



ClaimSearch Life Solutions – Long-Term Care

Streamlining Long-Term Care (LTC) claims for improved efficiency

Long-Term Care (LTC) insurers often face difficulties detecting fraud due to limited access to industrywide data, hindering their ability to uncover fraudulent patterns across claims. ClaimSearch® Life Solutions addresses these challenges by streamlining claims processes and optimizing resource allocation, resulting in enhanced customer satisfaction. This comprehensive approach empowers insurers to mitigate risks, reduce expenses, and ensure compliance, bolstering operational integrity in LTC claims management.

Tailored to address the distinct challenges faced by LTC insurers, the ClaimSearch database integrates behavioral analytics with customizable fraud detection, enhancing the efficiency of claim handling and enabling better decision-making. This includes identifying offsets and subrogation opportunities to streamline processes.

360-degree comprehensive insight into claim history

ClaimSearch delivers a complete view of claim history, including special investigation unit (SIU) indicators and investigative outcomes. This comprehensive insight empowers insurers with all the necessary data for informed decision-making and efficient claims management.

Keeping your data safe and secure

With over 50 years experience safeguarding insurers' data, ClaimSearch earns your confidence by ensuring the highest security and compliance. Our robust database has encryption at rest, tokenization, and SOC 2 Type II + HITRUST Certification protecting against unauthorized access and data breaches.



Who uses ClaimSearch?



Over 95% of property and casualty insurers



1,000+ self-insureds



Over 9,000 SIU investigators



All 27 workers' comp insurance funds



Third-party administrators



State Fraud Bureaus

Unparalleled data insights with ClaimSearch



1.8 billion+ claims



Automated notifications for subsequent claims



Current and prior SIU indicators



Efficiently uncovering fraud with Claim Scoring

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



Score and evaluate claims quickly and effectively using your own real-time data plus aggregated data from over 95% of the P&C industry



Triage, evaluate, or settle 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

ClaimSearch streamlines death data verification for enhanced fraud prevention

ClaimSearch provides access to a comprehensive death data source, enabling organizations to verify death records and mitigate fraud more effectively. By leveraging ClaimSearch, organizations can improve the accuracy of their data and streamline processes related to managing deceased individuals' records.

Find out more

For more information about ClaimSearch Life Solutions , contact:

+1.800.888.4476 | Anti-FraudSolutions@verisk.com | verisk.com

