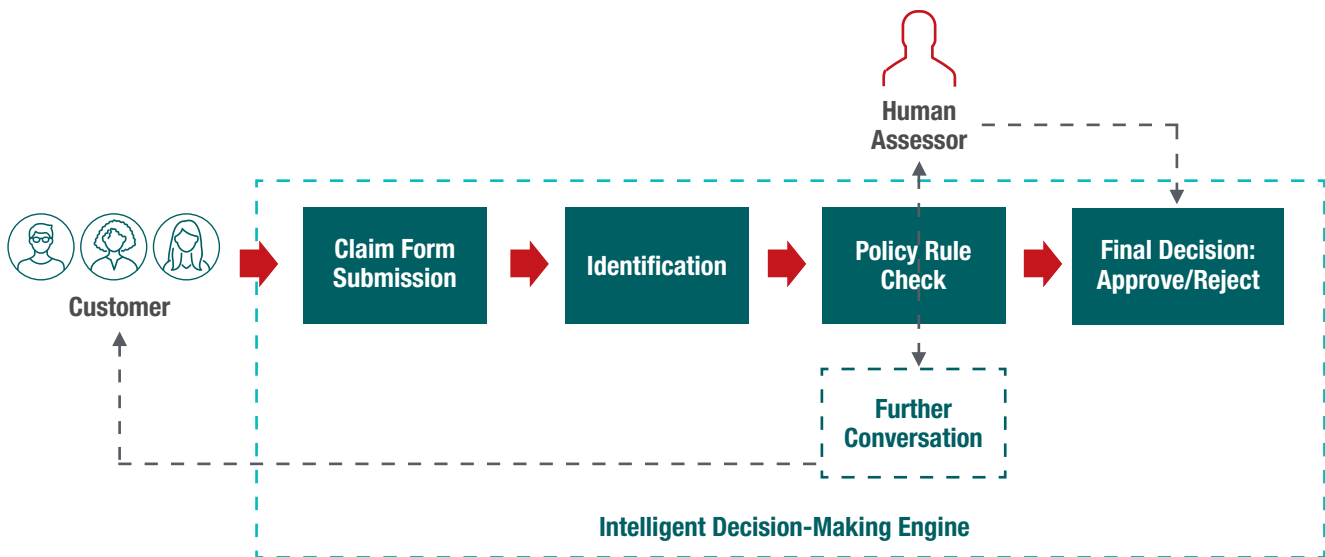
The intelligent decision-making process embeds data analytics and machine learning (ML) algorithms to create a decision tree that can be used to decide a claim's outcome. The underlying decision tree is fully explainable and mirrors the logic that a human agent would follow to solve similar cases.

Let's see how it works.

1. The customer logs into the web/mobile app, fills in the application form, and attaches evidence and photos.
2. The claiming process starts as the Viabl.ai decisioning engine is triggered to determine whether to approve the claim or reject it.
3. The customer's details such as policy number, date of birth and last name are read and extracted from the digital application form, and the uploaded images and/or other materials are scanned by pre-built ML algorithms or external cognitive services. Useful data and information are captured by the engine in ways that help to avoid fraudulent claims. For example, if stock images are identified, the claim can be flagged as 'suspicious' and either be rejected or sent to a human for further investigation and evaluation.
4. The captured data is matched to the customer's existing records, obtained via data repository APIs, after which the policy rule checking starts. The policy status (active, inactive, coverage etc.) is determined using a combination of best practice underwriting decisions, expertise captured (or learned) from subject matter experts, and propensity models (fraud, claim value norms, churn etc.). The conclusions are all derived using explainable machine learning. Meanwhile, if additional information is needed, a further conversation with the customer (or third parties) can be initiated automatically through self-service chat and intelligent dialogue. The responses gathered enable the intelligent decisioning software to manage and execute any subsequent business logic to complete any outstanding actions.
5. The Viabl.ai decisioning engine is then able to determine whether to approve the claim, refer it to the assessor or \ claimant with recommended actions, or reject it.

The claim can only be approved when all checks receive a pass, allowing a range of compensation options to be offered based on the customer's policy. The claim can also be automatically rejected if the policy is not active, or not within cover level/benefit. The right third party suppliers can also be assigned to the customer based on a combination of factors, such as the customer's location and supplier discount quotas.

Changes to business rules, logic and policies can be managed and updated directly by the business, within an access and user permissions framework that is governed and controlled by IT. As a subset of the overall process value chain, different business domain experts can be assigned to manage their individual areas of expertise.



3. BENEFITS

There are several benefits to implementing an automated end-to-end claims solution:



Insurance companies can **reduce pressure on FTEs**, avoiding manual intervention unless strictly necessary by increasing the proportion of zero-touch claims and improving the productivity of human referrals through decision-augmentation.



Companies can **pursue revenue opportunities** that would otherwise be too operationally costly to justify by increasing the personalization of interactions with relevant product and service recommendations based on a deep understanding of customer preferences and predictive behavior.



Improving the customer experience and lifetime value, and **reducing** customers' **churn**, by delivering a consistent customer experience and products tailored to customer needs.



This auto-decisioning process is **scalable** and **replicable**. It can be applied to other use cases since the automated decisioning within the automated process engine can be tailored to specific needs. Other use cases are not limited to the insurance sector and include payments, onboarding and KYC, AML and more.



Claims can be **decided faster** than by a team of human workers, and the **risk of fraud is reduced**. We can, for example, search for images on different search engines to validate whether they are stock images or real images – a task that would take a human worker several hours.



Insurance providers can also quickly change policies as required, from pricing to underwriting rules and leverage collected data to create new products and policy types for their customers, thus **increasing ROI**.

4. CAPCO'S PARTNERSHIP WITH XPERTRULE

How Capco and XpertRule complement each other

Leveraging Capco's financial services insight and digital transformation experience, together with XpertRule's Viabl.ai low-code platform and expertise in decision engineering, can help clients to streamline complex and manual claims processes and deliver automated solutions that are scalable, replicable and successful.

CAPCO

Fields of expertise:

- Insurance, Capital Markets, Wealth, Asset Management, Retail and Payments
- Change management, process optimization, business analysis, project/program management, operating model design and regulatory change expertise
- Industry leaders in technology integration, modern architecture design & digital solution implementation

Capco will:

- Identify appropriate use cases
- Manage the delivery of XpertRule implementation projects
- Configure XpertRule for specific use cases, thanks to our internal upskill and Center of Excellence (CoE) model
- Support XpertRule implementation (process design, operating model design, business analysis and others)

XpertRule

Viabl.ai platform offers the following capabilities:

- **Decision Automation:** Automates complex decision-making workflows and extends the reach of automation within business operations
- **Decision Augmentation:** Harnesses data and specialist expertise and equips stakeholders with the knowledge to make consistently better decisions
- **Decision Support:** Empowers people without specialist skills & experience to make the right decisions, without the need for a hand-off.

Implications for businesses:

- Business logic is owned and managed by non-technical users (i.e. ops team) with access to a rich set of decisioning representations in a Low/No code environment
- Best practice knowledge can be captured to execute consistent decision making across the organization
- Human decision making can be augmented using explainable predictive modeling to enable better decisions
- Extends the reach of self-service: customers can resolve complex queries and issues through online self-service channels
- Integration with front end conversational AI and back-office RPA deployments, helping the business to extract greater value and ROI from existing IA technology investments.

XpertRule will:

- Work with Capco's consultants to deliver automation to clients
- Provide SMEs where required for configuration support
- Work with Capco to build Proof of Concepts tailored to client needs.

5. CONCLUDING REMARKS

Business processes in the insurance industry can often be outdated, lengthy and fractured. This translates into poor customer experience, slow turnaround times and a lack of digital touchpoints. The claims process in healthcare insurance is fundamental to the customer journey, but often involves long wait times, multiple phone calls and lots of physical documentation to get to a point where a claim is authorized.

Insurance firms can leverage intelligent automation and new technologies to digitize, automate and augment the customer claims journey, leveraging intelligent decisioning to ensure quick turnaround times. In health insurance, the drive towards instant claims authorization has the potential to cut costs at the same time as improving customer satisfaction and the customer's quality of life during a stressful period.



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ABOUT CAPCO

Capco, a Wipro company, is a global technology and management consultancy specializing in driving digital transformation in the financial services industry. With a growing client portfolio comprising of over 100 global organizations, Capco operates at the intersection of business and technology by combining innovative thinking with unrivalled industry knowledge to deliver end-to-end data-driven solutions and fast-track digital initiatives for banking and payments, capital markets, wealth and asset management, insurance, and the energy sector. Capco's cutting-edge ingenuity is brought to life through its Innovation Labs and award-winning Be Yourself At Work culture and diverse talent.

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