

Fraud Evaluator

AT A GLANCE

- Detects Potential Fraud Early
- Automates Time-Consuming Processes
- Streamlines Workflow
- Identifies Suspicious Patterns
- Helps Reduce Claims Costs

The Growing Cost of Fraud

Fraud is growing faster than insurance companies can fight it. It is estimated that 10 to 20 percent of all auto insurance premiums can be attributed to fraudulent claims. Typically, insurance companies rely on adjusters to flag suspicious claims, but large workloads and weak fraud practices leave insurers vulnerable to professional criminals. The keys to a successful fraud identification program are early detection of hard and soft fraud, followed by quick, comprehensive investigations.

Fraud Evaluator is a fraud detection tool that combines several complementary technologies for detecting and managing suspicious claims, from the first notice of loss through the life of the claim. Using predictive modeling, identity search technologies and a fraud indicator rules engine, Fraud Evaluator identifies unique variables in the claim data indicative of fraud. Fraud Evaluator then triggers additional data collection and case management activities to uncover cases with the highest probability of fraud.

Accessing the Data You Need

Success starts with data. Fraud Evaluator allows access to relevant data stored in company databases and supplied by a variety of sources such as:

- Commercial Mailboxes
- Sanctioned Doctors
- Public Records
- Internal Watch Lists.

Powerful Automation for Streamlined Workflow

- Fraud Evaluator scores claims at first notice of loss and re-scores them as new data elements are captured. When the aggregate score reaches a threshold defined by the insurance carrier, the claim is electronically referred to the adjuster or Special Investigative Unit (SIU) investigator.
- Models and rules are based on the insurer's historical fraud experience and can be refreshed periodically to recognize new patterns.

- Fraud Evaluator identifies the most appropriate action to take once a claim is screened. If a claim is deemed suspicious, the workflow rules will prioritize claims so action can be taken through automated SIU referrals, additional data requests and/or defined adjuster intervention tasks.
- Fraud Evaluator provides a systematic review of all claims, while requiring minimal adjuster intervention.
- Case management features provide a convenient way to track and review referrals from any computer with Internet or company intranet access.
- Through a Web browser, investigators can display a summary list of all claims referred to them — in order of highest score first. Thus, investigators can work their way from most probable fraud to least probable.
- Fraud Evaluator's proprietary custom database allows investigators to enter "watch items" including the names, addresses and Social Security numbers of known or suspected perpetrators. The background processor searches all claims so an investigator can be notified when a claim includes these suspected parties.
- Fraud Evaluator gets the right claims to the SIU as quickly and as efficiently as possible, decreasing time to referral and increasing the mitigation rate.
- Fraud Evaluator increases the quality of SIU referrals, ensuring investigators focus on the highest payback opportunities.
- The Fraud Evaluator components are available standalone or combined for a more complete fraud solution.

A Solution Developed with Industry Leaders

Fraud patterns are complex and change over time. It's difficult to keep business rules and adjuster training current. That's why CSC continues to work with several premier software providers such as SSA and SAS to develop Fraud Evaluator.

- SAS is a market leader in providing a new generation of business intelligence software and services that enable customers to turn raw data into usable knowledge. Founded in 1976, SAS (www.sas.com) brings a long history of market-leading software and tools for analysis and decision-making.
- Search Software America (SSA) (www.searchsoftware.com) is a pioneer developer of software that adds "intelligence and quality" to critical name search and matching applications.

MetLife Auto & Home — Leading the Charge

MetLife Auto & Home, a leader in testing and developing new technology, teamed with CSC to build Fraud Evaluator. John Sargent, Special Investigative Unit (SIU)

Manager for MetLife Auto & Home, agreed that the most successful fraud strategies involve an integrated approach. "We've always relied on our claims technicians to detect suspicious claims," he said. "This can be a very successful way of doing business, but it also has its drawbacks. New technology will allow us to more thoroughly and effectively analyze even greater amounts of data.

"Fraud Evaluator is a tool that will detect suspicious claims at an earlier stage and enhance the quality of the referrals we receive in the SIU," Sargent continued. "By analyzing large amounts of data, it will allow investigators to follow leads that might not have been established before or would have taken an inordinate amount of time to uncover."

Improving Your Bottom Line

Reducing fraud can have a major impact on a carrier's loss ratio. And Fraud Evaluator gives you the ability to identify fraud before the claim is paid. If you're ready for a comprehensive approach to identifying suspicious claims, find out more about Fraud Evaluator.

For more information about Fraud Evaluator, call 800.345.7672 or send an e-mail to inforequests@csc.com.

About CSC

Computer Sciences Corporation, one of the world's leading consulting and IT services firms, helps clients in industry and government achieve strategic and operational results through the use of technology. The company's success is based on its culture of working collaboratively with clients to develop innovative technology strategies and solutions that address specific business challenges.

Having guided clients through every major wave of change in information technology since 1959, CSC combines the newest technologies with its capabilities in consulting, systems design and integration, IT and business process outsourcing, applications software, and Web and application hosting to meet the individual needs of global corporations and organizations.

About CSC in Financial Services

CSC distinguishes itself through its time-tested ability to plan, build and operate highly reliable, efficient and secure business and IT solutions for leading financial services firms around the world. To complement its capabilities in consulting, systems integration and outsourcing, CSC brings financial services industry knowledge and experience, a comprehensive portfolio of financial services application software and an extensive network of industry and technology partners. More than 10,000 CSC employees are dedicated to serving financial services clients, which include more than 1,200 major banks, insurers and investment management and securities firms.

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