Skan AI

eBook

Claims, Costs, and Clarity: Process Intelligence for **HEALTHCARE PAYERS & INSURERS**

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Executive Summary

We are at a pivotal moment for healthcare payers, where mounting regulatory demands, cost containment pressures, and rising member expectations are pushing insurers to reimagine how their operations run. This eBook explores how process intelligence is transforming payer operations—offering deep, actionable visibility into the complex processes that underpin claims, prior authorizations, member services, and utilization management.

Traditional process mining in the payer space often focuses on tactical improvements within individual functions, such as claims adjudication or call center efficiency. While these efforts yield short-term gains, they rarely scale to address enterprise-wide priorities like cost-of-care reduction, medical loss ratio (MLR) improvement, and member satisfaction.

Process intelligence goes further. It delivers a holistic, data-driven understanding of how work truly gets done—across teams, technologies, and geographies.

This enables healthcare insurers to align operations with executive goals: reducing administrative waste, improving compliance with CMS and state regulations, accelerating claims resolution, and creating seamless member journeys.

Strategic implementations typically follow a phased approach—from establishing operational baselines to driving optimization and, ultimately, enabling digital transformation. Each phase is tied to measurable outcomes and payer-specific KPIs such as first-pass resolution rates, appeals turnaround times, and audit readiness.

McKinsey estimates that healthcare payers could achieve $150 million to $300 million in administrative cost savings for every $10 billion in revenue by fully integrating AI and automation into their operations. These results not only enhance today's performance but also lay the groundwork for tomorrow's AI-enabled, value-based insurance enterprise.

Leverage Process Intelligence to Drive Operational Transformation

Traditional process mining tools only analyze system logs—but process intelligence captures the full user journey across payer systems, for a detailed view into how work is actually performed across claims, prior authorizations, and member service workflows.

With Skan AI's Digital Twins of Operations (DTOs), healthcare payers gain real-time, data-driven visibility into day-to-day operations. This empowers insurers to uncover hidden inefficiencies, optimize human capital, reduce administrative costs, and drive measurable improvements across insurance functions.

Supporting People

Enhance workforce management by understanding exactly how processors interact with systems and tasks. Process intelligence can reveal variations between teams, helping replicate practices of top performers—especially in high-volume areas like claims. For example, process intelligence can uncover how certain teams complete documentation steps significantly faster due to streamlined workflows. It can also expose how time is lost due to system lag or excessive toggling between applications—insights that directly inform productivity improvements.

The technology also reveals how non-value-added activities—such as excessive toggling between claims systems, waiting for legacy applications to load, or duplicative data entry —impact operational KPIs like first-pass resolution, cycle time, and call handling efficiency. One client discovered that these friction points accounted for a disproportionate share of processing delays and administrative burden.

Optimizing Processes

Process intelligence delivers detailed visibility into how insurance processes unfold across systems and teams—surfacing inefficiencies, redundancies, and delays that traditional improvement efforts often miss. By mapping every click, pause, and data handoff, Skan AI helps payers understand precisely how cases are being worked. With real-time process data, Skan AI identifies areas where automation or process redesign can lead to faster, more consistent outcomes, improving both operational efficiency and customer satisfaction.

One client didn't realize how powerful the insights were until they identified where manual efforts created operational challenges across multiple processes. Skan AI pinpointed specific manual tasks causing downstream issues, including processing delays, error introduction, and rework requirements. With targeted interventions, the client reduced manual efforts while improving operational efficiency and quality.

Leveraging Technology

Process intelligence doesn't just improve human processes—it also drives smarter technology decisions. By analyzing system-switching behavior, idle time, and friction in legacy platforms, Skan AI helps payers prioritize investments in automation, integration, and application modernization. One payer client used these insights to quantify the real cost of inefficiencies caused by outdated systems and identified specific high-ROI automation opportunities in claims and UM workflows. With these findings, they prioritized the replacement of lagging tools and reallocated RPA resources toward high-impact use cases backed by hard data.

These insights not only enhance today's claims and service performance but also enable a scalable path to AI-enabled, value-based insurance operations.

Let's review real results from a Skan AI client:

Real-World Example

F50 Healthcare Payer

PEOPLE

$6.4M

annual savings from a 20% improvement in workforce capacity utilization

PROCESS

40%

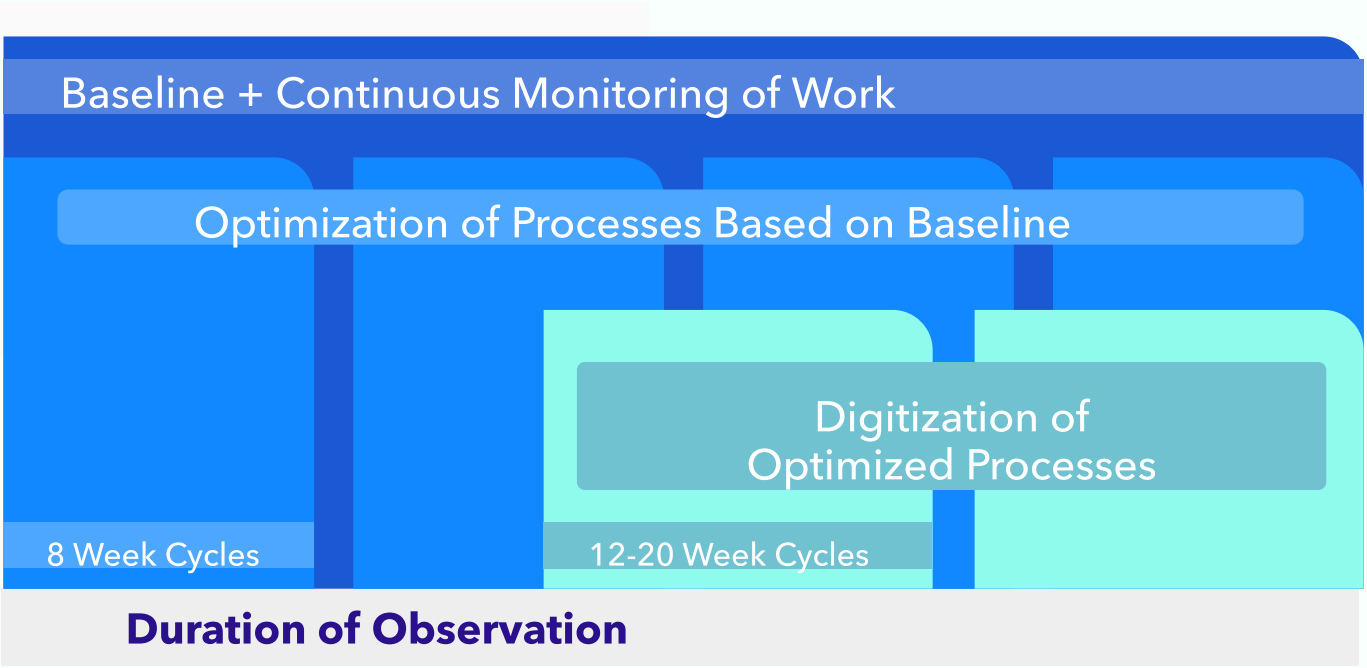
reduction in process variability by understanding exactly which steps to improve or remove

TECHNOLOGY

$13.6M

savings from insights leading to improved capacity utilization & targeted process optimization

Drive Strategic Value with Process intelligence



The visibility that healthcare payers can gain from process intelligence delivers significant value. Workforce insights alongside targeted optimization drives KPIs like cost savings, compliance, and member satisfaction.

Skan AI will adapt a phased implementation model for your payer organization. We'll start with visibility, moving to operational optimization, and then progressing toward AI- and automation-enabled transformation.

This top-down deployment approach aligns directly with executive priorities such as reducing administrative overhead, ensuring audit readiness, and enhancing member experience.

Each phase builds on real-world insights, ensuring that process intelligence investments support measurable, high-impact transformation across the insurance value chain.

$50M in annual savings

Business leaders often struggle to quantify inefficiencies. When Skan AI's analysis revealed a direct $50 million in savings per annum for one client, it wasn't just an insight—it was a wake-up call that process intelligence generates revenue, not just analytics.

Phase 1: Creating the Baseline

"Where are my people spending their time?"

The initial phase focuses on building a detailed blueprint of payer operations by continuously observing how work is performed across claims, enrollment, prior authorizations, and member service functions. Process intelligence is deployed across targeted roles—such as claims processors or case reviewers—to establish baseline metrics and uncover the full range of process variation.

Key Metrics

- Workforce utilization rates across different teams and roles
- Application usage patterns and system switching frequency
- Average time to complete end-to-end claims processing tasks
- Number of manual interventions required per insurance transaction

This end-to-end visibility captures how tasks are actually executed across teams and systems, providing a foundation to benchmark future improvements and support data-driven transformation across insurance workflows.

The baseline metrics enable the organization to identify immediate opportunities for improvement, including eliminating redundant activities, non-performing assets, and process bottlenecks.

Aha! Moment: Phase 1

The client had no idea that something as seemingly harmless as OneNote was adding **8 minutes per case**—a huge hidden inefficiency. Skan AI pinpointed this issue, enabling immediate action to optimize productivity.

Phase 2: Unlocking Optimization

"How are our people working?"

Phase 2 narrows focus to approximately 75% of the workforce—targeting roles with maximum impact, like claims adjudication, prior authorization reviews, and provider data management. Detailed telemetry identifies bottlenecks, inefficiencies, and non-value-added steps for phased optimization. Improvements are implemented and validated across multiple 8-week cycles. Unlock substantial operational gains by streamlining insurance processes, identifying ways to reengineer inefficient workflows in claims and prior auth, and optimizing legacy systems—before making new technology investments.

Key Metrics

- Creating detailed process maps based on actual execution patterns
- Analyzing processing times to identify efficiency opportunities
- Conducting variant analysis to understand process divergence root causes

Key Activities

- Standardizing processes based on best practices identified in baseline phase
- Identifying and eliminating rework and duplication across payer operations
- Optimizing case routing to match work complexity with appropriate resources

Aha! Moment: Phase 2

One client struggled with inconsistent process comparisons across cases. Skan AI's fill-down logic instantly structured the data. The moment the client saw their once-chaotic data clear and standardized, they realized how much time and effort they could save.

Phase 3: Maximizing Digitization

"How can technology solidify change?"

The final phase focuses on approximately 50% of the operator population, targeting the digitization of the now-optimized processes. This typically requires 12-20 weeks per cycle, depending on technology implementation and change management. Phase 3 drives meaningful efficiency gains by streamlining insurance workflows, eliminating process friction in claims and prior authorizations, and maximizing the value of existing technology investments before introducing new tools.

Key Capabilities

- Automation Explorer identifies and prioritizes automation candidates
- Digital adoption ensures utilization of new claims & enrollment tools
- Simplified tech stack for operations and compliance with app. rationalization

Key Results

- High yield-automation opportunities mapped for routine, rule-based activities
- AI-enabled decision support ensures claims adjud. and prior auth. accuracy
- Systems integration eliminates manual data transfer between applications

Aha! Moment: Phase 3

Skan AI uncovered **20% of work time was spent in Outlook and Teams**, which weren't classified as process applications. Once the client determined whether they should reclassify or optimize, they could develop a digital workplace strategy that aligns communication tools with actual business processes.

Driving Lasting Change with Skan AI

By following this methodical approach, healthcare payers ensure that technology investments enhance optimized workflows, rather than automating inefficient claims or enrollment processes. This sequence maximizes ROI on process intelligence and prepares the organization for successful automation initiatives in claims, member services, and compliance.

Our implementation methodology emphasizes continuous monitoring and measurement, creating a feedback loop that validates improvements and uncovers new optimization opportunities. This enables payers to achieve substantial operational improvements while maintaining regulatory compliance, enhancing customer service, and minimizing implementation risks.

Benefits Beyond Cost Reduction

Process intelligence brings significant benefits to healthcare payer operations across various dimensions. From a compliance standpoint, it ensures adherence to stringent insurance regulations by identifying process deviations and standardizing workflows to meet regulatory requirements. This technology empowers insurance payers to drive lasting improvements in operational accuracy by streamlining claims processing, enhancing risk management, and standardizing best practices across the organization.

Real-World Examples

Learn More

Driving Business Transformation with $10M Cost Savings

Leading Healthcare Payer

Client

Large US-based payer with 1M+ customers.

Objective

5 key growth areas: value-based-care delivery, benefits, technology, financial services and pharmacy care.

Approach

Together, client & Skan AI established a Process Discovery Center of Excellence (CoE). Project success depended on seamless collaboration.

		Skan AI Discovery	Solution
Baseline	**Where are my people spending their time?**	Understanding root causes for manual claim adjudication and streamlining error resolution process.	Identified $10M in cost savings with process improvements.
Optimize	**How are my people working?**	Visualized call intent variations, agent handling times, and external resource usage.	Drive informed, targeted automation opportunities to increase productivity.
Digitize	**How can we use technology to solidify change?**	Identifying variations in application usage across teams and locations.	Updated processes and new technology adoption reduced cycle time by up to 31% per case.

Skan AI Client Uncovers $13M+ in Annual Savings

Global Healthcare Consulting Firm

Learn More

Client

10,000 Employees
$2B Revenue
35 Offices Worldwide
US-based Company

Objective

Streamline operations and improve overall efficiency.

Approach

Use process intelligence to identify process variations to enable a thorough analysis.

		Skan AI Discovery	Solution
Baseline	**Where are my people spending their time?**	Highlighted crucial metrics such as average processing time and process variants.	Notable reduction in rework, leading to a significant decrease in overall effort spent processing each case.
Optimize	**How are my people working?**	Facilitated a deeper understanding of performance dynamics.	Identified variations and proposed standardization recommendations to enhance workforce efficiency and consistency.
Digitize	**How can we use technology to solidify change?**	Provided a clear overview of all activities, highlighting variations and presenting opportunities for automation.	Suggested how to optimize capacity utilization and reduce processing time with enhanced tech utilization.

The Evolving World of Agentic and Automation

While today's implementations primarily focus on process discovery and optimization, the shift toward agentic workplaces marks the next frontier in insurance operations. Investments in comprehensive process intelligence will enable healthcare payers to leverage increasingly sophisticated AI capabilities. The digital twin of operations (DTO) created through process intelligence not only captures isolated processes but also visualizes the complex interactions between claims systems, enrollment workflows, and human decision-making. This operational model is the foundation for AI systems that will evolve from passive analysis tools to active participants in daily payer operations.

The agentic AI evolution will not replace human employees but will transform their roles to focus on higher-value activities such as member engagement, complex claims adjudication, and strategic decision-making. This shift has the potential to reduce implementation risks, improve operational efficiency, and accelerate time-to-value for AI investments in payer organizations.

Conclusion: Charting the Path Forward

One healthcare payer's strategic deployment of process intelligence has already transformed operational visibility and improvement across 20+ critical insurance processes, including claims processing, prior authorizations, and member services. They've achieved significant gains in efficiency, quality, and regulatory compliance while laying the groundwork for future innovation.

As your organization continues this journey, process intelligence will unlock increasingly sophisticated capabilities that complement, rather than replace, human expertise. This partnership between digital technologies and human judgment represents the future of healthcare payer operations: delivering exceptional member experiences while becoming more efficient, responsive, and agile.

Contact Us to Drive Change

www.skan.ai