

Claim Reporting Best Practices

(Required | Searchable | Optional Reporting Fields)



To maximize the benefits of ClaimSearch®, it is important to complete as many fields as possible when submitting a claim. Some fields are required while other fields contribute to maximizing the effectiveness of alerts, searches, and compliance reporting services. Claims should be reported to ClaimSearch as soon as possible, preferably not greater than 48 hours from being filed, and replaced/updated as new information becomes available.

Symbols on each of the **Claims Reporting** screens will indicate how the data interacts with ClaimSearch.

(Note: This job-aid does not represent all fields available in Claims Reporting; there may be additional fields required for specialized lines of business or to satisfy mandatory compliance reporting.)

Symbol	Field Type	Description
R	Required	Fields marked with an R are required for a successful claim submission. (For more information, refer to the table below.)
S	Searchable	Fields marked with an S are searchable fields. They are optional but can enhance your search results if provided. (For more information, refer to the table below.)
➤	ClaimDirector Important	Fields marked with an ➤ impact accurate claim scoring. ClaimDirector or Claim Essentials subscribers should include as many of these optional fields as possible.
*	CMS Reporting	Fields marked with an * are required for proper CMS Reporting.

Required | Searchable | Optional Fields

The tables below outline the Required, Searchable, and some of the important Optional fields to include when submitting a claim.

Data Type	Field Name	Line of Business		
		Auto	Property	Casualty
Required ^R	Loss & Policy Information			
	Office Code	X	X	X
	Claim Number	X	X	X
	Date of Loss	X	X	X
	Policy Number	X	X	X
	Basic Information			
	Policy Type	X	X	X
	Location of Loss: State	X	X	X
	Loss Description	X	X	X
	Involved Party Information			
	Insured has a claim?	X		
	Business Name or Last Name/First Name	X	X	X
	Address	X	X	X
	City	X	X	X
	State	X	X	X
	Role	X	X	X
	Coverage Information			
Coverage Types(s)	X	X	X	

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Data Type	Field Name	Line of Business		
		Auto	Property	Casualty
	General Casualty Information			
	Alleged Injuries/Property Damage			X
	Vehicle / Property Loss / Casualty Coverage Information			
	Loss Type	X	X	X
	Claim Status	X		X
	Boat Claims			
	Coverage Type		X	
	Loss Type		X	
	PIN/HIN/VIN	X	X	
	Boat Year		X	
	Boat Make		X	
	HIN		X	
	Mobil/Off Road Equipment Claims			
	Coverage Type		X	
	Loss Type		X	
	PIN/HIN/VIN		X	
	NCIC Make Code		X	
	NCIC Model Code		X	
	Year		X	
	General Vehicle Information			
	Vehicle Identification Number (VIN) - OR - Vehicle Type, Make, and Year	X		

Data Type	Field Name	Line of Business		
		Auto	Property	Casualty
Searchable^s	Involved Party Information			
	Name & Address (including AKAs)	X	X	X
	➤ Date of Birth (DOB)	X	X	X
	➤ * Social Security Number (SSN)	X	X	X
	➤ Home Phone	X	X	X
	➤ Cell Phone	X	X	X
	➤ Driver's License Information: Number & State	X	X	X
	Personal E-Mail Address	X	X	X
	General Vehicle Information			
	➤ License Plate Information: Number & State	X		
	➤ VIN/PIN/HIN	X		

Data Type	Field Name	Line of Business		
		Auto	Property	Casualty
Optional <i>Note that the list does not include every field available to report to ClaimSearch.</i>	Basic Information			
	➤ Location of Loss: Address	X	X	X
	➤ Mailing Address Information: State	X	X	X
	➤ Policy Inception/Expiration Date	X	X	X
	➤ Time of Loss	X	X	X
	➤ Company Received Date	X	X	X
	➤ Police Report	X	X	X
	➤ Single Vehicle Accident	X		
➤ Phantom Vehicle Accident	X			

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Data Type	Field Name	Line of Business		
		Auto	Property	Casualty
	➤ Was accident witnessed?	X		
	➤ Hit and Run Accident	X		
	CAT Indicator	X	X	X
	SIU Information: Company Name, Investigator's Name, Business Phone, Cell Phone	X	X	X
	➤ Claim Associated with Insurer Fraud Ring Investigation Indicator	X	X	X
	* RRE Code			X
	* Self Insured Indicator			X
Involved Party Information				
	Insured is Driver/Passenger/Neither	X		
	Middle Name	X	X	X
	Gender	X	X	X
	➤ Date of Death	X	X	X
	➤ Business Phone	X	X	X
	➤ Pager	X	X	X
	➤ Pager PIN	X	X	X
	➤ VIN in which this person was an occupant	X		
	➤ Date Party Reported the Loss	X	X	X
	Police/Fire Case Number	X	X	X
	Tax ID Number (TIN)	X	X	X
	➤ Party Subject to SIU Investigation	X	X	X
	➤ Claim or part of claim for this party not paid after investigation	X	X	X
	➤ Party was subject to an enforcement action (criminal indictment, professional disciplinary action)	X	X	X
	➤ Claim for this party meets criteria for fraud bureau reporting	X	X	X
	➤ Identity Theft/Synthetic Identity Indicator	X	X	X
	* HICN or MBI			X
	* Medicare Eligible			X
	* Do not send this party to CMS			X
	* Stop querying CMS for this party			X
General Casualty Information				
	Body Part			X
	➤ Employee Date of Hire			X
	➤ If this person: was terminated/Laid Off. Provide Termination/Lay Off Date			X
Vehicle / Property Loss / Casualty Coverage Information				
	Adjuster	X	X	X
	Adjuster Phone	X	X	X
	Adjuster E-Mail Address	X	X	X
	Date Claim Closed	X	X	X
	Type of Property		X	
	Property Lost/Stolen		X	
	Property Lost/Stolen: Scheduled Property Description		X	
	Property Theft Type		X	
	Theft Location		X	

Data Type	Field Name	Line of Business		
		Auto	Property	Casualty
General Vehicle Information				
	Vehicle Information: Vehicle Type	X		
	Vehicle Information: Make	X		
	Vehicle Information: Model	X		
	Vehicle Information: Year	X		
	➤ Vehicle Disposition	X		
	Salvage Information	X		
	Odometer	X		

Data Type	Field Name	Line of Business		
		Auto	Property	Casualty
Additional Important Fields for Medicare Section 111 Reporting				
Optional for Medicare Section 111 <i>Note that the list does not include every field available to report to ClaimSearch.</i>	RRE Code	X		
	TIN	X		
	SITE ID	X		
	Self-Insured Indicator (for TPAs)	X		
	HICN or MBI	X		
	Medicare Eligible Indicator	X		
	ICD-10 Diagnosis Code(s)	X		
	ICD-10 Cause of Injury Code	X		
	CMS Date of Incident	X		
	State of Venue	X		
	No Fault Insurance Limit	X		
	Exhaust Date for No Fault Insurance	X		
	ORM Indicator	X		
	ORM Termination Date	X		
	TPOC Date(s)	X		
	TPOC Amount(s)	X		
Funding Delayed Beyond TPOC Date Indicator	X			

Minimal Information to Report when Closing a Claim

When closing a claim, use the ClaimSearch claim Replacement process to report the following minimal additional fields. All other fields (if available/applicable) should be reported throughout the life of the claim using the Replacement process, and/or should be reported at the time the claim is closed.

Field Name	Line of Business		
	Auto	Property	Casualty
Claim Status (update to Closed or Closed without payment)	X	X	X
Date Claim Closed	X	X	X
Adjuster Name	X	X	X
Adjuster Phone	X	X	X
Adjuster E-Mail Address	X	X	X
Paid/Settlement Amount	X	X	X

Additional resources are available on the ClaimSearch website in **My Learning Center**.