



# GuideSTAR

TECHNOLOGIES  
an **Intrado** Strategic Partner



A Veteran-Owned Business | An FBI InfraGard® Company

# Vigilance™

*Quick  
inexpensive  
counter-fraud  
enterprise  
SOLUTION  
for worker's  
compensation,  
general liability,  
and fraud  
from the  
Covenant-Star  
Alliance*



Vigilance provides critical information to those involved in evaluating workers comp and general liability claims as to potential fraud. Screening personnel gain intelligent insight from billions of commercial and public records and thousands of web hits about people, places and properties in an easy-to-read and interactive web-based format complete with threat scores, alerting the user as to the potential of fraudulent claims.

Vigilance is a new offering from the Covenant-Star Alliance and is based on threat-evaluation and risk-assessment technology deployed in the US military and progressive commercial institutions which screen for potential threats such that early mitigation can be achieved.

The fundamental premise of Vigilance is, based on quick and inexpensive screens of all claims, to quickly determine which claims warrant further examination and evaluation by a specialized team of experts (3iOps) who then conduct further examinations of the data. Often data will be uncovered in this deeper dive that then can be used to further mitigate the claim in question.

## Benefits of Vigilance™

- Faster and more confident resolution of claim outcome for all parties involved
- Fast access to the most relevant and actionable information on 325 million people and 120 million households
- Easy and convenient access to information from any Internet-enabled device (laptops, iPads, tablets, smart phones)
- Drastic reduction in required resources throughout the claim resolution process resulting in huge savings to the organization

## Features of Vigilance™

- Vigilance gives you the ‘risk picture’, complete with threat scores on individuals involved in a particular claim or incident...all within two minutes
- The ability to investigate claims one at a time or if preferred to batch load and run hundreds at a time
- Displays relevant information on a person of interest including vehicle ownership, criminal records, warrants, permits, property records, relatives, associates, prior claims and Internet or social media posts
- Key contact data for involved individuals such as mobile phone numbers
- Cloud-based, software as a service (SaaS) format built with Web 2.0 from the Google® Web Toolkit
- Lucene/SOLR infrastructure for indexing, caching and searching retrieved Web data

## Overview of Services

Vigilance is deployed separate to, or integrated with, an organization’s database, providing maximum flexibility in deployment configurations, costs, and timeframes. Vigilance runs as a 3G/4G LTE service, with full archiving and reference made available for incident-follow-up, and handling of any open records requests.

Installation and training is usually completed within days, with no additional hardware or software needed for full-scale implementation.

Vigilance is augmented by Vigilance PLUS for ongoing use throughout the claim process resolution. Vigilance PLUS gives personnel the capability to research

persons, places, and items of interest to the event, and provides a “notes” facility to record observations and extraneous data related to the event.

## Solution Overview

The Vigilance solution is easy-to-use cloud-based software for the detection of potential fraud associated with workers comp or general liability claims by finding and linking information such as criminal records, relatives, associates, addresses, phones, vehicles, prior claimant activity and social networking or other web content. Once this information has been retrieved from hundreds of sources the claim is then automatically scored as to the likelihood for potential fraud to exist, all done in a matter of seconds. Valuable time and resources can then be used to further resolve these automatically identified more suspicious results.

The scored results are displayed as GREEN (low), YELLOW (medium) and RED (high) indicating the relative potential for fraud. The claims which score high (YELLOW and RED) are then passed to the 3iOps Team for specialized handling. Typically this will be 10-25% of all claims evaluated in the initial screen.

The 3iOps Team members then apply their special investigatory skills to these claims, using minimal efforts to force the “YELLOW’s” to either GREEN (no further examination required) or to “RED” (where specific risk-mitigation data is isolated and ‘framed’ for use in interviews, legal proceedings, etc.). Usually RED’s are handling in one hour or less (principally for corroboration of facts and identifying data points), and YELLOW’s require two hours or more for fully determining the true risk profile.

The typical overall work-flow:

- The company’s claims are submitted to the Vigilance Screen
- If scored GREEN, then no further action is required on the claim
- If scored YELLOW or RED, then the claim is processed through 3iOps for conclusive determination of potential fraud
- All claims are then determined to be GREEN or RED, where RED claims (their investigatory data) are prepared for use in interviews and potential legal proceedings.

