

project risk mgmt • bcr • health & safety • rmis • claims admin • esg • tprm • compliance • policy mgmt • internal audit • erm •



CONNECTIONS



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AI, Machine Learning, and the Claims Adjudication Process

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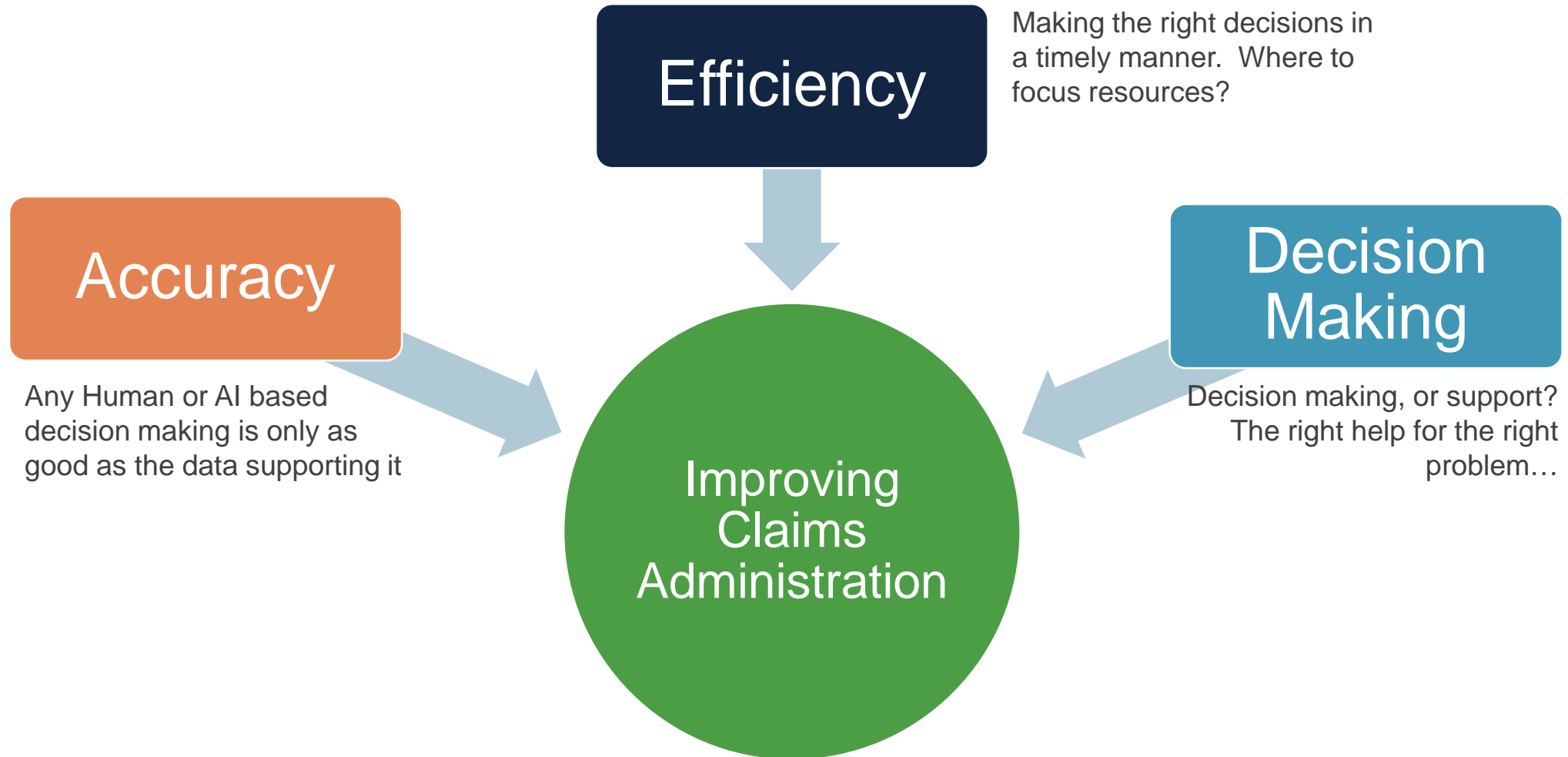


Agenda

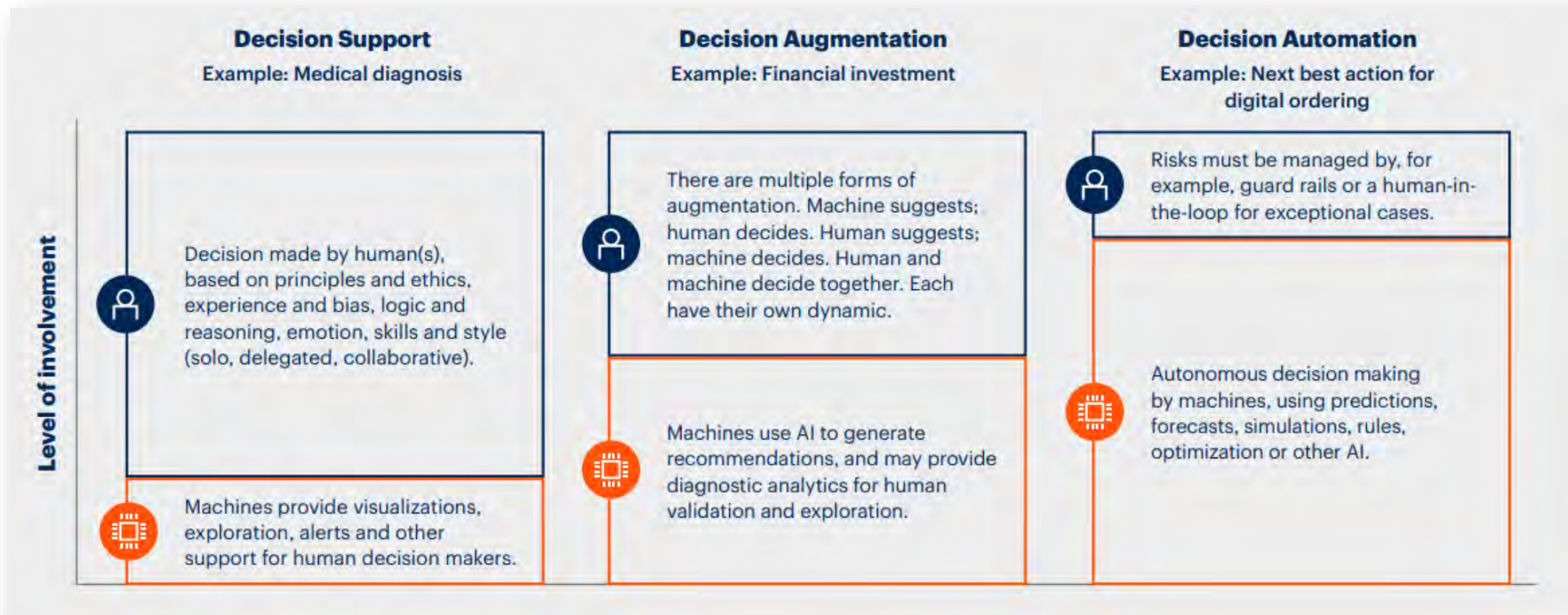
- Opportunities for Automation in the Claims Adjudication Process
- ***Case Study: The Home Depot Claim Coding***
- Riskonnect Automation Roadmap

The Claims Process

Key drivers to improve performance



Consider the degree of augmentation required from advanced analytics and AI



Claim Severity Prediction

Available today

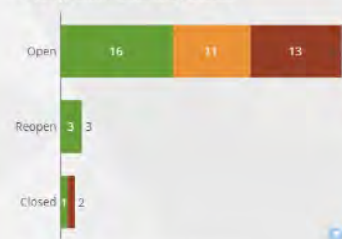
Claim Severity Prediction Summary

This dashboard does not use a Point in Time data. All claims are valued at the current date.
Note - All values in USD \$

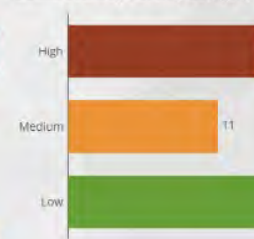


Claims Summary

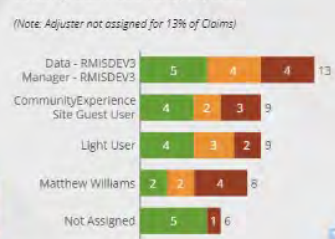
Severity Claim Counts by Status



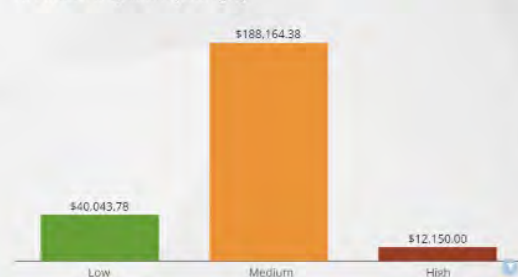
Claims Count by Severity Category



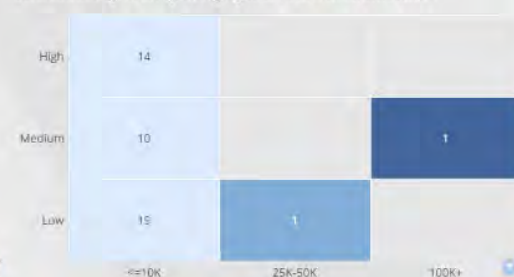
Severity Claim Counts by Adjuster



Net Incurred by Severity Category



Claim Count by Severity Category and Financial Stratification



Claim Severity Prediction

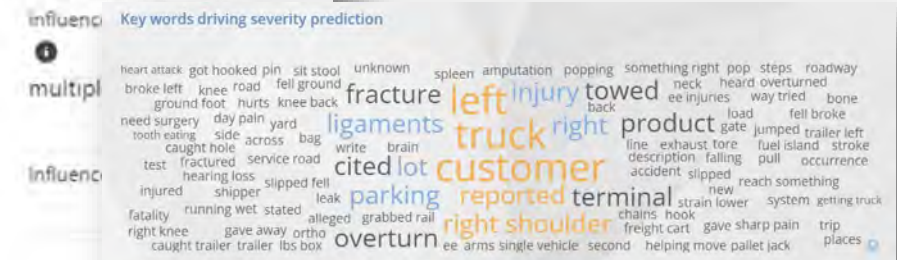
Severity Category: T-High
Predicted Percentile: 96

Predicted Key Words: 'overturn', 'towed', 'cited', 'police'

Influencer: Claim Type: It
Influencer: Cause: motor vehicle, noc not otherwise classified in any other code.
Influencer: Accident State

Export Date/Model Run Date: 1/20/2022, 6:21 AM

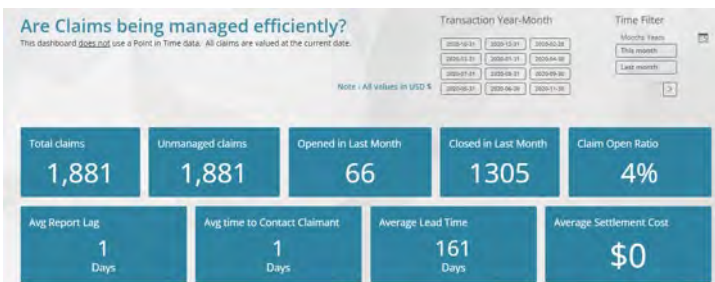
Influencer: Body Part: multiple body parts



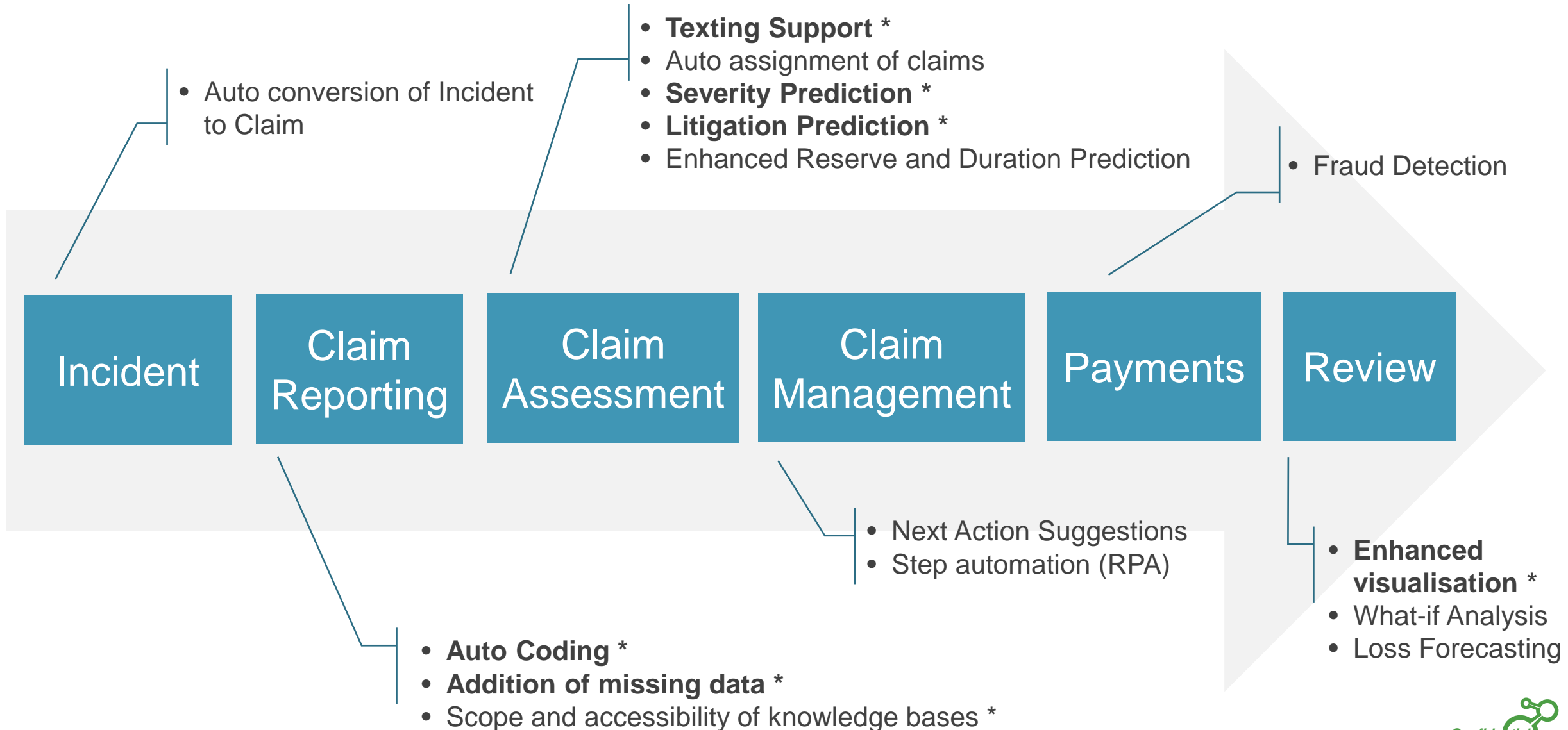
Combine Prediction with 'Claim Handling Risk'

Claim Handling Risk:

- Number of populated fields
- Lack of communication with injured party
 - Claims with no diaries, tasks, etc
 - Overdue tasks
- Activity monitoring
 - Change in status (incident to claim, litigation, etc.)
 - Time since last payment
 - Change in reserve buckets
 - Number of reserve increases



Introducing further Innovation in the Claims Process



* Either in the solution now, or being developed

Addressing Accuracy: The Home Depot

Problem: An inaccurate, costly and manual claim coding process was causing delays in the initial phases of the claims management process

Objective: Reduce time delays for TPAs to receive incidents and begin their investigation

Outcome: Achieved! ✓

We now provide a better level of service to our customers and associates, as well as delivering cost and efficiency savings

Go Live March 1st, 2022

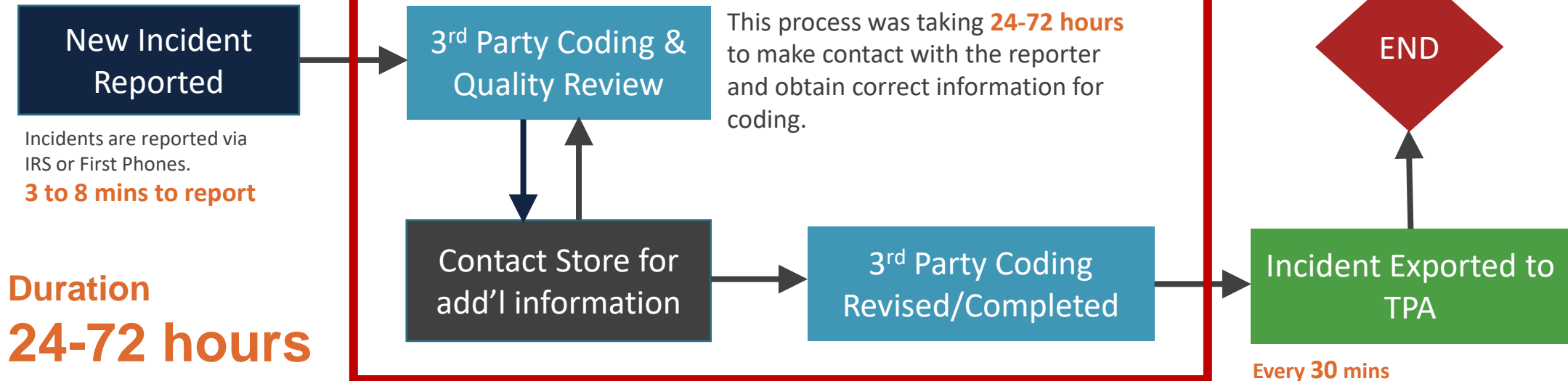
System is coding at **98% Accuracy**



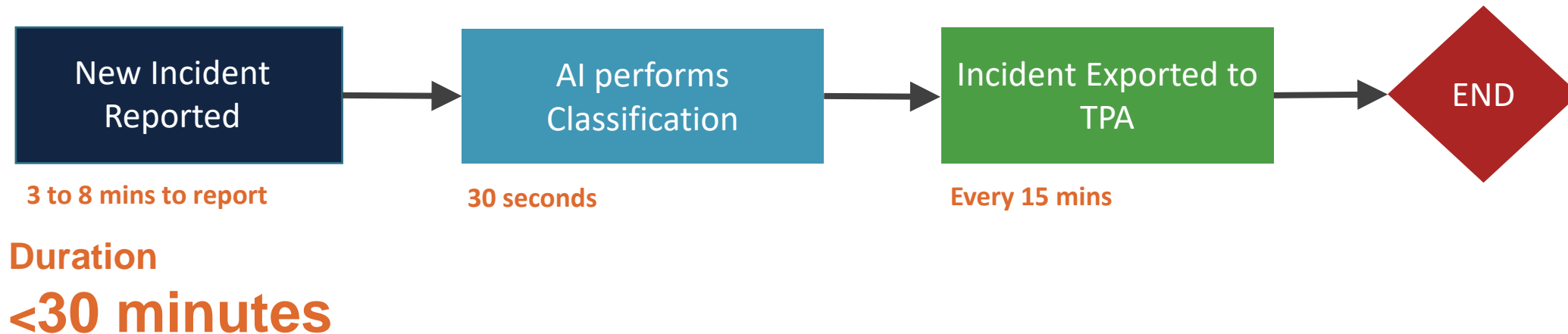
Predictive Coding Workflow

AI ELIMINATED THESE STEPS!

Previous State



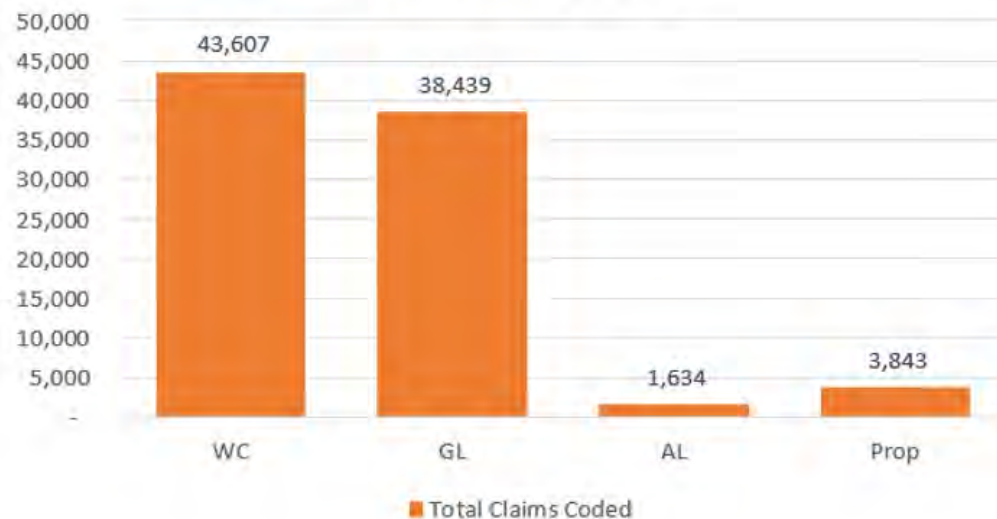
Current State



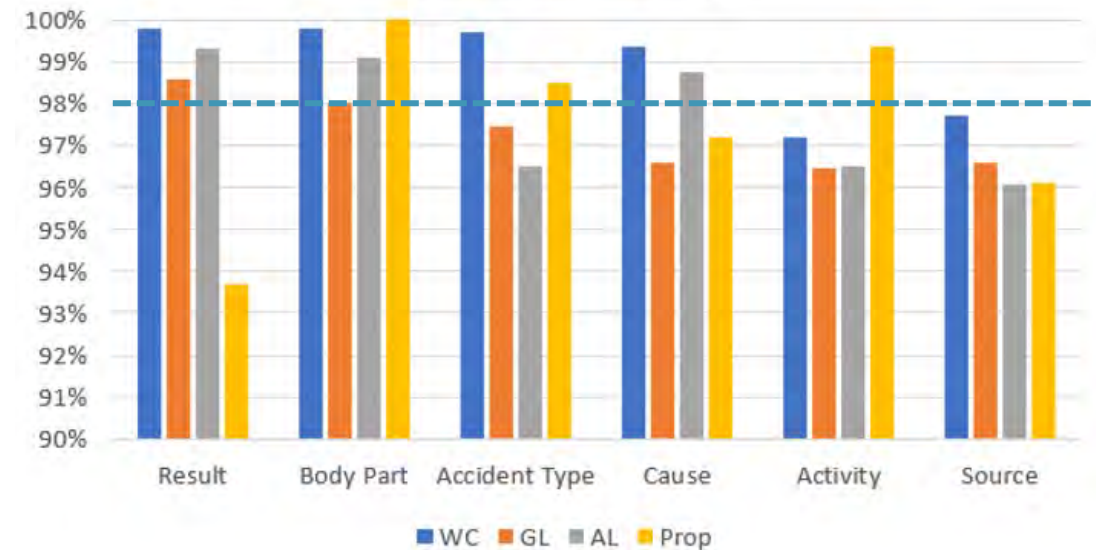
Review of Results

~87,000: Claims processed March – June 2022
 80 → 98%: Coding accuracy improvement
 2.5 days: Average 'Report to TPA' time reduction
 \$400k: Annualised Cost Savings

Total Claims Coded



Coding Accuracy



Individual humans may occasionally make better individual decisions, but over thousands of claims AI is proven to significantly improve **speed, accuracy, and consistency.**

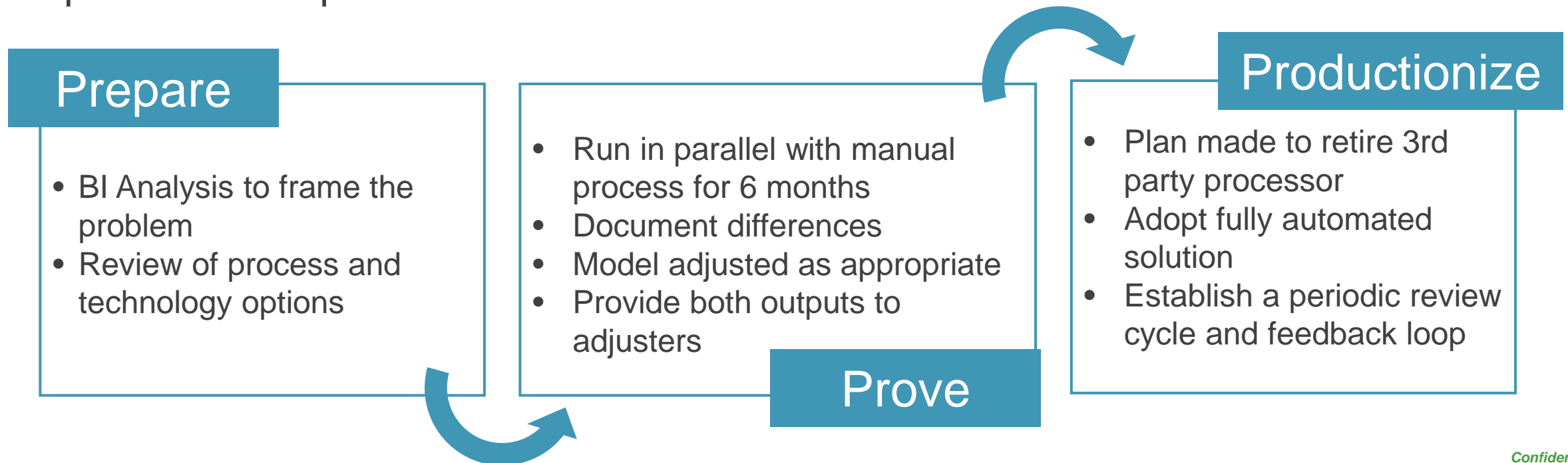


Set and forget?

Coding of: Result, Body Part, Accident Type, Cause, Activity, Source

Like any decisions they need to be evidenced and re-validated over time

Implementation plan:





Next Steps

- Historic mis-codings from the field – continue to identify and correct
- Extend to OSHA codings – currently being done manually

Questions?



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DISCOVER

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