LiteCone

FOR INSURANCE · HEALTH CLAIMS ADJUDICATOR · AI WORKER

Health claims, read and adjudicated.

ARIS checks admissibility against the plan and prices the claim, with the clinical documents and the plan rules brought together in one pass. **Every decision cited to your claims manual and policy terms.**

Introducing

ARIS

HEALTH CLAIMS ADJUDICATOR

THE WORK · HEALTH CLAIMS

What this work looks like today

A health claim has to be read, checked for admissibility against the plan, and priced. The clinical documents and the plan rules sit in different places, and the adjudicator holds both in their head. ARIS holds that role. It adjudicates the claim rather than assisting with it: applies your policy rules, validates the documents, enriches the file from your third-party sources, and returns a cited decision. Accountability stays with you.

Cited

Every decision traced to **your claims manual and policy terms**.

Your cloud

Deployed in your account, on your keys. **Claims and member data never leave your environment.**

INSIDE THE WORKER · THE AGENT BENCH

One Worker, a bench of agents

ARIS is not a single model answering a prompt. It is a role, and underneath it sit agents that each do one part of the claim. Scrutiny runs first; the admissibility, medical and financial work follows.

Scrutiny · 3 agents

Runs first on every case, on every Worker.

- **Intake** checks whether the application is complete against the product SOP and raises what is missing.
- **Vision** reads the documents and pulls out the data points. Stops and asks for a re-upload if the scan is not readable.
- **Veritas** cross-verifies the critical data points across documents and sources.

Admissibility

Checked against cover before the clinical or financial assessment begins, not after.

- Policy, member and benefit validation
- Waiting period and underwriting exclusions
- Hospital validation against your excluded-provider list

Medical

- Discharge summary analysis and reasoning chains that enforce your clinical guidelines
- Length-of-stay validation

Financial

- Payable amount calculation
- Exclusions and tariff validation
- Deductions and co-payment reconciliation, with detailed reporting

Enrichment and verification

- Provider credential checks
- Insurance bureau, third-party and custom integrations
- Fraud detection and risk scoring before settlement

Intake to proof

01
Intake
The case arrives in whatever form it arrives in: documents, forms, images, the attachment nobody standardised.

02
Ground
Read against your claims manual, the plan rules and the systems the case already lives in. Nothing answered from outside them.

03
Decide
Inside the mandate, the decision is made and the next action taken. Outside it, the case is referred with the reasoning.

04
Prove
The trail is written at the moment of decision, not reconstructed afterwards. Only that version survives an audit.

The five brains

Every output passes the same five checks before it leaves. Governance is written as the decision is made, not reported after the quarter.

Configurable oversight
You set how much runs on its own, and change it whenever you choose.

Auditable
Every step and every input retained, in the form an examiner asks for.

Creditable
Cited to the policy you set, line by line.

Zero bias
Same input, same answer, every time, and provably so.

Hard-grounded
Grounded in your data and your manual. Nothing invented in the gap.

PROOF · LEO IN LIVE PRODUCTION

Figures from LEO, ARIS's sibling Worker in the LiteCone workforce, live in production for over a year at a top life insurer.

1+ year
In live production. Not a pilot that never ended.

~8 min
Underwriting turnaround, intake to issued decision, reasoning included.

75–80%
Cleared with zero touch. No underwriter opens the file at all.

NEXT STEP

Bring one queue and a month of decided files. Run ARIS alongside your own adjudicators before it decides anything, so the comparison is against your people and your plan rules.

Book a briefing. Forty minutes. Bring one workflow, leave with a mandate.

Powered by LUMIQ

LiteCone is a suite of AI Workers by LUMIQ, the AI decision layer for financial services and insurance. It turns a role into an AI Worker, one that decides inside boundaries you set, explains itself, and stays auditable and governed, deployed in your own cloud. **LEO, the Life Insurance Underwriter, is the suite's flagship production proof point, live for over a year at a top life insurer.** LUMIQ is the team behind LiteCone: an AI-native company working only in financial services and insurance, with **13+ years in the industry**, a **100% delivery track record**, and **50+ enterprise customers**.

LUMIQ

United States · Southeast Asia · India

LiteCone litecone@lumiq.ai | www.litecone.ai