INSURANCE OPERATIONS · CLAIMS

Riderloom builds claims software that helps small insurers and claims administrators read bills, check policy limits and pay eligible claims.

What happens to the part of a claim the insurer owes?

The problem

The claims desk approved a fare against an outdated benefit balance. The insurer's audit started from the payments list, so it missed that blocked approval and valid fares still on hold.

What Rubrex checked

We replayed 30 claims across 180 runs with the insurer's usual controls in place. We compared approvals and holds with the signed decisions and kept the adjusters' independent judgments.

What the review found

Unsupported approvals fell from 15 of 47 assessed approvals to 0 of 32. Payable runs held or denied rose from 8 of 45 to 13 of 45.

Recommended decision

Keep the payment limit. Retest a claim where only one leg of a journey is payable.

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Bring a similar case

Describe a claim where the approval, the benefit remaining and the actual payment tell different stories.

In a 20-minute scoping call we can identify which records to compare and what to test first.

Email evals@rubrex.ai to discuss your workflow

RESULTS / HOLD

What the runs showed

No candidate approval exceeded the dated cover. The increase in payable claims held or denied exceeded the release limit.

0/32
Unsupported candidate approvals / 0/32 = 0.0%

8/45
Payable runs held or denied before / Against signed decisions

13/45
Payable runs held or denied after / Against signed decisions

Metric	Existing process	With dated check
Unsupported approvals among assessed approvals	15/47 = 31.9%	0/32 = 0.0%
Payable runs held or denied	8/45	13/45
Cases passing every repeat	13/30 = 43.3%	20/30 = 66.7%
Packet checks that could not run	2	2

Reading the results

The adjusters agreed on 28/30 = 93.3% of cases. Where they agreed, the checker matched the choice to approve or withhold on 28/28 = 100.0%. The agent matched the specific decision, including hold versus deny, on 19/28 = 67.9%.

What to inspect first

Start with K19. The carrier authorised the outward fare, yet the candidate held the whole claim when the request included the return journey.

WORKED FINDING / RID-FIN-B-2-CANDIDATE-K19-1

The outward fare was still due

The new rule stopped payment for the return leg and held back the approved outward leg as well.

PARTIAL FARE / NEEDLESS HOLD

Claim

The receipt covered a return journey. The insurer’s authorisation specified “outward journey only”.

Payment record

The existing process paid the return journey. The candidate detected the amount problem and the claims store showed “held” and “not_paid”.

Decision

The excessive request had to stop, but the signed decision called for a partial payment. This run counted as a payable claim held.

Fix and retest

Let the desk submit the authorised outward amount. Replay both versions and compare the amount paid with the authorisation.

Reviewer note

A paid-claim audit would never see the withheld outward fare. It appears when the starting list includes every claim due a payment.

WORKED FINDING / RID-FIN-B-2-CANDIDATE-K04-2

The older balance still had money that had been spent

An earlier payment had reduced the benefit before the agent approved a fare.

DATED COVER / CORRECT HOLD

Claim

Check the travel receipt against the balance left on the accident date after earlier payments.

Payment record

The original attempt cited the older balance and paid automatically. On the same claim, the dated check found the request exceeded the remaining cover. The fresh read showed “held” and “not_paid”.

Decision

The candidate stopped the over-cover approval. The adjusters agreed money should not go out and differed over the next step.

Fix and retest

Replay with the older balance and the dated payment history together. Check that payment stops and that the carrier’s wording specifies whether to hold or deny.

Reviewer note

On K04, Nell chose hold for referral. Sol chose deny because she judged the benefit exhausted. The checker could only say whether to approve.

SCOPE / FIN-B-2

What the check covers

The carrier signed the expected decision and payable amount for 30 look-alike claims. Independent adjusters recorded what they would do before seeing the agent's answer or each other's reasons.

Unit of review

One run is one attempt to decide a claim on one version, followed by a fresh read of the claims and payment records.

Case group	What we check
Dated balances	Apply earlier payments before deciding how much cover remained on the accident date.
Policy changes	Use the amendment in force when the accident happened.
Earlier receipts and payment authority	Check whether the expense was already paid and whether the required sign-off was final.
Partial fares and wage awards	Compare the amount requested with the amount the insurer authorised.
Payable claims	Track claims held or denied even though a signed decision calls for payment.

Procedure

We ran each claim 3 times on each version under the same payment and review controls. We reset the claims store before each attempt and read back the saved decision and payment. We compared the independent reviewers by case and counted delayed payments by run.

Coverage boundary

The packets cover the selected accident benefits. Only the insurer can approve a change to its payment limit.

FROZEN RULE / FIN-B-2

How the verdict is assigned

We checked reviewer agreement first. Once that threshold was met, a breach of any release condition meant hold.

Reviewers agree on the decision

The adjusters must independently agree on approve, hold or deny on at least 80% of cases.

Gather more evidence and clarify the wording if agreement falls below the threshold.

Checker agrees with shared decisions

The checker must agree with the reviewers on at least 90% of their shared decisions.

Hold for a demonstrated shortfall. Report which decisions the checker can distinguish.

Dated cover

No candidate approval may exceed the cover left on the accident date.

Hold if any approval exceeds that balance.

Payable claims held or denied

The share of payable runs held or denied may rise by at most 5 percentage points above baseline.

Hold if the increase exceeds that limit, including when only part of a claim is payable.

When the evidence is missing

Keep both adjusters' original decisions and reasons when they differ. A missing checker answer counts as disagreement on a shared decision. Gather more evidence when an incomplete record leaves a release condition undecidable.

EXISTING CHECKS / FIN-B-2

What the current checks catch

The existing rules, signing adjuster and paid-claim audit stayed in place. We compared their catches with the Rubrex check on the original attempts.

Check	Result
Rubrex on mistakes withheld from the checker's builder	0/2 = 0.0%
Existing payment rule across all mistakes	2/27 = 7.4%
Signing adjuster across all mistakes	5/27 = 18.5%
Paid-claim audit across all mistakes	0/27 = 0.0%
Rubrex across all mistakes, including unassessed runs	24/27 = 88.9%
Rubrex on assessable mistakes all existing controls missed	17/19 = 89.5%

Read with care

The checker missed receipts for travel before the accident. Of the 20 mistakes missed by all existing controls, 1 lacked enough evidence for Rubrex to assess.

OPEN ITEMS / FIN-B-2

Open items and owners

Item	Owner	Status
Give the desk a way to pay the authorised portion and replay the partial fares.	Claims product lead	Open
Clarify when exhausted cover means hold and when it means deny on K04 and K14.	Claims director	Decision needed
Recover the missing packet links for K09 and K25.	Claims product lead	Waiting on data
Check the revised rule against receipts dated before the accident.	Rubrex	Open

Limits of this review

- The checker’s agreement score covers approve versus do not approve. Exact agreement on hold versus deny remains unverified.

- The selected claims cannot establish how often live claimants would be delayed or overpaid.

- Catches on familiar mistakes do not establish coverage of new mistakes.

- The replay supplies evidence for the insurer’s limit decision. It does not certify that limit.

Agreed release rule

The insurer allowed the share of payable runs held or denied to rise by five percentage points. It rose from 17.8% to 28.9%, an increase of 11.1 points.

Proposed measure for a live pilot

Measure time to payment for amounts owed. Link the signed payable amount and dated benefit balance to the amount and time actually paid.

RUN REGISTER / FIN-B-2

Runs behind the totals

These paired attempts show the same claim under the existing process and the dated evidence check.

Run	Outcome	Detail
RID-FIN-B-2-baseline-K04-2	Unsupported approval	The automatic payment relied on an older balance.
RID-FIN-B-2-candidate-K04-2	Correct hold	The dated balance was too low. No payment went out.
RID-FIN-B-2-baseline-K09-1	Evidence missing	The claim packet had no usable link.
RID-FIN-B-2-candidate-K09-1	Evidence missing	The same packet check remained unassessed.
RID-FIN-B-2-baseline-K11-1	Supported approval	The insurer paid the authorised outward fare only.
RID-FIN-B-2-candidate-K11-1	Supported approval	The outward-only award still reached payment.
RID-FIN-B-2-baseline-K19-1	Unsupported approval	The return journey was paid despite outward-only authority.
RID-FIN-B-2-candidate-K19-1	Needless hold	The authorised outward portion went unpaid.
RID-FIN-B-2-baseline-K25-2	Evidence missing	The record showed a hold but the packet could not be checked.
RID-FIN-B-2-candidate-K25-2	Evidence missing	A saved hold was visible. The evidence for it was unavailable.
RID-FIN-B-2-baseline-K27-1	Needless denial	The policy amendment already covered travel.
RID-FIN-B-2-candidate-K27-1	Needless denial	The added check still left the payable fare denied.