

Lead the Fight Against Long-Term Disability Fraud

ClaimSearch Complete Life



Long-Term Disability insurers face significant challenges in managing claims due to the complexities of assessing and maintaining coverage over extended periods. Accurate and fair claim processing involves verifying eligibility, assessing ongoing needs, and detecting potential fraud.

ClaimSearch® Complete Life, featuring Verisk's ClaimSearch and Claim Scoring, offers a comprehensive solution that combines a vast claims database with advanced scoring and fraud detection capabilities. This integration helps insurers streamline their claims handling processes, efficiently manage resources, and improve overall decision-making.

360-degree comprehensive insight into claim history

ClaimSearch delivers a complete view of claim history, covering every stage from filing to resolution, including investigative outcomes and prior SIU investigative indicators. We provide dynamic, real-time information on new industry claims throughout the life of the claim—a Verisk-exclusive capability that enhances fraud detection and offset identification. This comprehensive insight empowers insurers with all the necessary information for efficient triage and informed decision-making.

Keeping your data safe and secure

With over 50 years of experience safeguarding insurers' data, ClaimSearch ensures the highest level of security and compliance. Our robust database features encryption at rest, tokenization, and SOC 2 Type II + HITRUST certification, protecting against unauthorized access and data breaches.

Who uses ClaimSearch?

- More than 95% of property and casualty insurers
- 1,000+ self-insureds
- 9,000 SIU investigators
- All 27 workers' comp insurance funds
- Third-party administrators
- · State fraud bureaus



Drive speed to insights through automated subsequent loss notifications

ClaimSearch boosts efficiency and effectiveness by automating the identification of losses. This is critical for identifying anomalous activity and potential offset opportunities.

Efficiently uncover fraud with precision

Claim Scoring provides a user-friendly interface that simplifies complex fraud detection analytics, enhancing decision-making with expert rules and flexible configurations.

- Score and evaluate claims quickly using your own real-time data plus aggregated data from over 95% of the P&C industry.
- Make triage, evaluation, or settlement decisions with expert business rules that provide accurate claim scores and reason codes.
- Create customized fraud and claim triage scenarios configured from hundreds of rules and various data points to quickly operationalize without engaging IT.

Unparalleled data insights with ClaimSearch:



1.7 billion claims



200 supplemental data reports



Automated notifications for subsequent claims



Current and prior SIU indicators



Find out more

For more information about ClaimSearch Complete Life, contact:

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