Kaia Healthcare Claims

GOVERNED, SELF-IMPROVING VERTICAL AI FOR REGULATED WORK · THE PAYER'S DESK

Every claim adjudicated with its reasons. The engine may approve. It cannot deny alone.

Kaia Claims runs healthcare payer claim traffic as one governed loop: pre-trained process intelligence prepares the evidence, routes the exceptions, detects fraud, waste and abuse signals and learns from authorised corrections, while your claims teams keep final coverage, payment and appeal authority.

WHAT YOU LIVE WITH TODAY

Routine claims and real exceptions sit in the same queue. A fraud referral arrives without its evidence chain. An adverse decision is hard to defend when the regulator, the provider or the member asks why. First-pass accuracy is whatever the vendor says it is, and the audit is a reconstruction.

With Kaia: clean claims route straight through so your team works the exceptions; every claim carries a risk class, a confidence and a written reason; the engine may approve, and it never denies alone; every decision is documented and defensible.

WHAT KAIA CLAIMS DOES

1. **Submission.** EDI 837 intake, eligibility verification, documentation completeness. CURRENT
2. **Triage.** Four risk tiers, one confidence score, full reasoning: high risk, medium risk, low risk, flagged. Flagged claims go to the investigator. CURRENT
3. **Investigation.** Duplicate, upcoding, unbundling, phantom billing and network signals routed to the SIU with reviewer-ready evidence; payment stopped until the investigator releases it. CURRENT
4. **Adjudication.** Benefit-plan, medical-necessity, coding and fee-schedule evidence packaged for the adjuster. An adverse decision waits for the adjuster; a medical-necessity denial for a clinician too. CURRENT
5. **Payment and appeals.** The benefit maths with its receipt; straight-through payment needs 0.95 confidence; an appeal opens on the same claim with its trail kept. CURRENT

The adjudication floor cannot be switched off by any setting.

BUILT FOR EACH SEAT

Claims Adjuster: the triage queue and the flagged claims with full context. **SIU Investigator:** referrals with the pattern evidence attached. **Underwriter:** triage, straight-through and fraud-detection rates across lines. **Compliance:** every claim decision documented, with the audit trail. CURRENT

HOW IT IS CONFIGURED FOR YOU

Your benefit plans, fee schedules and coverage rules; your EDI 837 feeds and remittance formats; your state rules. Where a market needs its own pack, the national exchange adapter, code sets, currency and timers are one configuration of the same engine, never a fork. CONFIGURATION

WHY KAIA

Priced on the work: per claim decided, never per seat. **Where do your data and context live today, and two years from now?** With Kaia they stay in your tenant and compound for you; your corrections never train another payer's model. **Compliance built in:** a decision record on every claim, a human sign-off floor the engine cannot bypass, a disposition trail that survives a regulator's read. **Its own measurement is public: 99.66%** fraud-signal recall (292 of 293 flagged-class claims) at 100% precision, and 96.05% overall exact accuracy on the same 860 held-out records, a frozen set never used in training. kaiaai.ai/claims

THE FOUNDING-PARTNER PATH

Diagnostic, two weeks. Fifty to two hundred de-identified settled claims, paid and rejected, in a layout agreed in writing; a written result with its method. Fully credited. FOUNDING PARTNERS

Founding partnership, eight weeks. One plan segment adjudicated in parallel with your desk, in your own tenant; founding terms locked into year one. A go or no-go at week eight. FOUNDING PARTNERS

See Kaia Claims — kaiaai.ai/claims