Transforming Health Claims with Neutrinos' AI-Powered Automation

Customer:

A Leading Asian Financial Services Group

Abstract:

Faced with paper-heavy workflows and slow settlement cycles, a leading insurer adopted Neutrinos' AI-powered claims automation suite. Within months, they shortened settlement times from weeks to minutes, automated ICD coding and payables, and sharply reduced rework, driving faster payouts and a vastly improved customer experience.

The Context:

The insurer's health claims process was paper-heavy and slow, dependent on in-branch submissions and manual data entry across multiple systems. This led to long settlement cycles, frequent rework, and mounting compliance risks. They needed automation to accelerate turnaround & reduce operational strain.

- o 18-day settlement cycles..
- o Manual ICD coding and data re-entry.
- o High rework from incomplete documents.
- o Increasing compliance and audit pressures.

The Solution:

Neutrinos implemented an AI-powered automation suite to digitize claims intake, streamline medical document handling, and automate decisioning. By unifying intake channels and embedding intelligence at every stage, the solution eliminated manual queues and accelerated claims processing across health operations.

- o **Unified intake** from branch, email, web, & WhatsApp into a single pipeline.
- o **AI-driven document classification & extraction** for 42 medical document types.
- o **Automated ICD-10 and CPT coding** from free-text medical narratives.
- o **Dynamic NIGO detection & benefit mapping** to validate completeness & coverage.

The Impact:

The insurer achieved a rapid transformation in claims operations. Clean claim registration dropped from **24 hours to just 24 minutes**, while straight-through processing for routine health claims surged from **28% to 93%.**

NIGO rates fell significantly, and medical coder hours were cut by over half. These results accelerated cash flow to customers, boosted satisfaction, and delivered substantial operational cost savings.

Value Realized:

53% drop in medical coder hours

Document re-work loops reduced by 79%

Significant OpEx savings from reduced manual handling & rework

Enterprise-wide reuse potential for life and motor claims