

Information Security is the Cornerstone of Any Reputable Application Vendor

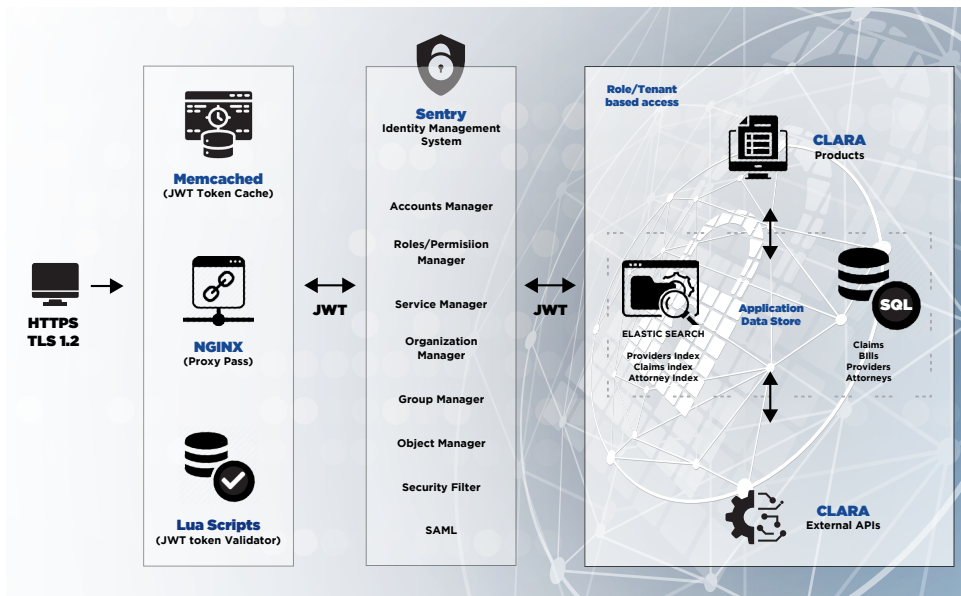
Comprehensive data sets are vital to AI technology. Often, the most valuable information is the most sensitive. CLARA provides AI solutions based on customer claims data, meaning it is vital that such data be secure at all times. CLARA's security protocols must be more stringent than traditional application vendors in that we encourage customers to contribute data to an anonymized industry data set in order to significantly improve outcomes. Taken together, CLARA has built and operates one of the most secure cloud delivered application platforms in the commercial claims industry.

Compliant/Certified Since

HIPPA	2018
SOC 2	2018
CCPA	2020
HITRUST	2020
GDPR	2020

Customer and Claimant Data Security is job #1 for CLARA.

Since inception, CLARA has invested heavily in application and network infrastructure security. CLARA's network, data pipelines and applications are architected utilizing world class security technologies as depicted to the left. In addition, CLARA has implemented security best practices and controls to achieve compliance and certification with the most widely adopted security frameworks in both healthcare & IT.



CLARA Data Flow

HTTPS - Transport Layer Security (TLS): All access to CLARA web applications occurs over TLS, the predominant protocol for privacy and data security in internet communications. TLS provides user authentication, data encryption and data integrity for all interactions.

JWT: ON Web Token (JWT) is an open standard (RFC 7519) that defines a compact and self-contained way for securely transmitting information between parties as a JSON object. CLARA'S identity management system (Sentry) uses JWT tokens to communicate user profile, role, tenant access and authorization information to all other CLARA applications and services.

Role Based Access Control (RBAC): Role based access control restricts access to data based upon an individual's role within the organization. RBAC permits users to access only the data they need to perform their job duties and defines the allowed operations on that data.

Application Data Store: All CLARA data, including application data is encrypted at rest using one of the strongest standards, AES 256 bit. Volume level encryption is utilized across all storage mediums. Tenant data is segregated at the database level, 1 database per tenant.

CLARA Network Architecture

Web Application Firewall:

All traffic inbound to CLARA networks goes through our AWS WAF. The CLARA WAF protects our networks against the predominant types of network attacks including cross site scripting, SQL injection, and DDOS. Geo-restriction rules are configured to reject network traffic that does not originate from the geographies of our clients.

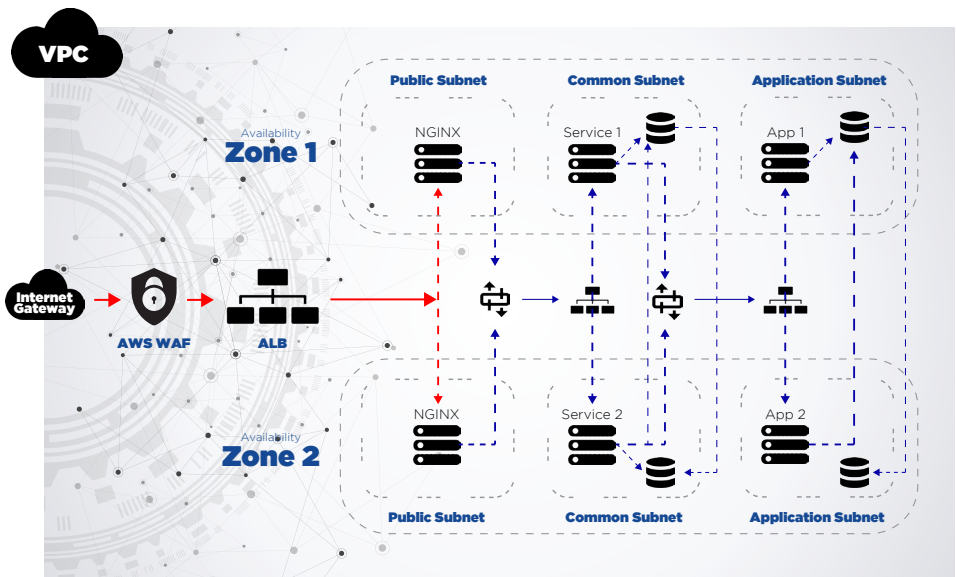
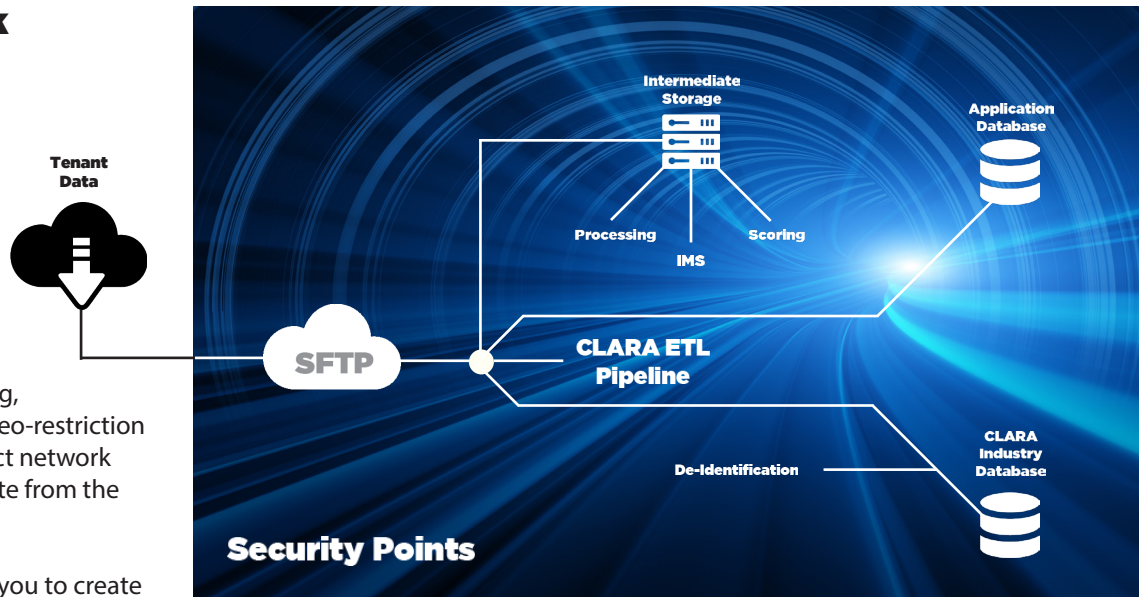
Subnets within the VPC: Allow you to create logical network divisions between resources such as database instances, application servers, and web infrastructure components.

Security Groups: Act like a virtual firewall controlling the inbound and outbound traffic of a server.

Application Load Balancer (ALB):

Distributes incoming application traffic across multiple targets in multiple availability zones and ensures only healthy targets receive traffic.

Access Control: Access to servers within subnets for CLARA employees is controlled via AWS IAM policies and user account validation. Access to AWS RDS is controlled via role based user account with MFA.



About CLARA analytics

CLARA analytics improves claims outcomes in commercial insurance with easy-to-use AI. The company's product suite applies image recognition, natural language processing and other AI-based techniques to unlock insights from medical notes, bills, and other documents surrounding a claim, and then generate predictions to help adjusters take action. Clara's predictive insight gives adjusters "AI superpowers"

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Quickly identify the best doctors for every claim

When a worker is injured, timing is critical. A fast path to the right doctor can mean a quicker route to recovery, a shorter claim, and lower costs. But injured workers are often referred to doctors based on go-to lists or references from peers. The injured worker ends up seeing a doctor with average results for the injury - or worse - and takes longer to recover, increasing costs for everyone involved.

A new approach

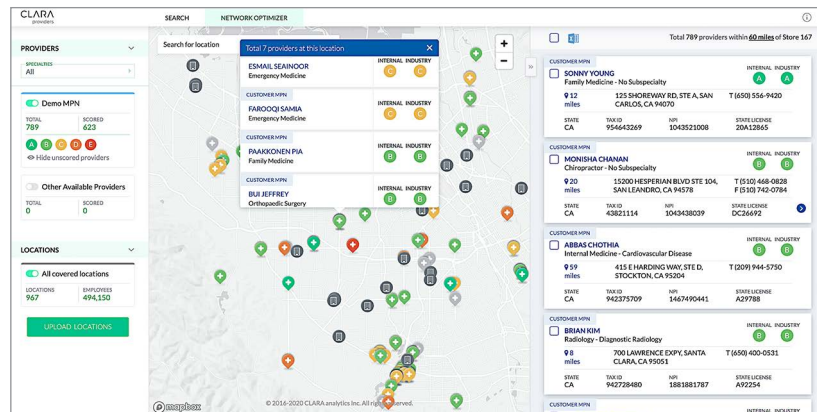
Providers enlists AI to score doctors based on actual outcomes and comparisons to thousands of relevant closed claims. Factors influencing the overall score - including treatment cost and procedure compliance - are featured to give adjusters the confidence to optimize care selection. Adjusters, nurse case managers, and network optimization teams can now recommend the right doctor for a specific injury, know when injured workers see low-scoring doctors, and ensure care networks are set up to provide the best care for any given claim.

The most advanced outcomes-based provider scoring tool in workers' compensation

Select providers based on case-adjusted outcome scoring: Providers applies machine learning to identify doctors that are consistently associated with positive outcomes on prior claims. A provider's outcome for a given claim is compared to a predicted outcome, generated based on thousands of closed claims with similar attributes, and the provider is scored based on a five-point scale, from A to E. Adjusters can see the scores relevant to that claim, across several treatment dimensions, and take action.

Evaluate new providers that join the claim: The typical indemnity claim involves 3-4 providers, and some cases can see well over a dozen. When new physicians, specialists, therapists and other providers become involved in a claim, it becomes increasingly challenging for adjusters to predict their impact on the claimant's health. Providers gives them a quick snapshot of what outcomes to expect, so they can know whether to invest more time in the case, or focus on other

cases, knowing that the injured worker will get the best care.



Key Benefits

- Find top providers based on specialties and location
- Assess new providers on a claim
- Build networks that improve outcomes and lower cost

The confidence to act

- Identity resolution
- Score explanations
- Nationwide coverage
- Seamless workflow

Ideal for:

- Claims professionals
- Managed care teams

Optimize care networks: AI-driven provider scores help benchmark care networks, offering a view of the distribution of scores in the network, so you can spot gaps in quality, by specialty and location. You can identify potential providers to bring into the network or use scores to identify and remove low-scoring providers.

PROVIDERS

Product Overview

CLARA
analytics

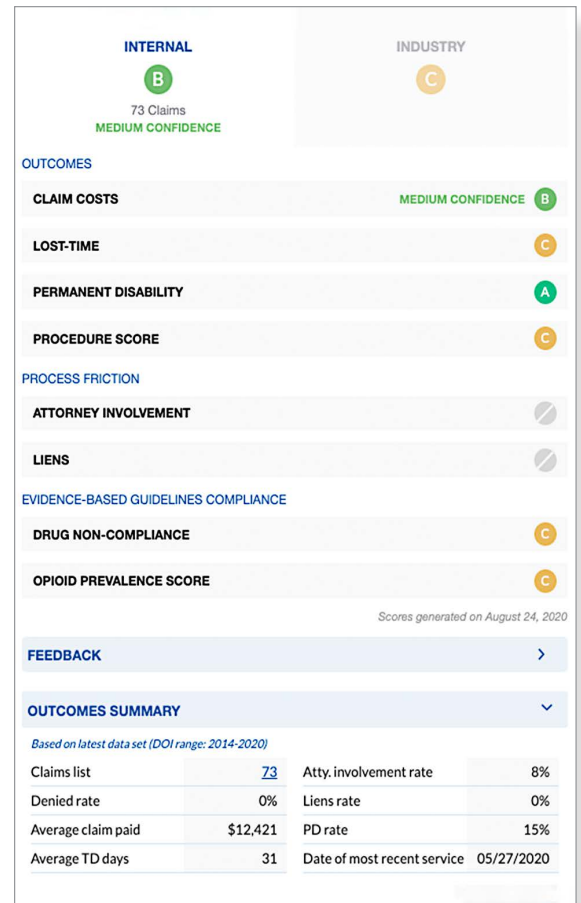
Features that inspire action and enhance ROI

Identity resolution: 30% of “providers” scored by the typical carrier turn out to be several physicians in an overarching practice, or in other cases, multiple physicians that were actually the same one. We apply a unique form of entity resolution to resolve both cases and thus more accurately score them on prior outcomes.

Explanations that drive action: Providers displays a set of contributing factors and individual scores for each, so adjusters can see what led to the overall score for a specific case. This gives them the confidence to move forward, recommend the right doctor, and ensure the injured worker gets the best care possible.

Seamless workflow: An intuitive UI makes providers easy to access anytime from any location. Adjusters can share insights with peers to get a second opinion from right within the application and can download score reports to send to an injured worker to provide a better understanding of available options.

Nationwide coverage: With a rapidly expanding set of 200k providers scored across 50 states and all relevant specialties, adjusters will gain access to scores and profile details for a wide range of doctors.



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Generate CMS-approved Medicare Set-Aside reports in minutes

Obtaining an MSA can take weeks - completing the referral, coordinating with the vendor, pulling claim documents, then waiting for the analysis to be completed by the vendor - not to mention fees that often reach \$3k per report. Report revisions and CMS submissions often trigger the need to go through the entire process again multiple times.

A new approach

Clara's MSA module streamlines future medical cost projection report production from weeks to minutes, dramatically reducing the work and cost involved. MSA scans medical records for future medical recommendations, analyzes current medical treatment from payment data, and generates future medical cost projections, automatically compiling them into reports that meet CMS guidelines. Multiple versions of a report can be generated to assess current liability and can be edited on demand to ensure claims teams are submitting the optimal report.

Benefits

Save time and money: MSA reduces a weeks-long process to minutes, enabling claims teams to file accurate reports at a fraction of the time and cost of traditional MSA reporting. MSA's subscription model allows multiple report versions and report types to be run as early and as often as needed, so claims teams can make earlier, more informed decisions about when medical management might be indicated, when to settle, which settlement path to take, and what reports might be needed.

Identify non-compliant treatments or prescriptions embedded in claims: Treatment and medications are run on a real-time basis against current evidence-based medicine guidelines. Users can see where the guidelines recommend against the use of a specific treatment or medication and decide to exclude them in the final report.

The screenshot displays the Clara MSA module interface. At the top, there's a navigation bar with tabs: CLAIMS, ANALYTICS, RISK MANAGEMENT, and MEDICARE SET-ASIDE. The main header shows 'Claim ID: CLARA50699829' and 'Claim Status: OPEN'. Below this, a 'NO ALERTS' message is displayed. The interface is divided into several sections:

- CLAIM DETAILS:** Includes fields for INJURED NAME (Felix Delmon), CLAIMANT (Dr. James Labele), DOB (03/07/2018), DATE (03/12/2018), JURISDICTION (CA), OFFICE (SACRAMENTO), ADJUSTER (Berry Candine), CLAIM TYPE (INDEMNITY), and INJURY DESCRIPTION (SHOULDER, RIGHT).
- MEDICARE SET-ASIDE:** Shows a 'COMPLEXITY SCORE' bar, 'LIFELIHOOD OF ATTORNEY RECOMMENDATION' bar, and 'CURRENT ADJUSTER ESTIMATE: \$90,780.94'. It also includes a table for 'MEDICARE SET-ASIDE' with columns for DATE, TOTAL AMOUNT, TX, RX, BENEFIT TYPE, CARRIER, and ACTIONS.
- WORKER DETAILS:** Includes fields for GENDER (FEMALE), DATE OF BIRTH (12/15/1969 (50 years old)), EMPLOYEE STATUS (REGULAR), and CLASS CODE (Municipal, Town, City, and County Employees - All Other Employees & Drivers).

Key Benefits

- Save time and money
- Identify non-compliant treatments or prescriptions embedded in claims
- Quickly assess multiple scenarios and update on demand

Features

- Easy to deploy
- Seamless workflow
- Secure - HITRUST certified HIPAA compliance

Ideal for:

- Claims professionals
- Claims Supervisors
- Nurse Case Managers

Quickly assess multiple scenarios and update on demand:

Generate MSAs with various options, including multiple claims under one MSA, inclusion/exclusion of comorbid conditions and/or alleged body parts to assess the impact on overall costs, as well as the use of traditional or EBM-based forecasting. Easily edit reports based on changing treatment and other factors.

Features that inspire action and enhance ROI

Easy to deploy: Cloud-based platform that can be up and running in 45 days after historical data is received, including model tuning and hands-on training for adjusters.

Seamless workflow: An intuitive UI makes estimates, reports, and details about each claim easy to access anytime from any location.

Secure: HITRUST certified HIPAA compliance, SOC2 audits, 24/7 real-time monitoring, and data encryption that exceed industry standards in safeguarding your data.

MSA can streamline the creation of multiple report types

Traditional MSA: Complex regulatory guidelines for MSA reports are addressed automatically so claims teams can be confident submissions will result in a reasonable CMS approval; an option to include non-Medicare-covered treatments/ medications is also available.

Evidence-based Medicine MSA: Real-time programmatic comparison to evidence-based guidelines ensures only treatments and medications that are medically-supported and likely to occur are included in the final report.

Zero Dollar MSA: Developed for situations where the claim has been denied or the claimant's medical condition has completely resolved, this report demonstrates that either no future care related to the injury is indicated or the payer has no responsibility for future medical care under workers comp.

Future Medical Cost Estimate: Enables users to price out treatment and medications likely to be utilized over the course of the claim according to the state WC fee schedule or UCR data, as well as the ability to edit the tables to include or exclude items, change the usage frequency, and/or change the pricing.

TREATMENT	CODE	FREQ	INTERVAL # OF YRS	OVER X YEARS	TOTAL # INCL/LE	COST/SERVICE	TOTAL COST
OCCUPATIONAL MEDICINE - OFFICE/OUTPATIENT VISIT EST	99214	6	1	44	264	\$144.63	\$38,182.32
PSYCH DIAGNOSTIC EVALUATION	90791	1	44	44	1	\$181.55	\$181.55
PSYTX W PT 45 MINUTES	90834	12	44	44	12	\$117.99	\$1,415.88
THERAPEUTIC EXERCISES	97110	12	44	44	12	\$123.78	\$1,485.36
X-RAY EXAM NECK SPINE 4/5VWS	72050	1	3	44	14	\$68.46	\$958.44
MRI NECK SPINE W/DYE	72142	1	5	44	8	\$437.22	\$3,497.76
ROUTINE VENIPUNCTURE	36415	1	1	44	44	\$3.60	\$158.40
COMPREHEN METABOLIC PANEL	80053	1	1	44	44	\$14.09	\$619.96
COMPLETE CBC W/AUTO DIFF WBC	85025	1	1	44	44	\$10.36	\$455.84
Total Cost							\$46,955.51

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Enlist AI-based scoring to minimize the cost and impact of litigation

Litigation raises the stakes in workers' comp. Claims with attorneys involved cost 4x more than claims without attorneys, and take 195% longer to resolve. But knowing when to settle a claim and when to change out an attorney can be a challenge. Insurers today typically stay with the status quo and end up spending billions of dollars on costs related to litigation every year.

A new approach

Litigation uses AI to score attorneys and prompt users that it may be time to settle or switch attorneys. Litigation looks at attorney outcomes on prior claims and scores them based on their performance, cost, and other factors. Adjusters can now keep their current counsel focused on a claim or search a list of high-scoring attorneys nearby to bring on. Legal panel managers can benchmark current panels and optimize their mix based on performance. The result is more favorable legal outcomes and lower claim costs across the board.

Reduce the cost and impact of litigation

See which claims need attention: Identify cases where defense attorneys are up against high scoring plaintiff's attorneys, raising the risk of an expensive outcome, or have achieved below average outcomes for similar claims in the past. Use detailed score explanations to decide whether to replace counsel or pursue settlement.

Locate top performing attorneys: Quickly find attorneys whose prior record and outcomes indicate they are ideal for the case, whether they are part of your current panel or outside of it. Evaluate attorneys by score, panel, location, expertise and more, and see frequently updated contact info to be able to reach out quickly and learn more.

ATTORNEY	SCORE	INTERNAL	INDUSTRY
Juan Perry Juan Law Firm 40631 Ventura Rd Ste 173 Tarzana, CA 91356 LICENSED 42 YRS STATE CA	B	2 Claims	0 Claims
Harry Bryant Harry Law Firm 41391 Box 164 Oakland, CA 94604 LICENSED 17 YRS STATE CA	B	189 Claims	0 Claims
Louis Cook Louis Law Firm 38691 Box 106 San Diego, CA 92186 LICENSED 36 YRS STATE CA	B	6 Claims	0 Claims

Key Benefits

- See which claims need attention
- Locate top performing attorneys
- Optimize legal panels

Features

- Identity resolution
- Explanations that drive action and ROI
- Seamless workflow

Ideal for:

- Claims professionals
- Legal panel managers

Optimize legal panels: Proactive legal panel managers can use scorecards as a means for defense panel selection and performance management. Firm-level scores enable them to spot the firms with the best attorneys to approach.

LITIGATION for Workers' Comp

Product Overview

CLARA
analytics

Features that inspire action and enhance ROI

Identity resolution: 25% of “attorneys” scored by the typical carrier turn out to be several attorneys in an overarching practice, or in other cases, multiple attorneys that were actually the same one. We apply a unique form of entity resolution to resolve both cases and thus more accurately score them on prior outcomes.

Explanations that drive action: Litigation displays a set of contributing factors and individual scores for each, so adjusters and attorney panel managers can see what led to the overall score for the attorney. Attorney stats provide more context, enabling users to get a complete picture of the attorney’s performance.

Seamless workflow: An intuitive UI makes providers easy to access anytime from any location. Adjusters can share insights with peers to get a second opinion from right within the application and can download score reports to send to peers for a second opinion.

INTERNAL	INDUSTRY	OUTCOMES
C	B	
23 Claims	20 Claims	
		Overall Score B
		Total Cost C
		Temporary Disability B
		Permanent Disability B
		Settlement C
		Expense E
ATTORNEY STATISTICS		
	OPEN CLAIMS:	CLOSED CLAIMS:
AVERAGE TOTAL COST	\$78,618	\$70,642
AVERAGE TOTAL EXPENSE	\$4,995	\$16,826
AVERAGE LENGTH	92 months	66 months
NUMBER OF CLAIMS HANDLED	2	23
SETTLEMENTS	2	22

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Enlist AI-based scoring to minimize the cost and impact of litigation

There is a serious need to address the substantial and growing loss ratios in the commercial auto space. NAIC recently reported that carriers paid out \$29 billion in losses for the line — \$11.6 billion of which were directly attributable to legal costs. These excessive costs are the result of high legal involvement rates, social inflation stemming from nuclear verdicts, and bad faith suits filed by attorneys. CLARA's industry-leading AI technology addresses these issues by detecting the drivers of many escalations and delivering actionable recommendations that reduce attorney involvement and litigation rates.

A new approach

Litigation uses AI to score attorneys and prompt users that it may be time to settle or switch attorneys. Litigation looks at attorney outcomes on prior claims and scores them based on their performance, cost, and other factors. Adjusters can now keep their current counsel focused on a claim or search a list of high-scoring attorneys nearby to bring on. Legal panel managers can benchmark current panels and optimize their mix based on performance. The result is more favorable legal outcomes and lower claim costs across the board.

Reduce the cost and impact of litigation

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CLARA Litigation		RECOMMENDATION	ATTORNEY
ATTORNEY RISK PROFILE Scores generated on October 01, 2019			
143 out of 239 attorneys are ranked D or E			
OVERALL SCORE	DEFENSE	CLIENT PANEL	INDUSTRY JURISDICTION ALL
239 ATTORNEYS FOUND Add to Panel Remove from Panel Delete selected Panel Show Unsourced Attorneys/Firms			
PANEL	Juan Perry Juan Law Firm	40631 Ventura Rd Ste 173 Tarzana, CA 91356	B C INTERNAL INDUSTRY 2 Claims 0 Claims
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Optimize legal panels: Proactive legal panel managers can use scorecards as a means for defense panel selection and performance management. Firm-level scores enable them to spot the firms with the best attorneys to approach.

LITIGATION for Commercial Auto

Product Overview

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analytics

Features that inspire action and enhance ROI

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A new level of predictive accuracy, resilience and continuous innovation for claims teams

When adjusters are facing a tide of new claims, they have to choose which ones to briefly scan and which to focus attention on. To decide, they might rely on their own experience, or on an internal analysis of similar claims the insurer has seen in the past. But both approaches are limited. New claims often include key factors that the adjuster and even the carrier have not seen before. 34% involve rarely visited care providers. 25% involve complicating comorbidities, and nearly 100% involve a particular claimant they have not engaged with before.

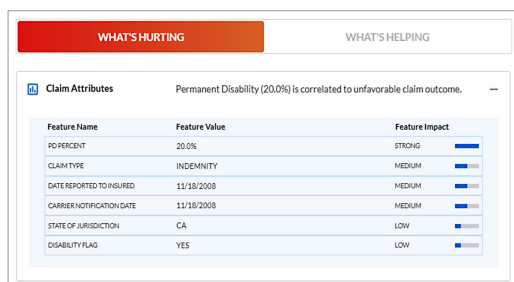
Generating accurate predictions about a claim requires lots of data, and this is where even sophisticated claims operations fall short. Cross-industry studies show that on average, less than half of an organization's structured data is actively used in making decisions — **and less than 1% of its unstructured data is analyzed or used at all.**

A new approach

AI techniques such as image recognition, natural language processing, and other machine learning techniques are ideally suited to address these challenges. First, practices like image and language processing can scan whole

new classes of documents related to a claim that have traditionally been inaccessible. These

insights can now be analyzed alongside more structured data, such as duration and cost information. Next, data from claims across the industry can be analyzed to ensure the right claim cohorts are selected to generate predictions.



Feature Name	Feature Value	Feature Impact
PD PERCENT	20.0%	STRONG
CLAIM TYPE	INDEMNITY	MEDIUM
DATE REPORTED TO INSURER	11/18/2008	MEDIUM
CARRIER NOTIFICATION DATE	11/19/2008	MEDIUM
STATE OF JURISDICTION	CA	LOW
DISABILITY FLAG	YES	LOW

The result of cross-carrier analysis is accuracy north of 90% - compared to 70-80% for machine learning predictions within a single carrier, and 40-60% for adjusters working without the benefit of AI at all. More accurate predictions enable claims teams to anticipate potentially expensive events in the life of a claim, and take the actions needed to avoid those events. That ends up saving insurers millions in lower loss and admin costs, and drives additional benefits for employers and workers.

Building blocks of the Data Platform

New sources of data acquired via AI techniques: We start by pulling in a wide array of files and data related to specific claims. These range from structured data from FNOI reports, medical and legal bills, pharmacy records, and public data sources, to unstructured data found in adjuster and provider notes -- and even images.

To extract and organize the data for analysis, we normalize the data using a variety of techniques, including image recognition,

Building Block Features

- New data sources to power advanced AI
- Models trained on millions of claims
- Explainable AI that drives action and ROI

Key Benefits

- Cost savings from predictive accuracy
- AI Superpowers for the adjuster
- Resilience and flexibility for the enterprise
- Continuous innovation
- Exposure to more Phenomenon than any one customer will ever see

natural language processing, and entity resolution. All these steps are tested and optimized over time for the specific types of documents and data seen in claims files. Achieving a high volume of organized data to analyze is key to precision.

Models trained on millions of claims: The next step is to develop predictive models that are highly accurate, enabling adjusters to anticipate key events in the life of a claim. To train models, we take the outputs described above and run them on a structured set of millions of prior claims. Claims from participating customers are de-identified, anonymized and segregated by encryption but organized in such a way that models can be run across the entire set. The breadth of the data enables a specific prediction for a claim to be generated based on claims with highly similar attributes, which leads to greater accuracy on average, and the ability to generate high confidence predictions for even edge case claims. The Clara Data lake has reached a critical mass where models and predictions are stable even when a large amount of new data is added. However, the value of adding data is still significant, as illustrated by the fact that Clara's models were able to build predictions around the COVID pandemic in a fraction of the time it would take an individual carrier to develop a critical mass of cases.

Explanations that drive action and ROI: We include explanations of the factors that influenced the prediction, so users can see what contributed to the result and take confident action. Our litigation risk score, for example, groups contributing data into those relating to the claim, worker, injury, and the claim process, and then shows which factors within each group had the biggest impact on the overall score. This gives adjusters the chance to question the prediction, check the underlying assumptions and either move ahead with confidence or combine the prediction with additional data they can see was not factored in, and go in a different direction. The key is that they build up trust in the tool over time, and rely on it for an increasing share of activity, which enhances their productivity, and the impact of their team on overall claims operations.

The benefits of this approach

AI Superpowers for adjusters: Clear explanations and the display of factors contributing to scores and predictions give adjusters the confidence to take the next step, build trust in the system and actively manage the claim to a successful conclusion. That leads to productivity breakthroughs, a faster ramp for new adjusters, and better retention across the team.

Predictive accuracy saves millions: By training models on a multi-year set of prior claims that cut across dozens of carriers, Clara can accurately base predictions on highly similar claims. When we use the full contributory data lake, we see accuracy levels in the 92% range, compared to 77% for the same predictions using carrier-specific data. If an operation with 10K annual claims were to steer 10% of away from litigation (which costs \$50k extra per claim), the savings would likely exceed \$7.5M

Speed, resilience and flexibility: AI enables claims teams to automatically incorporate new information quickly so adjusters can react in near real time. For Example, The Clara data platform also gives insurers the ability to expand into new states and markets with tuned and accurate predictive models on day one.

Continuous innovation: Clara's AI is constantly learning and evolving, testing new data and models and comparing them to actual claim outcomes. We regularly launch new features that get automatically pushed to users without having to install software, reprovision servers, or dedicate IT resources. The result of all this is a steady flow of innovation that keeps claims operations one step ahead.

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Spot potentially costly claims early and take action to avoid litigation and medical cost escalation

Many claims start off looking like they'll follow a typical trajectory but then take an unexpected turn and escalate, generating significant costs for the insurer. Adjusters often use a combination of gut feel, organizational process, and basic predictive modeling to detect "sleepers," but many are hard to see ahead of time because they exhibit unique patterns. Tracking and interpreting all the emerging complications can become especially challenging, especially for adjusters handling over 100 claims.

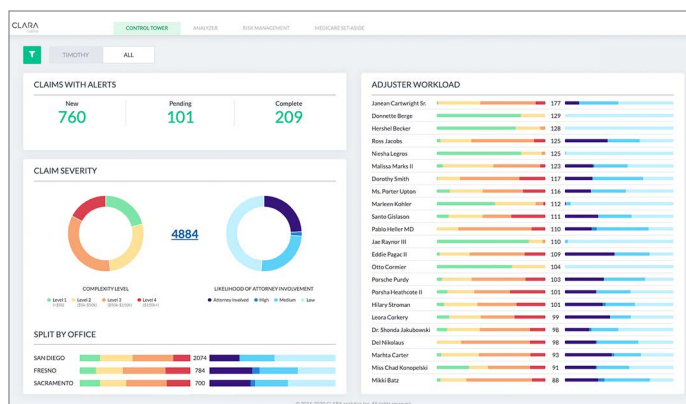
A new approach

Clara claims employs AI to help adjusters detect and proactively manage sleeper claims. Clara predicts medical severity and litigation risk based on years of prior claims, identifying tightly defined claim cohorts that yield insights about the future direction of a claim. Alerts monitor millions of data points, looking for clues that might indicate the claim is about to escalate in severity and cost, then lets adjusters know so they can take prompt action to reduce complexity, lower cost, and enable workers to return to work faster.

Keep every claim on the optimal path

Avoid potential litigation and medical escalations: Medical severity and litigation risk scores help adjusters identify claims about to expand in cost and complexity and take action. Litigated claims cost 4x more than non-litigated claims, due to more medical treatments, longer indemnity periods, and legal costs. Anticipating the potential for litigation means an adjuster can focus on the worker and make sure they understand the claims process and get the proper treatment.

Know when to take action: Dozens of alerts, including litigation risk, opioid, and reserve mismatches, track millions of data points looking for anomalies. All this frees up adjusters to focus on making sure the worker gets the attention they need, which itself can lead to better results.



Manage workloads across the team: Managers can see which teams, offices, and adjusters are handling the heaviest volumes, and optimize workloads across teams through predictive complexity-based case management.

Key Benefits

- Avoid potential litigation and medical escalations
- Know when to take action
- Manage workloads across the team
- Spot and lower portfolio risk

Features

- Explanations that drive action and ROI
- Easy to deploy
- Seamless workflow
- Secure - Hitrust certified HIPAA compliance

Ideal for:

- Claims professionals
- Nurse case managers

Claims

Product Overview

CLARA
analytics

Spot and lower portfolio risk: The Risk Management Toolkit provides an overview of claim performance over time, enabling risk managers to identify trends, such as offices, customers, providers, or attorneys that are leading to higher than expected costs.

COMPLEXITY LEVEL	ATTORNEY INVOLVEMENT	CLAIM AGE	IN REVIEW	ALERTS
L4 (\$150k+)	High	3y 4m 14d		
L4 (\$150k+)	High	04/01/2020 D or E scored Medical Provider found	✓	3
L4 (\$150k+)	High	05/06/2020 D or a E provider are associated with the claim in DOC approved states.	✓	1
L4 (\$150k+)	High	07/24/2020 Compliance Alert		

Features that inspire action and enhance ROI

Explanations that drive action: Claims provides a breakdown of factors influencing medical severity and litigation risk scores, grouped into easy to understand categories, with features listed that contribute to the overall score.

Easy to deploy: Cloud-based platform that can be up and running 45 days after historical data is received, including model tuning, alerts configuration, and hands-on training for adjusters.

WHAT'S HURTING		WHAT'S HELPING
Claim Attributes Permanent Disability (27.0%) is correlated to unfavorable claim outcome.		
Feature Name	Feature Value	Feature Impact
PD PERCENT	27.0%	STRONG
CLAIM TYPE	INDEMNITY	MEDIUM
STATE OF JURISDICTION	CA	MEDIUM
CARRIER NOTIFICATION DATE	12/26/1989	LOW
DATE REPORTED TO INSURED	12/26/1989	LOW
Claimant Features Termination Date (07/30/2018) is correlated to unfavorable claim outcome.		

Seamless workflow: An intuitive UI makes claims easy to access anytime from any location. Adjusters can access claims directly via our cloud-based module, or receive alerts within claims management systems from partners like Guidewire and Sapiens.

Secure: Hitrust certified HIPAA compliance, SOC2 audits, 24/7 real-time monitoring, and data encryption that exceed industry standards in safeguarding your data.

About CLARA analytics

CLARA analytics improves claims outcomes in commercial insurance with easy-to-use AI. The company's product suite applies image recognition, natural language processing and other AI-based techniques to unlock insights from medical notes, bills, and other documents surrounding a claim. CLARA's predictive insight gives adjusters "AI superpowers" that help them reduce claim cost and optimize outcomes for carrier, customer, and claimant.

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