

AI Health & Life Claims Platform

Improving Health & Life insurance operations through AI



Data Acquisition



Fraud, Waste & Abuse



Claims Management



Network Management

Global footprint



Machine Learning & Data Science experts

Fast deployment

ROI Driven

Highest Data Privacy & Security Certifications



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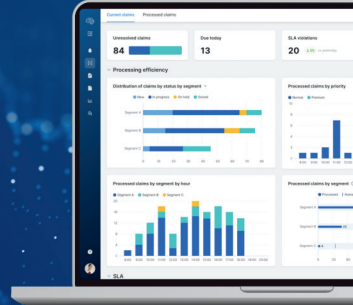
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AI Health & Life Claims Platform

Qantev empowers global health and life insurers to minimize losses, streamline operations, and elevate customer satisfaction. By integrating AI with medical expertise, our team of data scientists and engineers has crafted sophisticated solutions to automate claims processes, identify instances of fraud, waste and abuse as well as optimize provider networks.



Data Foundation

Transform raw claims data into high quality data

Our platform builds upon our claims data expertise to enable advanced data integrity and quality monitoring, as well as data governance functionalities. It offers a comprehensive data management stack tailored to cleaning, enriching and refining health & life insurance claims data.



Data Acquisition

Streamline the extraction of information from documents

Our language agnostic solution automates the document processing workflow by categorizing into different types, extracting pertinent information and inferring medical codes. Each extraction is scored to aid in deciding between full automation or manual review.



Fraud, Waste and Abuse

Identify and investigate FWA patterns among members and providers

Our application utilizes advanced medical anomaly detection AI to identify fraudulent patterns, offering pre-configured scenarios and explainability features for enhanced investigation. By leveraging sophisticated network analysis, we effectively mitigate organized fraudsters.



Claims Management

Accelerate claims processing while tackling leakage

Our software assists and automates insurance operations when managing complex claims and pre-authorization requests by providing automated coverage checks, advanced quote analysis, and medical coherence checks, among other features.



Network Management

Build high performing networks that deliver optimal quality of care at competitive price

Our decision-making tool focuses on monitoring provider performance and optimizing networks. It offers insights into spending discrepancies and inefficiencies, empowering audit teams and network managers to minimize claim leakage.