Digitally Transform Your Claims Process

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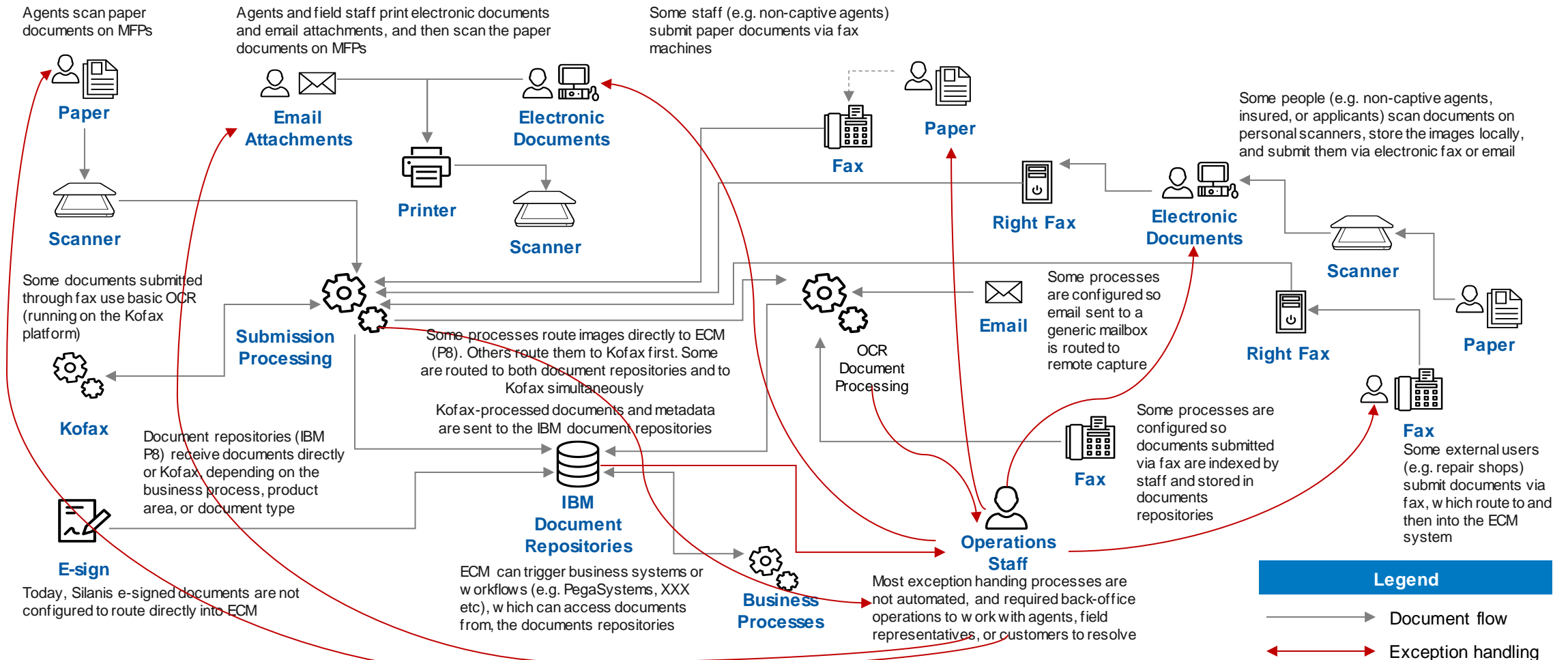
"More than 30% of customers who endured a bad claims experience switched insurers within a year of the incident."

Forrester

The Typical Claims Process Is a Mess!

Agents scan paper documents on MFPs

Agents and field staff print electronic documents and email attachments, and then scan the paper documents on MFPs

Some staff (e.g. non-captive agents) submit paper documents via fax machines

Some people (e.g. non-captive agents, insured, or applicants) scan documents on personal scanners, store the images locally, and submit them via electronic fax or email

Paper
Email Attachments
Electronic Documents
Fax
Paper
Right Fax
Electronic Documents

Scanner
Printer
Scanner
Scanner

Some documents submitted through fax use basic OCR (running on the Kofax platform)

Submission Processing

Some processes route images directly to ECM (P8). Others route them to Kofax first. Some are routed to both document repositories and to Kofax simultaneously

Kofax-processed documents and metadata are sent to the IBM document repositories

OCR Document Processing

Email

Some processes are configured so email sent to a generic mailbox is routed to remote capture

Right Fax
Paper

Kofax

Document repositories (IBM P8) receive documents directly or Kofax, depending on the business process, product area, or document type

IBM Document Repositories

ECM can trigger business systems or workflows (e.g. PegaSystems, XXX etc), which can access documents from, the documents repositories

Business Processes

Some processes are configured so documents submitted via fax are indexed by staff and stored in documents repositories

Fax

Operations Staff

Fax

Some external users (e.g. repair shops) submit documents via fax, which route to and then into the ECM system

E-sign

Today, Silanis e-signed documents are not configured to route directly into ECM

Most exception handing processes are not automated, and required back-office operations to work with agents, field representatives, or customers to resolve

Legend

Document flow
Exception handling

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Claims Process Value Drivers

Loss Adjustment

Customer Retention

Operating Costs

Poor **claims adjuster assignment** causing overpayments and inefficient use of capital

Customer claims are delayed due to NIGOs leading to poor **customer satisfaction**

Claims processes are **inefficient** because of non-standardization, and lack of automation

How can you extract more value from your claims process?

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Resource Assignment

Execution Improvements

- Standardized AI-assisted intake and assignment
- Robust procedures, guidelines, and training
- Real-time allocation
- Process quality (NIGO) improvement through STP and eforms automation

Execution Gaps

- Limited intake assessment breaching SLA limits and loss assesments
- Poor assignment to adjuster (complexity, type, skill)
- Poor assignment to shop (complexity, type, skill)
- Reassignment because of process issue (NIGO, variance)

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Customer Satisfaction

Execution Improvements

- Process optimization, reducing variance, rework, and redundancies
- Better routing rules reducing exceptions on low value claims
- Automated alerts and notifications
- Smarter self-directed capabilities

Execution Gaps

- Lack of standardization (high variance) causing increase in cycle times
- Rework, redundant processing, exception handling, and reopened claims
- Limited self-service leading to a poor customer experience

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Operating Efficiency

Execution Improvements

- Intelligent capture, RPA, content management

- Process management, and integration with claims system

- Standardized information architecture

- Document sharing and participation via any device and channel

Execution Gaps

- SLA compliance breaches for payouts

- Manual and/or paper ingestion services cause reconciliation issues and holdback calculations

- Segregation of duties

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Manage your claims process from one tool
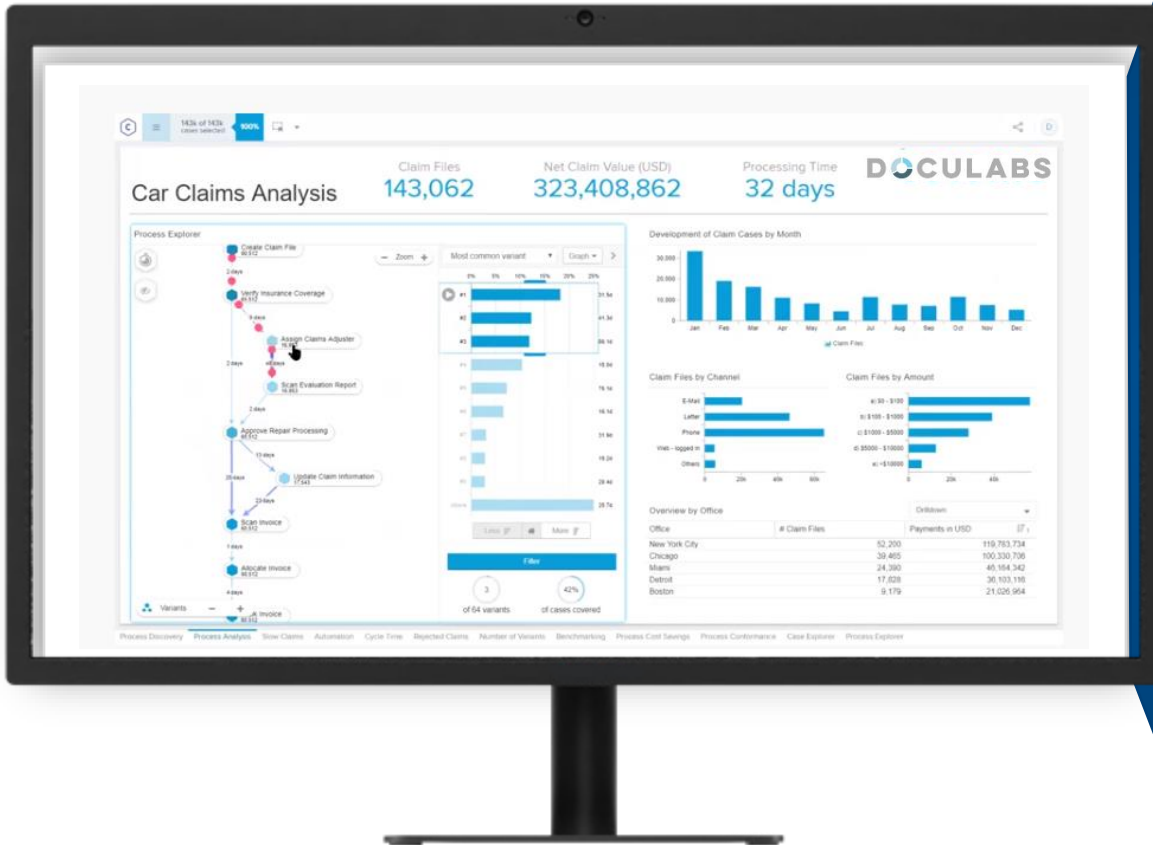
Benefits of Claims Execution Management

- **Reduce claims overpayment** and loss adjustment expense

- **Reduce long cycle times and NIGO** quality issues due to lack of standardization, digitization, and automation.

- **Reduce rework**, redundant processing, and re-opened claims

- **Reduce inefficiencies caused by staffing** and resource issues, including allocation and training

- **Improve customer satisfaction**, retention, and upsell

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How We Make an Impact in Claims

Before		Capability		After	
01	Reporting insights are derived after the close of the claim		Real-time data across systems		Extract process data across systems in real-time
02	Claim process is cycle time driven not KPI-driven		Identify value-driven levers to pull during the process		Respond to the highest value claims first
03	Missing documents cause delays in the claim process		Create actions to alert adjusters of NIGOs		Automate NIGO alerts with just a click
04	The complex claims process becomes very manual with many variations		Allocate the right resources to the appropriate claim		Resources allocated to match complexity of claims in a standard process

How It Works

Measure execution gaps in your processes — like overpayment, dissatisfaction, and rework — that limit your execution capacity

Know the root causes and execution gaps and the right solution to close the gaps – like AI-based capture, RPA, claims self-service, standardized procedures, and training

Act to close gaps and increase capacity, with automation and real-time improvements meet key value metrics – like claims cycle times, claims adjuster utilization, customer satisfaction rating

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Demo Time!!!!

Doculabs' Claims Execution
Management Application

About Doculabs

We deliver trusted advice for companies to achieve their digital objectives and goals

Our clients rely on us to help them deliver a better customer experience, automate operations and identify technology to reduce costs

Doculabs offers in-depth expertise and empirical knowledge in digital transformations primarily in P&C, health and life insurance

As trusted advisors, we provide our clients recommendations that are completely objective

Thank You

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