Verisk™

Smarter Settlements. Stronger Outcomes.

Liability Claims Toolkit

Achieve consistent, data-driven liability claims settlements

Achieving consistent and fair settlements has never been more challenging. The insurance industry is grappling with a wave of retirements, high turnover, and a resulting skill gap. Concurrently, rising consumer expectations, increased litigation, and social inflation are adding to the pressure on insurers to deliver swift and accurate resolutions. Empowering teams and their leaders with the right tools, training, and decision intelligence is more critical than ever to an insurer's success.

To address these challenges, insurers can implement solutions that:

Enable better decision-making

Integrate advanced data analytics and AI tools to ensure that the right data is available at the right time.

Empower department leaders to make data-driven decisions

Equip leaders with comprehensive dashboards and reports that deliver consistent and actionable insights, enabling them to effectively manage their teams and case files.

Create efficiencies by reducing unnecessary manual tasks

Automate repetitive and error-prone tasks using AI and other automation technologies.

Reduce risk exposure

Utilize solutions and services that ensure compliance with regulatory requirements, while boosting staff confidence in their work.

Upskill new staff quickly and efficiently

Utilize platforms and resources that help them learn on the job while providing a modern, engaging work environment.

Empower your team with decision support and analytics

Your team can now make better, faster decisions throughout the claim cycle with crucial insights and automation at key stages of the review and settlement process.

Liability Navigator®

Settle claims faster and more consistently with Liability Navigator's advanced analytical and predictive modeling. Leverage your company's historical data and Verisk's clinical expertise, analytical models, and AI to evaluate liability and subrogation, review demand packages, and resolve bodily injury claims accurately and consistently. Interactive dashboards provide instant case analysis, empowering managers to make data-driven decisions.

Streamline and enhance the accuracy of your demand package reviews
Automate the extraction and summarization of key medical terms from complex, unstructured medical records using responsible AI within the user's workflow. This ensures accurate and consistent reviews across all skill levels and supports the upskilling of junior staff on critical medical information and effective file evaluation.

Identify potential fraud alerts to reduce fraudulent activity within the adjuster workflow
Combat potential medical fraud, waste, and abuse (FWA) with provider alerts on the adjuster's desktop via the Aggregated Medical Database, the largest P&C billing data repository. This database includes over 2 million providers, 5 million patients, and $47 billion in financial exposure. Within the adjuster workflow, users gain automatic insights into providers submitting questionable bills and understand the reasons behind potential FWA issues.

Automate at the desk level to increase efficiencies
Create a more seamless working environment with ClaimSearch® data integration and access to lost history reports. During injury claim negotiations and evaluations, users can quickly review pertinent alerts and matching claim information via the ClaimSearch match report.

Liability Nurse Review

Get a full analysis of medical records, including bills and requested treatment, from our seasoned team of registered nurses. Achieve greater economies of scale through a proven center of excellence, resolving complex medical claims and defending against excess damages. Your team will get clarity on the necessity of treatments and recommendations, all supported by relevant literature.

Optimize your settlement workflow

Up to 90% reduction
in time spent reviewing demand packages

28% improvement
in liability settlement consistency

Up to 35 days
faster claim cycles

Fuel confidence with end-to-end MSP solutions

Streamline your Medicare Secondary Payer (MSP) compliance workflow and accelerate claims settlements with our best-in-class suite of solutions. Our experienced litigation teams offer valuable insights into complex claims cases, including vehicle claims, mass torts, medical malpractice, ingestion, and exposure claims.

MSP Navigator®
Leverage your Section 111 data to ensure timely, error-free reporting and avoid costly fines with Verisk's custom-built reporting solution.

Conditional Payments
Achieve proper compliance for all lines of business with our broad range of conditional payment and lien resolution services, including Medicare, Medicare Advantage, Medicaid, and U.S. Department of Treasury.

CP Link®
Automatically leverage your Section 111 data to identify and resolve conditional payments while saving adjusters time, ensuring compliance and avoiding unnecessary fees.

Liability Set-Asides
Ensure effective MSP compliance and accurately calculate future medical allocations for cases utilizing an LMSA with the expertise of our seasoned Medicare professionals.

Protocol Design Services
Empower your claims handlers and counsel with essential training through our Protocol Design services. Equip them to develop effective compliance protocols and improve your MSP compliance practices, reporting, conditional payments, and Medicare Set-Asides.

Settlement Consultation Services
Overcome barriers to closing complex claims with the expertise of our medical and legal professionals. Identify critical claims, coordinate settlement conferences, and expedite the preparation of MSAs or conditional payments to achieve large-scale claim resolutions.

Remain compliant with ease:

Error-free reporting for

nearly 5,000 RREs

~400M claims

queried annually

Over 350

of the industry's most experienced professionals dedicated to Medicare compliance

+1.800.888.4476 / **info@verisk.com** / **verisk.com/casualty-solutions**