Claims management is complex. Complexity stems from variations in risk underwritten, coverages, jurisdictional interpretations and regulations, not to mention variation in facts. Highly valued claims handling activities and practices vary based on targeted outcome. The network of constituents leveraged during the life of a claim varies.

For those who operate inside one line or type of claim — variation seems negligible — and a monolithic technology approach may work. But for those who provide claims services for multiple lines of business on a global scale, a one technology approach is impossibly complex, time consuming to build and costly to maintain.

How does a global claims services provider automate the wide variation in claims activities?

Answer: A low-code platform leveraging BPM.

The traditional path of buying a monolithic core, adding layers of custom code for functions that are not included in the base application, complimented by a portal or 5 and a mobile app that runs on only one platform, results in an enterprise system that is legacy technology the day it goes into production.

Instead, this company chose Appian to accommodate a wide variation in claims with simplicity, transforming service delivery continuously, including:

- Mobile catastrophe platform — deployment of resources, claim intake, field and desk adjusters collaborating in same claim
- Web-based, role-relevant claims administration, enabling risk managers and adjusters to work on a claim simultaneously
- Back-office sanction screening prior to payment processing
- An Exchange app where vendors register, get screened and become part of a service network of experts for claims
- Reports for transparency in claims performance

The results of the effort positively affected efficiency in claims handling and delivered against businesses unique needs:

- Increased process efficiency, including
  - 80% acceleration of claims uptake
  - 70% acceleration of customer invoicing
  - 90% streamlining of call center operations
  - 97% increase in back office efficiencies
- Reduced the need for manual creation of large loss notices, end-of-the-month loss runs and other KPIs
- Increased transparency and communication in claims activities between the adjuster, risk manager and claimant
- Improved support for their virtual workforce by utilizing social collaboration
Key reasons for carriers to digitally transform:

Nearly every link in the claims process will be fundamentally changed in the future.

EY – THE FUTURE OF CLAIMS 2016

Appian’s modern application platform is a key component in our goal of providing better service to our customers.

CIO, GLOBAL CLAIMS SERVICES PROVIDER

Appian’s technology aligns with the ever-changing needs of customers to enable growth and drive efficiency across the enterprise.

Financial services and insurance (FSI) firms are no longer willing to be held back by legacy technology, and the large-scale, rip-and-replace of complex core administration systems is not viable. Appian’s enterprise platform scales for the smallest to the largest programs, enables rapid development of applications, and can be delivered on-premise or in the cloud.

What can Appian do for you?

- Quickly address priority projects via low-code application development
- Leverage existing IT investments by converging data from disparate systems into one view
- Build applications in weeks, not months — and deploy anywhere
- Enable an agile, contextual view of data from any source
- Foster IoT innovation and application by adopting an agile development methodology
- Deliver a connected experience for all users — both internal and external

Appian provides a leading low-code software development platform that enables insurance organizations to rapidly develop powerful and unique applications. The applications created on Appian’s platform help companies drive digital transformation and competitive differentiation.

For more information, visit www.appian.com