

CASE STUDY

How a Large Insurer Increased Speed and Accuracy of Claims Document Processing

< 30 secs

average time for AI Agent to review document and index

3,000

correspondence items daily (email, mail, fax etc.)

+90%

of items handled straight-through by AI Agent



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THE CUSTOMER

Our Customer is a large Insurance Conglomerate - part of the Berkshire Hathaway family- with an estimated \$276bn in revenue, employing around 372,000 employees.

THE SITUATION

Our Customer receives 3000+ correspondence items per day via email, mail and fax – which hit the Imaging team first.

The imaging team (14 FTE) is responsible for imaging each item and routing to an existing claim file.

Imaging of an item includes: extracting claim information to search for and identify the existing claim in our Customer's claim system; renaming the item for easy identification by the adjuster; categorizing the type of correspondence into 1 of 15 categories.

The imaging team adheres to a same-day SLA, meaning all incoming items for the day are imaged and sent to the claim file the same day.

THE CHALLENGE

The adjuster's workflow is dependent on the speed of the imaging team.

The faster the adjuster receives the necessary correspondence from the imaging team, the faster the adjuster can follow up with the claimant. This is crucial for our Customer to maintain high quality customer service.

Our Customer was challenged to improve response times (from 24 hours to 1 hour) around claims correspondence - to offset rising leakage without hiring additional FTEs.

To reach this goal, Our Customer estimated they would need to hire an additional 7 FTE.



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THE SOLUTION

Our Customer chose to adopt a Roots Automation Digital Claims Assistant due to its ability to ingest and make sense of a significant amount of data held within structured & unstructured claims documents



For each piece of correspondence, the Digital Claims Assistant reads and extracts the relevant claim detail. It then searches for and identifies the existing claim in our Customer's claims system and then categorizes the item and routes it to the relevant adjuster.



The imaging team is now solely responsible for reviewing items the Digital Claims Assistant asks for assistance on. They also spend time QA'ing the Digital Claims Assistant's work – with all interactions improving the knowledge base and accuracy of the Digital Claims Assistant.

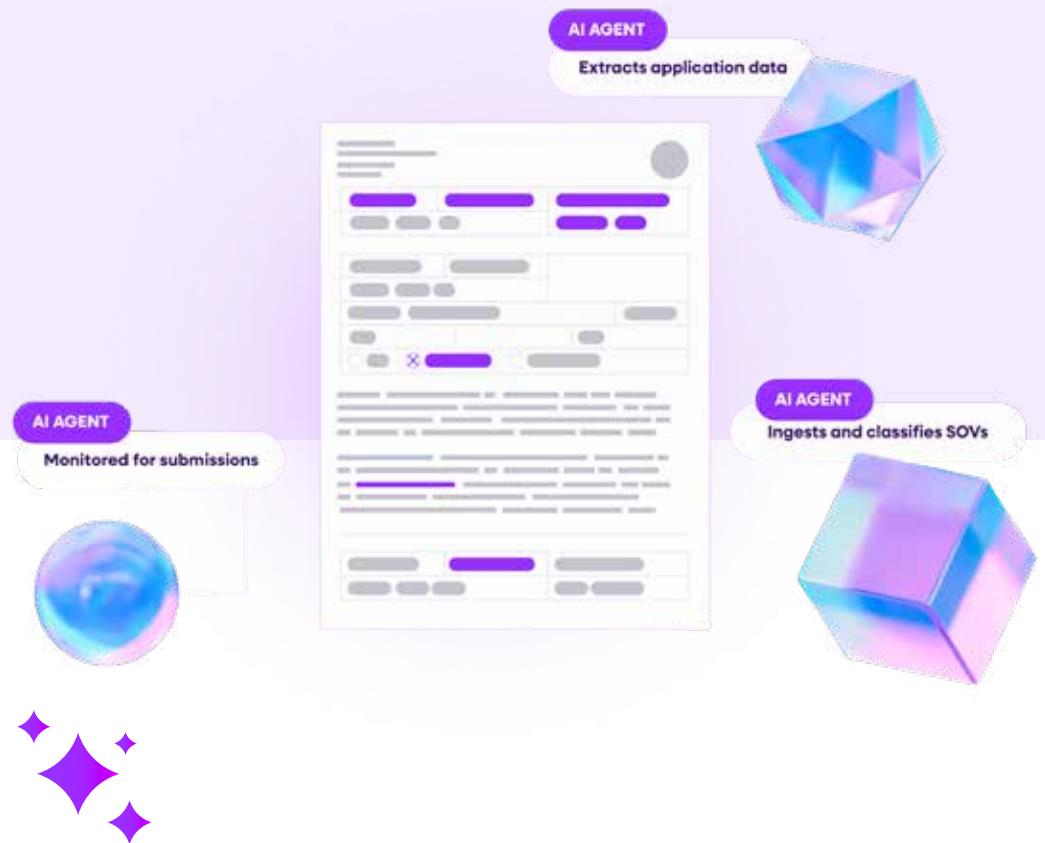


Finally, our Customer avoided any headcount increase.

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