

IBM Smarter Analytics Signature Solution - property and casualty claims fraud assessment

*Reduce costs by combating property and casualty
insurance claims fraud*



Highlights:

- Helps prevent, detect, predict, investigate, report and monitor insurance fraud
 - Provides underwriters, adjusters, investigators and managers with the information they need to make intelligent, informed decisions in near real time
 - Identifies patterns and trends to pinpoint fraudsters quickly and improve fraud prevention in the future
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In today's highly competitive marketplace, most insurance companies have already reduced their operational costs to the point where there is little more to gain in that area. But these organizations are still under pressure to cut costs.

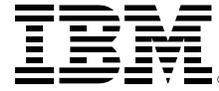
Historically, the insurance industry has simply accepted the 10 percent of incurred losses believed to be the result of fraud as a cost of doing business. Now, however, insurance fraud is on the rise. Individual fraudsters and organized rings are taking advantage of favorable regulations, overworked adjusters and investigators and a clogged court system. In addition to suffering losses due to fraudulent claims, insurance companies are diverting precious resources to identifying, investigating and prosecuting fraud.

What if your company could take a smarter approach to fraud, one that helps prevent fraudulent policies from being issued and fraudulent claims from being paid? What if new technologies could help your organization better identify questionable parties and anomalous behavior? What if you could adopt a single, comprehensive solution with capabilities for preventing, detecting and investigating fraud at each step in the claim life cycle?

With the IBM Smarter Analytics Signature Solution - property and casualty claims fraud assessment, you can see how your institution is performing at all levels. We leverage a proven portfolio of IBM software that has been helping companies catch fraudsters and investigate crimes around the world for years. Using our assessment, we can show you how to begin:

- Preventing fraud at the time of policy submission
- Predicting fraud at the intake of claims
- Identifying fraud during adjudication
- Discovering fraud by examining patterns in data and identifying both soft "opportunistic" or hard "organized" fraud
- Investigating fraud more efficiently by reducing false positives and accelerating the investigation process
- Reducing time consuming analysis and investigations that traditionally investigators or analysts had to endure on major cases
- Visualizing trends and hotspots to continuously improve antifraud efforts





Preventing fraud at all levels

Fraud prevention should start during underwriting. A Property and Casualty Insurance Fraud Indicator Library contains fraud indicators to help identify rate evasion at the underwriting or claim level. By analyzing the names, roles and relationships on the application, as well as considering the behavior of the applicant, the property and casualty claims fraud assessment can evaluate the likelihood that the policy is being purchased for fraudulent purposes in real time. The same technology used at the underwriting stage can be applied at the claim intake stage to identify who is who in the claim report, as well as predict fraud based on behavioral models. The technology uses claims history, a fraud indicator library and predictive models to evaluate individual claims before the claim is paid.

Once claims are confirmed as fraudulent, it is possible to examine all data associated with these claims to discover common patterns in content and relationships. Our system uses mathematical algorithms and visual data mining to identify those individuals or organizations (for example, attorneys, medical providers or body shops) exhibiting the most aberrant behavior. By leveraging the IBM predictive analytics software, insurance companies can discover these patterns, apply them to the entire population of claims and score their likelihood of being fraudulent on a scale from 1 to 100. This output can help investigative teams focus their efforts on the most egregious offenders.

Helping stop fraud in its tracks

Stopping insurance fraud requires an aggressive, comprehensive approach that combats fraudsters at each stage of the claim life cycle. The property and casualty claims fraud assessment provides you with a roadmap that allows you to go on the offensive by providing a robust set of capabilities drawn from a broad range of industry-leading IBM software. It gives underwriters, adjusters, investigators and managers the tools they need to stay several steps ahead of fraudsters while enabling your company to reduce the tremendous financial impact that fraud can have on the business. Once the roadmap is defined, we can partner with you to bring this vision into reality and help capture your business value.

Why IBM?

The property and casualty claims fraud assessment brings together thousands of experienced strategy, analytics, and technology experts and consultants across the globe to help organizations realize their analytics potential. IBM's services, along with our advanced research group and leading portfolio of top flight analytics software, deliver comprehensive, leading edge business analytics solutions across industries and functional areas for many of the world's top organizations.

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Route 100
Somers, NY 10589
U.S.A.

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