

THE SITUATION: INSURANCE FRAUD COSTS BILLIONS GLOBALLY

10-20% of all insurance claims contain some element of fraud, but only a small fraction of that fraud is detected. Globally, insurers stand to lose hundreds of billions in revenue to this pervasive issue. Historically, detecting fraud has been a costly, inefficient process. That’s why we built FORCE. It’s the only AI-native, SaaS-based fraud detection solution in the world, trusted globally by leading insurers to detect fraudulent claims and organized fraud networks accurately and efficiently at scale.

AI + SAAS + WORLD CLASS DATA SCIENTISTS = FORCE

FORCE detects and provides context for a wide range of fraudulent activities, from opportunistic claim exaggerations to schemes executed by organized crime networks. It’s a SaaS+ solution that combines sophisticated AI and human data science expertise, replicating and multiplying the deductive capabilities of an insurer’s best fraud handlers.

AI-NATIVE FRAUD DETECTION WITH A 75% HIT RATE

Once FORCE is configured, each claim is run against an evolving library of hundreds of fraud scenarios – statistical patterns trained on historical datasets at the customer and industry levels – to detect claims matching existing fraud patterns. FORCE then applies additional AI techniques to each claim such as “privileged learning” algorithms and natural language processing (NLP) of text variables.

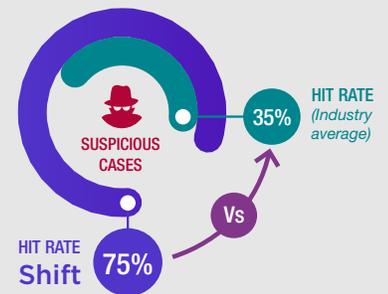
Next, FORCE uses a wide range of 3rd party data to develop a full picture of each claim with speed and accuracy at scale. From weather conditions and satellite imagery to social media monitoring and more, FORCE contextualizes and expands claim data. It then uses this enhanced body of data to assign each claim a numerical score representing the likelihood of fraud.

The solution delivers automated alerts to internal team members, who can access claim data through FORCE’s flexible, intuitive UI. In addition to scoring, FORCE flags specific aspects of the claim for further review, supplies reasoning for all fraud indicators in clear business language, prioritizes investigative avenues, and presents the ‘packaged’ individual claim and network fraud data in a single, customizable dashboard.

FEWER FRAUDULENT CLAIM PAYOUTS, INCREASED EFFICIENCY

FORCE helps insurers detect and reduce payouts on non-meritorious claims accurately and efficiently. It speeds claim resolution and keeps customer teams focused on the activities where their skills will be most valuable. At the same time, FORCE plays an important role in straight through processing (STP), enabling Shift’s Luke solution to fully automate claims without increasing the risk of fraudulent claim payments. FORCE also identifies and maps organized fraud networks, providing detailed, actionable information to address this critical problem.

FORCE HIGHLIGHTS



$$\text{HIT RATE} = \frac{\text{N° OF ALERTS DECLARED SUSPICIOUS BY THE FRAUD HANDLER}}{\text{N° OF ALERTS SUBMITTED BY FORCE}}$$

- AI-native SaaS solution
- Built by world-class Data Scientists with deep industry expertise
- Hundreds of fraud scenarios constantly evolving
- Hundreds of millions of claims processed to date
- Addresses individual claims + network fraud
- Transparent Analytics access to scenarios + data
- ROI in as few as four months

THE FORCE SAAS+ MODEL: KEY ADVANTAGES

FAST, EASY ONBOARDING

To get started, insurers simply provide historical policy and claims data in any format. FORCE ingests, cleans, and maps the data. Shift Data Scientists manage the process, working closely with clients' internal teams to fine tune the solution before proceeding to full deployment in as few as four months.

LEVERAGES THE POWER OF YOUR INTERNAL DATA

FORCE's AI-native foundation is built on insurers' internal data, including claims data, policy information, financial data, loss adjuster reports, damage estimates, medical billing data, photos, and more.

BENEFITS FROM YEARS OF DEVELOPMENT OF FRAUD SCENARIOS

FORCE has been in continual development and refinement since 2014. In that time period, the solution has incorporated massive amounts of existing claims data – from hundreds of millions of claims – which form the basis for more than 200 highly-defined fraud scenarios across multiple insurance categories.

ENRICHES SCENARIOS WITH ROBUST THIRD-PARTY DATA

FORCE ingests and analyzes information from sources such as weather data, photos, satellite imagery, criminal records data, bankruptcies, liens, judgements, IP addresses, social media data, loss history, and even data derived from automated web crawling of publicly available websites. This supplements the model scoring by creating and weighting new variables, providing unmatched insight into potential fraud.

GATHERS AND INTERPRETS UNSTRUCTURED DATA

FORCE analyzes unstructured data (such as claim adjuster notes) using text mining and natural language processing to identify keywords and phrases that are indicative of fraud, leveraging this text analysis to create fraud variables that will be used in scoring the claim.

PROVIDES THE EXPERTISE OF WORLD-CLASS DATA SCIENTISTS

Shift's team of more than 100 Data Scientists collaborates with clients' internal business and data science teams to refine a joint approach to fraud detection throughout the entire customer lifecycle. Our transparent approach to the sharing of data (and the variables and scenarios that comprise the detection model) means that customers' internal data science teams can develop their own rules, scenarios, and features to incorporate into their FORCE configuration.

DELIVERS ACTIONABLE CLAIM ALERTS VIA AN INTUITIVE, CUSTOMIZABLE USER INTERFACE

FORCE provides prioritized, scored individual and network fraud alerts to claim handlers, fraud handlers, and SIU investigators. They can easily view and manage fraud scenarios and indicators, along with third-party data, maps, and network visualizations in a single interface, without having to refer to multiple data sources externally. Investigators can quickly determine the validity of claims and prioritize their efforts where the ROI is greatest instead of wasting time on triage and research.



AUTO



HEALTH



HOMEOWNERS'



TRAVEL



**WORKERS'
COMPENSATION**



DISABILITY



LIFE

**Tap into the power of AI-native fraud detection today.
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