Auto Casualty, Workers' Comp

Less Data Overload. More Confident Claim Decisions.

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6 MIN READ
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Key Takeaways

Your claims team has more data than ever, but can they spot the risks before it's too late to act? When critical information is scattered across systems, missed warning signs can lead to higher costs and missed opportunities to improve outcomes.

- Connected claims data delivers answers that drive faster, clearer decisions.
- Analytics guide professional judgment and provide insights beyond cost savings.
- Better information should lead to better outcomes for people, not just lower costs.

The competitive edge comes from connecting data across the claim lifecycle and using it to accelerate and improve decisions about care, cost and intervention.

Your claims team is already surrounded by data, but data alone does not guide action or make decisions clearer. The opportunity lies in connecting data across the claim lifecycle, giving your team information they can trust and act on.

As claims data grows in volume and complexity, enabling clearer, faster and more confident decisions will help give your team a competitive edge.

Building a Connected Foundation for Better Decision Making

Unlike siloed or disparate tools that are a breeding ground for inconsistencies and missed opportunities, centralized data and repeatable analytics help reduce error-prone manual handoffs, while creating a clearer path from raw information to decision-ready insights.

By analyzing claims data alongside relevant medical, provider and industry context and applying appropriate security, privacy and governance controls, your team can gain a clearer view of what is happening, why it matters and where action may be needed. For example, if the same provider appears under different identifiers across systems, a claims team could see a fragmented picture of that provider's costs and outcomes. Reconciling those records helps create a sounder basis for evaluation.

Data management is important, but your business objectives should always lead. A modern knowledge foundation should help you answer practical questions such as:

- Which claims may need earlier intervention?
- Where are costs or treatment patterns departing from expectations?
- Which providers are delivering value across cost, quality and access?
- Where might unusual billing or referral patterns warrant a closer look?

When a connected foundation is in place, your team can move from one-off analysis to more consistent, repeatable decision support.

Use Case: Retrospective Utilization Review

Michigan auto book-of-business data was used to give one payer a broader view of how bills were routed for nurse review. The analysis identified rule criteria likely to capture high-impact bills. Historical dispute and outcome data were then used to test whether the proposed approach was defensible before deployment.

The lesson is practical: routing criteria should be evaluated alongside the outcomes and dispute experience associated with the bills they identify. Connecting those sources can help your team assess where to focus review and build a stronger basis for the proposed intervention.

Moving Beyond Rearview Reporting

Traditional reporting explains what already happened. Your team needs to know where risk is emerging now and what to do next.

The recent Enlyte Envision Trends Report highlighted data complexity as a common theme across workers' compensation medical claims, behavioral health trends, pharmacy patterns, provider access and network performance, citing that outcomes are shaped by multiple connected factors rather than a single claim event, bill or data point. Bringing those signals together helps teams see risk earlier, understand what is driving performance and take more targeted action.

That shift helps your team turn reporting into practical guidance:

- Interactive dashboards surface program trends and support claim-level investigation.
- Predictive models help prioritize claims for review or case management.
- Network analytics evaluate performance at a more precise level.
- Connected signals also help teams investigate potential fraud, waste and abuse patterns that would be difficult to recognize in isolated data sets.

For example, a bodily injury claim involving several facilities may appear unrelated when each bill is viewed on its own. When data is connected across the claim, an analysis can reveal recurring referral relationships or unusual billing patterns across those facilities. These types of insights give your claims professionals specific information to review to make the appropriate decision.

The same is true when measuring how well a program is working. No single metric can tell the full performance story. A fragmented view can point in different directions individually, but together they can uncover whether claim-level decision-making is both effective and defensible.

These capabilities do not replace professional judgment and expertise. They make it easier for your claims team to derive the right information in a way that is more easily interpreted to make a decision that supports the person at the center of the claim.

Five Immediate Benefits of Connecting Claims Data

The value of connected claims data will show up in the decisions your teams make every day:

- **Earlier risk identification.** Predictive risk scoring helps surface claims that may benefit from timely clinical or case management review. Information about pharmacy patterns, treatment duration, provider access gaps and behavioral health indicators help claims teams identify and intervene before costs, delays or barriers escalate.
- **More precise network decisions.** Advanced network analytics help identify provider and network opportunities to support stronger savings, access, quality and total claims outcomes.
- **A clearer view of treatment and spend.** Claim dashboards bring medical treatment and clinical interventions into a single view, helping teams spot the claims and trends driving results.
- **Stronger pattern detection.** Governed analytics help claims teams explore relationships across large data sets and investigate patterns that may be difficult to identify manually.
- **Faster answers.** AI-enabled analysis provides the ability to quickly turn a business question into a trustworthy answer, helping teams explore performance by jurisdiction, provider, network or bill type.

Detection is Too Late, You Need Direction

For an insight to influence a claim, it must reach the person responsible for the decision in time to be useful. Presenting the underlying evidence within the workflow helps that professional assess the finding and determine the appropriate response. AI-enabled analysis may make information easier to retrieve and questions faster to explore. Its output still requires validation, transparency and human oversight, with clear accountability for the decisions they inform.

Use Case: Provider Selection and Direction of Care

Provider selection is one of the earliest claim decisions and shapes everything that follows including treatment path, return to work, recovery, injured individual satisfaction and ultimately, the cost. Connecting provider data across the claim lifecycle allows provider value to be understood across four criteria including:

- Financial performance = how providers deliver value and cost efficiency
- Clinical outcomes = how providers achieve optimal patient outcomes
- Network contribution = how the providers expand access
- Provider sentiment = how providers engage and collaborate within the P&C system

Together these criteria answer which provider is right for the injury. The goal is to guide the injured individual to the right care, from the right provider. Next-generation provider networks are connecting AI and analytics to evaluate performance across more than savings alone.

As provider supply, access to care and network stability become more important variables, your claims teams need intelligence that connects cost, quality, availability and outcomes in a way that supports more informed direction to care.

Turning Insights into Confident Action

The measure of an analytics program is whether it helps people make timely, defensible decisions and learn from the results. That requires connecting evidence to action, reviewing the outcome and using what is learned to refine the next decision. As regulations, treatment practices and billing behavior evolve, the analytics supporting those decisions must evolve with them.

Siloed analysis misses the opportunity that only connected data can deliver. A bill becomes more informative when connected to the clinical context, provider record and claim outcome. Each source helps explain the others. For Enlyte and our customers, the opportunity is to put that combined perspective to work in earlier, more informed decisions about care and cost.



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