

Create User personas, LO-L1 business processes flow, the associated data flow, and the sources for synthetic data generation and sample visualization for following use case "An AI engine that performs a multi-dimensional risk assessment of every claim submitted. It analyzes the claim data, the user's historical behavior, and the uploaded documents to generate a fraud probability score. For calculated low risk claims post auto validation, engine should process the claim and assign authority to approve(human in the loop). In case of high risk claims, engine should summarize the case with explanation, and highlight the discrepancies in the submitted documents and assign to authority to validate manually and process." using "Structured Data: User's claim history, contribution patterns, employer data, previous risk

flags. Empanelled Hospital CRM data, billing information. #Use synthetic Data#

Unstructured Data: All documents uploaded with the claim (medical reports, employer certificates, etc.). Discharge Summary, Doctor's prescription, Medicine bills, etc ##Use Synthetic data##

External Data (Optional): Data from natis claims, engine should summarize the case with explanation, and highlight the discrepancies in the submitted Documents and assign to authority to validate manually and process." using "Structured Data: User's claim history, contribution patterns, employer data, previous risk flags. Empanelled Hospital CRM data, billing information. #Use synthetic Data#

Unstructured Data: All documents uploaded with the claim (medical reports, empl certificates, etc.). Discharge Summary, Doctor's prescription, Medicine

bills, etc ##Use Synthetic data## External Data (Optional): Data from national databases (e.g., for death records, business licenses) to cross-verify information."

expected outcome "Extraction of Key Value pairs from uploaded documents

Comparision of values with structured application data with similarity search reducing exact match cases with defined threshold limits. A real-time risk score (e.g., Low, Medium, High) assigned to each claim upon submission.

Title:

Problem Statement:

historical be Identifying fraud speed against thorough manually, leading to sign Insurance fraud increasingly in fraud

Automated routing: Low-risk claims are processed to next stage, High-risk claims are sent to a specialized fraud

investigation unit with a detailed anomaly

report