

SOLUTIONS PORTFOLIO

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# Crosstie Solutions

A unified view of the workflows we modernize across insurance operations.

# Give claimants one clear path. No confusion, no chasing.

Crosstie's Claimant Experience Solution guides every step of the claim, from first notice through resolution, bringing messaging, documents, scheduling, and network guidance into one unified, no-download experience that keeps claims moving and reduces follow-up work.

## THE PROBLEM

- 📄 Messaging, documents, and scheduling are disconnected.
- 📞 Claimants call for updates and next steps.
- 🕒 Adjusters spend time following up.

## WHAT CHANGES

Instead of juggling tools:

Claimants follow one guided experience

Required actions happen automatically

Data flows back into the claim system

## HOW IT WORKS

- ✓ Claimant receives guided next steps based on their specific claim.
- ✓ Completes tasks: documents, scheduling, communication.
- ✓ Progress syncs automatically to the claim file.
- ✓ 140+ languages supported.

## WHY IT'S DIFFERENT

- Not a basic texting tool. Crosstie connects messaging to document collection, scheduling, and provider coordination in one experience.
- No-download. Works instantly on any device, driving 10x higher engagement than traditional apps.
- Covers the full claimant journey, built specifically for insurance workflows.

## REAL EXAMPLE

A workers' comp claimant is guided to in-network providers, schedules care, receives pharmacy cards, signs medical authorizations, and gets return-to-work updates. **No app download. No calls to the adjuster.**

## OUTCOMES

10x

higher engagement than traditional claimant apps.

20%

reduction in out-of-network utilization.

74%

accuracy identifying early litigation risk when combined with Claim Intelligence.

*How Customers Expand*

Often the first step in reducing call volume, then expanded into Intelligent Voice and Claim Intelligence for full visibility and automation.




Request a demo

# Stop reading documents. Start understanding them.

Crosstie's Intelligent Document Processing Solution automates review, extracts key data, flags deadlines, and routes work in minutes so adjusters focus where judgment matters.

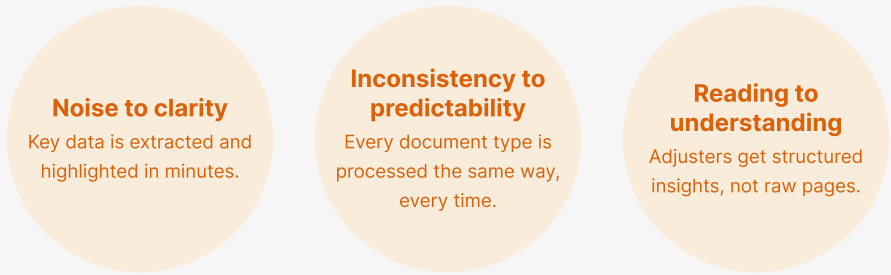
## THE PROBLEM

Adjusters are expected to interpret medical, legal, and operational complexity across hundreds of files. That's not a workload problem. It's a cognitive overload problem.

-  Demand packages and medical records take hours to review.
-  Critical details get buried.
-  Deadlines get missed.

## WHAT CHANGES

Instead of expecting adjusters to interpret everything manually, move from delayed decisions to immediate action:



## HOW IT WORKS

- ✓ Documents arrive and are auto-classified.
- ✓ Key information extracted and highlighted.
- ✓ Routed into workflows and claim systems.

## REAL EXAMPLE

An adjuster returns from **a week off to 150 active claims with new documents, demands, and regulatory updates.** Instead of spending days reading, Crosstie has already extracted key data, flagged deadlines, and prioritized actions, so they start by acting, not catching up.

## OUTCOMES

- 98% extraction accuracy. Uncertainty gets routed, not buried.
- Hours to minutes for complex documents.
- No IT dependency for new document types.

*How Customers Expand*  
**Most teams start here to eliminate manual review, then expand into Claim Intelligence to proactively identify risk and prioritize work.**

[Request a demo](#)

# See the full picture, faster.

Crosstie's Claim Intelligence Solution pulls together documents, messages, calls, and notes into structured summaries so adjusters get complete context in minutes, surface what needs attention, and identify litigation risk weeks in advance.

## THE PROBLEM

- 📁 Claim information lives in dozens of places.
- 🕒 Adjusters spend hours piecing together the full story.
- 🚫 Risk signals get missed until costs escalate.

## WHAT CHANGES

Instead of hours of file review:

Get instant, structured summaries

See what matters now and what needs attention

Act earlier with clear context

## HOW IT WORKS

- ✔ Generates summaries, timelines, medical overviews, and action items.
- ✔ Monitors all claim activity: calls, texts, emails, questionnaires, documents.
- ✔ Flags risk patterns, urgency, contentious language, and delays.

## WHY IT'S DIFFERENT

- Continuous, not periodic. Analysis updates as the claim evolves, not just at scheduled review points.
- Insurance-trained. Built on P&C communication patterns, not generic summarization.
- Connected to every workflow on the platform, so the intelligence reflects the complete picture.

## REAL EXAMPLE

A workers' comp injury during a night shift is captured via web submission, validated against policy data, routed to the correct adjuster, and the claimant is automatically triaged and sent their pharmacy card.

## OUTCOMES

Faster time to understanding for adjusters and supervisors

74% of claims identified as likely to litigate ultimately do, with signals detected about three weeks in advance

Reduced manual file review across the claims organization

Earlier identification of high-risk and complex claims

*How Customers Expand*

Typically added after Intake or intelligent document processing to bring visibility across the full claim lifecycle.

[Request a demo](#)

# Handle more calls without adding staff or increasing workload

Crosstie's Intelligent Voice Solution automates inbound and outbound calls, translates in real time across 20+ languages, and delivers file-ready summaries directly into the claim system.

## THE PROBLEM

- ✉ Every routine call requires a human.
- 🗣️ Translation is expensive and slow.
- 🕒 Adjusters spend time documenting calls after the fact.

## WHAT CHANGES

Instead of answering routine calls and documenting after the fact:

**Calls are handled, translated, and documented automatically.**

## HOW IT WORKS

- ✓ Voice agents answer inbound calls and retrieve claim data.
- ✓ Place outbound calls for scheduling and follow-ups.
- ✓ Deliver transcripts and file-ready summaries instantly.
- ✓ 24/7 coverage for after-hours, overflow, and CAT events.

## REAL EXAMPLE

A claimant calls after hours to check claim status. The voice agent answers, retrieves current information, and provides a clear update. No adjuster involved.

## OUTCOMES

Fewer inbound calls routed to adjusters.

**50–90% reduction** in third-party translation costs.

24/7 coverage without staffing expansion.

### *How Customers Expand*




Often deployed alongside Claimant Experience to reduce inbound volume, then expanded into Intake to automate full call-driven workflows.

[Request a demo](#)

# FNOL shouldn't slow the claim down

Crosstie's Intake Solution captures FNOL/FROI across phone, email, web, and text, then validates coverage, collects evidence, and triggers downstream workflows automatically.

## THE PROBLEM

-  Intake collects data but doesn't move the claim forward.
-  Claims sit in queues waiting for the next human step.
-  Follow-ups are manual.

## WHAT CHANGES




Instead of stopping at intake:

Claims are validated against policy and coverage data

Evidence is collected automatically

Workflows are triggered instantly

## HOW IT WORKS

-  FNOL captured across channels in one intake workflow.
-  Data validated and enriched using insurance-specific rules.
-  Workflows triggered immediately: assignment, routing, next steps.

## WHY IT'S DIFFERENT

- Goes beyond digital forms. Most intake tools capture the report but don't trigger what comes next. Crosstie advances the claim from the moment it's reported.
- Insurance-trained. Handles jurisdiction-specific requirements, line-of-business rules, and after-hours escalation logic.
- Connected to the full lifecycle, not a standalone intake tool.

## REAL EXAMPLE

A workers' comp injury during a night shift is captured via web submission, validated against policy data, routed to the correct adjuster, and the claimant is automatically triaged and sent their pharmacy card.

## OUTCOMES

Multi-channel intake-to-workflow execution in one process

New workflows configured in hours instead of months-long IT projects

Claims advance from first notice instead of waiting in queues

*How Customers Expand*

Often paired with Intelligent Document Processing for cleaner intake, then expanded into Claim Intelligence to monitor claims from day one.

[Request a demo](#)