

Title: Using chatGPT for Insurance: Current and Prospective Roles.

1. Som Biswas, MD

Fellow, Advanced Pediatric Radiology Imaging.

Department of Radiology, Le Bonheur Hospital, The University of Tennessee Health Science Center, Memphis, Tennessee, USA.

Email: ssbinmemphis @gmail.com

***Correspondence Author:** Dr. Som Biswas, Department of Radiology, Le Bonheur Hospital, The University of Tennessee Health Science Center, Memphis, Tennessee, USA. ZIP-38103.

Email: ssbinmemphis @gmail.com

Phone: 8668705570

Commentary/Viewpoint

ChatGPT is a conversational Artificial Intelligence model developed by OpenAI that is making the headlines currently. It is considered to be a game-changer in the fields of research, authorship, computer programming, and many other fields. We discuss how ChatGPT can be used in the medical insurance industry. The author acknowledges asking chatGPT questions regarding its uses for patient care. Some of the uses that it states are possible now and some are potentials for the future. The author has analyzed and edited the replies of chat GPT [1].

Uses of chatGPT in the insurance Industry:

Risk Assessment and Fraud:

ChatGPT can assist insurers in assessing risk by analyzing large amounts of data and identifying patterns. This can be done by using natural language processing (NLP) techniques to extract information from unstructured data sources, such as customer interactions, social media posts, and news articles. This information can be used to create profiles of potential customers and assess their risk level and also detect potential fraudsters.

Additionally, ChatGPT can be trained on historical data to identify trends and patterns that are commonly associated with fraud. This can be used to automatically flag suspicious claims for further investigation.

Human Error Reduction:

ChatGPT can assist in reducing human errors in medical insurance companies by automating repetitive and time-consuming tasks. It can reduce the need for manual data entry and help ensure that important information is not missed or misinterpreted. Additionally, ChatGPT can be used to automate tasks such as underwriting and claims processing, which can help reduce the risk of errors caused by human oversight.

Customer Service:

ChatGPT can play a significant role in customer service of medical insurance companies by providing a virtual assistant that can interact with customers in a natural, conversational way. This can include answering frequently asked questions, providing policy information, and helping customers navigate the claims process. One of the key benefits of using ChatGPT in customer

service is that it can handle a large volume of interactions simultaneously and can provide 24/7 service. It can also be easily integrated into different platforms, such as a website, mobile app, and social media, which allows customers to access information and assistance whenever they need it.

Moreover, ChatGPT can be trained on specific industry jargon, terms and processes, which allows it to understand and respond to customer inquiries in a more accurate and efficient way. It can also be integrated with the company's database, so it can access the customer's information, policy details, and claims status, and provide the customer with the relevant information.

Claims Processing

ChatGPT can be trained on historical data to identify patterns that are commonly associated with valid claims. This can be used to automatically flag claims for further investigation or to automatically approve valid claims [2].

Disadvantages of chat GPT in insurance:

There are a few potential disadvantages of using ChatGPT in the medical insurance industry [2], such as:

1. **Data privacy concerns:** The use of ChatGPT in the medical insurance industry may raise concerns about data privacy and security. Insurers will need to ensure that they have proper data protection measures in place to protect customer information from unauthorized access or misuse.

2. Lack of human empathy: ChatGPT is not capable of understanding and responding to emotional cues in the same way that a human customer service representative would. This can make it difficult for customers to feel heard and understood, which may lead to dissatisfaction with the service provided.
3. Dependence on Data Quality: The output of ChatGPT is based on the data it is trained on, if the data is poor, inaccurate or outdated, the model will not be able to perform well.

Conclusion:

In conclusion, ChatGPT can be a powerful tool for insurance companies in various areas such as customer service, risk assessment, fraud detection, human error reduction, and claims processing. However, although some of these roles are possible now, some others are potential uses in the future as its database and analytical skills become better.

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References:

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