Unlocking the Holy Grail of Touchless Claims with Structured Data

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Introduction

Claims automation is the holy grail, yet no one really knows how to get there. Insurers attempt to automate repetitive tasks like data entry or use AI for claims categorization, but often end up seeing inconsistent results or rampant errors.

The issue is that everyone misunderstands the problem: **It's not about automating individual steps.**

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The real problem is
the underlying data

This is where structured data comes in. Structured data refers to information that is highly organized and easily readable by machines. In the context of claims processing, structured data categorizes complex information, such as policy details, claim histories, and customer interactions, into defined fields.

Structured data is revolutionizing the way P&C carriers ingest, service, and process claims while also providing a digital self–service experience for customers. This report explores how structured data is changing the game for carriers, all while improving customer experience and reducing expenses.
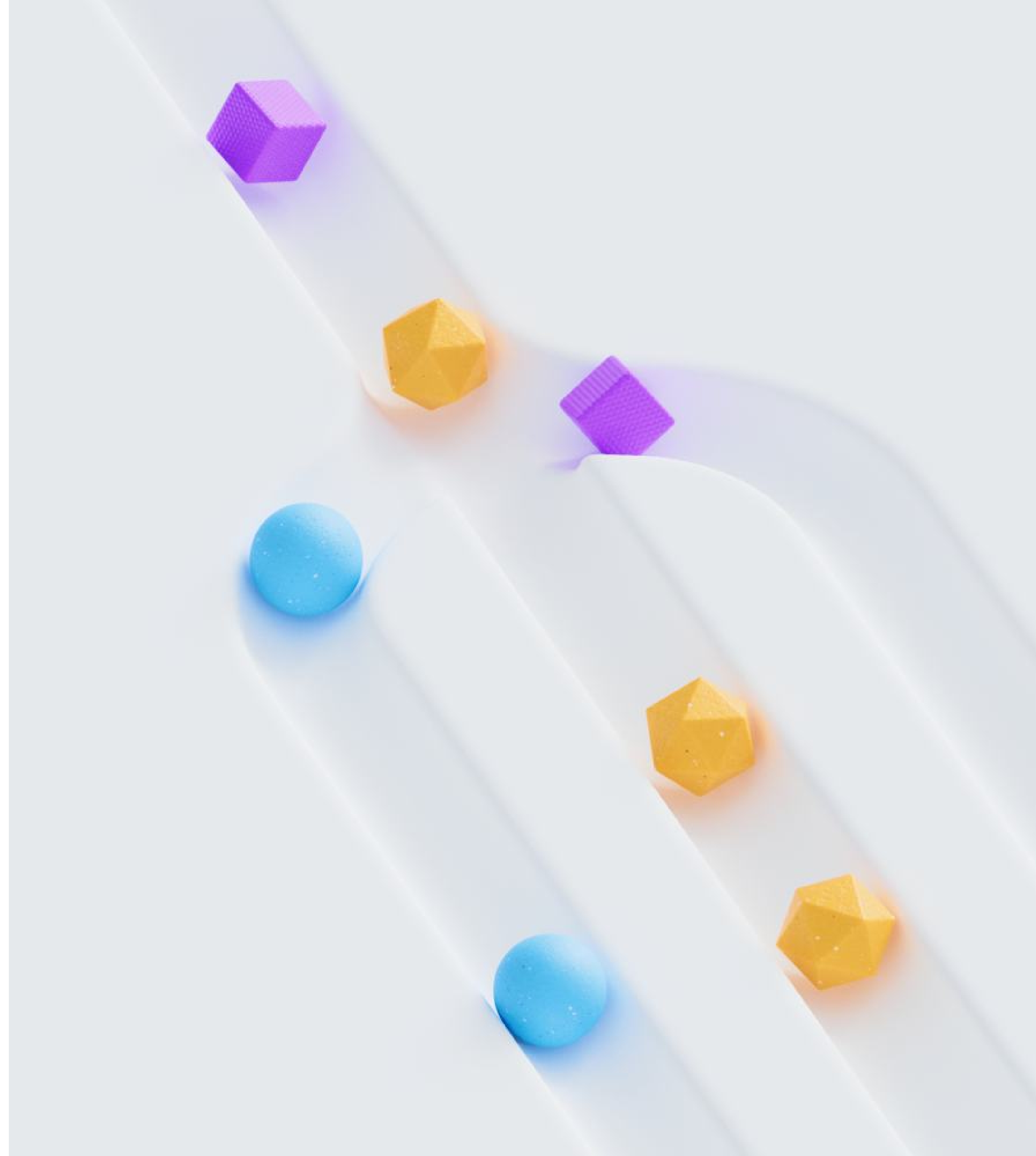
What is Structured Data?

Structured data is information that is organized and searchable. Think of it as data neatly arranged in rows and columns, ready for quick access and analysis. Common examples include databases, spreadsheets, or any other data format that follows a consistent structure.

In contrast, unstructured data is a chaotic mix of information—it can include anything from free form text in emails to multimedia files. Unlike structured data, it lacks a predefined format, making it challenging to analyze and process.

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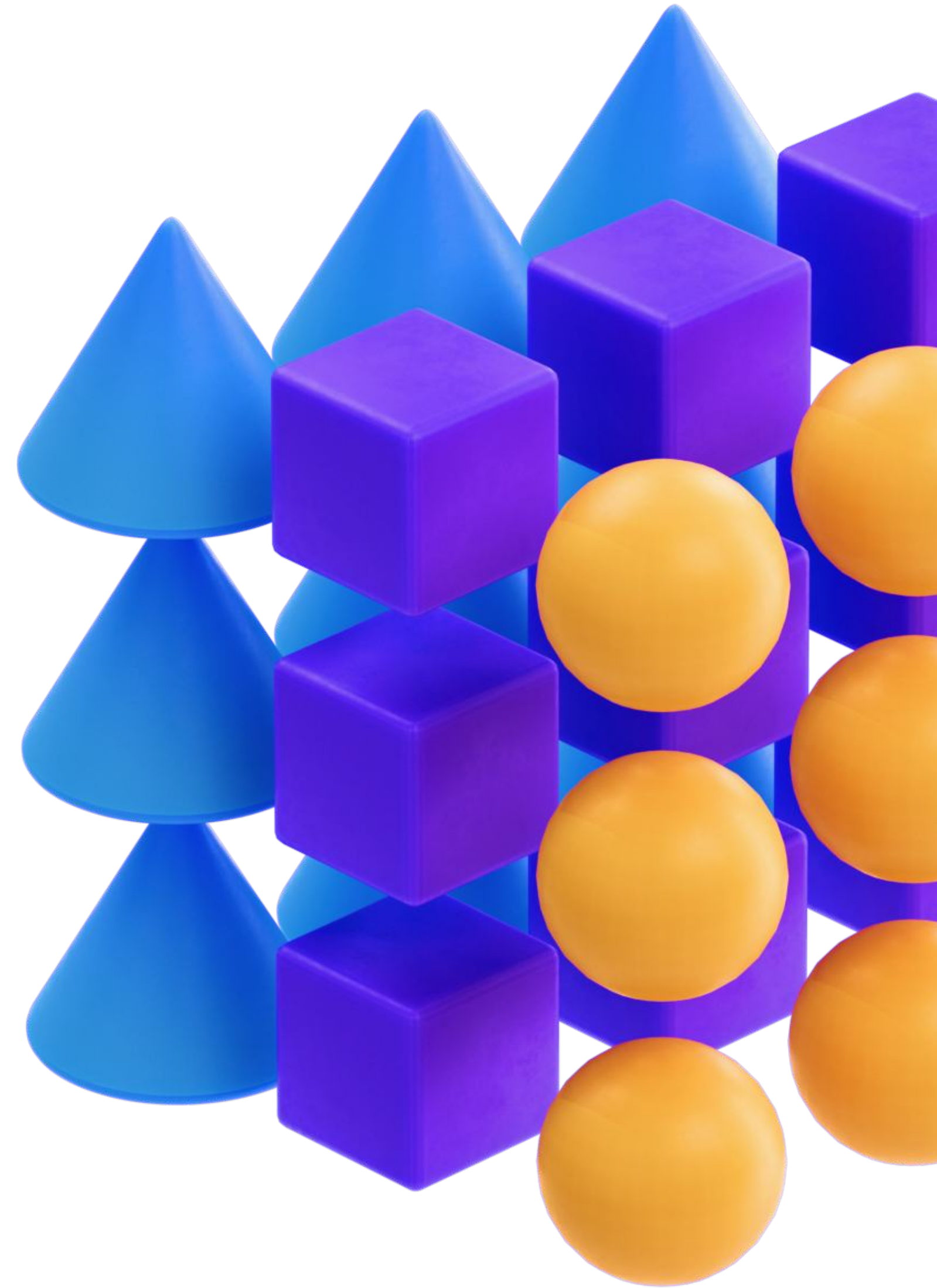
The Challenges of Claims Processing with Bad Data

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Traditional Claims Processing:
Time Consuming, Error-prone, and Costly

Imagine a typical claim: a policyholder submits information via a web form or phone call, answering open-ended questions. The claim then requires multiple reviews and phone calls—each lasting 10 to 30 minutes—to gather information from claimants, witnesses, and other parties.

Reports and photos are uploaded or re-entered into various systems, leading to delays that stretch the process to weeks, with countless opportunities for human error.

This manual process is frustrating for customers and a big hit to profitability for insurers. And it's only getting worse: One study showed that in 2024, the average claim cycle time was 23.9 days — six days longer than it was in 2022. On average, 10% of all premiums for P&C carriers goes to claims processing.

The Inefficiency of Cleaning Dirty Data

Unstructured, or "dirty," data creates significant hurdles in claims processing. When customers submit free form responses, the data is inconsistent and hard to compare.

Plus, gathering unstructured data at the start of the claims process makes it nearly impossible to compare data across claims or enable downstream automation, resulting in delays and inaccurate decisions.

While many insurers try to standardize the data through a cleansing process, these methods are often inefficient and prone to inaccuracies. The time and resources needed to clean unstructured data delays the entire claims process, leading to higher costs and unsatisfied customers. Wouldn't it make more sense to capture structured data from the start?

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**Without clean data, or clean-enough data, your data science is worthless.**

— Michael Stonebraker, adjunct professor, MIT

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Understand the Risks of Unstructured Data

Customer Retention

We live in a world where convenience is no longer a luxury, it's an expectation. Just think about how often you hop on Amazon to order a new gadget or stock groceries for the week. Each time you do, you're interacting with a finely-tuned system that utilizes structured data to make your purchasing experience seamless.

Your insurance customers are already accustomed to these streamlined processes. So, when it comes to filing claims, it's only natural that they expect a similarly efficient, delightful, and touchless experience.
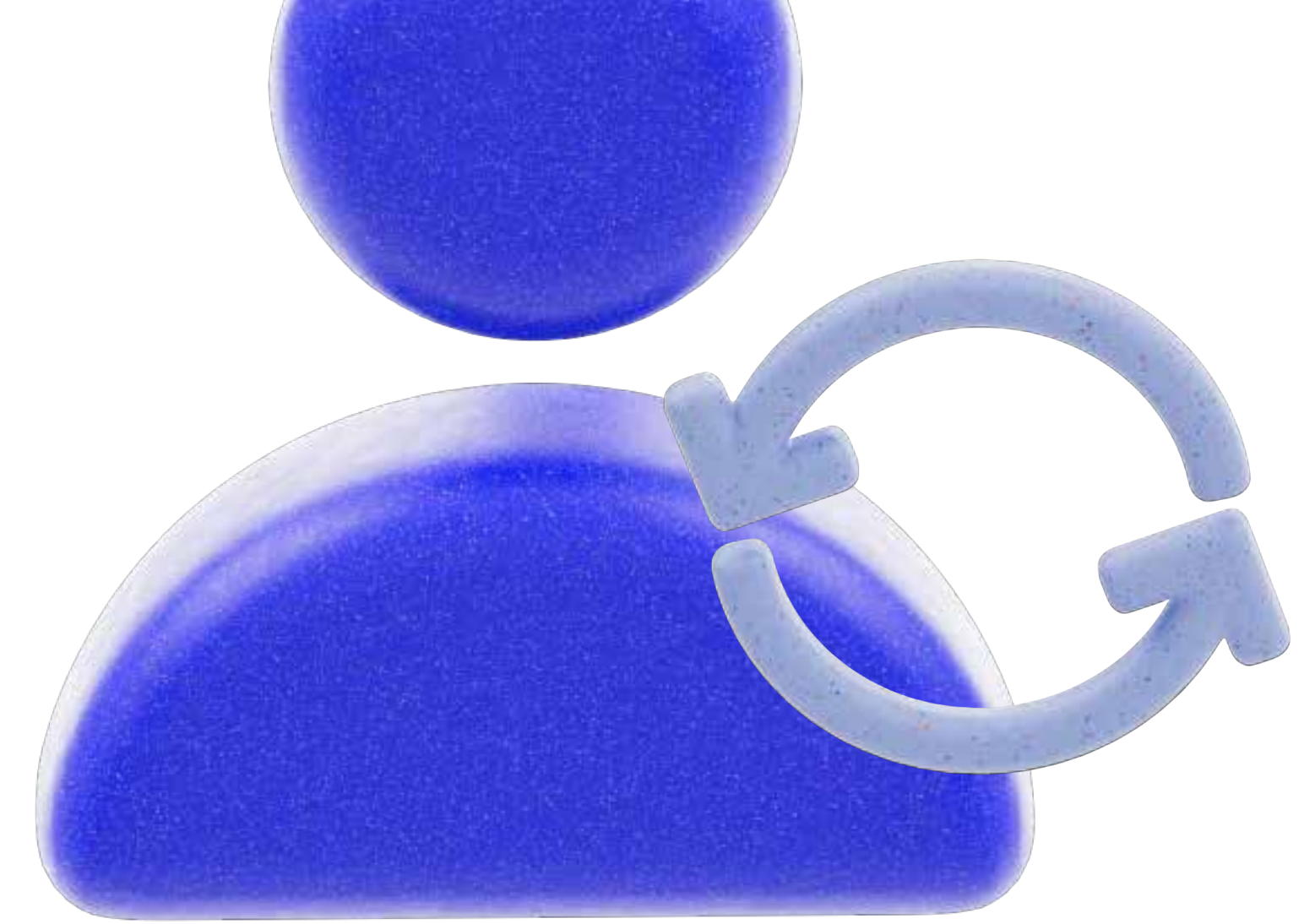
Improving customer satisfaction and retention rates requires insurers to enhance the overall customer experience by embracing digital solutions. If insurers fail to meet these expectations, they risk losing policyholders to competitors who offer better service, ultimately impacting their market share and profitability.

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Understand the Risks of Unstructured Data

Regulatory Compliance

When we talk about unstructured data, we're diving into a sea of chaos. This lack of organization poses significant hurdles for businesses trying to navigate the complex landscape of privacy regulations, including GDPR, HIPAA, and various state-specific laws governing personally identifiable information (PII) and personal health informations (PHI).

As the amount of unstructured data continues to climb, so too does the potential for compliance pitfalls and the accompanying risks.
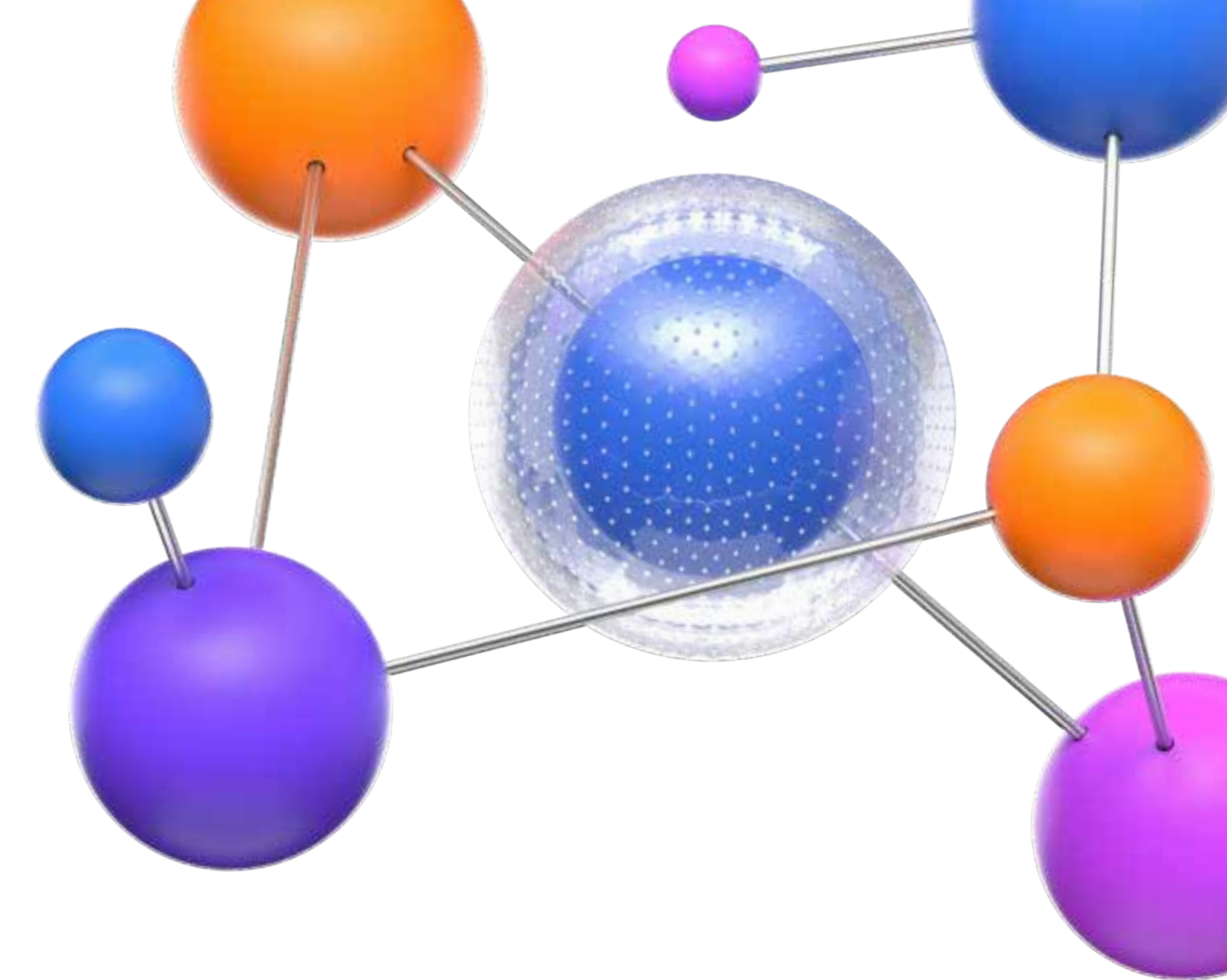
Fraud

The need for advanced fraud detection tools is a pressing issue for insurers. Industry estimates are that roughly 10% of P&C losses result from fraudulent claims. Traditional fraud detection methods are often reactive and insufficient in identifying sophisticated fraud signals. Structured data lets insurers go beyond policy data to spot claim inconsistencies and suspicious behavior across the claims lifecycle.

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Understand the Risks of Unstructured Data

Employee Churn

Employee turnover is another major risk for carriers, particularly in call centers where job satisfaction is often low. The outdated interfaces and cumbersome processes involved in legacy claims processing leads to high churn rates among employees.

> **You can have all of the fancy tools, but if [your] data quality is not good, you're nowhere.**
>
> — Veda Bawo, director of data governance, Raymond James

Training new call center representatives is time-consuming, costly, and inefficient, further exacerbating the issue. Standardizing processes and providing modern, easy-to-use technology can greatly improve job satisfaction and retention rates. Younger recruits are particularly reluctant to engage with outdated systems, making it difficult to maintain a stable, well-trained workforce. If insurers fail to address these challenges, they will continue to face high turnover rates, increased training costs, and a decline in service quality, ultimately affecting their competitive edge and profitability.

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How Structured Data Improves Key Metrics

Leveraging structured data from the start can significantly enhance various metrics crucial to the insurance industry.

Loss Ratios

Structured data ensures more accurate decisions, lowering the percentage of premiums paid out in claims.

Straight-Through Processing (STP)

By automating the entire claims process without human intervention, STP reduces processing times significantly.

Cycle Times

Shorter cycle times mean happier customers. Structured data accelerates the claims process, reducing waiting periods.

Customer Satisfaction

Faster, more accurate claims handling improves customer satisfaction.

Agent Satisfaction

Claims agents can focus on complex tasks, improving their job satisfaction and productivity.
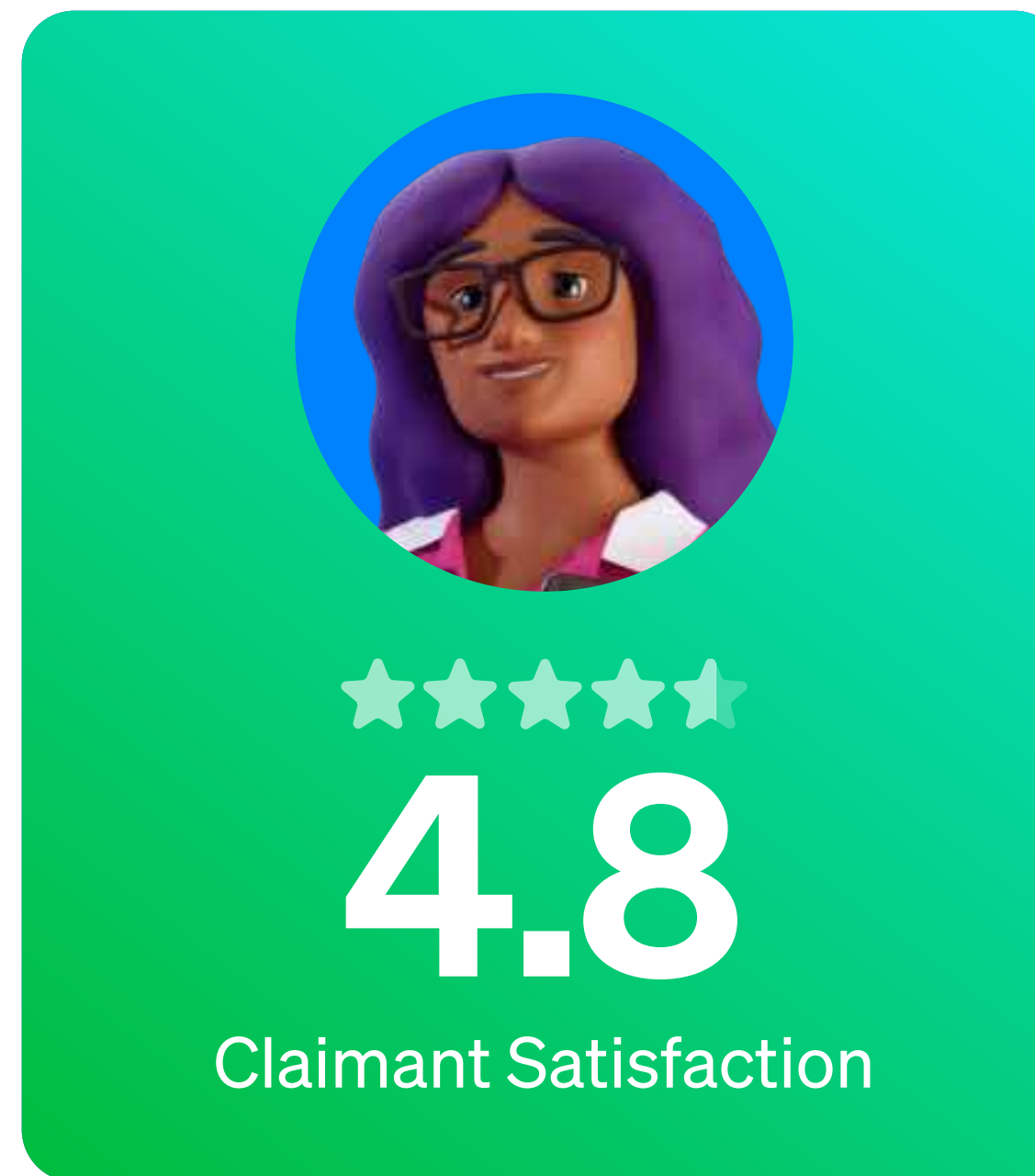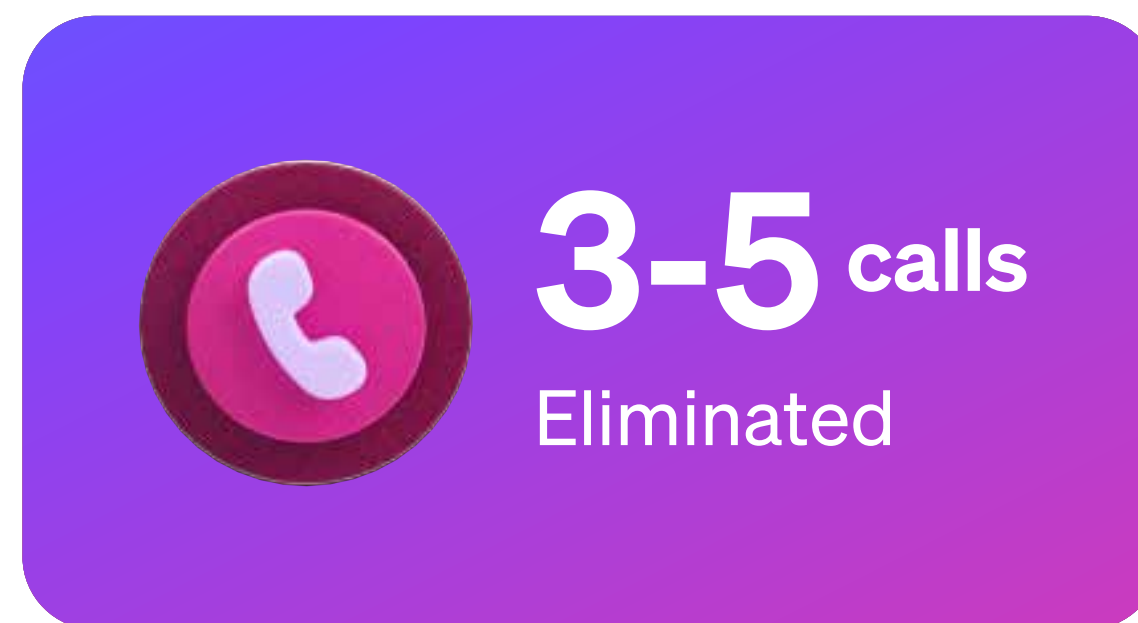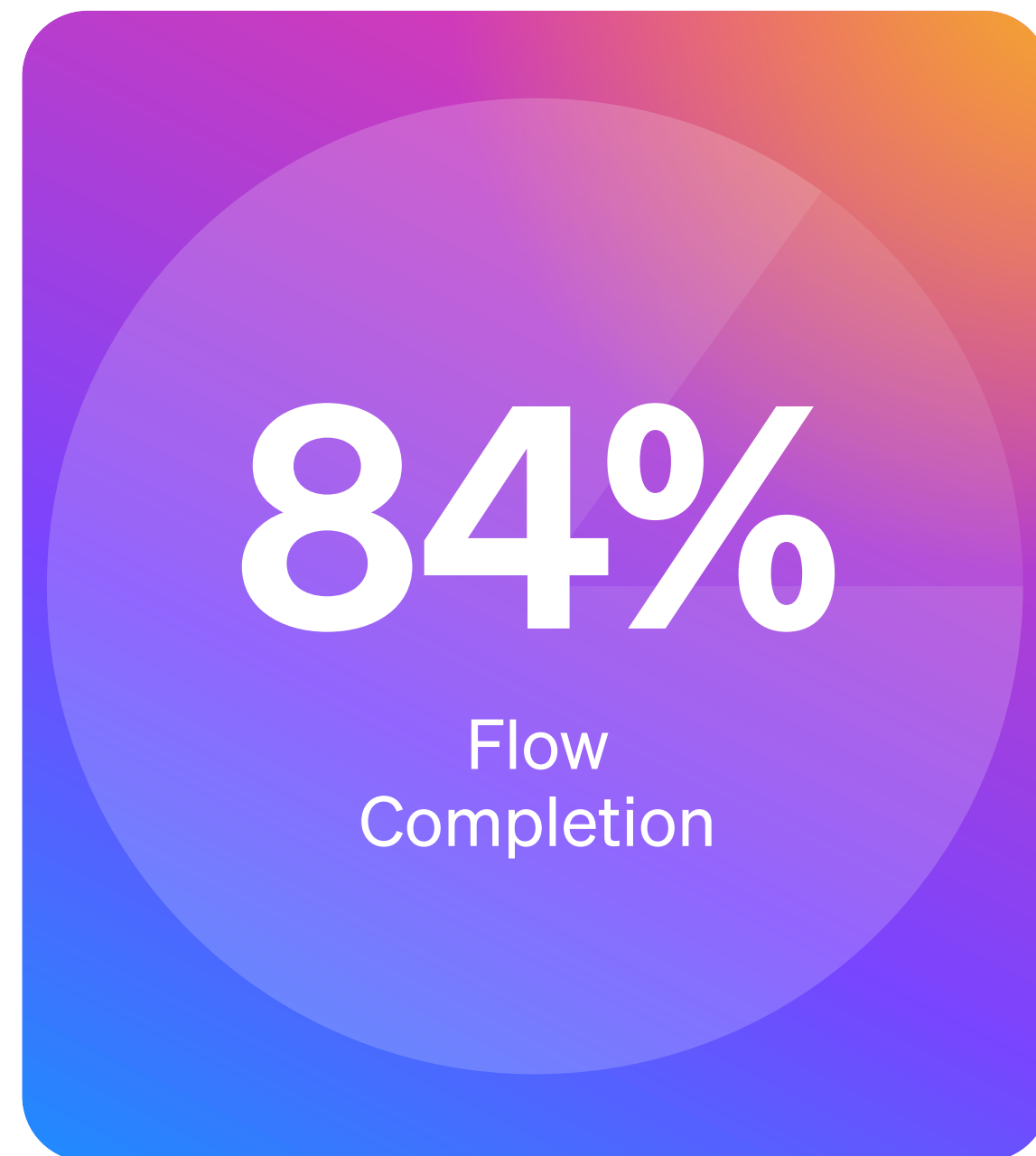
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If you want to make good claims decisions, you must have clean data from the start.

— Justin Lewis-Weber, CEO, Assured

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# Assured Changes the Game with a Data-First Approach

Assured gathers structured, standardized, machine-readable data from the onset of a claim. Top P&C carriers already use Assured and report remarkable results, including:

84%
Flow Completion

4-6 day
Cycle Time Reduction

3-5 calls
Eliminated

4.8
Claimant Satisfaction

Claims Adjuster Net Promoter Score
79

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Conclusion

Incorporating structured data is more than just a technological upgrade— it's a strategic imperative for future-proofing claims processing. By improving data at the source, insurers can unlock the full potential of automation, ensuring better outcomes for both carriers and policyholders.

Contact Assured for more information on implementing structured data in claims processing.
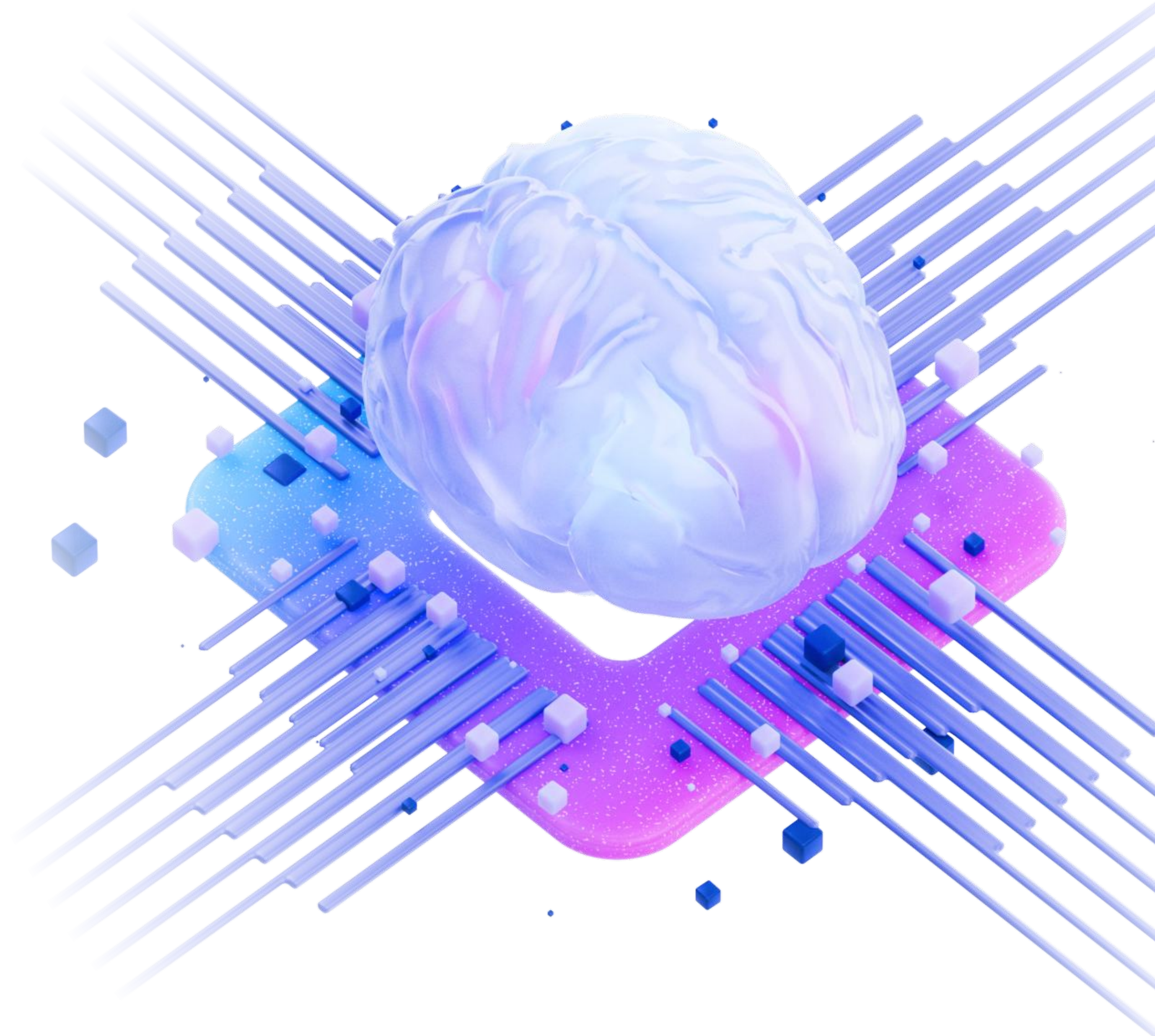
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About Assured

Assured is a white label SaaS solution, purpose-built for P&C offering turnkey deployments for major five lines of business (with white glove implementation for all others).

By leveraging advanced digital self-service options, machine learning-driven fraud detection, and seamless data integration, Assured's platform streamlines workflows and accelerates claims resolution.

Our solutions not only enhance efficiency but also significantly lower costs and improve customer experiences. Key differentiators such as patented technologies, a no-code configurator for easy customization, and risk-free pilot programs ensure a smooth transition to modernized claims management, helping insurers stay competitive and customer-centric.

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Ready to revolutionize your claims process?

Connect with Assured today for a demo or consultation and discover how structured data can transform your operations.

Learn more at assured.claims

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