UiPath™

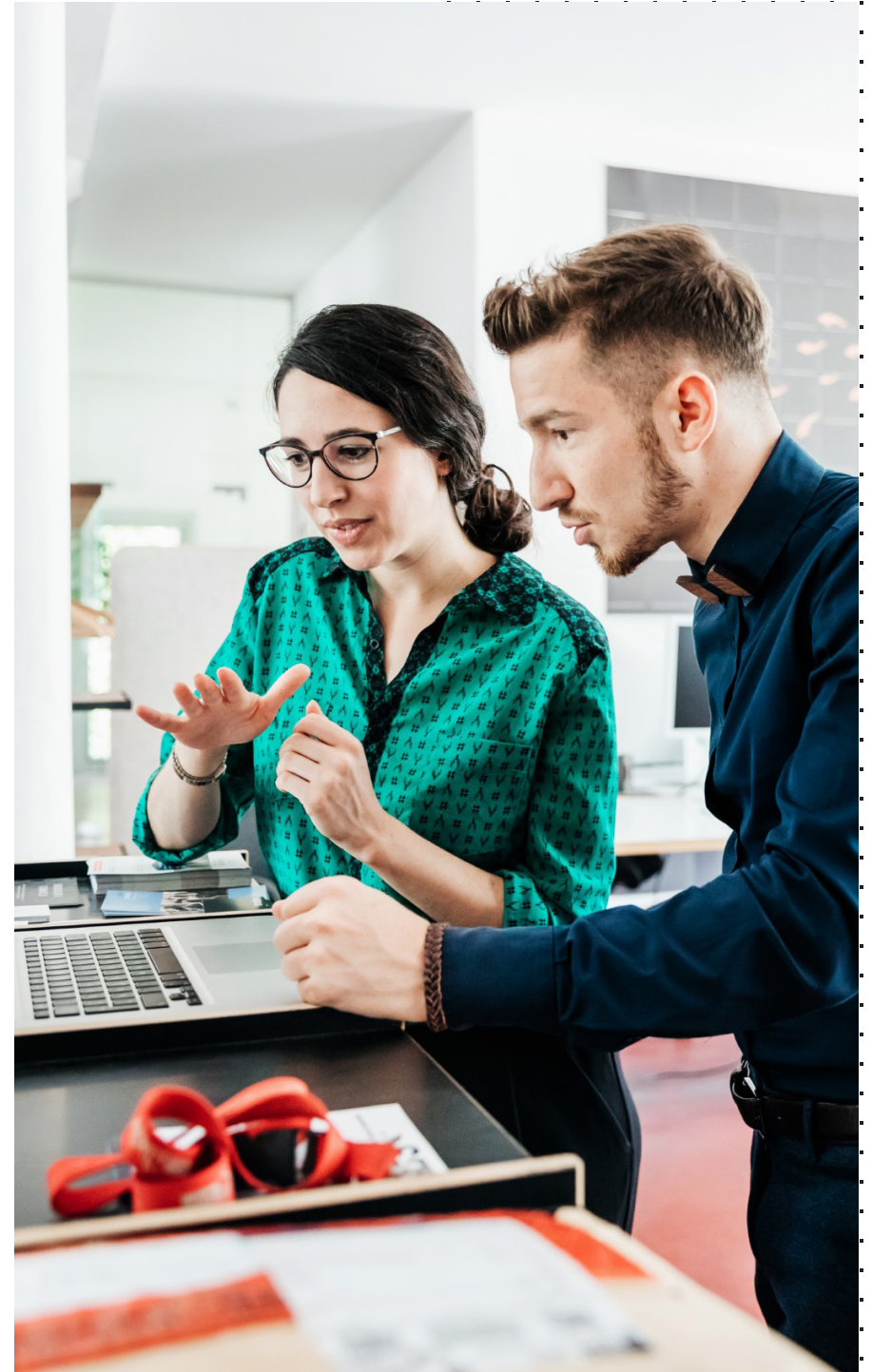# Automating for End-to-End Claims Processing
How Design Thinking Combined with Automation Technology Pushes Insurers to Evolve

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Introduction

The insurance industry is no stranger to technological change, whether it was forced to change or inspired by grander visions. For decades, the insurers that led the industry ranked as some of the most technologically innovative operations in the world. But the exact technologies that used to showcase the C-suite's willingness to adopt cutting-edge solutions are now holding them back.

70%

of CEOs are looking to operational efficiency to drive revenue growth

Evolving software solutions, Insurtech competition, and increasing customer demands are making complex, distributed, legacy infrastructures increasingly problematic due to the negative impact of these systems on the customer experience and operational efficiency. Industry leaders struggle to achieve their goals under the weight of yesterday's systems.

In the last few years, the industry, in an effort to overcome this issue, began to implement robotic process automation (RPA) as a way to drive operational efficiency and make progress toward their digital transformation goals. Today, 70 percent of insurance CEOs are looking to operational efficiency to drive revenue growth. (1) Old-school methods and systems won't get them there. But RPA—and wider 'automation first' initiatives—can.
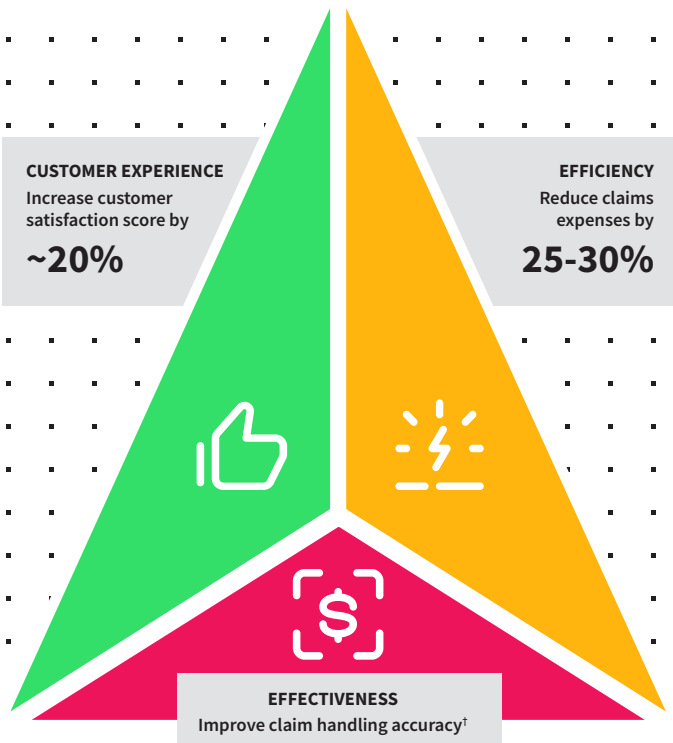
The enthusiasm for new technology like automation is obviously there, but only 3 percent of insurers have managed to scale their digital workforce. (2) So where are these enterprises—and their leadership—going wrong? The main problem is that early adopters are struggling to successfully scale their solutions. While they've done well focusing on easy-to-automate processes, they are stalling and not scaling RPA across the enterprise. This is largely due to the following:

- Lack of executive sponsorship and buy-in for top-down initiatives;
- Lack of strategic vision and long-term strategy tied to these top initiatives;
- Siloed operations and executive teams;
- Limitations from legacy systems and mindsets;
- Inability to incorporate lessons learned from first-wave automation; and
- Inclusion of fragmented automation that, on its own, doesn't meet ROI goals.

Each of these constraints shares the same common denominator: legacy systems and mindsets have created inertia and outdated strategies, making it hard for insurers to change course. The biggest opportunity cost may be in achieving end-to-end claims processing.

Digital claims transformations generate impact across all of claims' foundational KPIs

CUSTOMER EXPERIENCE
Increase customer satisfaction score by
~20%

EFFICIENCY
Reduce claims expenses by
25-30%

EFFECTIVENESS
Improve claim handling accuracy[†]

+ Improved employee and intermediary satisfaction

[†]Improving accuracy aims at reducing both overpayments and underpayments of indemnity obligations. Next to reducing overpayments, also reducing underpayments can lead to an overall reduction of loss costs through reduced processing times, higher customer satisfaction, and lower incidence of claim disputes and litigation. (Source: Mckinsey & Company)

Today's Claims Workflows & Opportunities for End-to-End Processing

Many insurance companies have focused their digital transformation initiatives on improving customer service interactions and streamlining processes within the claims experience—both part of larger end-to-end processing goals.

This work has included major focus initiatives like:

- quick, smooth distribution channels

- mobile apps

- instant, 24/7 chatbots

- better personalized call center experiences

- quick-to-market, modular products.

But this is only the front end. In order to truly transform an insurance company with automation, you must tie all claims processes together to build toward the ultimate goal: end-to-end (or straight-through) claims processing.

End-to-end claims processing has been an unrealized vision for years across a wide variety of products, but new automation technology—including RPA and artificial intelligence—makes it possible today. However, this is only possible by taking a new approach that involves a comprehensive, ground-up, cross-enterprise plan based on process design fundamentals. Such a revised approach is akin to a new constitutional vision for automation-first operations.

In this white paper, we'll explore how to transition from ad hoc RPA to scaling RPA with a focus on achieving end-to-end claims processing automation. We'll discuss the current state of the claims workflows, the opportunities for automation, and how to apply design-thinking considerations to your progressive, long-term strategy.

Claims processing is one of the most common—and time-consuming—workflows for insurance carriers and customers alike. Analysts estimate that RPA can promote a cost savings of 30 percent across claims fulfillment by helping insurers eliminate nonprofitable activities in their claims processes. But insurers can't realize their mission statements or cost savings if they're hemorrhaging money through inefficient, error-prone legacy systems and stopgap automation solutions that don't join up and put their clients first.

At present, many insurance companies are caught in first gear, fighting the systems of their predecessors in an ever-evolving technological era. To benefit most from automation in this new era, insurance companies must shift away from their early school of thought that simple, low-hanging fruit processes were the best RPA applications.

"While it's only natural for insurers to start their automation journeys by picking the burning issues to start with, often these quick wins don't fit into the larger strategy."

While it's only natural for insurers to start their automation journeys by picking the burning issues to start with, often these quick wins don't fit into the larger strategy. Too many initiatives start, stop, and stall because insurers jumped in with both feet at the beginning without any vision for how automation will fit into their business's future.

By our estimates, 80 percent of insurers have started task automation as a piecemeal effort but haven't scaled up to more complex, cross-enterprise siloed processes. This failure to scale signals a significant pain point among insurance companies looking to achieve digital transformation. They are trapped in legacy systems fighting the problems of old:

- High number of customer support requests;
- Manual work frustrations;
- Unsatisfied customers;
- High error rates; and
- Vulnerability to fraud.

Vulnerability to fraud and high error rates, in particular, translate to huge operational inefficiencies. In the United States alone, the difference between 99 percent and 100 percent accuracy can cost an insurer millions each year.

To put all of this in context, according to data from Celent and Novarica, more than 45 percent of CIOs identified legacy systems as the main hurdle to digital transformation, and 55

percent of agency leaders who participated in a Celent Digital Transformation survey identified claims as one of their top five areas to transform with automation.

"The reality today is that the status quo squelches revenue opportunities from operational efficiencies."
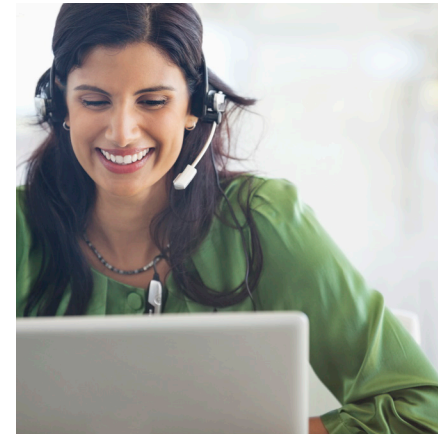
The reality today is that the status quo squelches revenue opportunities from operational efficiencies. IT budgets, which could be better spent on cutting-edge automation technology, are eaten up maintaining legacy systems. Rather than investing in new, competitive automation systems, the average insurance company spends 55 percent of its IT budget on legacy maintenance and just 15 percent on efforts to modernize.

Automation allows budgets to be freed up for innovative initiatives that drive the business forward when it is planned in a strategic and integrated way.
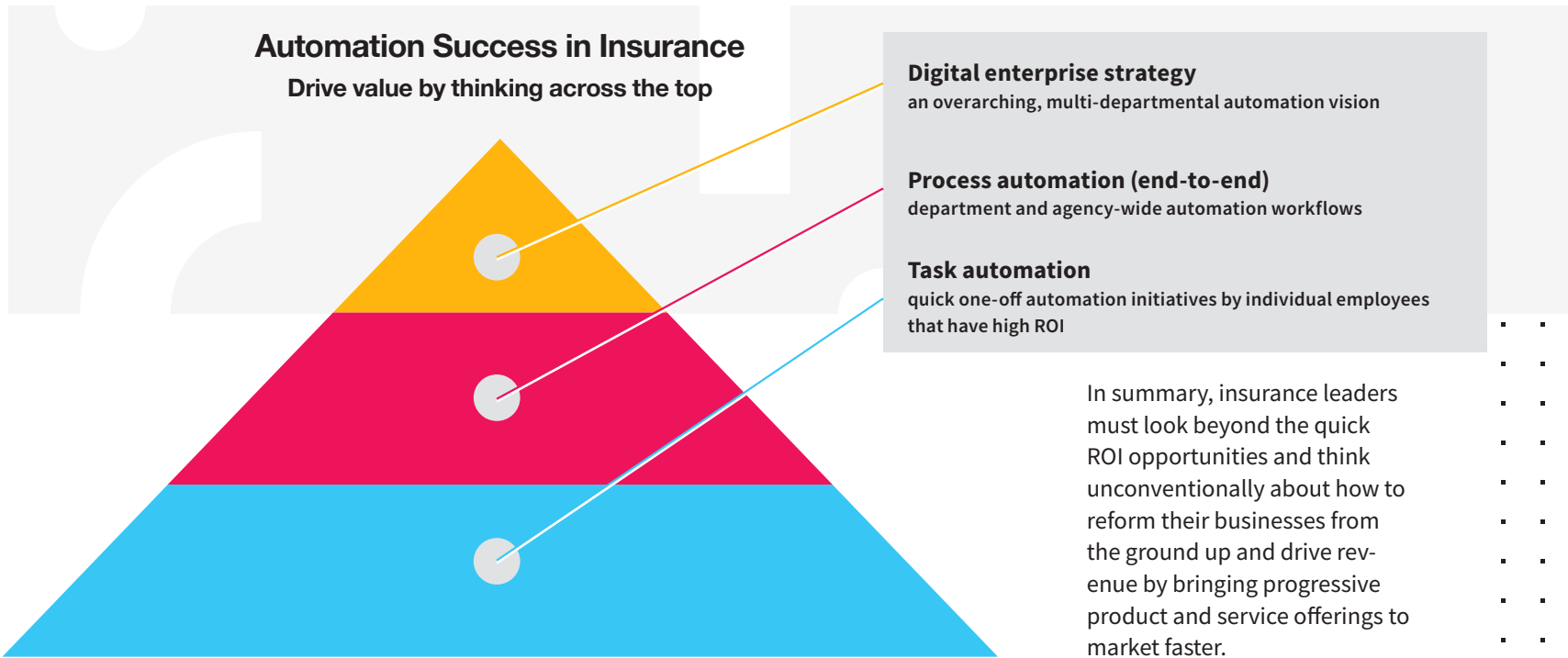
What It Takes to Boost Claims Efficiency & Revenue Growth with RPA

Achieving the ambitious automation goal of end-to-end claims processing requires that leadership and RPA initiative owners make a material change in how they develop and drive RPA initiatives. The cornerstone of a game-changing strategy begins with 'thinking across the top' of the enterprise first.

We recommend taking into account these critical steps to get the buy-in needed to create automation success across the enterprise:

Getting leadership buy-in by identifying a C-level automation initiative sponsor:

Your C-suite sponsors should be responsible for innovation, automation, and artificial intelligence (AI) initiatives that are aligned with your strategic goals.

Using a three-pillar categorization system

Create a holistic automation strategy that identifies three different levels of automation so that you can drive the most value from your investment.

These are Digital Enterprise, which is the big picture of your strategy and is all-encompassing; Process Automation, which includes end-to-end processes; and Task Automation, which is on the individual's desktop and will support automation champions, efficiency, and quicker customer response times.

Creating a diverse cross-business team

Operations (transformation, change, digital or operational excellence) and IT together will lead this team in a new way of working. Additionally, business process owners and the data team should align with the same goals. This isn't a service done for stakeholders and business leaders but with them.

Embracing the integration of RPA, machine learning, and AI:

Once you get your first wave of RPA under your belt, start by making your existing automations more intelligent and strategic. Then establish a framework to deploy, track, and maintain your machine learning and AI elements.

Establishing a hierarchy of processes to automate

Look at the mechanics of your workflows to create a logical process framework that identifies the processes' inefficiencies. Then automate to replace targeted legacy systems.

Enabling RPA to act as a linchpin to connect complex legacy systems

Think of how to apply RPA beyond the surface level. Take a deep dive into how automation can connect your claims ecosystem by supporting workflows that involve underwriting, fraud databases, CRM, KYC/Sanctions, and any APIs in use.

Identifying who your clients are and what they need

Know what your claimants expect and experience by mapping and planning out both your automation and human touchpoints along your customer journey from start to finish.

Automation Success in Insurance

Drive value by thinking across the top

Digital enterprise strategy
an overarching, multi-departmental automation vision

Process automation (end-to-end)
department and agency-wide automation workflows

Task automation
quick one-off automation initiatives by individual employees that have high ROI

In summary, insurance leaders must look beyond the quick ROI opportunities and think unconventionally about how to reform their businesses from the ground up and drive revenue by bringing progressive product and service offerings to market faster.

"Above all, the best thing you can do is start learning. Getting on a journey to automation means you actually have to start somewhere."

"It's bringing the right information to the right person, so they can make decisions or agree on the next best action."

There are a lot of steps, but above all, the best thing you can do is start learning. Getting on a journey to automation means you have to start somewhere and not get stymied by over-analyzing your planning process. Success will bring more success as RPA champions spread the word.

By using the strategic approach laid out above, you can build on the early promises of RPA, replace legacy systems with less disruption to users instead of just working around them, and ensure that the entire organization is aligning automation objectives to top-line business objectives:

• operational efficiency;

• revenue growth by feeding data back into product development;

• improved customer experiences;

• better employee experience and retention; and

• a faster path to digital transformation overall.

It's all about bringing the right information to the right person, so they can make decisions or agree on the next best action, and, ultimately, allow the insurers to reclaim their long-held title as one of the most innovative communities in the world.

So, where's the best place to start? There are plenty of lofty automation goals to go around, but one, specifically, has been the North Star of insurance automation: end-to-end claims processing.

Why Insurance Companies Should Aim for End-to-End Claims Processing

No-touch, straight-through claims processing is the biggest opportunity for insurance right now. The cost of claims payouts and expenses is the largest spending category for a P&C insurer, oftentimes accounting for up to 80 percent of premium revenues (3); much of this is hampered by incorrect, error-prone claims handling that could be avoided by automating.

As any insurance company leader knows, there are a lot of moving parts in the claims process. Employees must respond to claims in a timely manner; collate large amounts of data; use the proper guidelines, codes, documents, and modifiers. Each claim then has to be monitored for accuracy and authorized or denied when needed. That is a lot of challenging manual work being passed between a variety of teams along the way.

Thankfully, the same automation technology that enterprises have employed for low-hanging processes in the past few years can be used along with advances in OCR, chatbots, and machine learning to handle a complex claim's workflow. By embracing RPA for claims processing, forward-thinking insurers can:

- reduce operational overhead;
- reduce data-entry error rates;
- free up employees to do higher-value work;
- improve compliance measures;
- reduce wait times; and
- reduce fraud leakage.

RPA can reduce the average time to settle claims, helping to close cases faster than the existing 3-to-21 day average. This faster settlement time can reduce undesirable court rulings and help insurers better handle complex loss and product claims. By reducing the number of delayed claims, insurance providers also lower their exposure to fraud. As part of your end-to-end claims processing, robots can quickly analyze which customers are at the highest risk of committing fraud.

How to Support Remarkable End-to-End Claims Processing Goals with RPA

All of the work of insurance companies boils down to a few moments of truth for customers: when something goes wrong, customers need their insurers to step in and help with quick, customer-focused solutions and claims processing. A remarkable claims experience is a modern, streamlined, tailored experience where customers have access to the information they want across multiple channels whenever they need it.

A no-touch, straight-through claims process can help insurers craft the customized experience that today's customers expect, i.e., the streamlined, easy, online processes that mirror their experiences with Amazon, Facebook, Google, and Apple.

The key to brilliant outcomes for both customers and the business is to identify a clear set of objectives that are complementary rather than focusing on just one objective.

"...reimagining their processes is where insurance providers are driving up the value to an end-to-end view on core processes."

With objectives established and aligned across the insurance company, reimagining processes is where insurers are driving up the value of end-to-end core process automation.

Using the customer experience as the motivator of change should translate to minimizing unnecessary touchpoints, joining up those fragmented processes into seamless experiences for customers. The automated end-to-end claims process streamlines the input and output of data, balances workloads between humans and robots to reduce process times, and increases the quality of customer experiences. Just as importantly, a strategic, long-term automation vision can ensure that new product introduction and growth objectives are integrated into the revamped customer experience.

How to Use Design Thinking to Break Down Silos

When insurers' siloed organizational structure, traditional thinking, and old-school IT delivery are the norm, and a radical vision of RPA-driven digital claims transformation is the objective, what's the way to bridge this gap? The answer: using design-thinking principles that embody a human-centric, solution-based approach to problem-solving.

This way of thinking broke into the business sector in the early 2000s when companies realized it could be used to sharpen their competitive edge within their industries.

For several decades, research has shown that design thinking has the potential to innovate businesses the same way that total quality management boosted growth in the manufacturing industry (4). Not only does it help teams think more holistically about business goals, but it unlocks creativity, increases employee loyalty, and radically improves day-to-day processes.

Common hurdles for insurance companies today are organizational inertia ('we have always done it this way') and process silos. Design thinking helps insurance companies leverage concepts, such as customer empathy, experimentation, diverse team makeup, and risk-taking, to create scalable, long-term automation strategies.

By disrupting the lens by which claims processes are currently evaluated, design thinking supports insurers in looking at automation with an integrated architectural eye, applying RPA and AI to all possible situations to improve not just one process, but operations overall. Design thinking also naturally drives the development of across-the-top strategy because it requires the alignment of different objectives.

A typical insurance company without design thinking could face multiple competing business goals, including:

- Improving claimant satisfaction;
- Improving settlement efficiency;
- Reducing claims fraud;
- Increasing recovery rates;
- Reducing litigation costs; and
- Reducing number of follow-up contacts.

As an example, a Chief Claims Officer is likely to have an objective to reduce the cost of claims processing. In parallel, this person's counterpart in the Contact Center, the Head of Contact Center Operations, is likely to have a customer satisfaction metric to meet and mandates that employees focus on call quality, leading to a higher cost per contact.

If these departmental objectives are managed in silos without proper balance or alignment, this can lead to major failures in many digital transformation programs. Conversely, if objectives across different business units are set with a strategic, integrated automation strategy, top-line automation initiatives have far greater potential to scale. Creating a common goal and alignment across siloed de-

partments sounds harder than it is. Imagine your new Automation team brings together all the process owners that could impact your new vision for a design-thinking session, not just within claims but also upstream, joining product development, frontline underwriters, risk engineering (prevention), and the complaints department. Insurance companies have been doing this, in part, with increased regulation around customer conduct but not realizing the true benefits of these big initiatives with a pragmatic outcome; for instance, identifying a class of business with high-volume, low-value claims with clear risk factors that could be automated and handled by dedicated RPA processes end-to-end with built-in fraud robots.

These end-to-end process owners would come out with an appreciation of their impact on the overall process, own the new vision, and align objectives to achieve the first intelligent no-touch claims process. Then learn, adjust, and repeat.

> "For several decades, research has shown that design thinking has the potential to innovate businesses the same way that total quality management boosted growth in the manufacturing industry (4). Not only does it help teams think more holistically about business goals, but it unlocks creativity, increases employee loyalty, and radically improves day-to-day processes."

Design the Claimant Journey with Empathy

Perhaps the most well-known principle of design thinking is the consideration of the human experience. (Think Steve Jobs and the first Mac and iPhone). Prioritizing the customer is not just the right thing to do; it is also good for business. According to a McKinsey study, insurers that prioritize customer experience generated 2-4x more growth in new business and 30 percent more profit than firms with an inconsistent customer focus over a five-year period. (5)

A design-thinking approach is inherently different than the typical insurer's way of managing a digital transformation initiative. This is because design thinking departs from a strictly profit-driven model and instead forces a focus on a human-first goal: to provide as much peace of mind and security as possible when something goes wrong.

For end-to-end claims processing, this means ascertaining your claimant's

points of friction and joy. It is critical to understand how customer behaviors have evolved and the details around these preferences. As an example, today, customers would rather interact with an automated service. Specifically, over 80 percent of insurance customers prefer self-service through chatbots early in the claims process versus interacting with a customer service agent. Getting to this detail leverages the design-thinking principle of truly understanding and empathizing with your customers' needs, emotions, and sensitivities.

This process begins by exploring your claimants in-depth and documenting what you already know about your claimants, e.g.,

- **They don't want to be further stressed in times of crisis;**
- **They want a quick response to their claim;**
- **They need easy notification, information, and photo submission;**
- **They must receive quick**

validity of their claim;

- **They want to be kept up-to-date on their claim status;**
- **They value quick deposits into their bank account or settlements where they only pay a deduction, and the insurer pays the rest directly; and**
- **They respond well when offered empathetic responses to loss while the insurer establishes if it is a valid claim.**

Once you have brought into focus what your customers value, you can move on to exploring your claimants intensively and developing a 360-degree understanding of who they are and what the points of human interaction are within claims processes.

This information can then inform complex process-optimization design, ensuring that the customer experience is prioritized over and above efficiency gains.

It is time to unlock all that knowledge you have about your customers, the potential of your employees, and all of your siloed data. The technology is now more accessible than ever to support these new standards and take a continuous learning loop into redesigning underwriting, products, and client services.

The two key artifacts that support this area of a design-thinking approach are:

Key Claimant Personas - This includes the customer segments that insurers predominantly serve and includes demography and behavior-based segmentation. For example, a millennial is likely to prefer to do business through mobile or chatbot channels, whereas a baby boomer would like to contact an agent or contact center to file a First Notice of Loss (FNOL).

Claimant Journey Events - Linking the true nature of a 'loss event' to the customer's 'moment of truth' is the next step in the humanization of claims processing. For a customer submitting an auto claim while stranded on the road, offering towing and a rental would deliver a far superior human-centered experience than putting more effort into the speed of a claim's settlement.

How UiPath Can Help You Achieve Your Radical Automation Vision

The insurance industry is no stranger to big change and complex projects driven by growth, customer experience, cost, and risk-aversion objectives. Brokers, agents, insurers, and reinsurers know that these multitier initiatives start off with the best intentions but usually drag out, inflate budgets, and fail to meet expectations in the long run. So how can the industry prevent these disappointing results as technology evolves? By investing in the world's best enterprise RPA platform to support their goals.

By utilizing the UiPath Enterprise RPA Platform, you'll have the opportunity to exceed your client's expectations and regulatory obligations, improve loyalty, and boost cross-sell opportunities.

Three things set us apart in the automation industry:

1 Industry Experience

While most of the automation challenges insurers face are similar, insurance has a set of business needs that sets the industry apart. This is largely due to:

- **legacy estates through multiple M&A;**
- **unstructured data;**
- **imminent disruption;**
- **obligations to customers; and**
- **need for regulatory transparency.**

Thanks to our in-house industry experts, **UiPath helps you quickly identify solutions to meet insurance-specific challenges with tailored solutions for all your goals**. Our industry subject-matter experts and customer success teams, along with technical and strategic advisers, are immersed in industry-specific deployments. This means you have domain journeymen who can help guide your automation vision and strategy.

Many of our insurance subject-matter experts solve real-world challenges by building accelerators and components that accelerate insurers' time-to-market. These accelerators and components are available on UiPath's Go! Marketplace, a free and open one-stop shop that offers anyone in the UiPath community access to a suite of open, reusable solutions, including vertical-specific offerings. These dramatically decrease development and deployment cost and time and drive productivity for RPA developers.

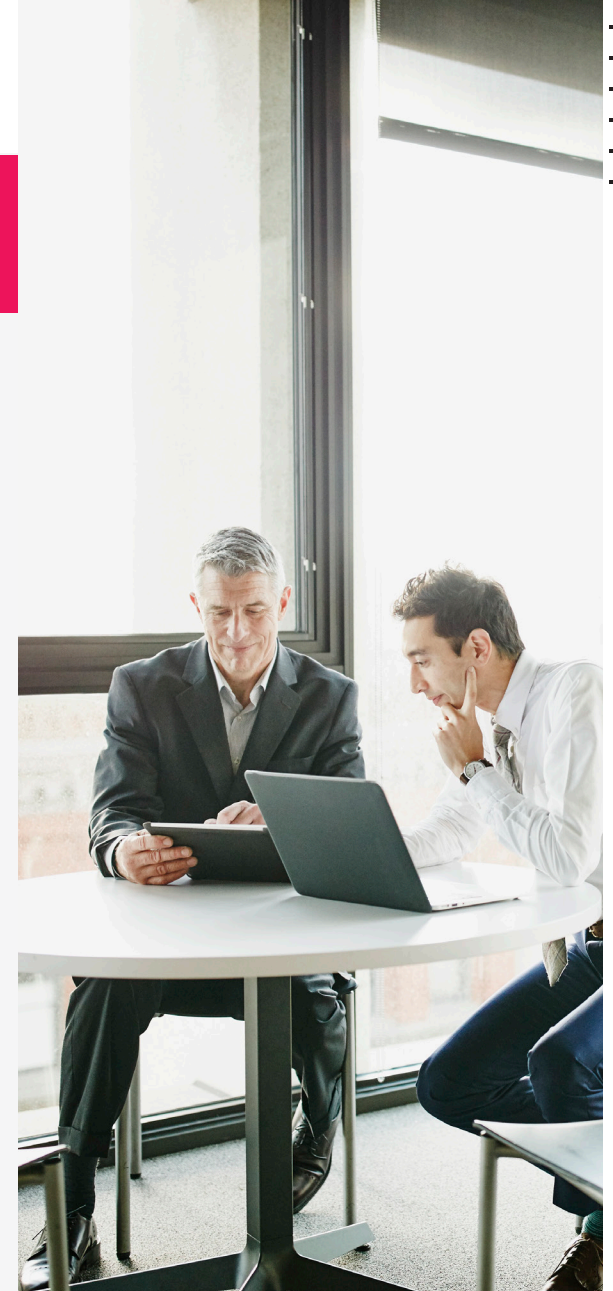# How UiPath Can Help You Achieve Your Radical Automation Vision

(2) Enterprise-Oriented RPA to Support Any Automation Vision

Insurance companies require enterprise-grade RPA solutions that can ease the process of implementation, be easily deployed across geographies, support complex end-to-end processes across business units, and attain fast scalability from initial pilot to live environments, scaling across the business.

The UiPath Platform can support your vision for claims with a customer-led, proactive, prevention-led service that includes quick notification, assessment, and settlement through client-preferred channels.

> By utilizing UiPath technology, coupled with our integrated 300+ partners, you can build an ecosystem that will solve your insurance challenges, not just for claims but for all areas.

These new capabilities will move you beyond the first phase of automating repetitive tasks and managing through legacy constraints to: intelligent OCR that starts to unlock your valuable data; intelligent chatbots that will learn and provide valuable services internally and externally, speeding up claims operations; connect data across your enterprise, internally and externally, which will cut operational costs; human-in-the-loop capabilities that can ensure you reclaim your employees' time to focus on value-add customer interaction; and building and deploying machine learning models that will impact real-time decision making that drives agile growth. With this rich portfolio of capabilities, UiPath enables you to build and support your digital workforce to support your strategic goals.

How UiPath Can Help You Achieve Your Radical Automation Vision

3 **Introduction of AI Enables Automation of More Complex and Cognitive Tasks**

Insurers can find partners with industry expertise and a vision for an automation future, but without AI capabilities, they will not be able to achieve end-to-end processing and will lag behind their competition.
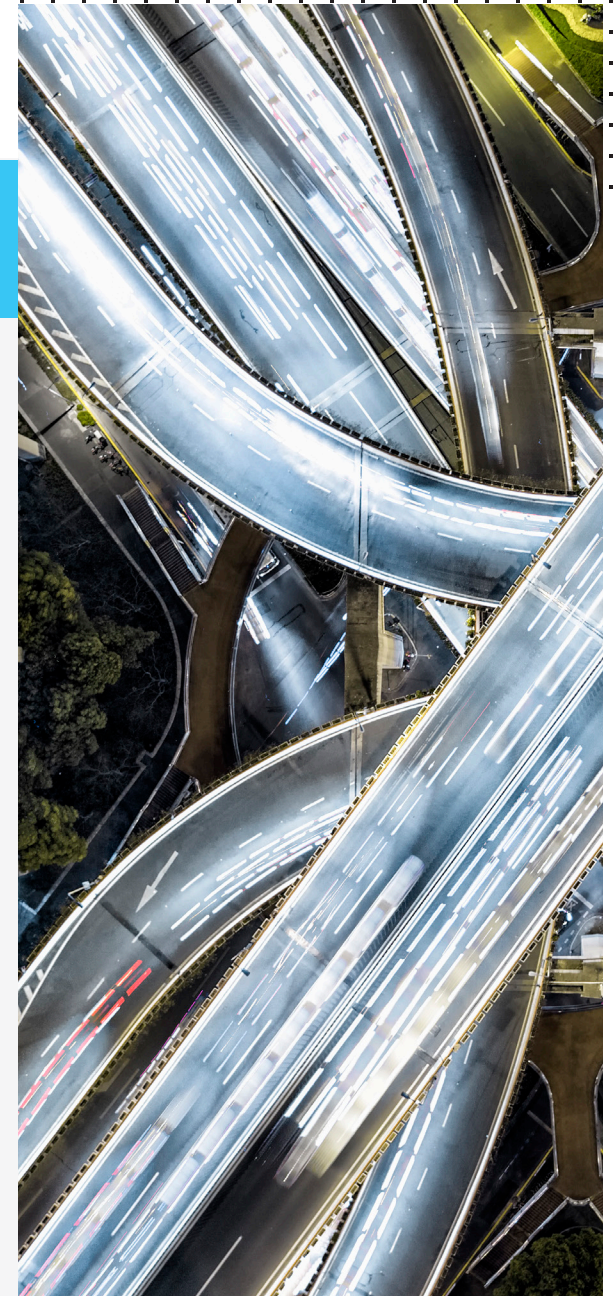
The UiPath pragmatic approach to AI focuses on helping insurers solve tangible industry-specific business problems. Examples of UiPath AI Skills that enable UiPath Robots to perform increasingly complex and cognitive tasks are:

- **VISUAL UNDERSTANDING:** UiPath's Visual Understanding capabilities allow UiPath Robots to recognize and complete UI elements with human-like precision, lowering the need for technical selectors or APIs and maintaining automation robustness even after software upgrades. This not only increases the number of processes you can automate but also further weaves together the patchwork of legacy systems weighing the insurance industry down.

- **DOCUMENT UNDERSTANDING:** The combination of optical character recognition (OCR), natural language processing (NLP), and ML-based document classification and extraction models allows you to pull data directly from documents, emails, slips, claim forms, medical reports, schedules, risks, and more.

- **CONVERSATIONAL UNDERSTANDING:** Analyze the sentiment of text, chat, and voice inputs, classify inputs in order to automatically route them to the right team, and execute requests and actions from chatbots and voice assistants.

Additionally, AI Fabric will enable insurers to deploy their own ML models developed by their in-house data science team directly into RPA workflows.

Finally, UiPath combines RPA and AI via a rich ecosystem of partners that solves problems ranging from the front door to the back office. UiPath AI partners help insurers to automate complex processes and deliver high-quality customer experiences through capabilities like chatbots and self-service claim submission.

UiPath is also currently working with several insurance customers to co-innovate at our Immersion Lab, learning and using these capabilities together to solve real insurance challenges.

Conclusion

At its core, automation helps organizations unlock the data and value associated with legacy investments. If insurance leaders combine the adoption of design-thinking principles with the strategic digitization of the claims' value chain, they can break down their silos, save time by simplifying their legacy footprint, transform their claims operations with a vision all stakeholders can buy into, and achieve significant operational efficiency gains and agile revenue growth. If your goal is to replace or consolidate your legacy estate, RPA can provide a more measured, seamless, and less risky path to this goal.

Start today. Pick a class of business and learn by doing. There is a big community and support out there for you to take advantage of.

→ **Continue the conversation at uipath.com**

About the Authors

Elaine Mannix

Elaine is an insurance industry change leader with over 20 years of international experience. Her breadth and depth of experience include driving change at Fortune 500 insurance carriers as both an internal leader and an external consultant.

Familiar with the entire insurance value chain from Broker and MGA (Agent) to Insurers and Reinsurers, she has led global teams in delivering large-scale transformation initiatives. Elaine brings critical insights about using emerging technologies, such as intelligent automation and blockchain, to deliver differentiated customer experiences. She is equally astute at informing operational efficiency initiatives that have significant regulatory considerations. She is highly networked in the insurance industry for helping customers transition from automation experimentation to the development of mature automation visions and strategies to achieve customer, risk, revenue, and cost-objectives.

Elaine currently leads the Insurance and Financial Services Industry Practice at UiPath, the leading Robotics Process Automation (RPA) AI company. She advises customers on how to develop strategic RPA initiatives and builds industry solutions for intelligent process automation.

Considered an inspirational advisor, her customer-centric holistic approach to business transformation is both practical and ambitious. Elaine's change skillset includes Operational Excellence, Process Re-engineering, a Regulatory Approved Person and Designing, and leading a Robotic Process Automation Centre of Expertise.

Sathya Sethuraman

Sathya is an insurance industry strategist and thought leader with over 20 years of experience. He is a trusted advisor to Fortune 100 global insurance and financial services enterprises and has led large-scale digital transformation initiatives. His expertise centers on the delivery of customer-centric target operating models designed for omnichannel, straight-through processing, and core systems modernization. He brings critical insights to the application of emerging technologies for differentiated customer experiences and operational efficiency.

Sathya currently leads the Insurance and Financial Services Industry Practice at UiPath, the leading Robotics Process Automation (RPA) AI company. He is responsible for building industry solutions for intelligent process automation, leveraging UiPath's platform and the UiPath alliance ecosystem.

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