

Turning Unstructured Claim Information Into Actionable Intelligence

EXECUTIVE SUMMARY

Carriers already hold the information needed to resolve a claim correctly. It sits in demand packages, medical records, correspondence, and adjuster notes, and almost none of it is structured. The cost of that gap shows up as cycle time, inconsistent decisions, avoidable severity, and files that are difficult to defend. AI-assisted extraction and analysis, validated by trained reviewers, closes the gap without replacing the claim system or the people who work in it.

1 THE PROBLEM

Claim intelligence is fragmented across systems and documents. The claim system holds the fields someone typed; the substance of the claim arrives as PDFs, faxes, scanned records, email threads, and free-text notes. Nothing connects them, so the complete picture of a file exists only in the head of whoever last read it.

2 OPERATIONAL IMPACT

Manual review constrains adjuster capacity and consistency. Reading a demand package or a full medical record set is skilled work measured in hours, so throughput is set by how many trained reviewers are available rather than by how many claims arrive. Volume increases are absorbed by hiring and overtime, and quality varies with workload — the same file reviewed by two adjusters produces two different summaries of the same facts.

Capacity is people-bound

Hours per file, not minutes, set the ceiling on throughput.

Quality varies by reviewer

No fixed question set means no repeatable output.

Senior time is misallocated

Experienced staff spend it reading rather than deciding.

3 FINANCIAL IMPACT

Missed facts and inconsistent review contribute to leakage, unnecessary severity, rework, and litigation exposure. A detail overlooked under time pressure becomes a reserve set on incomplete information, and a settlement negotiated from a partial picture is difficult to unwind. Files reopened for facts available on day one consume the same expertise twice, and a decision without a documented basis is the weakest position a carrier can hold.

Leakage

Facts that would have changed the outcome surface late or not at all.

Severity

Reserves and settlements set on an incomplete record.

Rework

Files revisited for information already in the file.

Litigation exposure

Undocumented findings that cannot be defended.

4 THE SOLUTION

AI-assisted extraction, analysis, and validation. Documents are read in full, the relevant information is structured against a consistent question set, and trained reviewers confirm accuracy and context before anything reaches the adjuster — AI enhances, not replaces, the expertise of the team. 360 DemandReview applies this to demand packages; 360 MedReview applies it to large medical record sets, returning claimant injuries, diagnosis summary, pre-existing conditions, imaging findings, and the treatment period. Both operate independently and return structured results to the claim system.

Read once, completely

Every page, including scans and faxes.

Structure consistently

One question set applied to every file.

Validate with people

Exception review before delivery.

Return to the workflow

Results on the claim, per configuration.

5 THE OUTCOME

More consistent, defensible claim decisions with greater operational capacity. Adjusters act on structured findings instead of assembling them, so senior expertise is spent on judgment rather than reading. Every file is evaluated against the same standard, and the basis for each decision is documented. In production, one carrier reduced average demand review from roughly 2.5 hours to 43 seconds per file at 95%+ accuracy with human oversight.

80%

REDUCTION IN REVIEW TIME

95%+

ACCURACY WITH HITL OVERSIGHT

15m+

TRANSACTIONS PROCESSED

Scale reflects transactions processed to date. Review time and accuracy are client-reported production results.



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