

ePAC Pre-Authorisation Claim Processing Solution for Health Insurance

PROVIDERS

REDUCE ADMIN BURDEN
SPEED UP CLAIM APPROVALS

PAYERS

MINIMISE CLAIM INFLATION
REDUCE 'AFTER-THE-FACT' REJECTIONS
SCALE AND ASSESS CLAIMS CONSISTENTLY
FAST ROI ON AI DEPLOYMENT

POLICYHOLDERS

GREATER PEACE OF MIND
HIGHER SATISFACTION



SMART

Accurate and Robust

Advanced best-in-class algorithms and are trained on your proprietary data to assess claims

Medically-Trained AI Assessor

Powered by Google MedLM, a best-in-class medically trained large language model, ePAC's AI assessor fluently summarises and clarifies claims with human experts

Self-Learning

Humans-in-the-loop provide feedback, retraining and improving the underlying AI solution periodically

Insightful

A single view of across all claims for further claim patterns analysis for underwriting, distribution and other purposes*



SAFE

Reliable and Trusted

Built on AI models and data practices for fraud, waste and abuse trusted by Ministry of Health Singapore

Confidential and Secure

Secure development and management of confidential algorithms and proprietary data sets for clients

High Data Quality

Robust data ingestion pipeline with QA checks to ensure high quality training data

Human-Centric

Routes to the human-in-the-loop for clarifications and final decision-making

Repeatable and Reproducible

Consistent results that can be independently verified



SWIFT

Rapid Deployment

Modular micro-service architecture makes ePAC fast to implement into existing systems or in parallel with other solutions.

Real-Time

Unified processing and smart messaging platform eliminates communication bottlenecks and streamlines workflows

Autonomous

Autonomous AI agents work alongside human actors, routing claims and providing clarifications seamlessly

Automation-Ready

Smooth transition to straight-through processing for up to 90% of simple claims

TRUSTED BY



PROUD PARTICIPANT



CONTACT US FOR A DEMO



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