

LXA — a single, no-code solution to transform your insurance claims process

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Access all areas

The LXA front-end application was developed using Appian's low-code platform. It provides an easy-to-use interface (UI), enabling different end users to seamlessly advance processes, including attaching documents, reports, screenshots and media.

The UI allows permission-controllable access for many different user types with wide-ranging responsibilities. Importantly, it also provides auditable transparency.

To illustrate some of the UI's lifecycle capabilities, we're taking the management of fraudulent insurance claims as our example. The process often suffers from operational inefficiencies and inconsistencies, reliance on manual activities and hand-offs, together with the use of disconnected platforms and records.

Flexible and coordinated

Claim Number	Policy Holder	Status	Claim Reserve	Referral Type	Fraud Score	Risk	Line of Business	Incident Type	First Notified	Owner
2022200057077	Rosie Osborne	Investigation Review Open	24200.00	Automated	10	●	Personal lines Motor	Theft of vehicle: Not recovered	30/04/2022	Artur Kihliuk
2022521601678	Alan Dixon	Triage Open	8400.00	Automated	10	●	Personal lines Motor	Accidental damage	30/04/2022	Artur Kihliuk
202201HT20151	Conor Holt	Investigation Review Open	27000.00	Automated	10	●	Personal lines Motor	Theft of vehicle: Not recovered	29/04/2022	Artur Kihliuk
20221332H1150	Joshua Martin	Investigation Review Open	17200.00	Automated	10	●	Personal lines Motor	Mechanical failure	29/04/2022	Dmytro Lukianets
202201LX50212	Margaret Smith	Returned to claims	32500.00	Manual	10	●	Personal lines Motor	Theft of vehicle: Not recovered	28/04/2022	REOPEN CLAIM
2022140057434	Jonathan Hodgson	Triage Open	29200.00	Automated	10	●	Personal lines Motor	Theft of vehicle: Not recovered	28/04/2022	Nadia Russu

The landing page

The platform landing page features a list of all claims received from the back-end application. The front- and back-end work with real-time data drawn from the same single database. At each step, end users see the referred claims list, as well as who's working on a claim and its current process status.

The initial status for every new claim on the landing page is automatically shown as 'Triage Incomplete'. The triage user clicks on the 'Open Claim' button, forwarding the claim to their 'My Claim List', where the case status changes to 'Triage Open'.

Triage

The triage user proceeds to open the claim in 'My Claim List'.

The screenshot displays the Appian user interface for a claim. At the top, the navigation bar includes 'appian', 'LANDING PAGE', 'TIMELINE', 'MY CLAIMS' (active), 'REPORTING', and 'ADMIN'. The main header shows the claim number '202231C235116' and a 'Status: Triage Open' banner. Below this, a navigation menu includes 'Summary' (selected), 'Investigation Review', 'Case Outcomes', 'Documents', 'Audit History', and 'Tasks'. The main content area is divided into sections: 'Party Details' (Party Type: Third party claimant/s, Name: Ms Stanley Jose Williams, Date of Birth: 16/05/1975, Date of Death, Occupation: Production designer, theatre/television/film, Marital Status: Single), 'Identification Document' (Driving License), 'Documents IDs' (WILLI705161ST91008), 'Telephone Number' (7895379775), 'Alternate Telephone Number', 'Email Address' (Stanley.Williams@outlook.com), 'Home Address' (582 Faulkner roads, New Andrea, UK), and 'Post Code' (UB8 3XG). A 'Policy Details' section is expanded, showing a table of policy information:

Policy Number:	Inception Date:	Voidance Date:
ER92A5741	19/04/2021	
Policy Type:	Effective Date:	Cancellation Date:
ER92A	19/04/2021	
Plate:	Renewal Date:	Last Mid-Term Adjustment:
GF78 TWG	01/03/2022	30/03/2022
Make:	Lapse Date:	
Honda	01/03/2023	
Model:		

An 'Advanced Analytic' button is visible in the top right of the main content area.

Here, the side tabs reveal important claim information, enabling triage users to review and make an informed decision on their next steps.

Facts under the 'Claim Details' tab include the incident type, the weather at the time and when the user first created the claim. The policyholder's details are there, too — name, date of birth, occupation, driving license,

contact information and related policy particulars. Also, the user can see the policy's primary information drawn from the single database.

All of which is readily accessible in one UI location, avoiding switching between claims and policy systems.

The triage user decides on the next steps

The screenshot shows the Appian interface for a claim with number 202231C235116. The navigation bar includes 'LANDING PAGE', 'TIMELINE', 'MY CLAIMS', 'REPORTING', and 'ADMIN'. Below the navigation, the claim number is displayed, followed by tabs for 'Summary', 'Investigation Review', 'Case Outcomes', 'Documents', 'Audit History', and 'Tasks'. The main content area features a banner with the status 'Status: Triage Open' and a background image of a person's hands holding a tablet with various icons. On the left, a sidebar contains a list of sections: 'Headline Summary', 'Claim Details', 'Party Details', and 'Available Actions'. The 'Available Actions' section is expanded, showing a dropdown menu with the following options: 'Action to take', 'Reviewed, retained and pending referral to investigator', 'Return to Claims for Action', 'Reviewed and refer to Supervisor for advice/guidance', and 'Reject and Complete Triage'. To the right of the dropdown is an 'Advanced Analytic' button.

Having reviewed the claim and available information, the triage user chooses their next action from the 'Available Actions' tab. They can add a note for each activity to make it clear to the recipient why they chose that particular action.

The triage user might refer the case to a special investigator or supervisor, for example. By submitting the referral, they automatically transfer it to the appropriate user's 'Work Basket'.

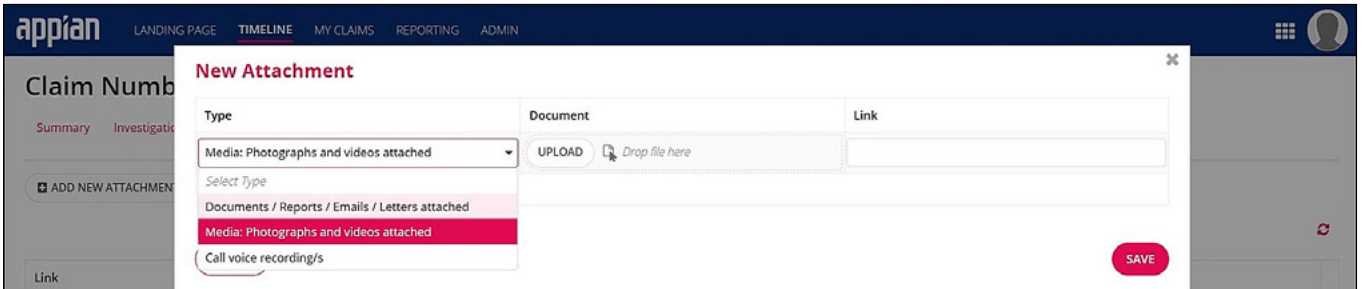
The screenshot shows the Appian interface for a 'Work Baskets' view. The navigation bar includes 'LANDING PAGE', 'TIMELINE', 'MY CLAIMS', 'REPORTING', and 'ADMIN'. The main content area is titled 'Work Baskets' and 'Claims - Supervisor'. On the left, a sidebar lists various roles: 'Triage Analyst', 'Special Investigator', 'Supervisor', 'Claim Handler', 'Awaiting Cases', and 'Closed Cases'. The 'Supervisor' role is selected. The main content area displays a table of claims with the following columns: 'Claim Number', 'Policy Holder', 'Status', 'Claim Reserve', 'Referral Type', 'Fraud Score', 'Risk', 'Line of Business', 'Incident Type', 'First Notified', and 'Owner'. The table contains one row for claim 202231C235116, with a status of 'Pending Supervisor Review' and an 'OPEN REVIEW' button. The 'Risk' column shows a red circle, indicating a high risk level.

Claim Number	Policy Holder	Status	Claim Reserve	Referral Type	Fraud Score	Risk	Line of Business	Incident Type	First Notified	Owner
202231C235116	Chloe Reeves	Pending Supervisor Review	10600.00	Automated	10	High	Personal lines Motor	Mechanical failure	22/04/2022	OPEN REVIEW

Adding attachments to individual cases

Documents are an integral feature of insurance fraud investigations. An end user (e.g., the special investigator) can attach a document, report, email screenshot, photographs and other media to each claim. Or, they

can provide a link to an asset stored on an external system like SharePoint or similar.

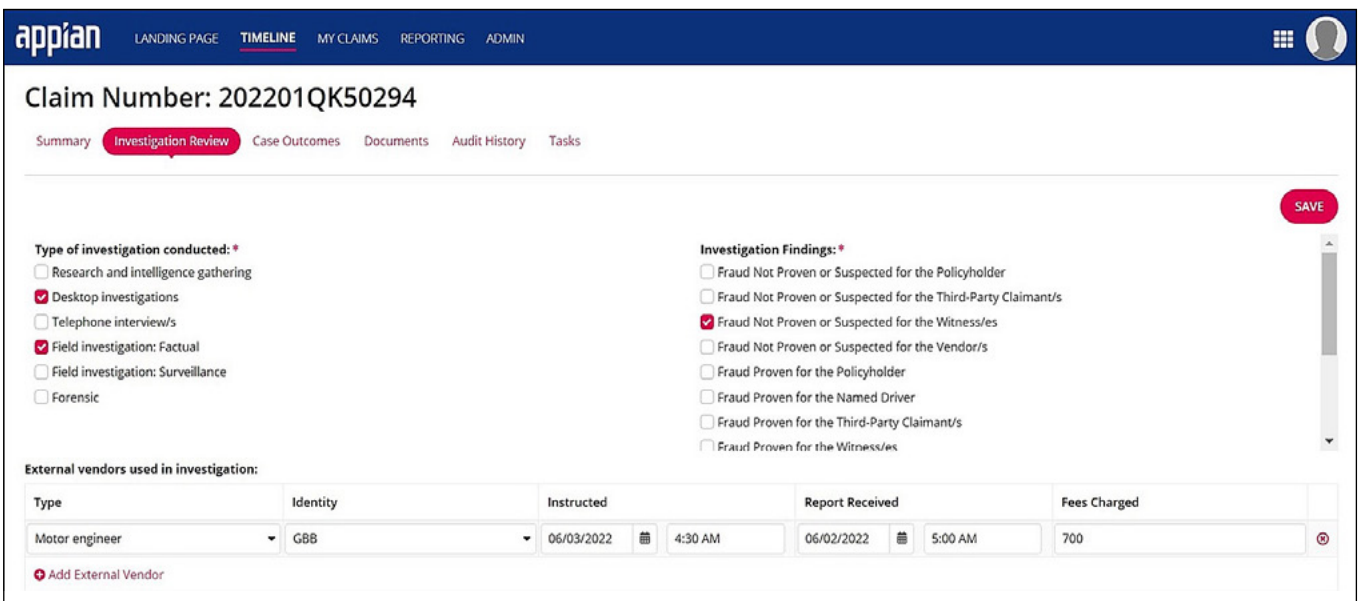


Ongoing case management

A user can easily create notes on updates, activities undertaken and so on for each case.

Concluding a case

The 'Investigation Review' and 'Case Outcomes' tabs enable the user to capture essential information about the investigation — known financials, including costs and savings, and details of any external vendors. Again, these sections are simple for the user to complete.



appian LANDING PAGE **TIMELINE** MY CLAIMS REPORTING ADMIN

Claim Number: 202201QK50294

Summary Investigation Review **Case Outcomes** Documents Audit History Tasks

No Further Action Taken

Policyholder Claim
Partial Policyholder Claim declined, Partial claim withdrawn by Policyholder

Third Party Claim

Policy

Litigation

- ✓ Claim by the Policyholder successfully defended in civil proceedings
- ✓ Claim by the Policyholder unsuccessfully defended in civil proceedings
- ✓ Claim by the Third-Party Claimant successfully defended in civil proceedings
- ✓ Claim by the Third-Party Claimant unsuccessfully defended in civil proceedings

Claim Financials:

Type	Value	Currency
Gross fraud saving:		£ / \$ / €
Net fraud saving:	790	£
Gross fraud recovery:	900	£
Net fraud recovery:	600	£
Total fees incurred for vendors:		£ / \$ / €

SAVE

Reporting

Permissions dictate which users have access to on-demand reporting.

This example is for the special investigator.

appian LANDING PAGE TIMELINE MY CLAIMS **REPORTING** POWERBI

Total Number of Allocated Claims

8

Total Claims

Allocated Claims By Statuses

- Pending Investigator Review (50%)
- Investigation Review Open (50%)
- Returned from Claim (0%)

Claim Findings

- Fraud Not Proven or Suspected f...
- Fraud Not Proven or Suspected f...
- Fraud Not Proven or Suspected f...
- Fraud Not Proven or Suspected f...
- Fraud Proven for the Policyholder
- Fraud Proven for the Named Dri...
- Fraud Proven for the Third-Part...
- Fraud Proven for the Witness/es

Types of Investigation

Number of Claims

Research &... Desktop in... Telephone... Field inves... Field inves... Forensic

Investigation Outcomes

- Partial Policyholder Claim declin...
- Entire Policyholder Claim declined
- Entire claim withdrawn by Policy...
- Policy Cancelled from Inception
- Claim by the Policyholder unsuc...
- Entire Policyholder claim not pur...
- Entire Third-Party Claimant clai...
- Proven and suspected fraud dat...

About **the author**



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Sofia's Appian senior developer certification is the culmination of 4 years of experience in Appian consultation and application development. Her passion is helping unlock added business value for clients and stakeholders by unifying data, creating powerful workflows and building user-friendly front ends. Sofia is integral to enterprise transformation, implementing applications according to best practices, business-process modeling and prime integration skills.

Get in touch

If you'd like to learn more about LXA's initial deployment and what the platform could do for your own processes, visit **luxoft.com/insurance** or **contact us**. We'll provide a deeper, more personalized dive into the LXA automation engine and our flexible UI.

About Luxoft

Luxoft is the design, data and development arm of DXC Technology, providing bespoke, end-to-end technology solutions for mission-critical systems, products and services. We help create data-fueled organizations, solving complex operational, technological and strategic challenges. Our passion is building resilient businesses, while generating new business channels and revenue streams, exceptional user experiences and modernized operations at scale.

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