Long-term Care Policy Conversion – Strategic Solution Identification

Request for Proposal

November 2025
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Section 1: Invitation and overview

1.1 Introduction to illumifin

illumifin is a modern digital insurance services company with a rich legacy spanning over 100 years in the insurance industry, more than 30 years as a third-party administrator (TPA), and over 50 years of experience designing and developing insurance software. Founded in 2021 following the acquisition of Liberty Insurance Services by Abry Partners and Hoplon Capital, illumifin today operates primarily in the North American life, health, annuity, and long-term care insurance markets.

Our mission is to provide industry-leading services and solutions that help insurers and their policyholders during some of the most challenging times in life. We deliver technology-enabled business processing services and innovative software solutions focused on transforming the insurance industry toward a vibrant, digital future.

With a team of over 2,500 insurance professionals across multiple locations in the U.S. and India, illumifin blends deep insurance expertise with operational excellence and cutting-edge technology. Our proprietary cloud-native software platform offers robust functionality and configurability to support individual and group insurance products, enabling rapid product launches, seamless claims processing, and superior customer experiences.

1.2 What is the opportunity?

Illumifin supports insurance carriers through the migration ("conversion") of existing blocks of business into Illumifin's policy administration environment. This process is critical to Illumifin's business model from both a revenue and client acquisition perspective, as the cost, quality, and speed of conversions are key factors influencing a carrier's decision to partner with Illumifin.

Today, a typical policy conversion project can take up to 18 months from initiation to completion, driven primarily by the highly manual nature of the current process. This extended duration impacts operational capacity, increases the cost of conversion, and can limit Illumifin's ability to onboard new clients at scale.

Illumifin is therefore seeking innovative and practical solutions to significantly reduce the conversion timeline while maintaining accuracy, compliance, and service quality.

Characteristics of a block of business

A "block of business" typically contains hundreds of thousands of individual policy documents, each associated with a unique policyholder. Such blocks may include:

- Multiple policy types and product structures
- A wide range of benefit configurations and riders
- State-specific regulatory clauses
- Bespoke contractual terms unique to an individual policyholder

Depending on the carrier's historical policy creation and maintenance practices, a block can contain dozens or even hundreds of unique policy forms. All unique policies must be correctly loaded into Illumifin's policy administration system in order to provide downstream services such as claims adjudication, invoicing, and benefit administration.

Current conversion approach and restrictions

Due to fundamental differences between carriers' policy administration systems and illumifin's proprietary systems, direct electronic data transfer is not feasible. The current approach therefore relies on Product Implementation Subject Matter Experts (SMEs) to:

1. Manually review each policy document in detail
2. Translate the contractual language into a structured 'grid' or workbook representation
3. Assign reference codes to cluster policies with identical or near-identical benefit profiles

In some instances, carriers provide pre-existing policy codes to differentiate unique policies. Even then, illumifin's SMEs must validate the logic and confirm that all distinct contractual variations are properly identified.

Complexity in policy conversion
While policy experts typically have a strong understanding of expected benefits and provisions, each block of business may contain:

- Uncommon or unique benefits not found in Illumifin's existing policy models
- Variations in terminology, sequencing, or regulatory applicability
- Clauses requiring bespoke interpretation and mapping

In some cases, a discovered benefit may not exist in Illumifin's policy administration architecture and must be created and incorporated on a case-by-case basis. This embedded 'discovery' step is essential for accuracy but also introduces additional manual effort and time.

Business rationale for change
Illumifin recognises that its current conversion methodology represents both:

- A significant cost driver in client onboarding
- A potential constraint on growth capacity

By materially shortening the conversion cycle, Illumifin aims to:

- Reduce per-conversion operational costs
- Increase throughput of incoming blocks of business
- Strengthen its competitive positioning when bidding for carrier partnerships

1.3 Desired future state description

The envisioned model shifts the balance of work from extraction to validation, allowing illumifin to more appropriately lean on highly-paid experts, instead of having them work on manual tasks.

Structured automation ingests policies and performs first pass data extraction with embedded confidence scoring, presenting the expert with a prioritized review set.

Instead of starting from a blank canvas, the SME focuses attention only where complexity or ambiguity warrants human interpretation. Every adjustment creates a traceable, audit ready record, and validated data moves seamlessly into downstream conversion.

llumifin is looking to achieve the following benefits;

- Reducing the timeline of conversion
- Improved extraction and mapping accuracy to **≥95%**
- Automatic policy language extraction
- Detection of unregistered policy benefits ('Discovery')
- Compliance and auditability
- Increased efficiency of Workbench for individual / bulk processing of policy documents
- Transformation of policy conversion specialists' roles from clerical data entry to quality assurance

1.4 How can you help?

We invite vendors to propose a Policy Conversion Automation workbench with:

- OCR / AI capabilities for structured data extraction from PDFs
- Confidence scoring, low-confidence alerts, and human-in-the-loop corrections.
- Normalization and synonym mapping to canonical data models
- Integration readiness with illumifin's policy platform
- Scalable architecture supporting high volumes and compliance workflows

1.5 How to respond?

Illumifin is looking for convincing evidence of your ability to fulfil requirements by requesting a live demo, accompanied by a written proposal to detail out design, implementation and cost.

Solution demonstration

Vendors must present a **live demo** (not recorded) showcasing:

- PDF upload & data extraction (structured JSON or Excel output).
- Input data traceability
- Data normalization & synonym support
- Confidence scores & low-confidence alerts.
- Human-in-the-loop corrections with audit log
- Missing field indicators.
- Accuracy metrics (≥95% extraction and mapping accuracy).

For the demo it will be sufficient to extract policy metadata and five benefit data.

Written proposal

Participants must submit a detailed proposal (Word or PowerPoint) including:

- Solution overview
- Reference architecture
- Implementation plan: deployment approach, estimated timeline, and resource requirements.
- Pricing model: licensing, usage fees, optional costs.
- Support model: availability, SLAs, escalation process.
- Total cost estimate: implementation, licenses, and ongoing support.
- Key dependencies and assumptions
- Future value-add features: suggestions for future phases (e.g., analytics, ERP integrations, compliance tools).
- Complete RFP Questionnaire (vendor due diligence & compliance)
- Please also share a draft version of your agreement to execute this work

The written proposal should detail the estimated cost and design of the minimum viable product (MVP), along with the projected additional cost and effort required to develop and deliver a full production-grade solution.

Supporting documents for selection process

Illumifin will provide:

- Sample PDFs of policies
- Expected data fields (canonical data model, see technical requirements section)
- RFP Questionnaire (vendor due diligence & compliance, provided separately)

1.6 Key dates and activities

Activity	Date
RFP release	20 November 2025
Confirmation of participation	24 November 2025 by 5.00pm GMT
Vendor Q&A deadline	26 November 2025 by 5.00pm GMT
Q&A response	28 November 2025 by 5.00pm GMT
Vendor demonstrations	1–3 December 2025 (to be scheduled)
Written proposal submission	8 December 2025 by 5.00pm GMT
Vendor selection*	Target date 19 December 2025
Anticipated project start	January 2026

** Subject to availability key decision makers over holiday period*

- Send Q&A questions and written proposal to the designated RFP coordinator (Sam van Rossum; email: sam.vanrossum@synechron.com) by the deadlines specified above.
- Responses will be consolidated and shared via official Q&A; no off-record clarifications.

Key decision makers:

- Matthew Haux – SVP, IT Delivery and Support Services
- Durga Kunapareddy – Director Application Development, DevOps, Product Implementation
- John Schwartz – Director, Vendor Management Office
- Patrick Anderson - Product Owner Policy Conversion
- Amioy Kumar – AI lead

With the background, opportunity, and response process defined, the following section sets out the detailed specifications and requirements for the proposed solution. Vendors should review these carefully, as they form the basis for the evaluation of submissions and the eventual selection decision. Section 2 outlines the functional capabilities, data extraction expectations, and acceptance criteria that the solution must meet to align with illumifin's desired future state.

Section 2: Specifications

This section defines the solution specifications that form the basis of illumifin's evaluation process. It outlines:

- 2.1 Functional requirements (FRs): core capabilities and workflows that must be supported by the solution.
- 2.2 Acceptance criteria: objective performance metrics and quality thresholds the solution must achieve.
- 2.3 Data extraction requirements: detailed expectations for capturing, structuring, and managing policy metadata and benefit data, ensuring accuracy and consistency.

Suppliers should review each requirement carefully and confirm compliance, providing supporting details where necessary.

2.1 Functional requirements (FRs)

The following table outlines the functional capabilities that the proposed solution must provide. These requirements represent the core features and workflows expected in the delivered system.

#	Requirement definition
FR1	**PDF upload and data extraction:** The system should allow users to upload or import PDF files.
FR2	**Extraction of (relevant) data from policy text** • The system should extract all (relevant) data points from the policy text • If system is not trained to extract only specific data fields, then the system should extract all policy text and apply post-processing
FR3	**Input data traceability:** The system should allow users to view the exact source text from the original input document that produced each extracted output field, preferably side-by-side in a UI.
FR4	**Post-processing and data normalization:** The system should include a post-processing model to map and normalize varying terminology to the system's standardized data fields (canonical data model mapping).
FR5	**Confidence score display:** The system should display a confidence score next to each extracted field
FR6	**Low-confidence alerts**: The system should generate alerts for extracted fields with confidence scores below a defined threshold.
FR7	**Human-in-the-loop corrections** • The system should allow users to manually correct extracted data. • All manual edits should be timestamped and recorded in an edit log.
FR8	**Synonym mapping management** • The system should maintain a synonym mapping library for matching equivalent terms. • Users should be able to add, edit, and remove entries in the synonym library.
FR9	**Missing field indicators:** If expected fields are not found in the input document, the system should explicitly indicate their absence in the output (e.g., "not provided") instead of omitting them.
FR10	**Generate structured output for downstream processing:** System should generate a structured output following a pre-defined template, to enable downstream processing.
FR11	**Workbench for individual / bulk processing of policy documents** • The system should provide a clear user interface that allows the user to manage document intake, either by individual document or in bulk • System should provide ability to navigate list / view of all uploaded documents and respective extraction status. • Each document should have a distinct name in the UI / back end • User should be able to filter / sort list of all extracted documents (e.g. by policy name, client name).
FR12	**Detection of unregistered policy benefits** • The system identifies and flags any benefits present in policy documents that are not registered in the system's benefits database. • When unregistered benefits are detected, the system generates an alert or notification for review. • The detection process compares extracted benefit data from documents against the existing benefits registry to determine if the benefit is new or unrecognized.

	• The system logs each detected unregistered benefit with relevant metadata (document source, date, confidence score).

2.2 Acceptance criteria

The following table outlines the essential features of the proposed solution, along with the acceptance criteria and objective metrics that will define the delivered system's success.

Feature	Acceptance criteria	Objective metric
PDF upload & extraction	• PDF files upload/import completes without error • Extracted data is output as valid, well-formed JSON or or Excel (.xlsx).	Extraction accuracy ≥ 95% (measured against test corpus)
Text layer & OCR detection	• Text layer presence reliably detected. • OCR applied to image-based pages. • Combined content fed to extraction workflow.	OCR accuracy ≥ 95%; detection error rate ≤ 5%
Input data traceability	• Each JSON field links to source text and document location; accessible via UI/API.	100% of fields have traceable source metadata
Data normalization & mapping	• Normalization maps extracted variants/synonyms to canonical fields using mapping logic. • Canonical model applied consistently.	Mapping accuracy ≥ 95% (evaluated on mapped test set)
Confidence score display	• Each extracted field includes a confidence score (%) in output. • Scores presented in UI/API.	>99% of extracted fields display score
Low-confidence alerts	• Alerts/flags generated where confidence < threshold (configurable, e.g. 80%). • Alerts accessible in UI/API.	100% of low-confidence fields flagged
Human-in-the-loop corrections	• Manual edits allowed per field. • Edits are timestamped, user-attributed, audit-trailed.	100% of edits logged and timestamped
Synonym mapping management	• Synonym library supports add/edit/delete in UI/API. • Changes reflected in next extraction job.	Synonym updates propagate ≤ 5 minutes to extraction jobs
Missing field indicators	• Required but missing fields output as "not provided" in JSON schema (never omitted).	100% of missing required fields marked; no omissions
Generate structured output for downstream processing	• System generates structured output automatically post-extraction. • Output matches predefined schema/template (format, data types, required fields). • Schema version noted in metadata. • Output available via UI and API	100% schema validation pass rate. Template compliance ≥ 99%
Workbench for individual/bulk processing of policy documents	• UI supports single and bulk document upload. • Clear, unique document names in list. • Extraction status visible for each document. • List supports filter, sort, and search by key metadata. • Bulk actions possible.	Docs visible in list ≤ 5s after upload Filter/sort/search response ≤ 2s Search accuracy ≥ 99%.

Feature	Acceptance criteria	Objective metric
Detection of unregistered policy benefits	• System identifies benefits in documents not present in the existing benefits database • Detected benefits flagged for review with metadata (document source, date, confidence score) • Alerts accessible via UI/API	Detection accuracy ≥ 90% (evaluated on test set); False positive rate ≤ 5%

2.3 Data extraction requirements

The two primary categories of information illumifin's that need to be captured are policy metadata and benefit data. These categories are distinct, each playing a specific role in enabling automated policy administration and claims adjudication. The content below provides definitions, key data elements, and sample JSON structures for each. It also includes a list of attributes of the downstream processing system, followed by a list of possible benefits, giving a clear picture of how captured data flows through later processing stages and the advantages this approach can deliver.

Understanding policy metadata and benefit data

Illumifin's platform depends on accurate, structured representations of insurance policies to effectively support administration workflows and enable automated claims adjudication. To achieve this, two main categories of information must be captured from policy documents, namely policy metadata and benefit data.

Why this distinction

Structured policy metadata allows the system to understand the high-level framework of the contract. Detailed, well-defined benefit data empowers claim adjudication engines to automate the determination of what is payable, when, and for how long, which significantly reduces the need for manual intervention in straightforward cases.

Since policies are rarely static, with riders, endorsements, and amendments frequently modifying or adding benefits, it is critical to maintain a clear separation and comprehensive capture of both metadata and benefit layers. This approach ensures accurate interpretation of each unique policy configuration.

Policy metadata

Policy metadata consists of the core contract-level attributes that define the overall structure and rules of the insurance policy. These foundational fields include, but are not limited to:

- Benefit type
- Elimination or waiting periods
- Elimination period calendar or service days
- Elimination period renewal or lifetime
- Elimination period exemptions
- Benefit period or maximum coverage duration
- Maximum lifetime benefit
- Care coordination

Policy metadata applies to the entire policy, including the base contract as well as any riders or endorsements, and provides essential rules that govern eligibility and coverage.

Benefit data

Benefit data covers the specific benefits detailed within the policy. Long-term care and similar contracts often contain multiple distinct benefits such as nursing home care, home health care, assisted living, hospice, and respite care. For each benefit, key elements typically include:

- Benefit name: the official or commonly used name of the benefit as stated in the policy or taxonomy.
- Definition of benefit (free text): a clear statement or summary of what the benefit covers, quoted or paraphrased from the policy.

- Benefit amount: the numeric value or percentage applicable, or null if not specified.
- Amount type: the unit for the benefit amount (for example, dollars, days, weeks, percentage).
- Frequency: the payout frequency (for example, daily, monthly, weekly, lifetime). If paying weekly, include the start date of the week when available.
- Count towards policy maximum: indicate if this benefit reduces the overall policy limit (true, false, or null).
- Count towards elimination period: indicate if this benefit helps satisfy the elimination period (true, false, or null).
- Subject to elimination period: indicate if benefit payout is withheld until the elimination period is met (true, false, or null).

List of attributes of downstream processing system

#	Attributes	Data type	Description	Allowed / example values
1	**Benefit**	Text (string)	*Canonical short name of the benefit type*	"Adult Day Care", "Nursing Home"
2	**Benefit (description) interpretation**	Text (string, freeform)	*Summary or interpretation of the coverage from the policy*	"Covered under Home and Community Services"
3	**Benefit amount**	Numeric or Text	*Coverage limit amount; may include monetary units or percentage terms*	"100% of MDB", "Up to $250"
4	**Amount type**	Text (enumerated)	*Unit of measure for Benefit Amount*	"Dollars", "Days"
6	**Frequency** *if paying weekly, including start date of the week*	Text (enumerated) + conditional Date	*Payment repetition interval. If frequency = weekly, also capture start date of the week in ISO format.*	Examples: Frequency: "Daily"; Frequency: "Weekly", Start Date: "2025-01-01"
7	**Count towards policy maximum**	Boolean (Yes/No)	*Whether the benefit counts toward the total policy maximum*	"Yes", "No"
8	**Count towards elimination period**	Boolean (Yes/No)	*Whether the benefit counts toward fulfilling the elimination period requirement*	"Yes", "No"
9	**Subject to elimination period**	Boolean (Yes/No)	*Whether the benefit is subject to an elimination period before payment*	"Yes", "No"

List of possible benefits

The following table describes the possible benefits that can be found in policy documentation.

#	Benefit	Description
1	Benefit type	*High level classification of the policy's coverage type (e.g., Home Care Only, Comprehensive).*
2	Elimination period (EP)	*The elimination period length before benefits are payable (in days).*
3	EP renewal or lifetime	*Indicates whether the elimination period renews or applies for the lifetime of the policy.*
4	EP exemptions	*Conditions or services that bypass the elimination period requirement.*
5	Benefit maximum daily benefit	*Maximum daily benefit amount (monetary coverage limit per day).*
6	Personal care advisor	*Availability of a care advisor service to assist the insured in planning and accessing benefits.*
7	Care planning benefit	*Coverage for formal care planning, assessments, and service coordination.*
8	Caregiver training	*Provision for training the insured's informal caregivers.*
9	Adult day care	*Coverage for day program services provided outside the home.*
10	Home health care	*Coverage for professional health care services provided at home.*
11	Homemaker services	*Coverage for non-medical home assistance (cleaning, cooking, household tasks).*
12	Hospice amount	*Monetary coverage for hospice care services.*
13	Hospice days	*Number of days covered for hospice care services.*
14	Personal care services	*Coverage for assistance with activities of daily living (ADLs) by a personal care worker.*
15	Respite amount	*Monetary coverage for respite care (temporary relief for the primary caregiver).*
16	Respite days	*Number of days covered for respite care.*
17	Nursing home	*Coverage for care services in a licensed nursing facility.*
18	Bed reservation amount	*Monetary coverage for reserving a bed in a facility during a temporary absence.*
19	Bed reservation days	*Number of days a bed can be reserved under the policy.*
20	Assisted living	*Coverage for services provided in an assisted living facility.*
21	Alternative care services	*Coverage for alternative services agreed upon between insurer, insured, and care providers (e.g., community programs).*
22	Non continual alternative care services	*Coverage for alternative care services provided on a non-continuous basis.*
23	Nonforfeiture benefit	*A policy feature allowing some benefits to continue even if the policy lapses or is discontinued.*
24	ADL's required	*Minimum number of activities of daily living (ADLs) the insured must be unable to perform to qualify for benefits.*
25	Ambulating	*Ability to walk or move about; coverage condition linked to mobility.*
26	Bathing	*Ability to bathe independently; coverage condition linked to hygiene support.*
27	Continence	*Ability to control bowel and bladder function; coverage condition linked to continence care.*
28	Dressing	*Ability to dress independently; coverage condition linked to self-care.*
29	Eating	*Ability to feed oneself; coverage condition linked to nutrition support.*
30	Medications	*Ability to self-administer prescribed medications; coverage condition linked to medication management.*
31	Toileting	*Ability to use the toilet and maintain personal hygiene.*
32	Transferring	*Ability to move between bed, chair, or other positions; coverage condition linked to positioning support.*
33	Waiver of premium	*Provision that suspends premium payments while benefits are being paid.*
34	Joint policy	*Indicates if the policy covers two insured persons (e.g., spouses).*
35	Restoration of benefits	*Provision to reinstate benefits after they have been exhausted, under certain conditions.*

36	Extension of benefits	*Provision to continue paying benefits beyond the usual limit, often after policy termination if certain criteria are met.*