FREQUENTLY ASKED QUESTIONS

Scope, Governance, and Boundaries

---

1. Does Buiten.ai replace insurance decision-making?

No.

Buiten.ai generates structured governance signals.

All reimbursement decisions remain under human supervision within the relevant insurance institution.

The system supports review processes.
It does not automate financial determinations.

---

2. Is this an automated AI claims engine?

No.

The infrastructure produces structured alignment and variance signals.

It does not automatically approve or reject claims.

Human-in-the-loop supervision is mandatory.

---

3. Does Buiten.ai rank hospitals publicly?

No.

There are no public rankings.

Participating institutions access internal governance dashboards for structured transparency and improvement.

The framework is not a league table.

---

4. Does participation reduce clinical autonomy?

No.

The system does not impose foreign treatment protocols.

It evaluates structural comparability between existing national standards.

Clinical decisions remain with treating physicians.

---

5. Is patient data centralized across borders?

No.

The architecture follows strict data minimization and purpose limitation principles.

Identity data remains within originating systems.

Where applicable, encrypted tokenization ensures that no personal identifiers are transmitted cross-border.

Coordination occurs without concentration.

---

6. How does the system treat high-complexity hospitals?

The governance model incorporates multivariate risk adjustment:

- Age-weighted modeling
- Comorbidity indexing
- Frailty calibration
- Case-mix normalization

High-complexity centers are contextualized, not penalized.

Complexity is interpreted — not punished.

---

7. Is this compliant with EU AI Act principles?

The infrastructure is designed under high-accountability AI governance.

It includes:

- Human-in-the-loop supervision
- Explainable AI protocols
- Version-controlled logic
- Bias monitoring
- Audit traceability

AI functions as a supervised analytical layer.

---

8. Is Buiten.ai an accreditation authority?

No.

It does not issue formal regulatory accreditation.

It provides structured comparability indicators and governance transparency signals.

---

9. Does this restrict patient mobility?

No.

The objective is to reduce ambiguity and enhance trust.

Structured comparability supports sustainable mobility by reducing interpretative friction.

---

10. Does this create a parallel healthcare system?

No.

The infrastructure operates within existing national systems.

It preserves gatekeeper continuity and institutional autonomy.

It does not establish new care delivery structures.

---

11. Is this primarily a cost-cutting tool?

No.

The objective is predictability and transparency — not restriction.

Reduced volatility supports financial stability, but access decisions remain clinical and institutional.

---

12. Who governs the Indication Matrix?

The matrix is developed and recalibrated under academic oversight.

It undergoes periodic review to integrate new evidence and institutional feedback.

It is a living governance instrument.

---

13. Can institutions challenge alignment signals?

Yes.

Participating institutions retain the right to:

- Request clarification
- Submit documentation
- Provide clinical evidence
- Initiate academic recalibration dialogue

Governance is collaborative.

---

14. Is the pilot corridor mandatory for participation?

No.

The corridor serves as a validation environment.

Additional corridors and institutional participation may follow structured onboarding and academic review.

Final Clarification

Buiten.ai is defined as much by what it does not do as by what it does.

It does not:

- Replace clinicians
- Replace insurers
- Override regulation
- Centralize identity data
- Automate reimbursement

It introduces structured comparability within a supervised governance framework.