

Appian for Insurance

CLAIMS FRAUD CASE MANAGEMENT

- > Increase the amount of fraudulent activity detected
- > Identify fraud before settlement, including loss padding in claims
- > Get a consolidated view of of fraud risk and understand fraud trends
- > Reduce overall loss adjustment expenses

Claims fraud can significantly impact an insurer's bottom line. Insurers need to employ diligent, effective fraud detection methods that keep them in control of their claims portfolio.

Effective claims fraud case management enables insurers to detect, prevent, and manage claims fraud across all lines of business. This includes the ability to track similar claims, including loss padding, collusion, and repeat offenders. But all of this must be balanced with the customer service side of claims adjudication, and the risk of generating false positives for fraud and upsetting claimants with legitimate losses.

How can insures balance the time, cost, and servicing aspects of a comprehensive, ongoing initiative?

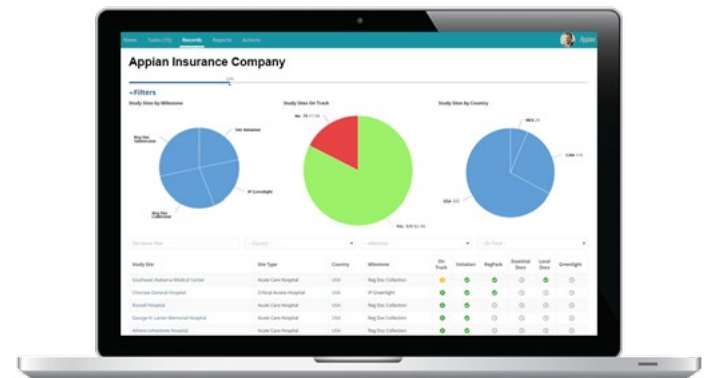
MEET THE CHALLENGE

Appian helps insurers detect fraudulent activity sooner, by giving them a consolidated view of fraud risk across all lines of business. A broader view of all data helps to detect previously unknown fraud schemes, and spot linked entities and crime organizations to minimize losses.

Improve investigator efficiency and ROI with advanced case management tools that enable more efficient and accurate investigations, and allow you to capture all claims settlement amounts within the system to reuse with similar claims in the future.

With Appian, insurers can:

- Streamline fraud handling operations with a configurable workflow that displays all information pertinent to a case
- Better manage data from all sources, including claims systems, watch lists, third parties, and external databases
- Enable collaboration from internal and external stakeholders in the investigation process, via a single view of all available data



FOCUS

Transform your business processes to become a connected company in the digital world.

- Eliminate back-office inefficiencies with rapid digital innovation
- Converge all relevant data into a single view to improve and speed decision-making
- Improve the customer experience to increase customer loyalty

TAKE CONTROL

With Appian, you can quickly build, deploy, and scale enterprise applications for your claims operations, including:

- FNOL Coordination
- Claims Third Party Insurance Management
- Subrogation Case Management
- Claims Third Party Insurance Management
- Claims Administration
- IoT Risk Prevention Monitoring
- Adjuster Innovation Workbench
- Claims Operations Modernization

PREPARE FOR THE FUTURE

The digital world is faster, smarter, and more connected, and Insurance companies need a platform to adapt to the new pace of change.

It takes speed and power to deliver transformational solutions. The Appian low-code application platform provides both, while leveraging your legacy IT investments.

With Appian, organizations can build web and mobile apps faster, run them on-premises or in the cloud, and manage complex processes end-to-end, without limitations.

LEADING ORGANIZATIONS TRUST APPIAN:



Appian

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

For more information, visit www.appian.com