FINEOS Claims for Voluntary Insurance

FINEOS Claims for Voluntary Insurance resides on the open core, cloud-based FINEOS Platform, powered by AWS and delivered as a Software as a Service (SaaS) model.

Purpose-Built for You

Voluntary insurance has evolved into an essential component of the majority of employee benefit packages, offering an economical way to provide additional insurance options that cater to the individual needs of employees. With an increasing number of employees embracing these choices, claims integration becomes a must-have feature. FINEOS Claims for Voluntary Insurance seamlessly integrates with the FINEOS Policy, Billing, Payments, and Provider solutions, offering a contemporary, SaaS-driven technology platform with AI-powered automation, intelligent decision support, and predictive analytics that facilitate a swift and hassle-free claims process. This offering is available for accident, hospital indemnity, and critical illness products.

Accident   **Hospital Indemnity**   **Critical Illness**

Seamless Navigation
Streamline Claims Intake and Workload Management

- Support your organization's unique claims servicing needs with automated workflows and straight through processing.
- Provide a consistent user experience across products.
- Accelerate service delivery with online coverage verification and eligibility at the point of intake.
- Coordinate with disability claims intake for a single life event approach.
- Ensure higher quality service with rule-based assignments, automated escalations, and faster approvals.
- Enhance communications with shared information, integrated scheduling, and fewer follow-ups.

Improved Performance
Better Claims Outcomes and Increased Profitability

- Improve case management with immediate access to prior claims, provider cost history, and relevant communications.
- Identify treatment options and abnormalities faster using AI-driven dashboards that surface outliers and pattern deviations automatically.
- Monitor claims and payment trends, provider diagnosis, and practice patterns against industry benchmarks.
- Estimate costs and recovery times using MDGuidelines.
- Drive contract negotiations, reduce costs, and prevent fraud with integrated information on claims, payments, and providers.

Modern Technology
Configured for Maximum Flexibility

- Out-of-the-box accelerators for deployment to reduce carrier setup requirements and ensure smooth integration with other systems.
- SaaS solution delivered either standalone or as part of a complete policy administration or end-to-end platform solution.
- Highly configurable, scalable platform to grow in line with business needs.
- APIs that matter to support transactions and customer interactions throughout the entire claims lifecycle.
- Trusted and compliant platform to support the most stringent security and regulatory requirements.

Key Features

- Robust search engine for real-time information sharing and collaboration.
- Extreme flexibility in configuring claim structures, assignments, case management, follow-ups and payments (including multi-lingual and multicurrency).
- Complete payment history with detailed calculations, explanations, back-dating, and audit trails.
- AI-powered analytics and predictive reporting for audits, performance tracking, fraud detection, and payment accuracy, helping teams act before issues escalate.
- User-configured triggers and heat maps for intuitive claims lifecycle management and faster identification of abnormalities.
- Natural Language Processing (NLP) extracts structured insights from unstructured claim notes, attachments, and emails to support faster triage and documentation accuracy.

Key Outcomes

Increased Carrier Satisfaction

- Deepened customer and service provider relationships from streamlined requests for information, faster coverage verification, and approvals.
- Better patient outcomes through more effective collaboration between case managers, service providers, and rehabilitation centers.
- Claims paid faster and more accurately with integrated provider authorizations and payments.
- Claimants and other key stakeholders kept proactively informed throughout the process.
- Carrier's ability to manage claims and provider performance improved.
- Enhanced ability to respond to changes in the market.

Reduced Expenses

- Fewer service inquiries and increased accuracy in claim payments by reducing manual calculation errors.
- Less variability in claims payments from coordinated treatment plans.
- Improved ability to negotiate discounted rates with service providers and rehabilitation centers.
- Reduced outside claims expense associated with commercial mapping software to locate service providers.
- Faster escalation of complex claims and potential fraud identified and escalated faster with AI-enhanced analytics, behavior modeling, and anomaly scoring.

Improved Operations

- Decreased service backlogs and bottlenecks from waiting on policy and coverage verification.
- Increased staff productivity from fewer service inquiries and requests for information.
- Better management decisions from increased data accuracy and integrated information.
- Streamlined compliance and audits through immediate access to information and automated file assembly.

FINEOS AdminSuite

FINEOS Claims for Voluntary Insurance is supported by FINEOS AdminSuite, the purpose-built solution for the Life, Accident, and Health industry and the Employee Benefits market. Designed to meet the evolving needs of insurers and claimants, FINEOS AdminSuite enables seamless, end-to-end claims processing for accident, hospital indemnity, and critical illness products. Whether deployed as a comprehensive core system or adopted incrementally through modular components, FINEOS Claims leverages secure, scalable SaaS cloud technology and embedded AI capabilities to accelerate intake, streamline workflows, and deliver fast, accurate, and compassionate claims experiences.

Visit our website: **www.FINEOS.com**

To learn more about **FINEOS Claims for Voluntary Insurance** or to request a demo, email: **info@FINEOS.com**