

CASE STUDY

Reducing reimbursement turnaround through intelligent adjudication.



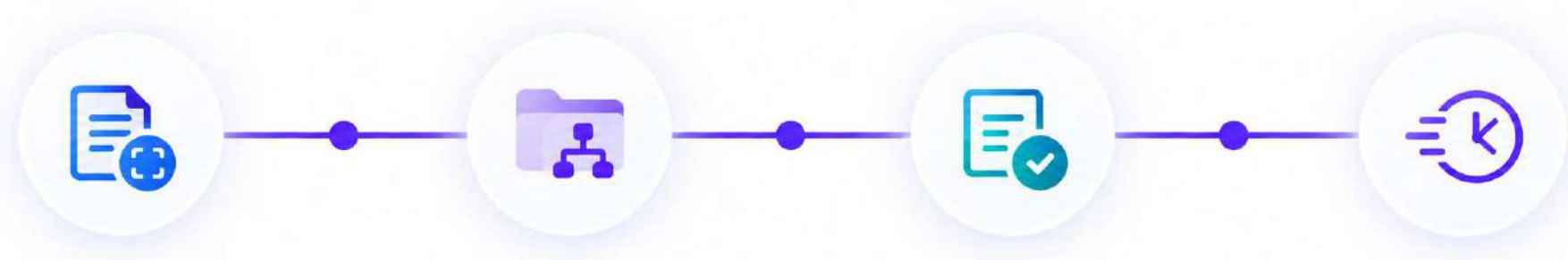
ABOUT THE CUSTOMER

This customer is one of Indonesia's leading providers of health and life insurance, serving individual and group customers across a large member population and provider network. The organization manages significant reimbursement claim volumes across multiple health products.

SUMMARY

The customer wanted to reduce claim turnaround times while improving adjudicator productivity. Health reimbursement claims required extensive manual effort to categorize expenses, reconcile invoices, identify missing information, and prepare claims for adjudication.

Kamios orchestrated the entire reimbursement workflow, automating document extraction, categorization, reconciliation, and NIGO management while ensuring adjudicators remained responsible for complex decisions and exceptions.



THE CHALLENGE

The insurer wanted to reduce reimbursement turnaround times without increasing adjudication risk. While adjudicators were responsible for making claim decisions, much of their time was spent preparing files, validating information, and managing missing documentation rather than assessing claims.

This resulted in:

01

Manual categorization of claim expenses

02

High volumes of NIGO claims

03

Repeated follow-ups for missing information

04

Inconsistent invoice and supporting document data

05

Limited adjudicator capacity for complex cases

THE KAMIOS APPROACH

Kamios orchestrated intake, extraction, categorization, NIGO management, adjudication support, and claim summarization under a single mandate-driven workflow.

The solution combined:

- **Medical Document Processing**
Extracted data from invoices, receipts, and medical records.
- **Expense Categorization**
Mapped expenses against benefits and coverage rules.
- **Claims Reconciliation**
Validated totals and identified discrepancies.
- **NIGO Management**
Generated targeted requests for missing information.
- **Duplicate Detection**
Identified related or potentially duplicate claims.
- **Settlement Recommendations**
Prepared recommendations and escalated exceptions.

OUTCOMES

- Administrative effort was reduced through workflow automation.
- Claims entered adjudication with more complete information.
- NIGO management became faster and more targeted.
- Claim turnaround times improved.
- Adjudicators focused more time on complex cases.

BUSINESS IMPACT

Kamios reduced the administrative effort required to prepare claims for adjudication.

Better-prepared files and more targeted information requests helped accelerate claim processing while allowing adjudicators to focus on higher-value assessment activities.

WHAT IS KAMIOS?

Kamios is the governed AI agent orchestration platform for insurance and regulated industries. It gives insurers, banks and financial services firms one governed place to run AI agents on live cases, from claims and underwriting to onboarding and credit decisions, coordinating agents, people, systems and decisions without replacing what is underneath. Every action is declared under a mandate, evidenced as it happens and metered per case, so leaders can answer for what their agents do. It runs on their own infrastructure, in their own region, with the models they choose. Kamios is a Neutrinos product, built by founders with decades in insurance and banking technology, and is in production today at Tier-1 carriers, where straight-through processing on new business moved from 2 percent to 35 percent. Learn more at www.kamios.ai.