

Vitesse

The State of Claims Finance

Tackling Roadblocks in Payments,
Liquidity and Financial Coordination

May 2025





Foreword

The insurance industry has made great strides in digitizing front-end experiences yet core financial operations—particularly those around claims payments—are still playing catch-up. For many carriers, MGAs, TPAs and brokers, coordinating the movement of funds remains a complex, manual process that's misaligned with the speed and transparency claimants now expect.

At Vitesse, we work closely with claims, finance, and treasury teams across the industry. One thing we hear consistently is that the real bottlenecks often lie not in willingness, but in the way financial systems are structured and the way teams are connected—or not connected.

That's why we commissioned this research: to better understand where the friction points are and to provide actionable insight into how insurers can modernize claims finance. This report draws on the views of more than 200 senior leaders and offers a window into the current state of play.

What the data tells us is clear — insurers are ready for change. Those who redesign their approach to liquidity, transparency, and cross-functional coordination will set the standard for the next generation of claims operations.

Philip McGriskin, CEO & Founder, Vitesse

Executive summary

The insurance industry is under pressure to modernize claims processes. Expectations around speed remain high, but insurers are increasingly focused on financial efficiency, transparency, and control. Across claims, finance, and treasury teams, a common challenge is emerging: the flow of funds through the claims lifecycle is fragmented, reactive, and difficult to manage at scale.

To understand these challenges more clearly, Vitesse commissioned a survey of over 200 senior insurance professionals in the US and UK. The respondents, spanning claims, finance, and treasury roles, shared candid insights on the current state of claims finance. The findings point

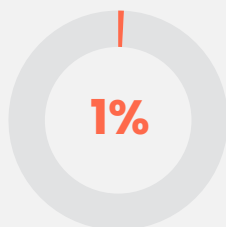
to widespread inefficiencies, growing regulatory complexity, and a need for stronger coordination across internal teams and external partners.

The data also highlights a broader challenge: coordination across the claims ecosystem remains inconsistent, with insurers and third-party partners—like brokers, TPAs, and MGAs—often operating on disconnected systems that limit visibility and slow down payment flows.



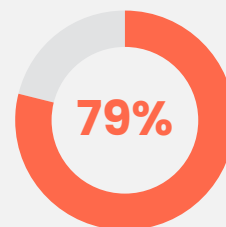
Key findings from the survey:

Collaboration gaps:



Only 1% of insurers rate collaboration between claims and finance teams as “highly effective,” exposing persistent silos that undermine payment accuracy, reconciliation, and financial oversight.

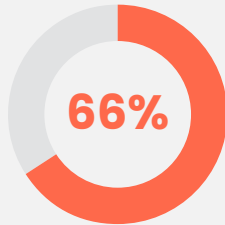
Disbursement delays:



79% of insurers cite internal process complexity, and **78%** say coordination with brokers, TPAs, or banks creates friction—slowing the final step of delivering funds to claimants.

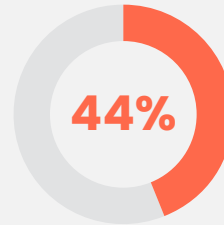


Liquidity bottlenecks:



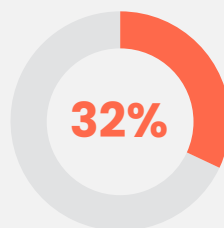
66% of respondents say accessing readily available funds is a challenge, rising to **74%** in the US—limiting their ability to settle claims efficiently and manage capital proactively.

Data shortfall:



44% report data inconsistencies, while **41%** cite a lack of transparency between departments—making it harder to coordinate disbursements and reconcile financial flows.

Visibility issues:



Only **32%** of finance leaders say they have visibility into delegated claims funds—highlighting a critical blind spot in how insurers track, monitor, and control distributed capital.

This report examines the root causes behind these challenges and explores how insurers are beginning to address them through stronger financial coordination, automation, and real-time fund control. Although many insurers are investing in modern solutions, the gap between internal ambition and real-world execution remains significant.

Progress depends on better integration between business functions and a willingness to rewire the financial foundation of claims. Insurers who move quickly to address these disconnects will be positioned to reduce operational risk, manage liquidity more effectively, and deliver a more responsive claims experience.

Core findings

Claims & treasury: priorities and industry trends

Our research reveals a sector in transition. Claims, finance, and treasury leaders are facing a growing set of demands—faster payments, better customer experience, improved financial control—all against a backdrop of increased operational complexity and regulatory pressure.

For claims teams, improving the customer experience through enhanced payment options remains the top priority, with **48%** of respondents identifying it as critical. Close behind is the adoption of digital tools, particularly AI-powered portals and chatbots, cited by **40%** as a key enabler of better service delivery. This focus is more pronounced in the UK (**46%**) than in the US (**35%**), and particularly strong at the director level (**50%**), reflecting its strategic importance.



Confidence in the role of claims as a strategic function is stronger in the UK, where **72%** of respondents describe claims as a driver of business growth, compared to **60%** in the US.



Interestingly, insurers are more focused on AI's potential to improve customer experience than to increase productivity. Just **25%** cite productivity gains as a primary goal, suggesting that the immediate opportunity lies in how insurers serve policyholders—not in internal efficiency.

Confidence in the role of claims as a strategic function is stronger in the UK, where **72%** of respondents describe claims as a driver of business growth, compared to **60%** in the US. At the same time, a small but notable group—**4%** across both markets—still report struggling to meet basic operational standards.

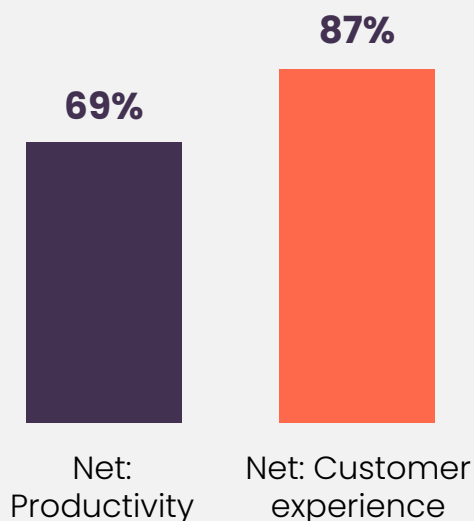
From the finance and treasury side, priorities reflect a shift toward more disciplined risk-aware financial management. **39%** of respondents cite fund optimization as a top priority, aiming to avoid both overfunding and last-minute cash calls.

Governance and compliance are also in focus, with **30%** identifying them as key priorities—an indicator that insurers increasingly see financial coordination as a critical lever for risk mitigation. US respondents (**37%**) place greater emphasis here than their UK counterparts (**22%**), pointing to regional variation in risk exposure and regulatory scrutiny.

Third-party coordination continues to be a persistent challenge, especially in the UK. **31%** of respondents overall report difficulties in managing external parties such as brokers, TPAs, and delegated claims administrators—rising to **36%** in the UK compared to **26%** in the US.

Other operational hurdles include legal and regulatory compliance (**26%**), private data management (**26%**)—with the issue more acute in the US (**33%**) than in the UK (**18%**)—and the use of analytics for timely, actionable insights (**24%**), where the gap between the UK (**32%**) and US (**18%**) suggests a divergence in data capability maturity.

Key priorities shaping claims functions according to claims leaders



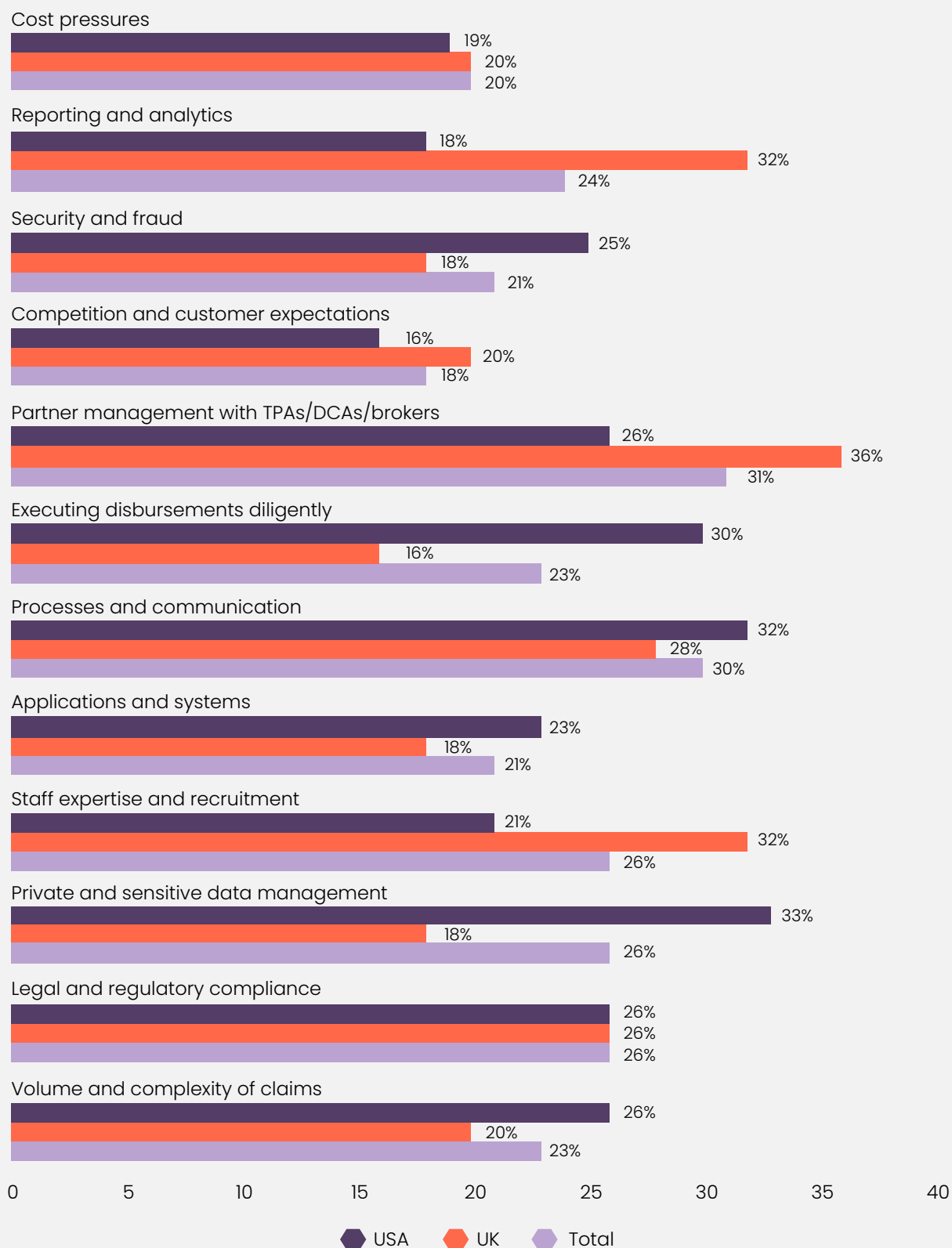
Claims complexity and disbursement optimization were each cited by **23%** of respondents, pointing to growing pressure on both operational workflows and fund handling. These factors are compounding expectations on claims professionals to operate with greater agility and cross-functional awareness.



Claims finance is no longer a back-office function—it's becoming a critical lever for financial performance, customer satisfaction, and regulatory readiness.

Today's claims professionals need more than operational know-how. They're expected to collaborate across functions, understand compliance, and work with modern tools and data to meet rising expectations. This evolution reflects a broader industry shift. Claims finance is no longer a back-office function—it's becoming a critical lever for financial performance, customer satisfaction, and regulatory readiness. Insurers that rethink how claims, finance, and treasury teams operate—and how they're connected—will be best positioned to adapt to the demands of modern insurance. And as the complexity of the claims landscape increases, real-time collaboration with external actors—especially TPAs, brokers, and MGAs—is becoming just as critical as internal alignment.

Primary pain points affecting claims operations, according to claims leaders



Roadblocks to faster claims payments

Speed remains a top priority for insurers—but when it comes to claims payments, progress is slow. Despite years of digitization and process improvement, many insurers are still grappling with the operational realities that prevent funds from moving efficiently.

Nearly **8 in 10** respondents (**79%**) identify internal process inefficiencies as a key barrier to timely claims payments.

These delays stem not just from legacy systems, but from workflows that lack coordination between departments—and lack access to the right funds at the right time.



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Liquidity is a major friction point. **66%** of insurers report difficulty accessing readily available funds, rising to **74%** in the US, where decentralized funding structures and siloed decision-making add complexity. Without real-time visibility or control over disbursement accounts, teams often rely on manual workarounds, last-minute cash calls, and delayed reconciliations to complete payments.

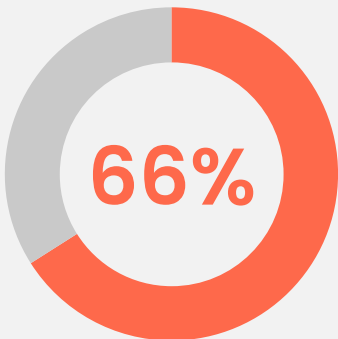
Regional patterns offer further insight into the root of these delays. Liquidity access is a significantly greater challenge in the US (**74%**) than in the UK (**58%**), pointing to structural differences in how funds are held and released. These variations highlight the fragmented nature of the global claims ecosystem—and reinforce the need for flexible, resilient infrastructure that can accommodate local complexity and enable faster, more coordinated disbursements.

In parallel, **78%** of respondents experience delays stemming from coordination challenges across the insurance value chain. Among them, **63%** point to broker-related complexity as a key contributor to payment bottlenecks. Respondents also flagged issues such as internal process errors, slow banking infrastructure, and cross-border hurdles—highlighting the operational gaps that still burden the final mile of claims settlement.

There is also growing awareness that modern front-end digital tools are not enough if they're layered over outdated payment infrastructure. When disbursement logic is disconnected from real-time fund access and oversight, it creates blind spots and bottlenecks that undermine the entire claims process.

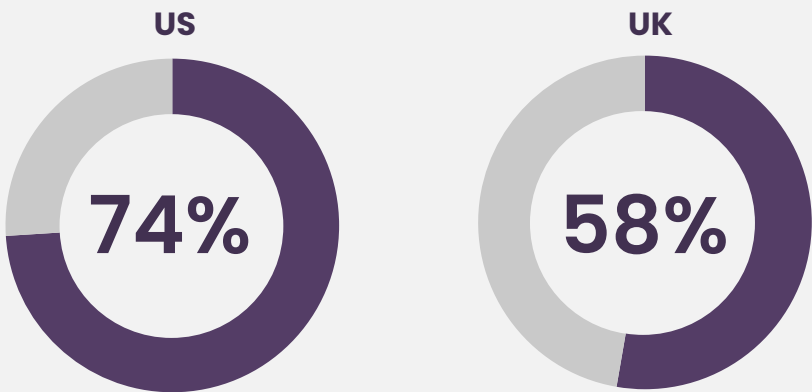
Solving for speed means solving for coordination and control. Insurers seeking to modernize claims finance must address the underlying financial architecture—ensuring better integration, fund visibility, and alignment between internal teams and external partners.

Liquidity as a major friction point:



66% of insurers report difficulty accessing readily available funds

Regional patterns:



a significantly greater challenge in the US (**74%**) than in the UK (**58%**)

Financial coordination gaps

One of the most telling findings from this research is just how limited collaboration is between claims and finance teams. Only **1%** of respondents describe this relationship as “highly effective,” underscoring how siloed operations remain — even when teams are jointly responsible for payment execution, reconciliation, and reporting. These internal gaps are often overlooked, yet they sit at the heart of liquidity challenges, manual errors, and delayed decision-making.

Coordination barriers between claims and finance teams are rooted in structural and technological fragmentation. Claims leaders cite their top challenges as data inconsistencies (**44%**) and lack of transparency (**41%**). These issues are echoed on the finance side: treasury respondents similarly identified data inconsistencies (**43%**) and transparency issues (**40%**) as top barriers to

collaboration, along with technology and systems-related challenges (**47%**). Without integrated workflows or timely access to accurate data, coordination across disbursement, reconciliation, and liquidity planning becomes fragmented and difficult to manage.

While core coordination challenges are consistent across markets, regional nuances reveal differing priorities and pressures. As highlighted earlier in the report, governance and compliance are top concerns—especially in the US, where a more complex regulatory landscape and greater operational risk are shaping treasury priorities. This emphasis underscores a broader shift: insurers increasingly recognize that operational misalignment creates compliance risk and capital inefficiencies.

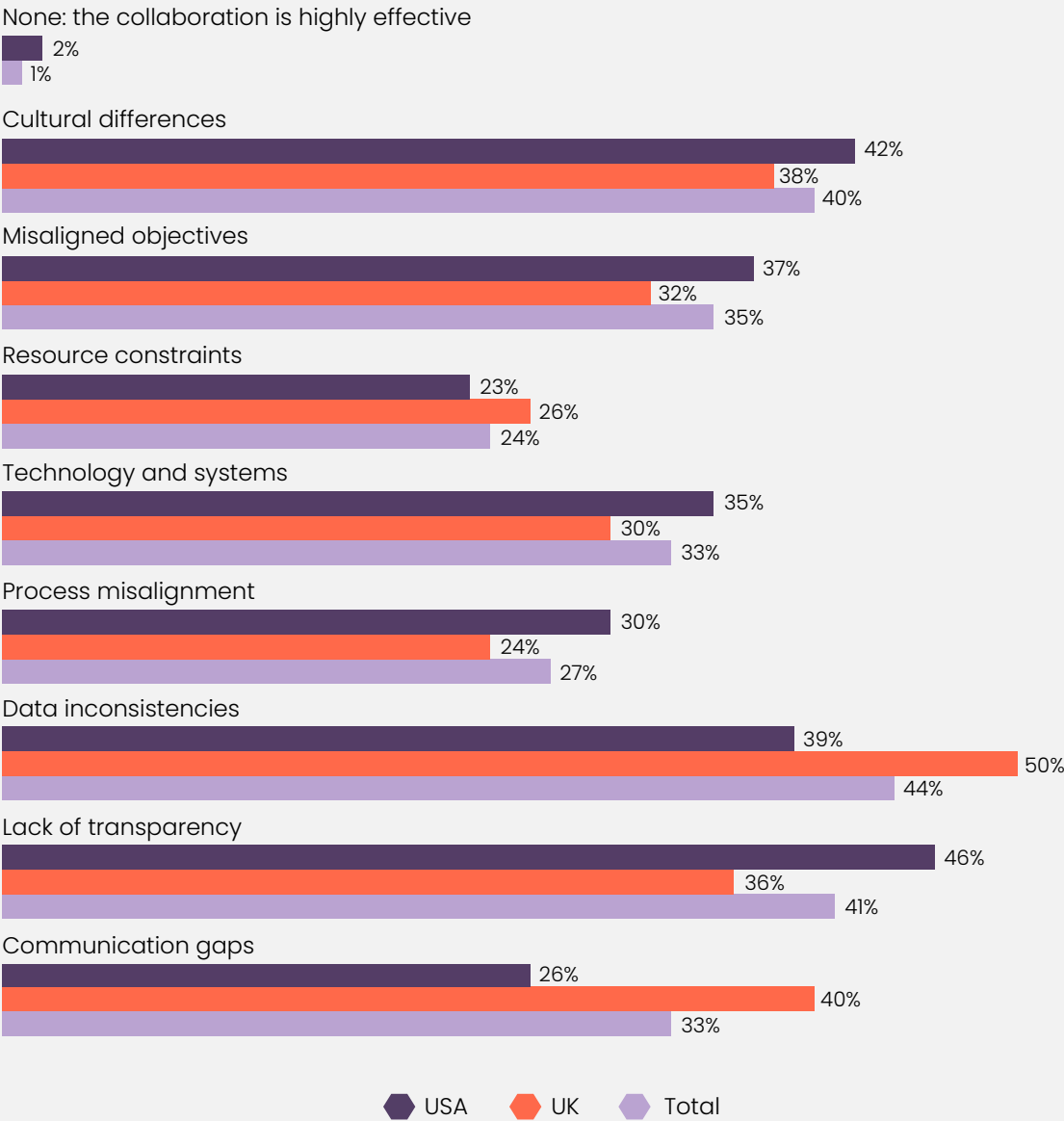


Collaboration gaps:

Only **1%** of insurers rate collaboration between claims and finance teams as “highly effective,” exposing persistent silos that undermine payment accuracy, reconciliation, and financial oversight.

Effective collaboration between claims, finance, and treasury is becoming a core capability for insurers looking to modernize. Stronger integration across these teams supports better liquidity planning, reduces risk exposure, and enables faster, more accurate claims settlement.

Challenges affecting collaboration between claims and finance departments according to claims leaders



Industry best practices and emerging solutions

While most insurers acknowledge the challenges slowing down claims finance, many are also taking steps to modernize their approach. The survey reveals a growing focus on strategies that enhance visibility, reduce manual effort, and deliver faster, more controlled payments.

Claims leaders cited a range of persistent pain points—including partner management (**31%**), particularly with TPAs, DCAs, and brokers, and misaligned internal workflows and communication (**30%**). These friction points introduce delays and inconsistencies that ripple through the entire claims journey.

From the finance and treasury side, the most commonly cited challenges are high variability in claim payment (**36%**) and a lack of visibility into delegated claim funds (**32%**) which rises to **43%** in the US. These are followed closely by regulatory and compliance burdens (**31%**), and system integration issues (**28%**). Inefficient workflows (**26%**) and inconsistent forecasting capabilities are also adding pressure. Together, these challenges limit flexibility, create operational risk, and slow down disbursement performance.

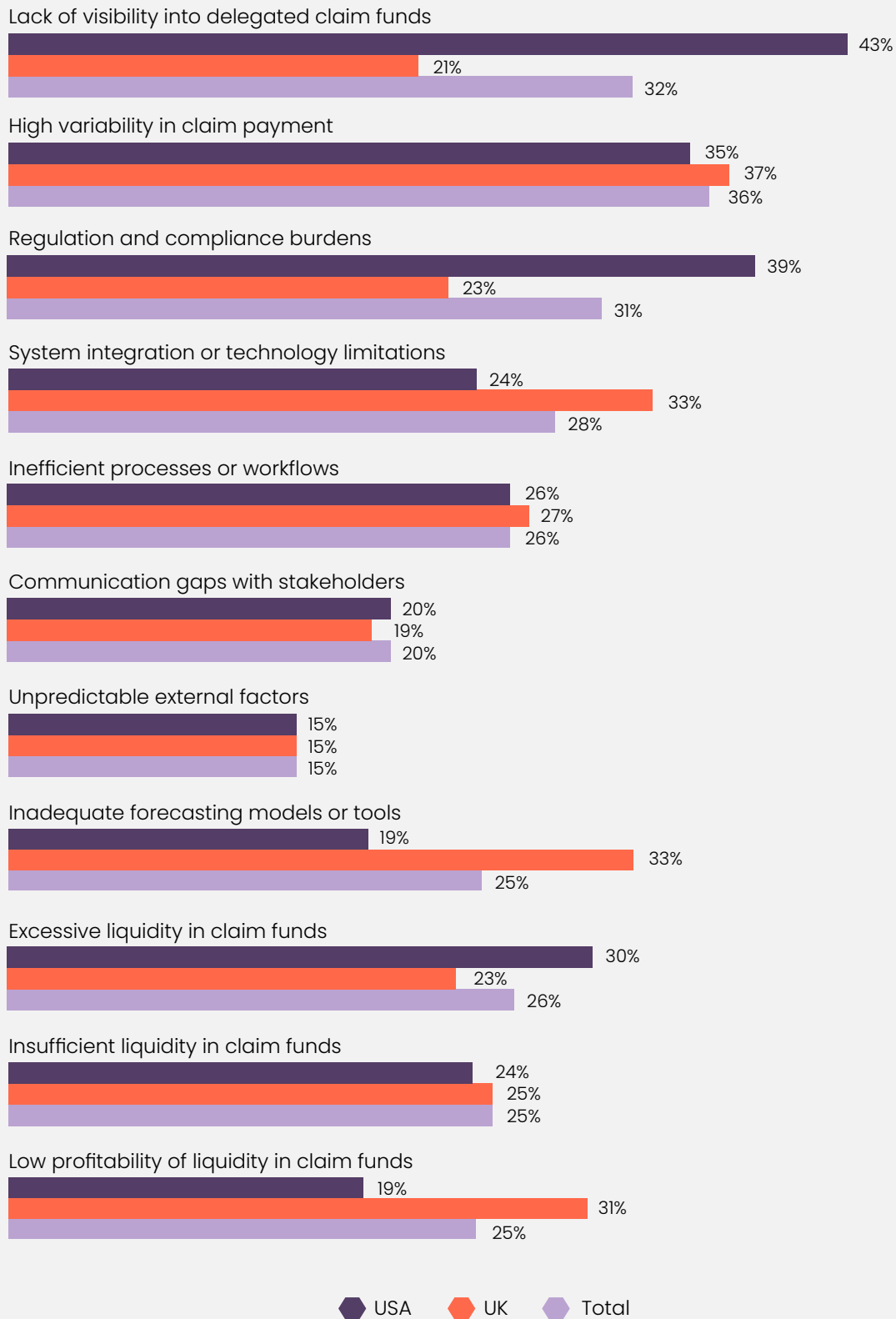
In response, insurers are beginning to shift from patchwork fixes to structural improvement—exploring new models

that emphasize real-time coordination, centralized oversight, and intelligent fund movement. Rather than applying automation to outdated processes, forward-looking teams are working to reimagine how claims funds are held, moved, and monitored across functions and jurisdictions.

But solving internal coordination is only part of the picture. The research also reveals persistent disconnects across the broader claims ecosystem. **31%** of claims leaders cite partner management as a top challenge, and **63%** report delays associated with brokers, with another **24%** noting delays in coordination with TPAs and DCAs. In working with external delegates, insurers also report data inconsistencies (**36%**), limited transparency (**35%**), and technology gaps (**36%**). **32%** of finance leaders say they lack visibility into delegated claim funds. These figures highlight a deeper truth: the current infrastructure doesn't fully support seamless coordination across the value chain. Bridging that gap—by creating shared systems and improving real-time fund visibility—will be critical to achieving faster, more connected claims operations.

The direction of travel is clear: insurers want greater control, fewer handoffs, and more integrated financial infrastructure. And as early adopters push forward, they're setting the bar for a smarter, more seamless claims experience—where finance becomes a driver of speed, resilience, and trust.

The key challenges affecting liquidity management according to treasury leaders



Conclusion

The challenges highlighted in this report show that the claims payment process has become a critical focus area for finance, operations, and risk leaders. Pressure is growing to deliver fast, reliable payments, while also managing capital with greater accuracy and control. As complexity increases, insurers are beginning to rethink how claims, finance, and treasury teams work together.

Many of the issues uncovered—payment delays, liquidity bottlenecks, compliance risks—are symptoms of disconnected systems and siloed decision-making. However, the survey findings also reveal momentum. A growing number of insurers are investing in financial infrastructure that allows them to streamline operations, improve visibility, and unlock efficiencies in how claims are funded and paid.

This is not a minor adjustment. It reflects a deeper shift in how insurance organizations view financial operations and the role of integrated claims finance. By investing in better processes and tools now, insurers can reduce friction, increase financial agility, and meet the expectations of tomorrow's market.

The path forward is becoming clearer. Insurers that take action early—investing in infrastructure that connects internal teams and external partners—will be the ones setting the pace for a more coordinated, data-driven, and resilient approach to claims finance. As claims finance becomes more complex and high-stakes, operational gaps are no longer a back-office concern—they're a risk to resilience. Addressing these blind spots now can help insurers reduce regulatory exposure, avoid costly delays, and build a more defensible financial model.



Methodology

This report is based on a quantitative survey of 213 senior insurance professionals across the United States and the United Kingdom, conducted in early 2025.

Respondents represented roles in claims, finance, treasury, and operations, with the majority holding senior-level titles such as director, vice president, and C-suite.

The research was commissioned by Vitesse to explore the operational, financial, and technological challenges surrounding claims payments. The data reflects aggregated and anonymized responses and was used to identify key trends and pain points across the claims finance ecosystem.



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