

ISO ClaimSearch[®]

System and Services Overview

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The property/casualty industry's largest and most widely used claims information system for improving claims processing and fighting fraud



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Introduction

What is ISO ClaimSearch®?

ISO ClaimSearch® is a comprehensive system that claims and investigations professionals use to find vital data on property, casualty, and automobile claims, including physical damage, theft, and salvage information.

The system supplies the data you need to improve claims processing and avoid paying questionable or fraudulent claims. ISO ClaimSearch helps you research prior-loss histories, identify claims patterns, and detect fraud.

ISO ClaimSearch serves thousands of insurers representing more than 90 percent of the property/casualty industry by premium volume. Our system also serves state workers' compensation insurance funds, self-insureds, third-party administrators (TPA), fraud bureaus, and law enforcement entities.

Operating guidelines

ISO ClaimSearch has taken precautions to restrict access and promote security. ISO ClaimSearch developed and maintains a Privacy & Security Policy which, along with applicable agreements, describe the obligations for ISO, Participating Organizations, NICB Participating Organizations, and Authorized Users to maintain the privacy and security of the ISO ClaimSearch information. The operation of ISO ClaimSearch is designed to comply with federal and state privacy legislation as applicable. ISO ClaimSearch reviews the effectiveness of its controls over security, availability, processing integrity, confidentiality, and privacy via Service Organization Control (SOC) reports based on the principles in the American Institute of Certified Public Accountants (AICPA) TSP Section 100, Trust Services Principles for Security, Availability, Processing Integrity, Confidentiality, and Privacy. ISO ClaimSearch maintains a SOC 2 report mapped to the most current HITRUST controls within the reporting period. ISO ClaimSearch also maintains a SOC 3 report.

Available services

The ISO ClaimSearch database has three major segments: casualty, property, and auto. Each segment contains comprehensive information on claims submitted by hundreds of insurers and other users. You can participate in one or more segments of the database. Participation varies by type of organization as well as your organization's needs.

Through ISO ClaimSearch, you can access a variety of core and optional services. Core services are services that the system provides automatically with your organization's ISO ClaimSearch participation. Optional services are services that your organization can purchase separately.

Purpose of the ISO ClaimSearch System and Services Overview

The System and Services Overview will help you understand:

- how the system works
- what information you can get from the system
- what core and optional services are available (see Table of Contents for more information)
- what rules and procedures you must observe as an ISO ClaimSearch user
- how to get more information and support

How to Access ISO ClaimSearch®

Introduction

Accessing ISO ClaimSearch through the ISO ClaimSearch website

You can access the ISO ClaimSearch® system through two convenient channels.

All ISO ClaimSearch functions are available through the ISO ClaimSearch website. The claims-reporting feature of ISO ClaimSearch offers nearly instantaneous results.

Access is available only to authorized users, ensuring privacy and protection to all ISO ClaimSearch data. The system features advanced encryption to protect the data you submit and the reports you receive in return.

All you need is a web browser: the latest versions of Microsoft® Internet Explorer, Chrome, or Firefox.

Communicating with ISO ClaimSearch through system-to-system reporting

The most efficient and cost-effective way to access the ISO ClaimSearch database for large-volume claims reporting and searching is through a direct system-to-system connection. ISO ClaimSearch can accept a data stream from your central claims system and will return match reports automatically.

The preferred method to send claims through an automated system is using the ACORD XML standard through web services for claims investigation messages to submit first and subsequent notice of loss information to ISO ClaimSearch. Through this method, searches are performed and results are returned nearly instantaneously through an automated response as well as in visualized ISO ClaimSearch.

The system can also receive claims and return reports through a text file format transmitted via secure FTP and processed in an overnight batch or through IBM's WebSphereMQ® (formerly MQ Series).

Regardless of the method chosen, the format of the data is referred to as Universal Format.

If you wish to report through a system-to-system connection, ISO will supply complete reporting specifications.

How to Access ISO ClaimSearch® (continued)

Managing access

Our Self-Administration tool allows your company to maintain control and visibility into who is authorized to use the system. Our Self-Administration solution is accessible through the ISO ClaimSearch website and available only to those whom you authorize as a company administrator.

Administrators have the ability to create access groups and add, update, reactivate, and deactivate users.

Managing contacts

The Self-Administration tool allows your company to maintain a list of contacts to ensure that the appropriate individuals receive communications from ISO ClaimSearch. Through the My Contacts tab, administrators have the ability to add or delete company contacts, update contact details, and opt in or out of certain types of communications. Keeping your company's primary and secondary contacts updated will ensure that your company doesn't miss out on important information communicated by ISO ClaimSearch.



Database Segments

Introduction

With data on casualty, property, and vehicle claims, ISO ClaimSearch® is the insurance industry's leading resource for claims professionals. The ISO ClaimSearch database contains information from the former Property Insurance Loss Register (PILR), the former Index System (bodily injury claims), and the vehicle information databases formerly administered by the National Insurance Crime Bureau (NICB).

Now, those claims are part of a single database that lets you search all lines of business and all types of claims simultaneously.

The ISO ClaimSearch database has three major segments: casualty, property, and auto. Each segment contains comprehensive information on claims submitted by hundreds of insurers and other users.

Participating by segment

Insurance companies and other users can participate in ISO ClaimSearch for one or more segments of the database. When you submit a claim—or when you request a search through Claims Inquiry—the system searches across all segments for which you participate. (See related page for details.)

Casualty segment

The casualty segment of the ISO ClaimSearch database contains reports of claims from these lines of insurance:

- workers' compensation
- auto liability
- medical payments
- personal injury protection
- auto medical payments
- homeowners liability
- general liability
- disability
- medical malpractice
- personal injury
- employment practices liability
- directors and officers liability
- errors and omissions
- maritime injuries

Property segment

The property segment of the ISO ClaimSearch database contains reports of claims from all perils in these lines of insurance:

- homeowners
- farm owners
- fire
- allied lines
- commercial multiperil
- ocean marine
- inland marine (including heavy equipment)
- burglary and theft
- credit
- livestock
- fidelity and surety
- pet

Database Segments (continued)

Property segment (continued)

ISO has established a link between the ISO ClaimSearch property (inland marine) segment and ISO's National Equipment Register® database of lost and stolen construction and agricultural equipment (such as bulldozers, backhoes, and front-end loaders). (See page 32)

ISO ClaimSearch has a connection to ISO's CargoNet®, a national information-sharing system to combat cargo crime. When a CargoNet member insurer reports a cargo theft to ISO ClaimSearch, the system reports the loss automatically to CargoNet for quality control and inclusion in the CargoNet database.

Auto segment

The auto segment of the ISO ClaimSearch database contains information on:

- vehicle theft claims
- vehicle theft recoveries
- vehicle total loss and salvage
- vehicle export records
- vehicle impound records
- rental vehicles
- vehicle claim estimate records
- international salvage and thefts
- auto physical damage claims
- glass claims

Through an arrangement with NICB, law enforcement, vehicle manufacturers, and NICB associate members provide data which is part of the auto segment of ISO ClaimSearch. To access this information you need to be a member of NICB.



Universal Format

Introduction

In 2000, ISO introduced the ISO ClaimSearch® Universal Format, a specification for electronically reporting claims information and receiving search results. When your company reports claims to ISO using Universal Format, you make *all* the benefits of ISO ClaimSearch available to *all* your claims professionals.

Benefits

With Universal Format, you can report thorough claims information, including hundreds of data elements on multiple involved parties and coverages with a single point of entry for multiline claims.

With Universal Format, you benefit from:

- complete information on claim matches
- access to visualized ISO ClaimSearch to view matching claim details
- fraud, compliance, and operational alerts
- automatic cross-line searches for claims in all lines of business for the database segments in which you participate
- products and services, including, but not limited to, Decision Net®, ClaimDirectorSM, the OFAC suite of compliance services, the ISO ClaimSearch Medicare Secondary Payer Reporting Service, and the ISO ClaimSearch NMVTIS Compliance Reporting Service

When you use Universal Format to submit workers' compensation claims and claims filed under the federal Longshore and Harbor Workers' Compensation Act and the Jones Act (entered as policy type WCMA), ISO ClaimSearch searches all claims in the casualty database. Additionally, claims reported with a vehicle identification number perform a search of that VIN across the entire database. For all other types of claims, the system will limit your search to five years from the date you submit the claim.

Key required information for all claims

With Universal Format, you must enter the following key required information for all claims:

- company/office code
- claim number
- date of loss
- policy number
- policy, coverage, and loss type
- claimant/insured name
- claimant/insured address
- location of loss (state or vessel for marine claims)

Required information for casualty claims

For casualty claims, you must enter the following additional information:

- alleged injuries/property damage description

Universal Format (continued)

Required information for property claims

For property claims, you must enter the following additional information:

- peril (fire, theft, other perils)
- type of contents stolen (for theft claims)

To report boat or inland marine losses, you must enter a hull identification number (HIN) or a product identification number (PIN) for heavy equipment.

Required information for auto claims

For auto claims, you must enter the following additional information:

- vehicle identification number (VIN)
- make
- year

Optional information

Depending on the database segment, you may also enter data into a variety of optional fields. Here are some of the many optional fields:

- Social Security number (SSN)/ tax identification number (TIN)
- former name(s)/alias(es)
- previous address
- e-mail address
- date of birth
- doctor
- lawyer
- claim status (open/closed)
- occupation
- passport number
- telephone number
- license plate number
- driver's license number
- ZIP code
- reserve amount
- amount paid
- settlement amount
- tort threshold
- suit information
- lost-time information (workers' comp)
- policy inception/expiration dates
- service provider (other than party of loss)
- special investigation information



Universal Format (continued)

Optional information (continued)

The more information you enter about a claim, the better the quality of the data will be. Also, the more information you provide, the more searches the system can perform. If you enter data into any searchable field, the system will automatically search for matches on that data, in some cases performing a nationwide search. The searchable fields are:

- claimant or insured name
- former name(s)/alias(es)
- address
- previous address
- date of birth (nationwide search on name and date of birth)
- Social Security number (nationwide search)
- vehicle identification number (VIN) (nationwide search)
- telephone number (home and cell)
- license plate number
- driver's license number
- e-mail address
- service providers (in property claims, corporate officer, first and second mortgagee, and loss payee)

XML User Guide and Universal Format Manual

The XML User Guide and Universal Format Manual contain full specifications for making system-to-system submissions and receiving results. If your company is an ISO ClaimSearch participant and you have a user ID, you can download a copy of the manual from the ISO ClaimSearch website in the Learning Center at <https://claimsearch.iso.com>. Or send an e-mail message to njsupport@iso.com and request a copy of the document by return e-mail. Be sure to include your name, title, company, telephone number, and e-mail address.

Claims Reporting

Introduction

Claims reporting is the primary service of the ISO ClaimSearch® system. As a contributory database, a prerequisite to participating in ISO Claimsearch is the reporting of claims. To use the service, you submit reports of claims. In return, you get match reports—information on other claims filed by the same individual or business or claims with other matching information.

What you submit

To submit a claim to ISO ClaimSearch, you need to enter just a few fields of required information. You may also add other optional information for a more complete report and comprehensive search. (See Universal Format for lists of required and optional information.)

You may submit these types of reports:

- initial claim (Your report generates a search of claims in the database.)
- replacement (Your report replaces a previous report and generates a new search of the database.)
- update (Your report changes information in a previous report but does not generate a new search of the database.)
- re-search (Your report generates a new search of the database without changing data elements.)
- digital images (Images submitted will be analyzed for the existence of prior photos of the asset to streamline the investigation of preexisting damage.)

How ISO ClaimSearch processes your claim report

When you submit a claim to ISO ClaimSearch, the system uses its advanced “address hygiene” function to standardize address information. The system automatically assigns the correct postal address as claims come in—but does not replace the original address. The system files a copy of the standardized address in the database and uses it for searching.

The system also edits (checks) all submitted information for validity. (For example, is the reported ZIP code in the reported state? Does the reported vehicle identification number (VIN) exist?)

The system then searches the database for other claims with matching information in key fields, such as:

- | | |
|--|--------------------------------|
| ■ name/address | ■ Social Security number (SSN) |
| ■ name/date of birth | ■ license plate number |
| ■ address (for location of loss on property fire and other peril claims) | ■ driver’s license number |
| ■ vehicle identification number (VIN) | ■ telephone number (cell/home) |
| | ■ e-mail address |

Claims Reporting (continued)

How ISO ClaimSearch processes your claim report (continued)

Searches on name and address use sophisticated algorithms to identify related claims. For example, the system searches for all combinations of names and addresses (current and former) included in the claim report. The system also includes a phonetic search that recognizes alternative spellings, such as Green and Greene or Smith and Smyth. And the system checks possible nicknames and alternative forms, such as Richard, Rich, Richie, Dick, and Dicky or Elizabeth, Liz, Lizzie, and Beth.

What you get back

If the system finds claims with matching information in key fields, you receive a match report containing information on those claims. Matching claims may indicate:

- duplicate claims
- undisclosed duplicate insurance
- a pattern of claims (similar injuries, loss descriptions, targeted businesses, and others)
- preexisting conditions
- suspicious claims

The report also lets you know who filed the matching claim—an insurer, a self-insured, or a third-party administrator (TPA)—so you can request additional information from the source if required for your own claims handling.

Fraud indicators

In addition, each match report returns fraud indicators across all lines of business. The fraud indicators can help you identify questionable claims and increase referrals to your company's SIU and the National Insurance Crime Bureau (NICB). When applicable, one or more fraud indicators will appear for each involved party. The indicators are:

- prior SIU involvement
- prior salvage
- professional discipline or sanctions
- prior claims history
- 30-day pre/post-inception cancellations
- invalid SSN
- Death Master File hit on SSN
- VIN failed edit
- mail drop address match
- delayed reporting
- appearance on NICB ForeWARNSM notice
- undocumented loss (no police or incident reports)

For workers' compensation claims

- date of hire/termination/layoff to date of loss
- day of loss (Monday or Friday, day after holiday)

For property claims

- loss location different from insured address

Claims Reporting (continued)

Match report methods/automated output and visualized ISO ClaimSearch

Match reports for claims submitted manually through the ISO ClaimSearch website's Claims Reporting feature are provided through visualized ISO ClaimSearch.

The visualized platform of ISO ClaimSearch is the redesigned match report that provides actionable insight into a company's claims. The reports are graphical, interactive, and easy to navigate. Additional improvements include alerts (including, but not limited to, the key indicators mentioned above) that highlight potential issues within the claim, quick links to additional data sources, a loss history timeline, historical claim versioning and audit capability, and increased data security. Usage and alert dashboards are also added benefits.

Match reports for claims submitted via automated interfaces are also provided through visualized ISO ClaimSearch. Although customers with automated interfaces will currently continue to receive automated output files containing the matching claim details for approved analytical or operational processes, accessing the match reports through visualized ISO ClaimSearch on ISO's hosted environment significantly reduces IT dependencies and allows users to benefit from new enhancements as soon as they become available. Users who handle individual claim investigations (adjusters, claim reps, SIU) should use visualized ISO ClaimSearch instead of legacy output methods (PDF, XML stylesheet, or homegrown match reports).

The reason we will continue to send the raw data is because we heard from our advisory groups that the data is still needed for approved data science/analytical projects to identify fraudulent patterns of behavior and/or is used in certain companies' workflows. As a result of the feedback, we agreed to continue to return the raw data to companies; however, it is uncertain whether, going forward, data will continue to be provided in the same format it is today. If the format changes, we will provide advance notice. We want to accommodate customers that rely on the data for their own fraud detection models, but we also need to make sure the data is used for legitimate purposes and is protected; therefore, we continually evaluate the data feeds we provide and will pivot if necessary.

Although you will continue to get the data as mentioned, we still expect all companies and users to be on the visualized ISO ClaimSearch platform for the purpose of obtaining claim history reports, because that is the only process we will be supporting and investing in going forward. We also believe it is the platform that will best position your company for success.

Although visualized ISO ClaimSearch can be accessed through the ISO ClaimSearch website using the "Search" feature or "View My Reports/View Office Reports," we believe the best experience is to build integration using single sign-on directly from the claim in a customer's claim system to the matching claim within visualized ISO ClaimSearch. If you would like to enhance the experience even further for your users, you may want to consider using the risk response to bring the risk color indicator and/or alerts up front in your claim system. This will help guide users so they may not have to view the visualized match reports every time if no matches or alerts are found or to encourage them to view the report when certain key alerts are present or when matching claims are found. Here is an opportunity for you to customize the experience, introducing the behavior you want your adjusters to follow.



Claims Reporting (continued)

Mail Drop Alert database

In addition, ISO ClaimSearch features a Mail Drop Alert database containing information on mail drop locations nationwide. When you report a claim or conduct a claims inquiry and the system identifies a mail drop address, the match report will provide details that may include the name of the location, along with a contact name and telephone number.

Mail drop refers to locations not typically classified as residential in nature. Screening claimant addresses for mail drops helps identify unusual address information that may suggest fraudulent activity.

The types of mail drop addresses in the ISO Mail Drop Alert database include:

- U.S. Post Office facilities where P.O. boxes are available
- private mailbox facilities, such as Mail Boxes Etc.®
- hotels and motels
- private storage centers
- incarceration facilities, such as prisons, detention centers, and correctional facilities
- long-term care facilities
- hospitals and other healthcare centers

Automatic Update Reports

Introduction

For a period of time after you submit a claim, ISO ClaimSearch® sends you an automatic update report whenever the system receives a new claim containing information that matches your original claim. Automatic update reports eliminate your need to re-search the database during the update period.

What you get

When the system receives a new or updated claim that matches your original claim, you get a match report showing the new or updated claim.

Automatic updates are delivered through all output methods (automated output files, visualized ISO ClaimSearch, and/or the risk response).

Update periods

After you submit a claim, you will receive automatic update reports on new claims received within the following update periods based on the ISO date received:

- Casualty Universal Format — 1 year
- Auto Universal Format — 30 days
- Property Universal Format — 60 days

ISO ClaimAlert™

Introduction

The ISO ClaimAlert™ Suite is the automated attendant that tracks critical information on your claims so you don't have to. It is designed to provide existing and new subscribers with accurate, fast, and actionable alerts on newly reported claims in a real-time environment.

Through appropriately channeled assignments, customers can expect a reduction in claim cycle time, overall improvement and automation of the claims-handling process, increased customer satisfaction, and damage/exposure management.

The mission of ISO ClaimAlert is to provide ongoing monitoring to deliver real-time actionable insight and guidance that ISO ClaimSearch is uniquely positioned to make available to the industry from the moment a claim is reported and onward.

ISO ClaimAlert is an analytic tool that runs the customer-provided information through the more than 1.4 billion claims in our database.

In addition, through customer-specific requirements, the alerts automatically run the information through other data sources (for example, foreclosure databases, weather reports, vehicle databases, social media services).

The product then delivers alerts (that is, yes/no indicators) at the point of claim that subscribers can use to triage and assign claims to the most efficient and effective claims channel or claims handler. Alerts also provide indicators of critical information that adjusters and investigators should consider for further evaluation in the ongoing claim process, using a red/yellow/green scheme for fast impact recognition.

Claims Inquiry

Introduction

Special investigations units (SIU) and claims personnel use ISO ClaimSearch® for follow-up fraud investigations. With ISO ClaimSearch Claims Inquiry, you can perform expanded and customized searches of the ISO ClaimSearch database. Participants may use Claims Inquiry only to investigate previously reported claims. To investigate the claim further, you must report a claim to the system before you use Claims Inquiry.

How to perform inquiries

Inquiries are performed online in real time to receive instantaneous results. If you are qualified by participation for each database segment, you can choose to search across all property, casualty, and vehicle claims.

Your searches can be geographically specific or broad. You can perform nationwide searches, if desired. You must enter your company claim number to perform an inquiry.

Searches include:

- name/address
- name/city/state
- name/state
- Social Security number (SSN)
- driver's license number
- telephone number
- vehicle identification number (VIN)
- license plate

Business searches include:

- name/address
- name/city/state
- name/state
- tax identification number (TIN)
- telephone number
- vehicle identification number (VIN)
- license plate

You can submit single-party searches to find claims related to an individual (or business) and two-party searches to explore the relationships between two individuals (or two businesses or an individual and a business).

Claims Inquiry (continued)

What you get back

System reports give you thorough information that can help you identify the claimant's or insured's full profile, suspicious claims, individuals with suspicious patterns of claims, and even possible fraud ring activity.

Requirements

Claims Inquiry permits authorized users to make investigative inquiries (for example, all vehicle, property, casualty, and referral information) and requires ISO ClaimSearch participating organizations' authorized users, when prompted, to enter a reference number and/or reason associated with the query in the reference claim number field. ISO provides special query access subject to ISO ClaimSearch participating organizations' (excluding NICB) reporting of underlying claims to ISO ClaimSearch.

Search Alert

Introduction

Search Alert allows SIU staff from across the industry to collaborate more effectively on claims fraud investigations. The service is a search tracking feature within the Claims Inquiry function of ISO ClaimSearch®. Search Alert provides fraud investigators with actionable information about active claims investigations underway at other insurance companies or at the National Insurance Crime Bureau (NICB) that might relate to the investigator's cases.

How it works

When an SIU investigator performs certain types of inquiries on an individual, a service provider, or a vehicle, Search Alert compares the search terms the investigator uses against similar inquiries from SIU-level ISO ClaimSearch users from other insurers or NICB. Search Alert notifies the investigator when the system finds a matching search and will continue to send notifications about subsequent similar inquiries for 60 days. The system also notifies the other investigators about the first investigator's inquiry. The system monitors a number of different search types, including name and address, Social Security number, vehicle identification number, and driver's license number.

ISO ClaimSearch® Mobile App

Introduction

The ISO ClaimSearch® Mobile App enables ISO ClaimSearch subscribers to access the platform and related services through a mobile app. The mobile app is available for both iOS and Android devices. ISO ClaimSearch subscribers may download and use the app to conduct claim history searches and perform other related tasks from the field.

The app is available to ISO ClaimSearch subscribers at no additional fee.

ISO Mobile Recorder App

Introduction

The ISO Mobile Recorder App is a tool used by an insurer's field staff to capture recorded statements securely and easily. ISO Mobile Recorder App subscribers may download the app for iOS or Android devices. When using the app, insurer staff may record audio in the field, and with only a few clicks, the audio file automatically uploads to ISO's secure cloud servers. Once the audio file is in the ISO cloud, an e-mail message with a link to the audio file is automatically sent to the user. This app enables insurer staff to improve efficiency and reduce risk by streamlining the audio file storage and delivery process while protecting the audio file with industry-standard security protocols.

There is a fee associated with usage of this app.

Statutory and Regulatory Reporting

Introduction

In states with statutory or regulatory requirements to report claims data, ISO ClaimSearch® sends the required data to the states on your behalf or maintains the data in the ISO ClaimSearch database. The ISO ClaimSearch service reduces the need for duplicate reporting.

ISO, NAIC, and NICB fraud statutory reporting

Introduction

If your company is a member of the National Insurance Crime Bureau (NICB), you may refer claims to NICB and the National Association of Insurance Commissioners (NAIC) Online Fraud Reporting System (OFRS) through ISO ClaimSearch. For the purposes of reporting to NICB, a questionable claim is one that appears to require further investigation because the cause may not be accidental or the claim displays characteristics that commonly indicate fraud.

Procedure

Various options to refer a claim include accessing the NICB Submission tile located on the ISO ClaimSearch My Products page, pulling up the claim within Claims Inquiry or visualized ISO ClaimSearch, or through the Case Manager™ application. You can then refer the claim to NICB and up to three state fraud bureaus.

NICB Fraud Bureau Reporting

NICB offers a program called the Fraud Bureau Reporting Program (FBRP) that allows state insurance departments to receive questionable claim referrals electronically from NICB member companies. The program streamlines reporting, sends the information efficiently to state insurance investigators, and identifies duplicate investigations.

This is how the program works: When an insurance carrier determines that a claim is suspect, the questionable claim referral is reported to NICB via ISO ClaimSearch and is *simultaneously* sent to the state insurance department. There are several reporting options that a state may consider for receiving questionable claim referrals. Several states use the NAIC Online Fraud Reporting System, where, through an agreement between ISO, NICB, and NAIC, an electronic data feed occurs. Other states request that NICB create a direct electronic feed into their state insurance department's system.

Most state insurance regulators mandate that insurance companies directly report any suspected fraudulent or suspicious activities in a filed insurance claim. Nearly all jurisdictions will accept reports either through the NAIC OFRS or through a direct system connection from NICB via ISO ClaimSearch.

Statutory and Regulatory Reporting (continued)

Reporting to fire marshals

Reporting to ISO ClaimSearch satisfies statutory requirements to report fire and lightning losses to fire marshals in 21 states. In most states, your ISO ClaimSearch report must include an estimate of the loss. The states are:

- Alaska
- Arizona
- Delaware
- Florida
- Georgia*
- Idaho
- Illinois
- Kansas
- Kentucky
- Maryland
- Massachusetts
- Michigan
- Montana
- Nebraska
- New Hampshire
- New Mexico
- New York
- North Dakota
- Tennessee
- Washington
- West Virginia

*A member company must opt in with the state to enable the state to accept reports made on behalf of the member company.

Statutory reporting for New York State Department of Social Services/ Child Support Enforcement

In New York, reporting to ISO ClaimSearch satisfies the requirement to provide copies of all bodily injury claims (other than workers' compensation, medical malpractice, and no-fault) to the Department of Social Services to help identify and report all income for New York public assistance recipients and delinquent child support obligors.

Statutory reporting for Connecticut Department of Administrative Services

Reporting to ISO ClaimSearch satisfies the requirement in Connecticut for all insurers to notify the Department of Administrative Services (DAS) when a liability claim may result from a resident of the state filing for a monetary award. ISO ClaimSearch provides the Connecticut personal injury and workers' compensation claims it receives to the DAS on behalf of participants.

This is an opt-in program. Participants must authorize ISO to report on their behalf.



Statutory and Regulatory Reporting (continued)

New York fire reporting – Regulation 96: Participation requirement

In New York State, all companies licensed to write fire insurance must participate in ISO ClaimSearch Property and report all fire losses of more than \$1,000 within five days of notice of loss.

Auto bureau reporting

In six states, reporting to ISO ClaimSearch satisfies your requirement to report auto theft and salvage claims to a central industry database:

- California
- Connecticut
- Massachusetts
- New Jersey*
- New York**
- Rhode Island

In Pennsylvania, participation in ISO ClaimSearch satisfies your requirement for membership and participation in a “comprehensive database system for the purpose of reporting and accessing motor vehicle insurance claims data and information.”

*The New Jersey Office of the Insurance Fraud Prosecutor (OIFP) has chosen ISO ClaimSearch as its reporting database. The OIFP requires insurers writing at least \$2 million in direct premium in any calendar year to report all personal auto injuries and property damage claims as well as all vehicle damage claims that exceed \$2,000. Participating companies in New Jersey must report using Universal Format.

**In New York, reporting to ISO ClaimSearch also satisfies your requirement to report all first- and third-party auto physical damage claims of \$2,500 or more.

VIN Decoding with NICB VINassist™

Introduction

ISO's VIN decoding with NICB VINassist™ lets you edit and decode 17-character vehicle identification numbers (VIN). You can use the system to verify information for claims reporting or to support a special investigation. VIN decoding with NICB VINassist is available through the ISO ClaimSearch website. To get VIN decoding with NICB VINassist, you must participate in ISO ClaimSearch for the auto database segment.

Meaning of errors

If the VIN you enter is invalid or does not match the vehicle, you should evaluate the error. An error can denote one of a number of circumstances, including:

- erroneously recorded VIN
- altered VIN
- VIN switched from another vehicle
- VIN describing a vehicle never manufactured

ISO ClaimSearch® NMVTIS Compliance Reporting Service

Introduction

The National Motor Vehicle Title Information System (NMVTIS) helps prevent the introduction or reintroduction of total-loss vehicles into interstate commerce. NMVTIS has established vehicle salvage or loss reporting requirements for state departments of motor vehicles (DMV), insurers, salvage pools, recyclers, shredders, dismantlers, and junkyards.

In January 2009, the U.S. Department of Justice issued a final rule implementing requirements for insurance carriers, junkyards, salvage yards, and salvage pools to provide NMVTIS with reports on salvage vehicles. The rule became effective March 31, 2009.

The ISO ClaimSearch® NMVTIS Compliance Reporting Service allows such entities to submit information through ISO ClaimSearch to comply with the reporting requirements.

How it works

To participate, simply report your auto physical damage claim to ISO ClaimSearch through Universal Format, using either a system-to-system connection or the web reporting application.

ISO ClaimSearch will add the claim to the system and return a match report. Once you determine that the vehicle is a total loss, send an update record including the Total Loss Indicator to ISO ClaimSearch.

ISO ClaimSearch will forward all qualified total losses to NMVTIS within 30 days from the date you identify the automobile as a total loss.

Benefits

By reporting to NMVTIS through ISO ClaimSearch, you can:

- reduce programming costs or eliminate the cost of using an outside vendor
- streamline workflow, since you are already reporting the data to ISO ClaimSearch
- assure compliance with NMVTIS regulations

ISO ClaimSearch will include the reporting to NMVTIS for all insurer auto service participants in the standard auto assessment. There is no additional charge for the service.

OFAC Compliance Suite of Services (Core Services)

Introduction

ISO ClaimSearch® offers two core services to help you check all your claim payments against the government's watch list of potential terrorists and drug traffickers.

OFAC Standard Service and OFAC LookUp are available to insurers reporting through Universal Format.

All U.S. insurance companies and their employees—as well as U.S. citizens and permanent resident aliens employed by non-U.S. insurers—are responsible for screening claims against the master list published by the Office of Foreign Assets Control (OFAC) of the U.S. Department of the Treasury. The purpose of the screening is to ensure that you don't pay out money to a person or organization involved in terrorism, international narcotics trafficking, or activities related to the proliferation of weapons of mass destruction. Failure to comply with your legal requirement can result in corporate or personal fines of up to \$1 million and up to 12 years in prison.

OFAC LookUp

OFAC LookUp lets you find out, by initiating queries through the ISO ClaimSearch Internet site, if an individual is on the government's watch list of potential terrorists and drug traffickers.

You can search by name, Social Security number (SSN), date of birth (DOB), or passport number. To search the list, you must enter an individual's full name. The system will return results in an OFAC match report.

OFAC Standard Service

OFAC Standard Service compares all involved parties in claim reports against the OFAC watch list without making a special submission. The comparison includes businesses and individuals based on name (plus aliases) and date of birth. Your initial claim submissions and updates trigger the searches. If the system finds a match, we will notify your designated representative by e-mail.

Three optional services also available

In addition to the OFAC Standard Service and OFAC LookUp, ISO ClaimSearch offers three optional services to all participants:

- Premium Service
- Historical Sweep
- Enterprisewide Service

Child Support Enforcement Agency Reporting Service

Introduction

As part of the ongoing effort to collect delinquent child support payments, many states have imposed special requirements on insurers to check whether involved parties owe past-due child support before paying claims.

ISO ClaimSearch® helps you comply with legal requirements that support state efforts to collect delinquent child support payments through the Child Support Enforcement Agency (CSEA) Reporting Service. The CSEA Reporting Service features two programs:

- The Child Support Lien Network (CSLN) program, which interfaces with the CSLN database and contains information on delinquent child support obligors in a number of states.
- The Office of Child Support Enforcement (OCSE) program, which interfaces with the federal OCSE database and contains information on delinquent child support obligors in a number of states and the District of Columbia.

Because the OCSE and CSLN programs may at times have different participating states—and maintain different information on delinquent child support obligors—you may wish to participate in both services.

Responding to statutory requirements or subpoenas for information in support of state efforts to collect delinquent child support could impose a significant administrative burden on insurers. In the absence of a central database, each insurer would have to respond separately to the requirements of multiple states.

To alleviate the problem, many states have joined the Child Support Lien Network (CSLN) database of individuals who fail to pay court-ordered child support. ISO ClaimSearch has established an interface with the CSLN. When your company participates in the CSLN program in one or more states and you submit a claim report, ISO ClaimSearch will search the CSLN database for matching information. If your claim matches any of the records in that database, CSLN will refer the claim to the appropriate enforcement agency. That agency may, at its discretion, place a lien on your settlement of the claim. You may participate in one or more states or in all states that participate in the CSLN.

Child Support Lien Network (CSLN) program

Child Support Enforcement Agency Reporting Service (continued)

Office of Child Support Enforcement (OCSE) program

The Deficit Reduction Act of 2005 allows the U.S. Department of Health and Human Services' Office of Child Support Enforcement (OCSE) to compare insurer claims data with a federal database of delinquent child support obligors. When your company participates in the OCSE program in one or more states and you submit a claim report, ISO ClaimSearch will automatically search the OCSE database for matching information. If there is a match, the system will send the claim to the OCSE, which will refer the claim to the appropriate state child support enforcement agency. That agency may, at its discretion, place a lien on your settlement of the claim.

Participating in both child support programs

For those companies participating in both the CSLN and OCSE programs, ISO ClaimSearch will search the CSLN and OCSE databases when you submit a qualifying claim to ISO ClaimSearch. If the claim matches a record in one or both databases, the system will send the claim to the CSLN and/or the OCSE. The CSLN and/or the OCSE will then refer the claim to the appropriate state child support agency.

There is no additional fee to participate in the CSLN and OCSE programs. For information about the programs and to learn about the states that participate in each program, please contact ISO Customer Support at 1-800-888-4476 or e-mail njsupport@iso.com.



ClaimDirectorSM

Introduction

ClaimDirectorSM is an automated fraud detection solution that analyzes claims in real time and immediately informs investigators, adjusters, or analysts if a claim has questionable indicators. It scores claims as they are submitted at first notice of loss to ISO ClaimSearch[®] and then continually throughout the life of the claim as often as they are submitted. ClaimDirector provides you with a numerical claim fraud score, as well as reasons to support that score, to help determine which claims to expedite for payment and which to investigate further.

How the system works

ClaimDirector scores your company's claims as they are submitted to the ISO ClaimSearch database. The system analyzes the submitted claim information, as well as the matching claims found in ISO ClaimSearch, to trigger business rules designed to surface indications of potential fraud. These rules are then aggregated to calculate an overall claim score. The information is integrated into the ISO ClaimSearch match report and presented to the user in visualized ISO ClaimSearch. ClaimDirector results can also be returned to your claims system through various system-to-system data feed options.

What you get

For each claim, you will receive:

- a claim score
- a score for each involved party on a claim
- reasons that explain how the score was determined
- a score for each of the matching claims to help determine which matching claims require review

To operationalize ClaimDirector, we provide two tools:

- SIU triage page: A real-time listing of your company's scored claims, allowing your staff to triage claims as they are submitted to ISO ClaimSearch, containing 90 days' worth of claims
- ClaimDirector business intelligence dashboard: A broader accounting of your company's scoring activity and rule performance, containing two years' worth of claims

Gain key insights into your claims

ClaimDirector rules can surface information pertinent to your review of a claim from a variety of sources, including:

- NICB (prior questionable claims, ForeWARNSM, etc.)
- prior SIU activity
- prior injury-related losses
- VIN validations and loss histories
- involved party/address loss histories
- custom watch lists

ISO ClaimSearch® Medicare Secondary Payer (MSP) Reporting and Compliance Services

Introduction

ISO developed the optional ISO ClaimSearch® Medicare Secondary Payer (MSP) Reporting Service to help participants comply with the mandatory claim reporting requirements of Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (P.L. 110-173). The legislation, effective July 1, 2009, affects every casualty claim involving an insurance carrier and a Medicare-eligible claimant or plaintiff. The legislation requires that any bodily injury claim in which the carrier has assumed responsibility for medical treatment or made a settlement involving a Medicare-eligible claimant be reported to the Centers for Medicare & Medicaid Services (CMS).

In addition, ISO offers other Medicare compliance products and services, such as Medicare Set-Asides (MSA) and conditional payment options, to provide our customers with a holistic compliance program guided by the Medicare experts at our sister company ISO Claims Partners. (See below for additional details.)

How it works

To participate, simply report claims with the Medicare-required fields to ISO ClaimSearch using Universal Format or the web portal. ISO ClaimSearch will submit claimant data to determine Medicare eligibility status on a monthly basis and provide results to clients via reports housed in the account management section of the web portal or auto-generated files that can be integrated into the source system. Clients must mark claimants as Medicare-eligible either systematically or via the web, depending on the level of automation implemented in ISO ClaimSearch. Claimants and coverages marked as Medicare-eligible that are missing required data or invalid fields will generate Active Warnings for data cleanup before the submission to CMS.

ISO ClaimSearch will send the quarterly claim file to CMS according to the schedule for each responsible reporting entity (RRE). Your company will be able to report and update claims using a system-to-system connection to ISO ClaimSearch or the ISO ClaimSearch web reporting application. You will see an indicator next to those fields that CMS requires in reports or in the web portal.

Benefits

The ISO ClaimSearch Medicare Secondary Payer Reporting Service helps you:

- comply with CMS regulations
- save internal programming costs
- streamline workflow, since you are already reporting data to ISO ClaimSearch
- obtain Social Security numbers (SSN) and other data you may need with our optional Append-DSSM service
- easily identify all claims of Medicare-eligible claimants with the assistance of our Pre-Query Extract File process

ISO ClaimSearch® Medicare Secondary Payer (MSP) Reporting and Compliance Services (continued)

Other optional services

Medicare Set-Asides

A Medicare Set-Aside (MSA) is a sum of money allocated from a settlement to ensure that the responsible party bears future medical costs and does not shift those costs to Medicare. MSAs are a standard part of most workers' compensation settlements involving Medicare beneficiaries and those likely to be eligible for Medicare shortly after settlement. Insurers also use MSAs in some liability claims, especially large-dollar settlements involving complicated medical issues.

The Medicare Set-Aside service provides a comprehensive medical report, including recommendations for complying with the Medicare Secondary Payer statute. This medical report is completed by a registered nurse. The service also provides guidance on settlement language, strategy, and justification for the MSA through ISO Claims Partners' team of attorneys.

Conditional payments

When Medicare pays for medical treatment related to an underlying workers' compensation, no-fault, or liability claim, its payment is conditional pending reimbursement payments by the responsible entity. Medicare has a right to recover those reimbursements, and with the advent of Section 111 reporting, it also has the information necessary to pursue recovery. The amount Medicare demands may include unrelated charges, and that could result in the potential for high medical costs.

The conditional payments service offers a proprietary process focusing on investigating the amount of a claim and negotiating with CMS based on legal principles as outlined in the Code of Federal Regulations, the Medicare Intermediary Manuals, and state and federal laws. ISO Claims Partners offers varying levels of program automation beginning with our CP Link® program, a fully automated conditional payment service. CP Link leverages each client's Section 111 reporting data to identify claims involving Medicare beneficiaries and automatically initiates conditional payment handling by one of ISO Claims Partners' lien specialists on those files. This helps to ensure that files are not missed, reduces administrative file handling, decreases claim cycles, and increases savings. For clients interested in less than a fully automated approach, ISO Claims Partners offers semi-programmatic and ad hoc conditional payment services as well.

Medical Assistance Intercept System (MAIS)

By participating in the ISO ClaimSearch Medicaid Reporting Service, participants satisfy the Medicaid reporting and verification requirements in participating states. The Rhode Island Executive Office of Health and Human Services (RI EOHHS) passed Article 11 as part of § 27-57.1-1, the Medical Assistance Intercept Act. Article 11 requires insurers to participate in a data match program called the Medical Assistance Intercept System (MAIS).

MAIS functions similarly to child support reporting solutions in that customers' reports are queried daily. When matches are located, results are provided to MAIS, where lien eligibility is reviewed and processed.

MAIS is free of charge and only requires member companies to complete the necessary data authorization forms and product supplements to enable daily automated matching against the list of provided Medicaid recipients.

National Equipment Register® (NER®)

Introduction

Every year, owners of construction and agriculture equipment suffer an estimated \$1 billion in losses due to penalties, delays, and replacement costs associated with equipment theft. The high value of heavy equipment, lack of available ownership information, and nonstandardized serial number formats are just some of the factors that contribute to the rising toll.

National Equipment Register® (NER®) is an ISO business. ISO ClaimSearch® links with NER's database of lost and stolen equipment.

NER clients and services

NER provides services for:

- insurers
- agents and brokers
- equipment owners
- financial institutions
- auction companies
- law enforcement

Services include:

- **HELPtech®** — pre-loss equipment registration with visible marking of NER-registered equipment
- **IRONwatch®** — a no-monthly-fee GPS location device that provides location data every eight hours but remains dormant between reporting intervals to save costs
- **IRONcheck®** — service to allow equipment buyers to check for theft and machine history before purchasing a used piece of equipment
- 24-hour law enforcement access to the databases, accessible through a partnership with the National Insurance Crime Bureau (NICB)
- assistance for member insurer claims departments, special investigations units (SIUs), and underwriting departments
- national database of equipment theft reports and ownership information
- national training programs for law enforcement, adjusters, and owners

ISO ClaimSearch services

When an NER member insurer reports an equipment loss to ISO ClaimSearch, ISO automatically passes the loss to NER for quality control and insertion into the NER theft database. This link between ISO ClaimSearch and NER allows insurers to report equipment losses one time through a streamlined process.

CargoNet®

Introduction

CargoNet® has created secure data-sharing tools and a central repository for cargo theft information to support law enforcement and loss prevention professionals. The purpose of CargoNet is to prevent cargo theft and increase recovery rates through secure and controlled information sharing among theft victims, their insurers, business partners, and law enforcement.

CargoNet plan elements

- **CargoNet system:** The CargoNet system revolves around a sophisticated and secure database, secondary-market monitoring, and a theft alert system that allows effective and secure data sharing between theft victims and law enforcement.
- **alertSEARCH:** This subscription-based service allows you to search the extensive CargoNet archive of alerts by any suspect name, phone number, and e-mail address.
- **routeSEARCH:** This unique tool helps you visualize cargo theft risk along a specific route and enables CargoNet members to build customized routes and visualize cargo theft data along a specific lane.
- **CargoNet decals:** CargoNet members can affix theft-deterrence decals to their tractors, trailers, and premises to discourage theft. Drivers hauling a trailer owned by another company can use magnetic decals.
- **Predictive analytics:** The CargoNet database collects an unparalleled volume of detailed data on cargo thefts. Combined with ISO's advanced analytics, the data offers great potential for investigative support and predictive modeling to improve supply chain risk management.
- **Training:** CargoNet is developing training programs that users can access online through e-learning.

ISO ClaimSearch® services

When a CargoNet member insurer reports a cargo theft to ISO ClaimSearch®, ISO automatically passes the loss to CargoNet for quality control and inclusion in the CargoNet database. The link between ISO ClaimSearch and CargoNet lets you report cargo losses one time through a streamlined process.

Benefits

CargoNet will help:

- increase recovery rates
- deter theft
- improve loss prevention programs and employee training
- enhance relationships among insurers, agents, and policyholders

NetMap®

Introduction

Through its NetMap® unit, ISO has created a suite of products to help you fight insurance fraud.

NetMap software helps you discover critical hidden connections within data. Seeing those connections—within company data, data from external sources, or through a combination of sources—gives claims investigators insight and knowledge to make decisions that benefit your company's bottom line.

Advanced NetMap link analysis technology helps companies analyze critical business questions based on large quantities of data—and makes the results easy to understand. NetMap also finds data elements applicable to an investigation and draws a picture of the connections among those elements, revealing previously undetected relationships.

NetMap client software options

NetMap software provides visual maps that reveal the hidden connections between claims across time and physical distance. You can see those connections before you deploy valuable investigative resources. There are two integration options: client server or client only.

- The client-only software option provides a turnkey implementation allowing you to analyze information from the ISO ClaimSearch® and Decision Net® public records databases and ISO ClaimSearch DNA®. The software includes automated analytical techniques that reveal intricate patterns of fraud perpetrated by medical providers, auto body shops, attorneys, claimants, insureds, insurer personnel, and others.
- The client server software option offers broader analytical capabilities that allow you to quickly and efficiently process millions of records from your own claims, payment, employee, and other databases along with industrywide data available from ISO ClaimSearch. The client server software is available with two server deployment options: local server and hosted remote server or application service provider (ASP).

The power of NetMap can significantly improve productivity and support large-scale fraud investigations.

ISO ClaimSearch DNA[®]

Introduction

ISO ClaimSearch DNA[®] expands the power of ISO ClaimSearch[®] with advanced analytics to find patterns of fraud by detecting entire networks of connected, organized individuals and businesses and their relative providers.

How it works

ISO ClaimSearch DNA detects networks proactively by using complex analytical methods and advanced algorithms to reveal hidden relationships with ISO ClaimSearch data.

- The analytical system discovers suspicion without knowledge of first suspicious data point.
- Using predictive models, the system scores networks and provides you with only the most suspicious networks.
- Network maps show potential suspicious hot spots and summarize important attributes, such as size, score, number of events and entities, and reason for the national score.
- NetMap[®] customers can download identified network data to conduct additional analysis.

Other advancements applied

ISO ClaimSearch DNA also applies:

- entity analytics, an innovative method to resolve and connect similar identity records to generate a singular entity view
- event resolution to connect the various suffixes for the same event for a more complete picture of the loss
- graph theory to analyze network attributes

Benefits

Special investigations units (SIUs) can now build their investigations against the backdrop of a detected network of interest. By starting with a network of interest, SIUs can target organized fraud earlier. And early detection is the best way to contain those networks, which can cost millions of dollars over years of criminal activity.

ISO ClaimSearch DNA helps to:

- identify fraud rings more quickly and expedite investigations
- identify company claims associated with suspicious networks
- find new suspicious patterns
- prioritize investigations to optimize resource deployment and investigative results

Case Manager

powered by Sequel®

Introduction

Case Manager is an innovative platform that handles all SIU operations from end to end. Its dynamic features help SIU managers:

- streamline case management with customizable investigative workflows
- eliminate mundane administrative tasks with AI-driven automations
- access data from ISO ClaimSearch® or any third-party system through seamless integrations

How it works

Case Manager offers the following key features:

- end-to-end SIU case management, including intake, triage and assignment, vendor management, investigation management, business intelligence, and regulatory reporting
- fully configurable and automated persona-based workflows that can adapt to changing business needs
- multiple points of integration with external systems, including a client's claim management platform, e-mail system, ISO ClaimSearch, and automated fraud detection systems offered by Verisk and third-party suppliers
- automation of key decision points and processes, including new referral assignment logic (automatically assign cases to investigators based on the client's unique infrastructure) and vendor assignments and follow-ups (automatically assign tasks to a client's vendors and monitor performance)
- business and management intelligence, including real-time visualization of work activities and performance across the SIU organization

Bottom line impact

- **Shorter cycle times:** Automated intake and triage, compliance, and administrative functions help expedite case investigations.
- **Improved customer service:** Efficient case management helps resolve good claims faster, mitigate risk, and increase focus on fraudulent claims.
- **Better insights:** Business intelligence gives SIU executives clear data on the department's business impact.

Integrations

Because Case Manager is part of ISO ClaimSearch, it provides several integration points to increase efficiencies:

- automatic referral capability leverages ClaimDirectorSM
- easy referral to NICB and regulatory agencies
- easy access to Claims Inquiry, Decision Net®, and ISO MedSentry®
- ability to prepopulate data on referrals using ISO ClaimSearch

ISO MedSentry®

Introduction

ISO MedSentry® applies advanced analytics to industry medical data to help insurers reduce ALAE by enabling claim organizations to stop unnecessary medical expense.

How it works

For more than a decade, ISO's data scientists, software engineers, and subject matter experts have developed AI-driven systems to detect fraud, waste, and abuse in medical transactions. Today ISO has more than 70 analytical models deployed to continuously monitor transactions of more than 2 million medical services providers nationwide. Because it harnesses industry wide data for benchmarking and analytics, ISO MedSentry creates a perimeter defense—stopping bad providers fast and early.

In addition to advanced data analytics, ISO's team of healthcare investigation experts provides consultation to help P&C insurers of all sizes implement an effective expense reduction program. Despite the sophisticated technology, implementation is simple:

1. ISO connects to the insurer's medical billing data repository;
2. ISO analyzes each provider's behavioral patterns at the industry level;
3. ISO delivers a risk score and specific reasons for intervention for every medical provider in the insurer's book of business.

ISO's provider risk score and reasons for intervention provide a reliable basis for investigation and mitigation of unnecessary medical expense. In some cases, evidence developed may support civil and criminal actions.

SIU and specialized claim staff benefit from the ISO MedSentry exploration tool. This tool allows insurers to conduct rapid proactive and reactive studies, thus improving operational efficiency while increasing impact.

Decision Net®

Introduction

Decision Net® provides claims professionals with access to the critical information necessary to drive highly informed decisions for claims analysis and investigations. This direct and efficient access to a wide range of information from public, criminal, and medical records sources, as well as motor vehicle and police reports, expands and enhances the available data needed to succeed in today's fast and dynamic claim environments.

Information from Decision Net will help you:

- gather entity data that will provide deeper understanding of the claim being presented against your policy
- verify and complete the information you need to conclude your analysis and accelerate your cycle time to closure
- find additional information for claim reports
- investigate suspicious claims, suspicious individuals, and possible fraud
- locate and identify witnesses, claimants, and other parties

Public records

Information includes names, addresses, phone numbers, and other data you need to fill in the blind spots and verify for claims reporting or to enhance your investigations. Some of the available data includes:

- Social Security number (SSN)
- dates of birth (DOB)
- previous addresses
- information on family members, household members, and neighbors
- financial stress reports, including bankruptcy, lien/judgment, and foreclosure records
- vehicle and driver's license data
- business data
- telephone listings and ZIP+4® listings
- Uniform Commercial Code (UCC) filings
- real estate data
- professional licenses and places of employment
- motor vehicle reports (MVR)
- vehicle-owner/registration reports
- OEM equipment and valuation reports
- weather reports
- property deeds and assessments
- watercraft and Federal Aviation Administration (FAA) aircraft records

Social media reports

Claims professionals, investigators, and adjusters alike routinely rely on social media for an unfiltered view of claimants, professional service providers, and other posting entities. These searches provide great insights and disclosures you would not likely find elsewhere; and because of this, many success stories in claims are attributed directly to searches or investigations supported by social media.

The available services use the latest technology to identify the most useful and targeted data in a fast and efficient manner, saving investigators and adjusters precious time in producing the information they are looking for. These real-time searches and monitoring tools are available for searching individuals, businesses, professional service providers, and more.

Decision Net® (continued)

Criminal records

Decision Net gives you access to databases containing millions of federal, state, and county criminal and civil court records countrywide. Criminal searches can also include sex offender registrations.

Vehicle data reports

Decision Net gives you access to critical information about a vehicle's history and registration to support your claims investigations. You can order:

- vehicle registration reports for owner information
- equipment valuation reports
- CARFAX® vehicle history reports, including odometer and recall reports

Police reports

Decision Net gives you access to a wide variety of police, fire, coroner, and department of motor vehicles (DMV) reports from tens of thousands of agencies in the United States. You can order:

- auto accident reports
- incident reports and photographs
- fire reports
- vehicle title history
- vehicle registration and insurance information

Other available information includes weather reports, OSHA reports, coroner reports, and death certificates.

Medical records

Decision Net gives you access to medical records, including x-ray reports and medical bills. The service complies with the federal Health Insurance Portability and Accountability Act (HIPAA) and other standards for the privacy and confidentiality of personal health information.

Motor vehicle reports

Decision Net gives you instant access to motor vehicle reports (MVR) in most states. Decision Net MVRs supply timely, comprehensive, and reliable information on an individual's driving history.

You'll get:

- driver's license information
- driving history, including deducted DMV points
- driving restrictions, such as glasses and hearing aids
- special endorsements, including tank and hazardous materials
- state-specific rules, regulations, and requirements

Decision Net® (continued)

Weather forensic reports

Weather forensic reports help you evaluate the loss cause of claims related to severe weather conditions in a geographic area. The reports will help you:

- review claims related to severe weather conditions
- verify information provided by involved parties
- increase your ability to detect fraudulent activity

In addition, when you order a report, you get updates for a full 30 days after you place your order—keeping you in touch with the latest weather information and nearby spotter observations.

ISO's sister company Xactware uses its world-renowned knowledge, experience, and resources to provide proprietary weather forensic reports. Xactware is a premier authority in the field of weather, analytics, and how this can affect your policies in force.



Append-DSSM

Introduction

A Social Security number (SSN) is a key unique identifier and should always be included when submitting claims to ISO ClaimSearch®. The presence of an SSN in your submitted claim records will significantly improve the effectiveness of your search and increase the amount of information you can receive from ISO ClaimSearch. In addition, certain state and federal reporting agencies such as CMS (Centers for Medicare & Medicaid Services) may require submission of Social Security numbers for proper reporting.

If your claim report is missing the claimant's SSN, our Append-DSSM service can help. The service will identify incoming claims without a claimant SSN and systematically initiate a public records search to obtain the SSN. If the search finds the claimant's SSN, Append-DS will provide the correct SSN in a result report. If you wish, you can add the SSN to the claim report in the database by filing a claim update.

How it works

When you sign up for Append-DS (Append Data and Search), every time your company reports a claim with a missing SSN, the system will automatically perform a public records search to retrieve the correct data.

The system will:

- retrieve public records information on the claimant, including address, telephone number, age, date of birth, and SSN
- search the ISO ClaimSearch database for any matching claims

Benefits

Append-DS will streamline your claims-processing workflow and increase productivity.

Claims handlers will:

- save time in searching for public records data
- access more of the available information to make better claims-processing decisions
- find potential fraud faster and more effectively
- support automation of your mandatory reporting requirements

To use the automated version of Append-DS, you must report claims to ISO ClaimSearch using Universal Format, either by system-to-system transmission or through ISOnet®. This service is also available via batch processing.

OFAC Compliance Suite of Services (Optional Services)

Introduction

ISO ClaimSearch® offers three optional services to help you satisfy the Office of Foreign Assets Control (OFAC) regulations by checking all your payments against the government's watch list of potential terrorists and drug traffickers:

The services

- **Premium Service:** ISO automatically performs public records searches and other searches to investigate the identity of individuals or businesses. This helps you decide whether to notify OFAC. ISO works closely with your designated company contact and provides advanced reporting features.
- **Historical Sweep:** Companies have the option of searching all claims previously submitted to the system or searching claims submissions over a specific segment of time, such as the last two years or the last five years.
- **Enterprisewide Service:** ISO conducts searches on individuals and businesses for all departments within an organization. Now your claims, human resources, accounts payable, and other departments can perform the required searches against the OFAC watch list. The service checks company lists of policyholders, vendors, marketing contacts, and other non-claims names.

How it works

If the system finds a match, we will notify your designated company representative by e-mail. To ensure privacy, we *will not* provide the matching claim details in the e-mail message. Instead, we will provide a link to the secure ISO ClaimSearch website, where the designated individual can see full details of the matches and compare each matching claim with the OFAC details.

The system will match on similar names, nicknames, and inverted names, as well as international equivalents, such as John and Juan.

Subrogation Solutions

Introduction

Subrogation Solutions is a new, innovative service from ISO for ISO ClaimSearch® subscribers. The solution addresses an industry need for early and accurate identification of subrogation claims; facilitates exchange of subrogation data (and supporting documents) between carriers; and provides timely, efficient, and cost-effective resolution of subrogation claims.

To initiate and process subrogation claims more efficiently, carriers look to obtain third-party information as close to the first notice of loss (FNOL) as possible. Using ISO ClaimSearch data only, in April 2018, Carrier Identified Notification was rolled into production. The notification alerts claims handlers of a matching claim within the ISO ClaimSearch database. The information includes the claim number, the claims handler's name, and the telephone number and e-mail address if available. Live links are provided for both the telephone number and e-mail address—when the information is available—to further enhance the speed and accuracy in contacting the opposing carrier's claims handler.

This enhancement is offered at no cost to ISO ClaimSearch subscribers that have agreed to participate in the non-FCRA database initiative and have signed a one-page contribution agreement. There are additional benefits to participating in the non-FCRA database initiative. ISO ClaimSearch can provide further information when matching claim information is not available by (1) providing the name of the opposing carrier as an enhancement to this notification (if available) and (2) delivering the Policy Insights Report™ (if available).

Subrogation Solutions products

- **Carrier Identified Notification (CIN):** The notice alerts claims handlers of a matching claim within the ISO ClaimSearch database, including the claim number, claims handler, telephone number, and e-mail address (if available).
- **Policy Insights Report:** This is a new solution that allows claims handlers to order a report with detailed information of all insurance coverage associated with an individual, vehicle, or location for a particular date of loss.

Training videos

Training videos for Carrier Identified Notification and Policy Insights Report can be found under ISO ClaimSearch Functions and Features after clicking this link: [ISO ClaimSearch Training Videos](#).

System Operating Rules

Introduction

Participation in ISO ClaimSearch® is subject to several operating rules designed to regulate use of the system and its data and to ensure the security of the database and the privacy of the data.

Eligibility

Participation in the ISO ClaimSearch system is open to:

- property/casualty insurers
- disability insurers and administrators
- managing general agents (MGA) with claims-handling authority
- self-insured companies and organizations, including pools, associations, and trusts
- third-party administrators (TPA)

Participant obligations

As an ISO ClaimSearch participant, you have an obligation to submit accurate information. You should submit information only on open, active claims. And you must *not* submit information on any individual not directly involved in the claim. For example, you may submit information on the insured (in a first- or third-party claim) or the claimant (in a third-party claim). But you may *not* perform searches on witnesses, jurors, relatives, or any other parties except claimants and insureds.

(You can use Decision Net® public records searches, available through ISO ClaimSearch, to locate businesses or individuals other than claimants or insureds. (See page 38.)

Use of ISO ClaimSearch

ISO supplies information from ISO ClaimSearch for use only by the participant and the participant's authorized users.

If you are an authorized recipient of ISO ClaimSearch data, you must follow the rules for use of the information:

- You must prudently handle any information that the system returns to you.
- Although ISO has adopted reasonable procedures to assure the accuracy of the data, you should perform independent investigations to evaluate the data that the system provides. Do *not* rely on ISO ClaimSearch information as the sole basis for disposing of a claim.
- You must *not* use information from ISO ClaimSearch for:
 - underwriting (including loss cost evaluations, risk classification, actuarial calculations, identification of prospective customers, or reclassification of current customers)
 - policy cancellation or renewal
 - stabilizing claims or payment levels
 - granting credit
 - pre- or post-employment screening
 - any purpose not related to claim adjustment or investigation

System Operating Rules (continued)

Use of ISO ClaimSearch (continued)

The participant assumes responsibility for assuring that its adjusters and investigators use ISO ClaimSearch data only for authorized purposes.

Privacy and security

See related pages for information about the ISO ClaimSearch Privacy and Security Policies and about citizen inquiries and disputes.

Audit and verification

To fulfill the requirements of privacy laws, ISO will periodically undertake random audits to verify the accuracy of submissions to the system. As an ISO ClaimSearch participant, you must provide information requested by system personnel for the purpose of verifying your submissions.

Appointment of reporting offices and users

As an ISO ClaimSearch participant, you may appoint reporting offices and authorized submitting administrators, subject to approval of ISO ClaimSearch management. Send all requests for such appointments in writing or by e-mail to:

ISO Customer Support Center
545 Washington Boulevard, 18-3
Jersey City, NJ 07310-1686
E-mail: njsupport@iso.com

You must notify ISO immediately of any changes in reporting offices or personnel.

Requirements for non-staff claims administrators and adjusters

Non-staff claims administrators and adjusters must use the proper ISO ClaimSearch reporting code number for each claim:

- If you are reporting on behalf of an insurer or self-insured client that participates in ISO ClaimSearch, you must use the proper code for that participant. You may *not* use a subscriber's ID code for a nonparticipating organization.
- If you are a third-party administrator (TPA) reporting as a designated reporting location of an insurer, you may use that insurer's reporting code *only* for claims on policies where that insurer provides the coverage. You *must* participate independently for claims on policies where nonmember insurance companies or self-insureds provide the coverage or accept the risk of loss.

Reinsurers and providers of excess coverage privacy and security

Reinsurers and providers of excess coverage should report claims only when they insure the risk and adjust the claim.

System Operating Rules (continued)

Fronted policies

If you are a self-insured company or organization with a fronted policy (a policy issued for a servicing fee, not a premium), you should report claims to ISO ClaimSearch under either a self-insured's or claims administrator's subscriber ID number. An insurer writing a fronted policy must *not* lend its reporting number to self-insured clients or their administrators.

States of licensing

As a participating insurer, you should report claims *only* on policies from states where you are a licensed insurer.

Penalties for violations

Participants or individuals who violate ISO ClaimSearch system operating rules are subject to penalties, termination from using the system, and civil lawsuits.



Privacy and Security

Introduction

Because of the private information in the ISO ClaimSearch® databases, ISO takes special precautions to restrict access and promote security. The ISO ClaimSearch Privacy and Security Policies comply with federal and state privacy legislation, such as the Gramm-Leach-Bliley Financial Services Modernization Act and the National Association of Insurance Commissioners' Insurance Information and Privacy Protection Model Act.

Policies

The Privacy and Security Policies dictate that:

- only authorized individuals within appropriate entities can access and use the data
- users must access and use the information in a manner consistent with laws and regulations
- information is secure from damage and destruction
- the system audits the access and use of database information
- users violating the policies face sanctions commensurate with the violation

Access authorization for fraud bureaus, fire marshals, and law enforcement

ISO allows fraud bureaus, fire marshals, and law enforcement agencies to access the data you submit to ISO ClaimSearch, subject to your prior authorization. You may authorize such access state by state. You will receive an authorization form with your participation materials when you sign up.

Compliance with HIPAA

To support compliance with HIPAA, you should *not* report protected health information (PHI) to ISO ClaimSearch under a property/casualty account. Descriptions of a claimant's injuries should come directly from the claimant or from a claims person's observations—not from a medical file or medical personnel.

Although HIPAA does not apply to property/casualty insurance, some ISO ClaimSearch members provide life/health insurance or may be other types of covered entities. ISO provides a service for health companies that comply with HIPAA legislation. If you participate, ISO ClaimSearch will share any claims you report only with other HIPAA-regulated entities.

Citizen Inquiries and Disputes

Introduction

ISO ClaimSearch® provides a Citizen Inquiry process that permits an individual to review his or her claims history in the database as a requirement of the Insurance Information and Privacy Protection Model Act and to assure the accuracy of the data.

Citizen inquiry procedure

If you receive an inquiry from a claimant or insured about information in the ISO ClaimSearch database, you should refer the citizen to the ISO Customer Support Center. (See page 56.) ISO will ask the claimant to complete the citizen inquiry process.

When we receive the required information, ISO will release the relevant claim history directly to the claimant via our online portal.

Citizen dispute procedure

If a claimant or insured disputes information in the ISO ClaimSearch database, ISO personnel will initiate an investigation with the participant that submitted the disputed information. Under the ISO ClaimSearch system operating rules, you must assist in such an investigation if ISO asks.

Depending on the results of the investigation, ISO may—with your authorization—change or delete the disputed information in the database. If we do *not* change or delete information, we notify the claimant and offer the opportunity to file a statement of dispute of up to 250 words in the ISO ClaimSearch database.

Account Management Capabilities

Introduction

If you are responsible for managing your company's ISO ClaimSearch® account or paying the bills, you can get important account information through ISO ClaimSearch reports and dashboards. Management reports and dashboards are available on the ISO ClaimSearch website for authorized users through the dashboard tile on the home page.

How to get access

If you are a qualified member of your company's management team, you can arrange for access to your management reports by calling the ISO Customer Support Center at 1-800-888-4476. (See page 56.)

Reports

Integrated Statistics Report

All participants can get management reports that summarize claims-reporting volumes by office and line of business. (See the Claims Reporting dashboard, which is meant to be an improved replacement for similar information.)

Online Utilization Report

All participants can get monthly reports that provide information on company claims-reporting and personnel claims-inquiry activity. (See the Usage dashboard, which is meant to be an improved replacement for similar information.)

Billing detail for Decision Net®

All participants can get billing detail for Decision Net® public records searches from ISO ClaimSearch. Billing detail includes monthly invoices for seven months (the current month and two previous quarters).

ClaimDirectorSM Reports

All ClaimDirectorSM participants can get monthly billing detail and management reports. Billing detail includes monthly invoices for seven months (the current month and two previous quarters).

Account Management Capabilities (continued)

Executive Analysis Reports

All participants can access reports that benchmark their company's ISO ClaimSearch database performance against the industry. Reports present hit rates—the number of claims submitted by the company matching a claim in the database—for five lines of service. Reports also present statistics on the submission of certain optional fields.

Medicare Secondary Payer Reports

If you have access to CMS Account Management, you'll be able to view CMS Billing Details, monthly CMS Query files, quarterly Acknowledgments and Errors Reports, CMS warnings for missing/invalid required fields, and CMS management reports.

Billing Detail (TPAs and self-insured members only)

- Provides noninsurance company members with access to the transaction-based billing detail for their invoices
- Activities such as Claims Reporting and Claims Inquiry are itemized for each transaction processed
- Provides details such as the key components of a claim, various search details, processing date, unit cost
- Ability to view details on screen or download to an Excel or XML-formatted report
- Two years' worth of data available to access

Dashboards

Alerts dashboard

- Provides insight into alerts that have been triggered on claims
- Allows drill-down based on alert type (percentage and total count), loss state, policy type, and time frame
- Exportable details on-demand section, based on filtered criteria

Claims Inquiry Usage dashboard

- Provides insight into a company's Claims Inquiry usage
- Allows drill-down based on date, state, user type, and search parameters
- Export file with all details, based on filtered criteria

Universal Format (UF) Errors dashboard

- View your rejected claims and reasons for rejections; identify uncorrected claims that still require action
- Drill down within selected reports to view metrics at multiple levels to increase the power of your actionable analyses

Claims Reporting dashboard

- Provides statistics on the number of initial, replacement, and research claims entered at the claimant level and by coverage; shows hit and match rates by line of business
- Information can be filtered by group, company, or office



Account Management Capabilities (continued)

Visualized ISO ClaimSearch Usage dashboard

- Provides insight into a company's visualized ISO ClaimSearch usage
- Allows drill-down based on date and user
- Export file with details based on filtered criteria

NMVTIS dashboard

- Allows users to analyze and manage their NMVTIS data by using various filtering, widgets, and export functions
- View total-loss records in multiple categories: submitted to ISO ClaimSearch, submitted to NMVTIS, not submitted to NMVTIS, amended records, and records with total-loss indicator and/or VIN removed
- Ability to view and download total-loss record details
- Allows for easy access to request an amend (correction) record
- Provides historical management reports prior to the dashboard
- Displays salvage record data submitted by insurer and by their salvage pool(s)

CMS Active Warning dashboard

- Get detailed data on your CMS Active Warnings (active warnings may not always lead to CMS rejections; some warning messages are informational and may not lead to an actual CMS rejection)
- Drill down based on CMS plan type, submission date, do not send, adjuster name
- Filter down to a single CMS warning to address
- Export a final list, including claim detail to help identify exact claim

ClaimDirector Business Intelligence dashboard

- Top-down view of ClaimDirector – FNOL industry-based rules claim scoring results
- Capability to filter by score, lines of business, location of loss, and other key data points
- Can drill down to specific rules and rule grouping for quick claim identification, insights for rules tuning, and data improvement
- Embedded links to the visualized ISO ClaimSearch report

Account Management Capabilities (continued)

Compliance Dashboards

Child Support Lien Network (CSLN) dashboard

- Helps customers manage and analyze Child Support Enforcement matches that have been sent to the CSLN agency
- Provides the ability to develop customized reports using the filter, drill-downs, and sorting and search functionality built into each widget
- Allows customers to review the data for more than one office and/or state at a time, highlighting obligors and their match reasons
- Provides reports pinpointing obligor matches, ISO file numbers, and claim numbers
- The information these dashboards contain does not indicate a lien was issued, only that the match was sent to the agency/state that then decides if/when to issue a lien

Office of Child Support Enforcement (OCSE) dashboard

- Helps customers manage and analyze Child Support Enforcement matches that have been sent to the OCSE agency
- Provides the ability to develop customized reports using the filter, drill-downs, and sorting and search functionality built into each widget
- Allows customers to review CSEA data for more than one office and/or state at a time, highlighting obligors and their match reasons
- Provides reports pinpointing obligors, matches, ISO file numbers, and claim numbers
- The information these dashboards contain does not indicate a lien was issued, only that the match was sent to the agency/state that then decides if/when to issue a lien

Medical Assistance Intercept System (MAIS) dashboard

- Helps customers manage and analyze MAIS matches that have been sent to the MAIS agency
- Provides the ability to develop customized reports using the filter, drill-downs, and sorting and search functionality built into each widget
- Allows customers to review MAIS data for more than one office and/or state at a time, highlighting obligors and their match reasons
- Provides reports pinpointing obligors, matches, ISO file numbers, and claim numbers
- Each match will be followed by a “lien” or a “no lien” document issued directly to the insurer by the agency



Account Management Capabilities (continued)

Fire Marshal dashboard

- Provides customers with an overview of both passive and active states in which ISO ClaimSearch satisfies fire loss reporting to the states where regulations exist
- Provides detail page containing details such as key fields of information that was reported to the respective state
- Provides the ability to develop customized reports using the filter, drill-downs, and sorting and search functionality built into each widget

Decision Net dashboard

- Improvement of operational efficiencies through better understanding of how Decision Net is being used and applied by claims professionals
- Helps customers manage and analyze their Decision Net usage
- Provides the ability to develop customized reports using the filter and the sorting and search functionality built into each widget
- Allows customers to view Decision Net usage from a variety of tiers (entire organization down to individual users)

Training and Educational Resources

Introduction

ISO offers a variety of training resources, video lessons, and reference guides for ISO ClaimSearch® solution sets and other related services.

Training and educational resources on ISO ClaimSearch

My Learning Center provides access to online lessons, expert insights, reference tools, archived webcasts, job aids, and FAQs for our most popular ISO ClaimSearch solutions.

Online and facilitated training

ISO provides an open catalog of online lessons within My Learning Center covering the ISO ClaimSearch system and optional services for ISO ClaimSearch participants. We also offer scheduled, facilitated virtual training and education options.

In addition, ISO ClaimSearch, in conjunction with the National Insurance Crime Bureau (NICB) and National Insurance Crime Training Academy (NICTA), offers training for insurers and law enforcement. For more information, visit <https://nicta.asentialms.com>.

Learning management solutions

ISO ClaimSearch offers two ways for participants to track their users' learning engagement using online courses and video lessons developed by ISO:

- Streamline user workflow by embedding our online courses into a participant's existing learning management system. Through our seamless process, users will automatically have access to the most current content.
- Participants can adopt ISO Claims Solutions as a turnkey learning management system. ISO Claims Solutions provides the ability to register users, assign training, track training, and receive scheduled reports.

Other ISO Products and Services

ISO Claims Outcome Advisor[®]

The ISO Claims Outcome Advisor[®] (COA[™]) Product Suite gives you the information you need to settle even the most complex claims quickly and equitably. COA can improve your claims-handling capabilities significantly.

The COA Product Suite

- **ISO Injury Advisor** helps you manage a wide range of bodily injury claims, ensures consistent and accurate settlements based on your company's history, and provides expert information related to injuries and applicable preexisting conditions, treatments, and complications.
- **ISO Liability Advisor** helps you identify and evaluate accident-related comparative liability for vehicle, pedestrian, and slip-and-fall cases.
- **ISO Comp Advisor** uses your own claims information and third-party data to manage lost days, minimize treatment delays, and produce return-to-work plans for workers' compensation claims.

Easy claims system integration

The COA Product Suite integrates easily with your existing claims system components. In addition, the suite works seamlessly with ISO ClaimSearch[®], offering a single claims-reporting and claims management tool.

How to Get Customer Support

Introduction

Customer support for ISO ClaimSearch® is available by telephone, e-mail, or mail. For more information about any ISO service, visit us on the web at www.iso.com.

ISO ClaimSearch customer support

ISO ClaimSearch customer support is available Monday through Friday from 8:30 a.m. to 6:00 p.m., Eastern Time.

Telephone: 1-800-888-4476 E-mail: njsupport@iso.com

Write: ISO
ISO Customer Support Center
545 Washington Boulevard, 18-3
Jersey City, NJ 07310-1686

System issues

The Status Page website will allow customers to subscribe to specific types of production outage notifications that they are interested in receiving. If you subscribe, you will be able to use the website to see current and past incidents (90 days), as well as to subscribe to receive e-mail and/or text notifications when ISO ClaimSearch is experiencing a systemwide outage affecting a large number of companies or users.

If you are experiencing a system service disruption, we recommend checking the Status Page to see if ISO ClaimSearch is already aware of and working to resolve the issue before contacting the ISO Help Desk (see “Technical questions” below for the Help Desk number).

To subscribe to Status Page notifications, go to <https://servicenotify.statuspage.io/>.

Technical questions

For technical production issues or questions, call the ISO Help Desk, Monday through Friday from 7:00 a.m. to 12:00 midnight, Eastern Time.

Telephone: 1-800-888-4476 E-mail: helpdesk@iso.com

Law enforcement users introduction

Law enforcement users can contact the National Insurance Crime Bureau (NICB) for support Monday through Friday from 7:00 a.m. to 7:00 p.m., Central Time.

Telephone: 1-800-888-4476 E-mail: techsupport@nicb.org



545 Washington Boulevard
Jersey City, NJ 07310-1686

1.800.888.4476

www.iso.com

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