



# Transforming Health Claims

Intelligence, & Automated Claims Assessment Platform



## ABOUT ARTIVATIC

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Founded in early 2017, based out of Bangalore **Artivatic** is an enterprise AI platform for Insurance, Healthcare & Financial organizations to help them build intelligent solutions seamlessly with scale. We enable functions such as :

- **Customer facing**
- **Operational efficiency**
- **Underwriting and renewals**
- **Risk & decisions making**

We provide **DIY processes** to ensure :  
Reducing time, cost, risk, fraud, errors & improving efficiency, alternative data, in-depth 360 profiling, automated decisioning, underwriting intelligence, claims management & more.



## ABOUT CLAIMS EXPERIENCE

Insurance companies has a large spectrum of personal insurance products, travel, health, Accidental and others. The current issues are:

Need to enhance **customer experience**.

Claims assessment is **manpower intensive**.

Low complexity claims need a **faster solution**.

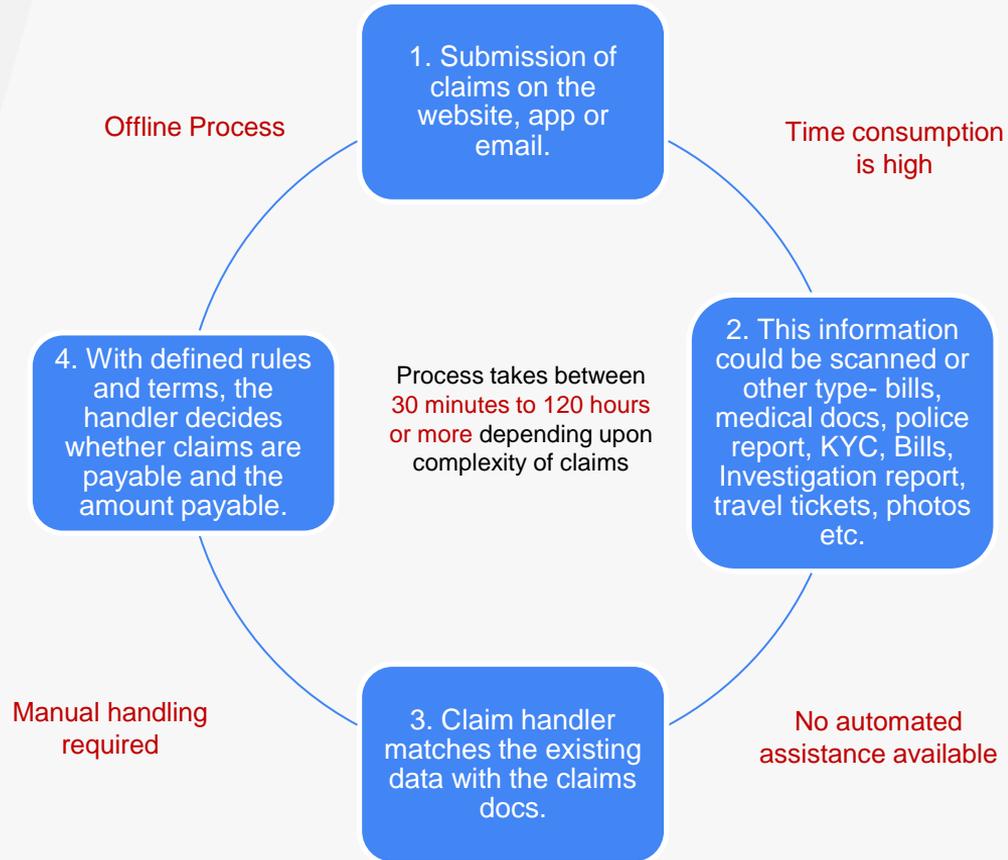
**Time Consuming Process**.

Risk & Fraud are **High**.

**Data driven Risk Alerts & Claims Decisions** .

Instant claims **settlement with improving experience**.

## Present claims process



- Digital technology solutions to improve claims assessment process & productivity.
- Automate low & complex claim assessment
- Quick solution for complexity claims and better customer experience.
- Enabling QC in Realtime with risk & fraud assessment.
- Claims settlement instantly.

Expected outcome:

- **Improved Efficiency**
- **Time reduction**
- **Cost reduction**
- **Minimal Manual labor**
- **Enhanced customer experience.**
- **Reduction in Risk & Fraud**
- **Digital Process & Instant Settlement**

## Manual Processes Has Multiple Issues



Manual or physical clearance.  
Delay in processes.  
No fraud & risk analysis.



Error rates are very high.  
Leads to high risk.  
No learning or analytics.



Inefficient process.  
Increase in cost.  
Customer dissatisfaction.

Solutions provided by Artivatic to meet the requirements:

- **CLAIMS INTIMATION**
- **EARLY RISK WARNING**
- **FRAUD ALERTS**
- **DOCUMENT PROCESS**
- **EXPERIENCE**
- **ASSESSMENT**
- **DECISIONS & SETTLEMENT**
- **EVOLING & LEARNING**

Only 10%  
human  
assistance  
required

### INTIMATION

ENABLES YOUR BUSINESS  
WITH DIGITAKL ONBOARDING  
IN REAL TIME

### EXPERIENCE

ENHANCES CUSTOMER  
EXPERIENCE AND ON  
BOARDING JOURNEY

### ASSESSMENT

IN DEPTH ASSESMENT OF  
DOCUMENTS TO PROVIDE  
RISK SCORING AND  
INTELLIGENCE

### DECISIONS

UTILISES PAST DATA,  
CURRENT AND EXTRACTED  
DATA TO APPROVE CLAIMS

### LEARNING

LEARING FROM EACH  
PROCESS TO IMPROVE  
DECISION MAKING

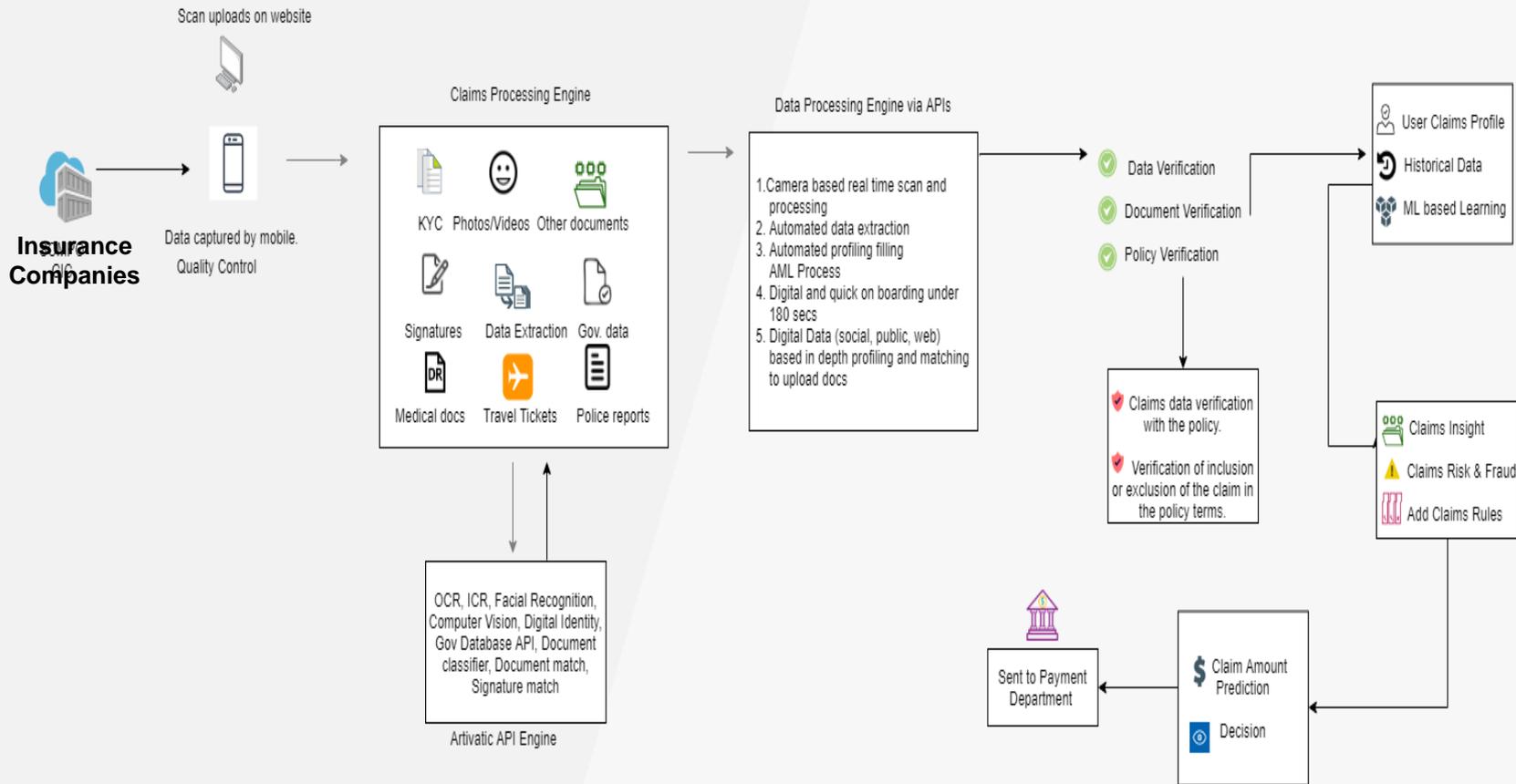
End to end  
solution

Cost and time  
reduction

Fully digital  
enabled  
process

Risk and fraud  
reduction

# CLAIMS PROCESS



## CLAIMS ENGINE

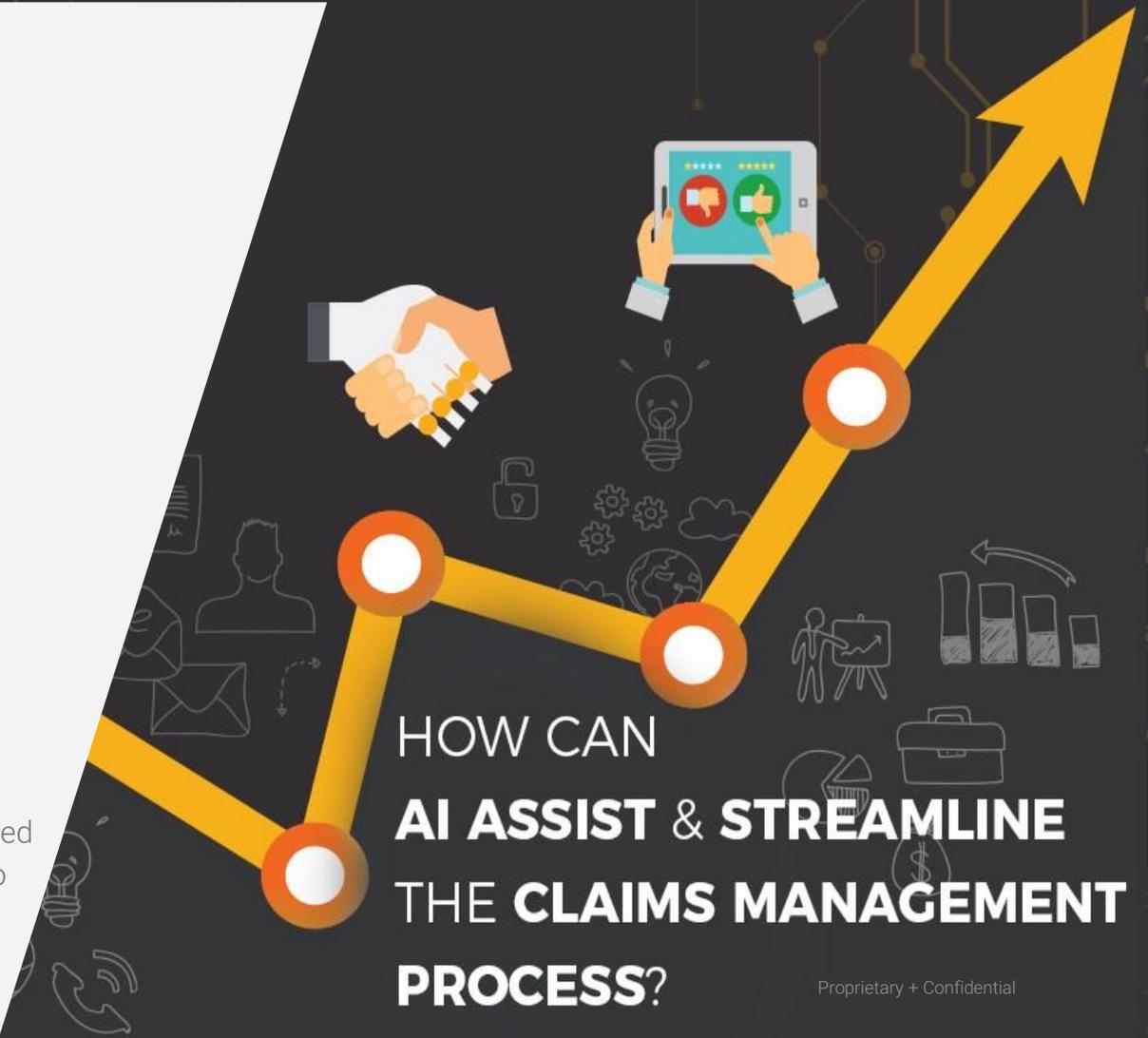
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Artivatic uses emerging technologies as **Artificial intelligence, Machine Learning, Image Recognition & Neuroscience analogies** to enable smarter claims processing for insurance enterprises.

Claims system involve end to end process including claims intimation, onboarding, assessment, approval & claims amount disbursement with use of technology and enables under **180 seconds with less than 10% manual intervention.**

Claims system has continuous learning based on outcome, past data & current activities to improve **accuracy, process & efficiency.**

ARTIVATIC.AI



HOW CAN  
**AI ASSIST & STREAMLINE  
THE CLAIMS MANAGEMENT  
PROCESS?**

Proprietary + Confidential

# 01

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## Claims Digital Onboarding

Enable your businesses with **digital onboarding in real time**. Reduce operation cost, processing time and risk with use of technology.

## CLAIMS INTIMATION

# Claims Intimation

### Solution:

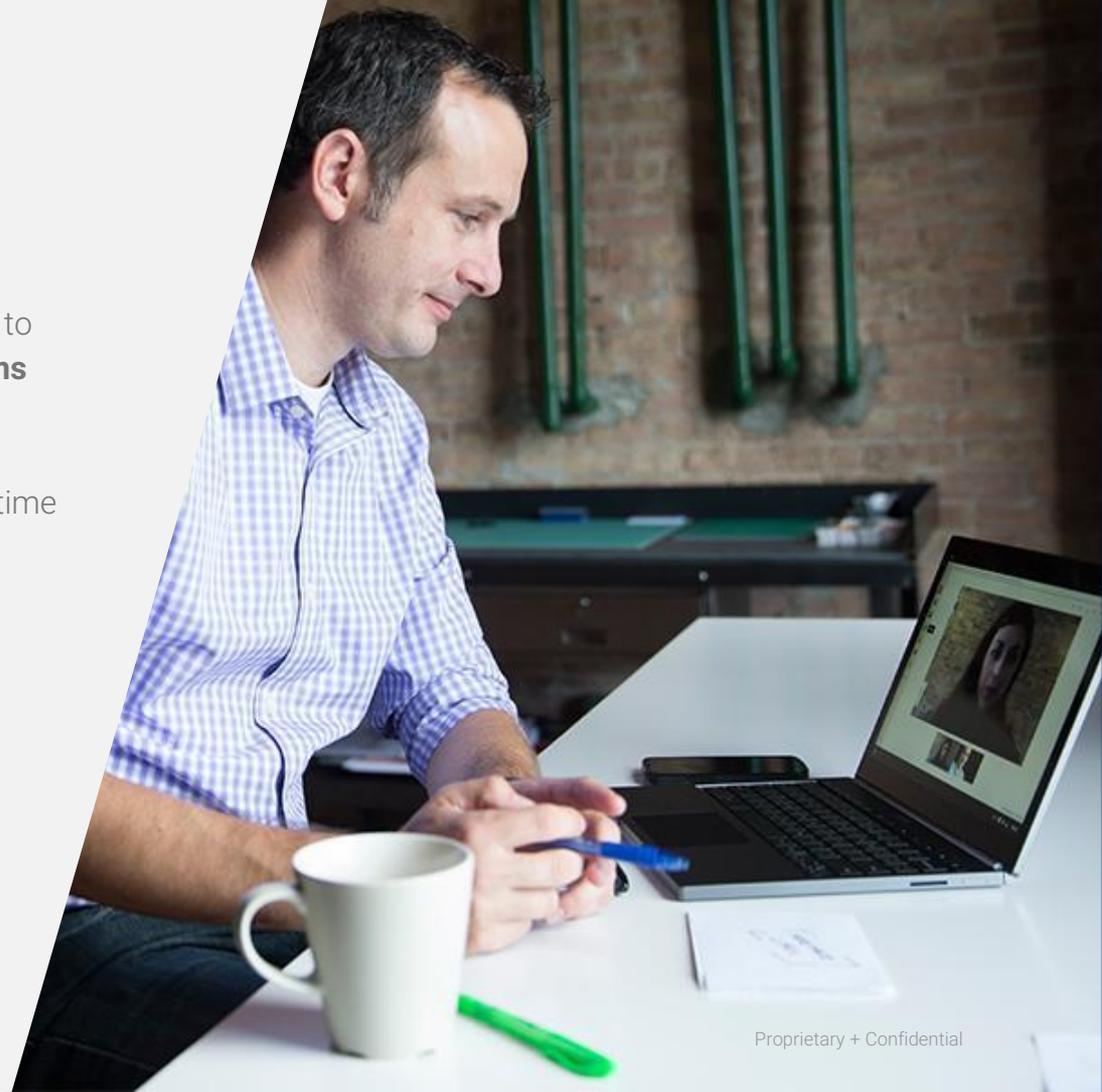
Using Artivatic's APIs with existing claims system to intimate claims process by providing **unique claims number**.

### Benefits:

**Digital or voice based claims** Intimation reduces time & efforts with accurate information for claims processing.

### Process:

- Video based or IVR based claims intimation enabled in existing process
- Use Policy Number or unique ID to intimate claims



# Digital KYC, Signature & Photo

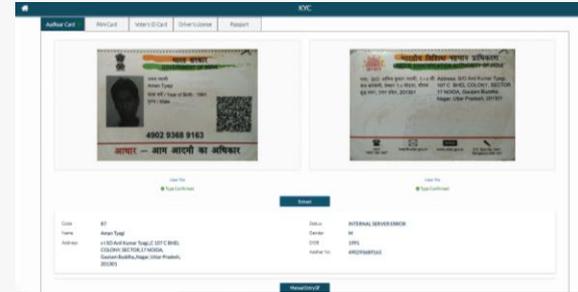
## Solution & Benefits:

- **Up to 90%** reduction in time processing
- **Up to 30%** reduction in operational process
- Mobile based digital processing with no traditional system
- **Up to 20%** in cost reduction
- **Up to 30%** increase in customer satisfaction
- **Reducing** errors & risk
- **No Manual intervention** while buying policy with limited data .

### Process:

Use OCR/ICR/Image Recognition based KYC, Photo, Signature Extraction & Validation System through API/SDKs or on-premise.

## KYC Extraction, Matching & Verification in real time.



Signature verification & Facial Recognition during KYC upload or taking photo itself.

Enable fully digital process where customer can have DIY process to verify claims KYC.



Video based KYC verification and required documents matching for claims process.

## DOCUMENTS EXTRACTION SYSTEM

# Upload or Scan Related Documents

### Solution:

- Customers **take picture of relevant documents** using camera or upload required documents on the Website or phone.
- Artivatic's **technology based extraction system** extracts required information from the documents
- Builds **KYC & Documents based Digital profile** or Claims Forms electronically .
- Process the gathered information for claims processing

### Technology:

Use OCR/ICR/Image Recognition based Extraction from images, pdfs, scans or handwritten documents in real time.

ARTIVATIC.AI

Uploading relevant medical or travel document in image or pdf or scanned or Handwritten.

Extracted Info

| Base Rate |
|-----------|
| \$1466.13 |

| MODE     | SERVICE              | CODE                    | SA |
|----------|----------------------|-------------------------|----|
| excluded | Self Transplants     | DRG 001 002 002 005 006 |    |
| excluded | Maternity            | 009 007 008 010         |    |
| excluded | Normal Newborn       | DRG 705 706 707 708 774 |    |
| excluded | Lower Level Newborn  | 775                     |    |
| excluded | Higher Level Newborn | DRG 705                 |    |
|          |                      | DRG 709 702 704         |    |
|          |                      | DRG 705 701 703         |    |

KYC Documents\* Medical Documents\* Finance Documents\*

Page 1 of 9

Change File

Mark this page as MER

0 of 2 page marked

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Upload

OCR/ICR/Image recognition engine extracts relevant information from these documents for claims processing.

Bills, Invoices, Diagnosis, forms, boarding pass etc. processing using technology in real time.

Document Parser

Travel Real-Time Application 2 / 6

Invoice cum Premium Receipt

From 00:00 hrs of 06/03/2017 to Midnight of 06/03/2018

|                                     |   |
|-------------------------------------|---|
| Intermediary Name % Code            | Polybizcar Insurance Web Aggregator Private Limited 630047059                               |
| Gross Premium                       | 3,088.00  |
| Add - Service Tax                   | 432.32  |
| Add - Swachh Bharat Cess            | 15.44   |
| Add - Krishi Kalyan Cess            | 15.44   |
| Total                               | 3,551.00  |
| Policy No.                          | 2017-VMB03558-PPV   |
| Insured                             | Mr. ANANTJ TINEKAR  |
| Coverable No.                       | - Dabhi Zohr A  |
| Intermediary Name/Code              | Polybizcar Insurance Web Aggregator Private Limited 630047059                               |
| Insured Name                        | ANANTJ TINEKAR  |
| Registration address of the Insured | B-207, GREEN VIEW APTS NO.2, BAMBAL OFF.LT ROAD, BORBALI (WEST), Mumbai, Maharashtra,400091 |

All required information are captured to further verification and claims automation.

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# Benchmarks- Artivatic's solutions resulted in significant business outcome.

- **Increased business efficiency** to their business team as well as their agents .
- **Reduce** their operation cost significantly.
- **Enhanced quality** of data processes.
- **Reduced** multiple check points.
- **Increased customer DIY** process with less time.
- **Reduced** data errors, **enhanced** verifications in real time.
- **Reduced** processing time with quality .

# 02

## Technology Enabled Assessment in Realtime

Artivatic's technology enabled solutions will have **in-depth assessment** from documents to policy terms and **provide risk scoring & intelligence** for faster claims processing by reducing time, cost, errors & enhancing customer experience with efficiency.

## DIGITAL OR EXTERNAL DATA FETCHING

# Digital Identity & 360 Profiling

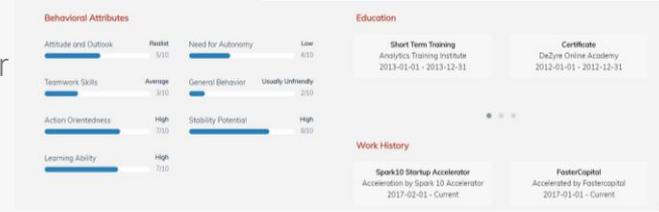
### Solution:

- **Email ID or relevant information** is used to gather various information from multiple public networks
- Building **in-depth profiling using** multiple data sources for assessing claims in right way
- Using **past & current data** to ensure right claims process is done
- Seamless digital profiling system with different activities

### Benefits:

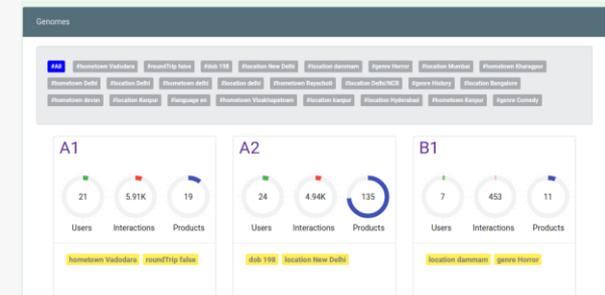
Data Analytics & ML based engine to get more information about customer to assess claims accurately.

## Email ID based digital or public data profiling



Enables more in-depth data utilization for interests, professional & credibility analysis.

Public data validation & rich profiling for customer to ensure right risk, fraud analysis is done to reduce claims issue.



In-depth profiling based on historical, digital, KYC, Documents, Invoices etc. for proper claims assessment.  
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# Data Validation with Core System

## Solution:

- Using **extracted data from documents**, validating it from core system data using APIs based process
- Using public available data to validate the documents data
- Matching invoice data, bill data, documents data with core system data to ensure proper claims are done
- Claims are assessed then for calculating amount and **checking for any inconsistency**

## Process:

Using technology assessing & validating to-the-point information for claims without any error. Highlight if there is any error.

## Claims Amount & other information validation

|   | A           | B         | C            | D         | E        | F             | G            | H       |
|---|-------------|-----------|--------------|-----------|----------|---------------|--------------|---------|
| 1 | Hospital ID | No of Doc | Courier Name | DOA/OPD   | DOD      | Type of Doc   | Claim Amount | Remarks |
| 2 | 8968927     | 39        | MERCHANTS    | 3-Apr-18  | 5-Apr-18 | CASHLESS      | 139231       | OK      |
| 3 | 1002965     | 46        | PROFESSIONAL | 29-Mar-18 | 2-Apr-18 | CASHLESS      | 28287        | REJECT  |
| 4 | 6476925     | 19        | MERCHANTS    | 3-Apr-18  | 5-Apr-18 | REIMBURSEMENT | 98560        | OK      |
| 5 | 1211491     | 19        | BLUE DART    | 1-Apr-18  | 1-Apr-18 | CASHLESS      | 32000        | VIP     |
| 6 | 1026799     | 27        | PROFESSIONAL | 2-Apr-18  | 5-Apr-18 | CASHLESS      | 35000        | OK      |
| 7 | 1307479     | 19        | SHREE ANJANI | 31-Mar-18 | 1-Apr-18 | CASHLESS      | 42851        | QUERY   |

The screenshot displays a web-based interface for claims validation. At the top, there are navigation tabs: DOCUMENT LIST, CLAIMS LIST, HOSPITAL, and DOWNLOAD. The user is logged in as 'Supervisor 1'. The main content area is divided into two sections. On the left, there is a 'DOCUMENT LIST' table with columns for S.No, Primary Code, Particulars, Amount, Document, and Net Amount. The table shows three rows of charges: Indirect Charges (13,480.00), Medication & Consumables (2,322.00), and Medication Charges (3,939.00). Below the table, the 'Total Bill Amount' is displayed as 15,742.00. On the right, there is a detailed form for 'CLAIM ID: 120411076'. The form includes sections for 'Document Details', 'Claim Details', 'Hospital Details', 'Miscellaneous', 'All docs', 'Authorization Letter', 'Bills', 'Cashless Authorization Request Note', and 'Cheque'. The 'Claim Details' section shows 'FIELD NAME' and 'FIELD VALUE' for DOA\* (25-Mar-2018) and DOD\* (07-Apr-2018). The 'Hospital Details' section shows 'OK'. The 'Miscellaneous' section shows '1 Images'. The 'All docs' section shows '11 Images'. The 'Authorization Letter' section shows '2 Images'. The 'Bills' section shows '1 Images'. The 'Cashless Authorization Request Note' section shows '1 Images'. The 'Cheque' section shows '0 Images'.

Required information & document check with core system data in real time using API

Proprietary + Confidential

# Claim Details Check with Policy Terms & Conditions

## Solution:

- Checking policy terms for inclusions or exclusions for claims process
- **Utilizing Key facts & terms** to ensure claims are done to the requisite context
- All available rules are applied while calculating the final claims amount

## Process:

Extracting required value for claims based on certain rules to calculate amount.

| KEY INFORMATION SHEET (KIS) |                              |   |  |
|-----------------------------|------------------------------|---|--|
| S.No.                       | Title                        | Description (Description is illustrative and not exhaustive)  | Refer to Clause  |
| 1                           | Product Name                 | Globetrotter- Overseas Group Travel Insurance <ul style="list-style-type: none"> <li>• Hospitalisation expenses for Injury/illness during the trip</li> <li>• Expenses incurred for injury/illness to natural tooth or teeth during the trip</li> <li>• Cost of transportation of mortal remains in the event of death during the trip</li> <li>• Transportation expenses for medical evacuation with prior approval</li> <li>• Accidental injury leading to Death/PTD during the trip</li> <li>• Value of Checked-In Baggage lost whilst in custody of common carrier</li> <li>• Allowance for the Delay of Checked-In Baggage whilst on trip</li> <li>• Loss of Passport whilst on Trip abroad</li> <li>• Sub limits are not applicable for this policy</li> </ul>  |  |
| 2                           | What am I covered for        | (Note: The above mentioned is an illustrative listing of the policy coverages which may be applicable under your policy. Please refer to the policy certificate for the exact coverages applicable to you. For details on coverages, please refer policy wordings).   | Part II of the Schedule  |
| 3                           | General Exclusion Conditions | <ul style="list-style-type: none"> <li>• Pre-existing Disease or illness except in Life saving unforeseen emergency and/or acute painful conditions provided the same has been opted for under the master policy.</li> <li>• Cosmetic treatment or Plastic surgery in any form or manner</li> <li>• Rehabilitation and/or physiotherapy or the costs of prostheses/prosthetics(artificial limbs)etc</li> <li>• Mental or psychiatric disorders; HIV/AIDS.</li> <li>• Self inflicted injuries; Drug or alcohol abuse</li> <li>• Partial loss of items in the checked in Baggage</li> <li>• Loss of Valuables and money</li> <li>• Theft of passport unless reported to police within 24 hours</li> <li>• Any claim arising out of sporting or adventurous activities/aircraft operation.</li> </ul> (Note: The above mentioned is a partial listing of the policy exclusions. Please refer to the policy wordings for the full listing). | Part II of the Schedule Coverages and Exclusions Applicable of respective benefits |
|                             |                              | <ul style="list-style-type: none"> <li>• Lodge your claim by calling at following numbers for Overseas Policies                             <ul style="list-style-type: none"> <li>○ In USA &amp; Canada +1 844 871 1200 (Toll Free)</li> <li>○ From the rest of the World +91 124 4498778 (Call Back Facility)</li> <li>○ In India 1800 102 5721 (Toll Free &amp; Accessible in India Only)</li> <li>○ Fax +91 124 4006674</li> <li>○ E-mail - icicilombard@faic.com</li> </ul> </li> </ul>  |  |

## Key Information from Policies for Claims Processing

## Enabling faster Claims with reduction in cost & errors.

Artivatic's claims process can accept **all forms of data such as bills, birth certificates, airline letters, photos of damaged luggage, police report, boarding pass** etc. to extract, asses the required information in real time and enable faster claims settlement with evolving technology over time.

**Voice enabled process can also be integrated in the same solution to make it more local focused.**

**Essence:**

Many customers admit that better experience increase adoption of products or solutions easier. .



## Enhance hassle free claims experience using technology

- **Easy & seamless system integration** with existing products & channels
- **Customize** as per business need
- Available for **website software, mobile & devices**
- **Connecting to direct data from emails** for finding right information or document for claims processing
- Utilize **in multiple types of insurance claims** with quick customization

03

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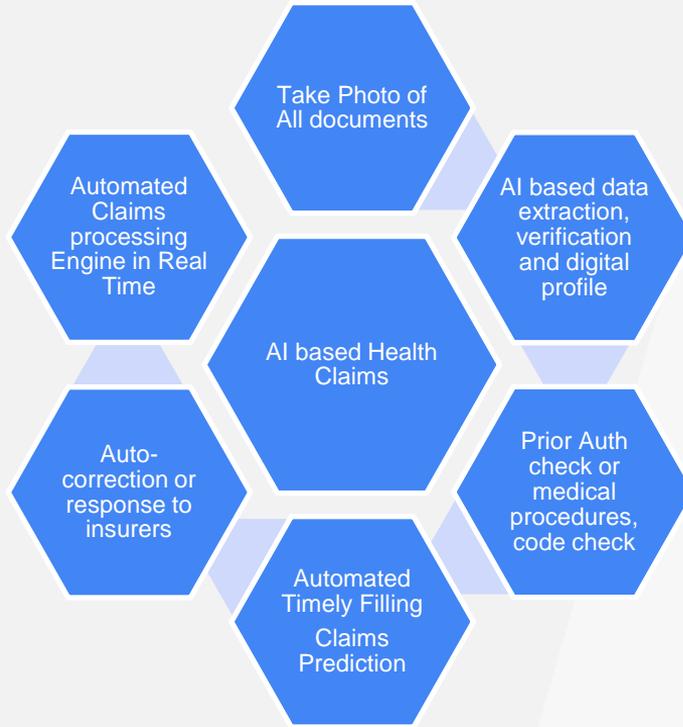
# Health Claims

Automated AI Health Claims Product

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# HEALTH CLAIMS

# Health Claims



- AI enabled technology to process all medical documents, bills, KYC
- Automated document match, signature, hospital details, procedures, bills amount and coverage
- Extraction of pre-auth and other forms and develop digital health profiling
- Timely filing process automatically
- Predictive claims denial engine
- Automatically filling of claims to insurers
- Responding to any errors or issues through system
- End to end real time process without too much manual intervention
- Predictive Decision intelligence system for future claims to FastTrack with less errors and rejections
- Building patient health advisory system based on data to assist hospitals, TPAs and patients

## Claims Summary

# Health Claims Product Screens

Claims History

Search  [+](#) [New Claim](#)

| Sl No. | Claim Date | Claim No.    | Name of the Insured | Policy Type  | Claim Amount | Status                  |
|--------|------------|--------------|---------------------|--------------|--------------|-------------------------|
| 1      | 08/09/2019 | ASBECYDX1234 | Gaurav Sharma       | Health Claim | Rs. 40,000   | <a href="#">Process</a> |

[View List](#)

Documents

KYC Documents Finance Documents Medical Documents **Miscellaneous**

**Cashless Authorization Request Note**

Investigation Report  
Authorized Letter  
Claims Form

Choose file No file chosen Use Sample dataset

Doctor's Name : Dr. A. Shriv Kumar  
Name of Hospital : Norie Hospital  
Policy Number : OS10500022  
Date of Admission : 08/04/2018  
Provisional Diagnosis : Umbilical Hernia  
Cost of Hospitalization : Rs. 47,000

Medical Bills, Reports  
Upload to the Claims  
Engine

Health  
required  
documents  
upload

Documents

KYC Documents Finance Documents **Medical Documents** Miscellaneous

Prescription  
**Diagnosis**  
Hospital Letter  
Doctors Report

Choose file No file chosen Use Sample dataset

Patient Name : Gaurav Sharma  
Gender : Male  
Age : 37  
Lipid Tests : VLDL(54.58 mg/dl), Cholesterol(TP)(199.0 mg/dl), HDL(47.50 mg/dl), LDL(75 mg/dl)  
HBA1C Tests : 5.38 NGSP

Summary

Claim No. : ASBECYDX1234 Claim Applicant : Gaurav Sharma  
Policy No. : SO10500022 Status : Claim Filed

| Data Information            | Policy Data |
|-----------------------------|-------------|
| Amount : Rs. 47,000         | Verified    |
| Includes : Umbilical Hernia | Verified    |
| Excludes : MESH             | Verified    |
| Time : 08/04/2018           | Verified    |

[PROCEED](#)

Claims Processing Summary

# Evidence based Claims

## Solution:

Using ML & NLP, evidence based claims analysis is done to **ensure past information is utilized** in proper way and all inclusions or exclusions are utilized.

## Benefits:

- Evidence based claims ensures the right claims approval
- Past claims data & rules are followed
- Future learning is done based on predictive analysis

Enables businesses to completely automate the claims processing from customer/agent data entry to final pay-out settlement.

## Evidence based claims prediction using technology

Denial Prediction

|   | Account Number | Hospital Name | Final Drg | Icd9 Diagnosis Name         | Icd9 Procedure Name                                      | Will it be denied? | Predicted Denial Reason | Billed Amount |
|---|----------------|---------------|-----------|-----------------------------|--|--------------------|-------------------------|---------------|
| 1 | 1JA YWJB-Vv    | Fortis        | 004       | Sepsis unspecified organism | Bypass Trachea to Cutaneous with Trach Dev Open Approach | YES                | LackofInformation       | 144233.85     |
| 2 | 1JA YWJB-Vv    | Fortis        | 004       | Sepsis unspecified organism | Bypass Trachea to Cutaneous with Trach Dev Open Approach | YES                | LackofInformation       | 144233.85     |
| 3 | 1JA YWJB-Vv    | Fortis        | 004       | Sepsis unspecified organism | Bypass Trachea to Cutaneous with Trach Dev Open Approach | YES                | LackofInformation       | 144233.85     |
| 4 | 1JA YWJB-Vv    | Fortis        | 004       | Sepsis unspecified organism | Bypass Trachea to Cutaneous with Trach Dev Open Approach | YES                | LackofInformation       | 144233.85     |
| 5 | 1JA YWJB-Vv    | Fortis        | 004       | Sepsis unspecified organism | Bypass Trachea to Cutaneous with Trach Dev Open Approach | YES                | LackofInformation       | 144233.85     |
| 6 | 1JA YWJB-Vv    | Fortis        | 004       | Sepsis unspecified organism | Bypass Trachea to Cutaneous with Trach Dev Open Approach | YES                | LackofInformation       | 144233.85     |
| 7 | 1JA YWJB-Vv    | Fortis        | 004       | Sepsis unspecified organism | Bypass Trachea to Cutaneous with Trach Dev Open Approach | YES                | LackofInformation       | 144233.85     |
| 8 | 1JA YWJB-Vv    | Fortis        | 004       | Sepsis unspecified organism | Bypass Trachea to Cutaneous with Trach Dev Open Approach | YES                | LackofInformation       | 144233.85     |

Previous 1 2 3 4 5 6 7 8 9 10 ... 17 Next

Download XLS Dashboard Expand

Feature Importance

The headers are listed based on their percentage of importance.

| FEATURES         | PERCENTAGE OF IMPORTANCE |
|------------------|--------------------------|
| SVC_HCP_CS_MOD_1 | 1.61%                    |
| COND_CODE_29     | 0.43%                    |
| COND_CODE_28     | 0.46%                    |
| COND_CODE_25     | 4.47%                    |
| COND_CODE_24     | 1.00%                    |
| COND_CODE_27     | 4.23%                    |
| COND_CODE_26     | 4.73%                    |
| HOSPITAL_NAME    | 19.97%                   |
| BILLED_AMOUNT    | 0.01%                    |

# Claims Risk Analysis

## Solution:

**Historical data is used** to build risk analysis using Machine Learning technology & data analysis. Risk analysis helps to ensure claims is provided to the appropriate customer in real time.

## Benefits:

- Risk assessment helps in analysing the genuine claims form the customer
- Helps in risk propensity to the claim process

**Dynamic Pricing: Historical learning enables to control pricing and reduce fraud for claims.**

Claims Risk Estimation based on historical & current data

**Risk Modeling** ◀ Back to Home

**i** Risk Modeling Low Medium High All

|     | Product Info 2 | BMI          | Employment Info 1 | Employment Info 2 | Employment Info 3 | Employment Info 4 | Employment Info 5 | Employment Info 6 | Family Hist 1 | Family Hist 2 | FamI         |
|-----|----------------|--------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------|---------------|--------------|
| 1   | 16             | 0.1426187019 | 0.046666667       | 0.3548387097      | 0                 | 0                 | 1                 | 0                 | 0             | 0             | 0.835        |
| 2   | 0              | 0.0694931184 | 0                 | 0                 | 1                 | 0                 | 0                 | 0.0018            | 0             | 0             | 0.232142857  |
| 3   | 18             | 0.2951154874 | 0.05              | 0.2580645161      | 0                 | 0                 | 0                 | 0.03              | 1             | 0             | 0.3749999998 |
| 4   | 17             | 0.1850488894 | 0.07              | 0.2580645161      | 0                 | 0                 | 1                 | 0.2               | 1             | 0             | 0.5178571427 |
| 5   | 15             | 0.2882891416 | 0.045             | 0.2580645161      | 0                 | 0                 | 0                 | 0.05              | 0             | 0             | 0.5714285714 |
| 6   | 15             | 0.202997107  | 0.541666667       | 0.4516129032      | 0                 | 0                 | 0                 | 1                 | 0             | 0             | 0.410        |
| 7   | 7              | 0.2198655232 | 0.183333333       | 0                 | 1                 | 0                 | 1                 | 0.8               | 1             | 0             | 0.7321428576 |
| 8   | 15             | 0.5010413168 | 0.2               | 0.3548387097      | 0                 | 0                 | 0                 | 1                 | 0             | 0             | 0.684        |
| 9   | 16             | 0.1997623412 | 0.275             | 0.2580645161      | 0                 | 0                 | 0                 | 1                 | 1             | 0             | 0.739        |
| 10  | 18             | 0.5243748744 | 0.041666667       | 0                 | 1                 | 0                 | 1                 | 0.05              | 1             | 0             | 0.9821428567 |
| ... |                |              |                   |                   |                   |                   |                   |                   |               |               |              |

◀ Collapse

**Risk Modeling**

**i** Risk Modeling

|    | Risk Bucket |
|----|-------------|
| 1  | 8           |
| 2  | 4           |
| 3  | 6           |
| 4  | 2           |
| 5  | 8           |
| 6  | 2           |
| 7  | 2           |
| 8  | 8           |
| 9  | 8           |
| 10 | 7           |
| 11 | 1           |

Risk Bucket creation based on behavioural analysis & historical pattern analysis.

# Health Claims Decisions

**Solution:**

AI based claims assessment decision engine that empowers insurance businesses to accurately take right claims decisions.

**Benefits:**

Claims processing are done at scale using technology and reduces manual work to large extent.

**For Claim Handler:**

>75% Automated Claims

The screenshot shows the ARTIVATIC.AI interface for a health claim. At the top, the claim number is #ASBECYDX1234. The user profile for Gaurav Sharma is displayed, including his age (37), date of birth (19/03/1981), and contact information. His mailing address is NAINITAL, UTTARAKHAND, and his regulations status is green. Two maps show his permanent and correspondence addresses. The dashboard has tabs for Overview, KYC, Bills, Reports, Medical, Financial, Location Insights, and AQL. The Overview section shows a decision on hold, claims applied amount of Rs. 47,000, and a predicted claim amount of NA. It also shows a risk level of Medium and average claims of Rs. 66,110.89 in the location. The KYC section shows matching scores for Name, YOB, Face Match (60.95%), and Signature Match (78.99%). The claim description is for hospitalization expenses for Umbilical Hernia.

# Claims Risk & Fraud Insights

## Solution:

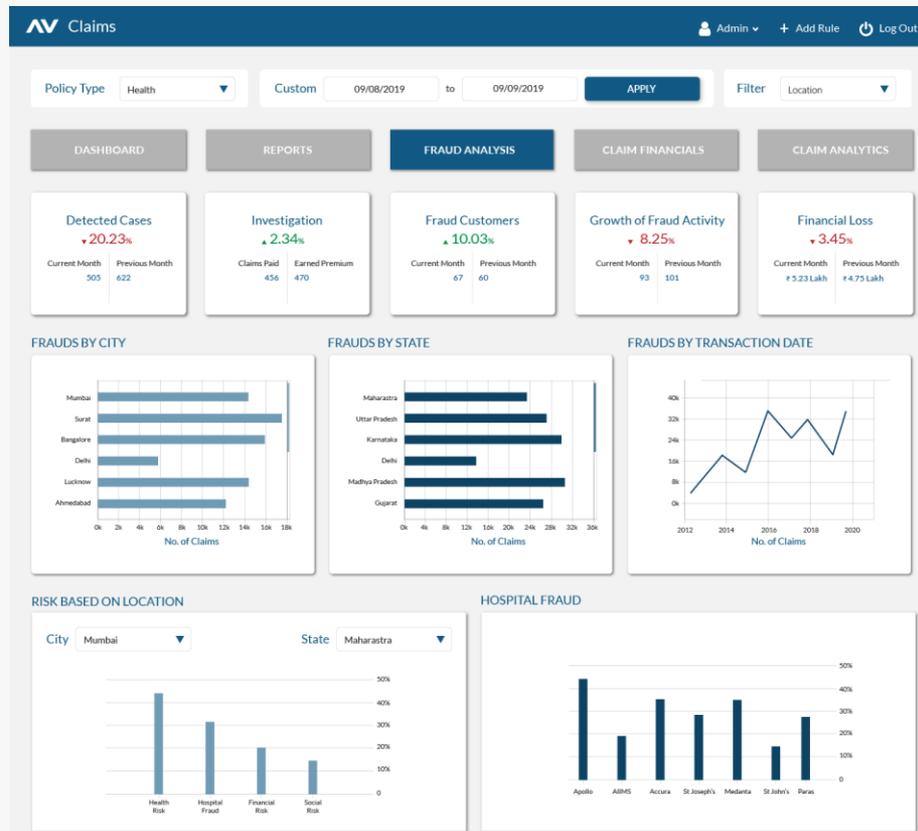
Historical, Current & External data is used to build risk & fraud analysis using Machine Learning technology & data analysis. Risk analysis helps to ensure claims is provided to the appropriate customer in real time.

## Benefits:

- Risk assessment helps in analysing the genuine claims form the customer
- Helps in risk propensity to the claim process
- Fraud detection alerts

**Claims Settlement: Historical learning enables to control pricing and reduce fraud for claims.**

Claims Risk & Fraud Insights based on historical & current data



# Health Claims Analytics

## Solution:

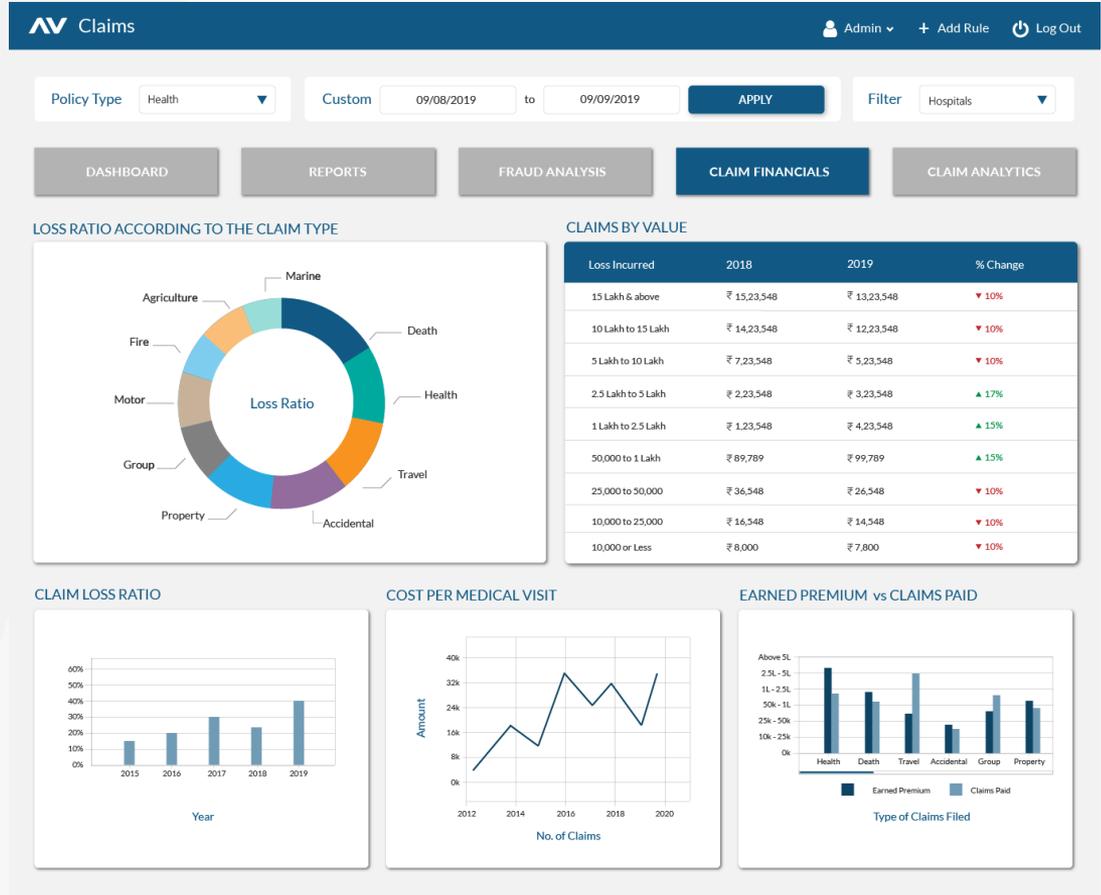
Single Platform for providing health claims insights for claims managers to accurately take right claims decisions.

## Benefits:

Claims dashboard will enable to provide all related insights.

### For Claim Managers:

Unified Health Claims Analytics Dashboard





## RULE BASED CLAIMS

# Adding Claims Rule

### Solution:

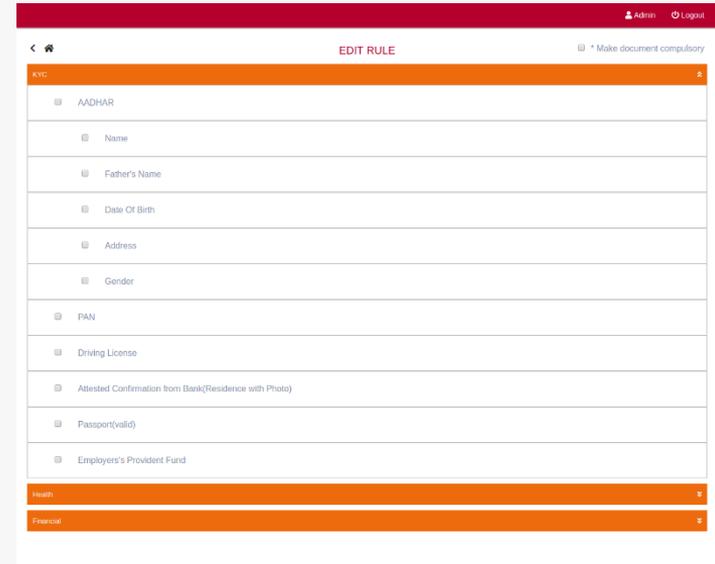
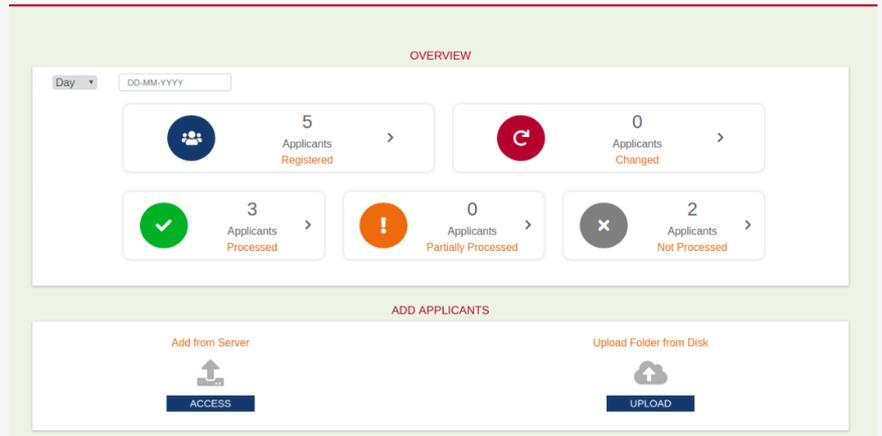
**Simple interface to add rules** for claims processing to ensure all regulatory guidelines are followed.

### Benefits:

Rules are enabled so that claims process are done with right information and **accurately**.

### For Claim Handler:

Helps quick claims assessment .



# Reinforcement Learning

**Process:**

**Historical activities or current ML based future learning** system to ensure claims are being done with high confidence and accuracy.

Claims settlement in such cases also improves with **reduction in fraud** as well customer satisfaction. Business revenue increased as well with reduced operational cost.

**Benefits:**

Both business & customers gets benefits.

| Name           | AV Name        | Data type | Column type | Weight | Auto weight update       | History                  | Required                            | Bins |
|----------------|----------------|-----------|-------------|--------|--------------------------|--------------------------|-------------------------------------|------|
| weight         | weight         | double    | double      | 0.5    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 0    |
| bmi            | bmi            | double    | double      | 0.5    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 0    |
| ins_risk_score | ins_risk_score | double    | double      | 0.5    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 0    |
| gender         | gender         | string    | string      | 0.5    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 0    |

Automated Neural Network based system for future learning

# Intelligent Claims Assessment Engine

- Claims are processed based on **past historical insights**
- Uses **multiple type of data** to ensure in-depth patterns and reduction in risk
- Scales businesses and reduces claim handler burden

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# ABOUT ARTIVATIC

INTEGRATION IS EASY & QUICK

## Single System. Multiple Integration.

Integration can done through multiple ways for Mobile, Website, Device & others.



**ON PREMISE**



**HYBRID**



**IN THE CLOUD**

Fewer Developers  
Required

Highly Scalable  
Faster Execution

Near Real Time  
Processing

# Products & Solutions Suite for Automated Claims Processing

## 01 ONBOARDING

- KYC Documents
- Related Claims Documents Submission
- Data Gathering from multiple sources
- Document Digitisation or real time scanning
- Claims Intimation
- Photo/Video/Scans/PDF etc. Documents
- Health, Financial, Travel, Invoice, Bills etc documents

## 02 ASSESSMENTS

- Historical Data based learning & patterns
- Digital, Social & External Data Gathering & Profiling
- Predictive & Behavioural Assessment
- Documents AML
- Document Validation, Extraction Fact check, matching & verification
- External Data & Policy Information Check
- Claims check with policy terms
- Additional Data or document check

## 03 APPROVALS

- In-depth 360 profiling
- Credibility Analysis
- Risk Assessment
- Fraud Detection
- Predictive Intelligence
- Financial, KYC, Digital, Health etc. Scoring
- Claims Historical Analysis Risk Signals
- Predictive Approval System
- Automated Claims Process
- Evidence based claims approval or rejection

## 04 DECISIONS

- Claims approval or rejection decisions in real time
- ML Based Automated Decision System
- Rules based Decision Engine
- Automated Claims Amount Assessment
- Predictive claims amount calculations
- Flagging if any key information is missing
- Product Based Automated Decisions

## 05 LEARNING

- Learning from Claims processing data points in for future improvement
- Changing static rules to dynamic learning using Machine Learning
- Analysing claim handler comments or reviews for future accuracy & rule learning
- Reducing fraud & risk in claims based on feedback learning
- Automated improvement in decision algorithms based on learning process

**Thank you.**

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