Verisk™

NetMap®

Uncover Organized Fraud in Your Claims

Insurance Automation
From Policy through Claim

→ AI, machine learning, and predictive analytics increases speed and precision

→ 19 petabytes of data across proprietary databases yields greater accuracy

→ Ecosystem of integrated solutions improves customer experience – yours and theirs

→ 5,000+ industry experts provides lift across the value chain

→ 50+ years safeguarding insurers' data earns confidence

Don't let suspicious network activity go unnoticed

Organized claims fraud is on the rise, and it's often too sophisticated to detect with conventional fraud analytics tools. Insurers need to analyze vast quantities of data to discover the hidden relationships and connections in fraud rings. NetMap® does just that, aggregating and analyzing data from multiple sources to help reveal patterns indicative of organized fraud.

Discover intricate patterns of fraud

NetMap uses link analysis and data visualization technology to:

- Compress weeks of complex, multi-claim analysis into hours
- Analyze carrier, industry, and third-party claims data as well as medical bills, human resources data, financial records, policy information, weather events, and internal staff activity
- Identify suspicious claims patterns and trends proactively
- Reduce the burden on your investigative resources
- Organize case data from multiple sources into one location

Access broad data from various sources

NetMap has the unique ability to import and analyze data from multiple sources and to quickly auto-merge entity data. Plus, it's the only link analysis application with direct query access to ClaimSearch® data. The result? You get a robust view of your company, industry, and third-party claims data to help you uncover hidden connections.

Here's how NetMap helps detect organized fraud

NetMap uses automated and sophisticated data link analysis to quickly consume massive amounts of data from multiple sources to reveal the intricate patterns and relationships of organized fraud. The solution enables SIU to:

- Analyze both small and vast sets of data to identify common fraud patterns quickly

- Detect collusion between service providers, including attorneys and medical providers

- Visualize medical billing, such as treatment audit and diagnosis codes, service dates, patient name, and provider name

- Access weather event history for specific days and addresses

- Incorporate NICB Forewarn and MedAware alerts into case analysis

- Enhance data quality with automated data gathering, cleansing, and analysis

- Generate predefined reports and charts summarizing findings with easy-to-understand graphics

Easy, flexible integration options

NetMap Application — provides a turnkey implementation allowing you to analyze information from ClaimSearch and proactive networks.

NetMap Application with Repository — offers broader analytical capabilities that allow you to quickly process records from your own claims, payment, employee, and other databases along with ClaimSearch data.

NetMap has helped insurers across all lines of business to uncover:

- A staged auto accident ring involving 250+ claims at 12 insurance carriers

- A workers' comp fraud ring of 58 claimants who shared SSNs

- Collusion among two medical providers and a law firm

For more information, please contact:

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