

Special investigation unit program overview

Sedgwick's special investigation unit (SIU) offers integrated solutions for effective claims investigation and fraud mitigation. Our comprehensive program is designed with innovative strategies that lead to claim insight and cost savings.

Sedgwick understands that effective claims investigation and fraud mitigation are critical components of a company's risk strategies. Our SIU offers the most innovative solutions in the claims investigation industry. From red-flag analytics to expert investigation and consultation, we have the tools to help mitigate costs, validate claims, and detect, deter and report fraud. Our unique return on investment (ROI) reporting provides customers with unprecedented claim detail and risk management insight.

The cornerstones of our program



Identification

- Red-flag analytics



Investigation

- Focused investigations
- Expert analysis
- Vendor management



Impact

- Quality assurance
- Impact and ROI

Red-flag analytics

Our comprehensive approach begins with Sedgwick's unique red-flag analytics tool that identifies key claim characteristics early in the life of the claim, allowing for SIU 'eyes on' and appropriate investigative intervention.

We aggregate red-flag characteristics throughout the claim investigation life cycle to provide customers with insight related to potential future risk management vulnerabilities. Our red-flag analytics tool is available for workers' compensation and general liability claims.

Focused investigations

Investigative results help examiners make qualified claim decisions. Our goal is to provide factual information that can impact claim outcomes. We offer a full suite of desktop and field investigation services – from proven industry standards such as internet investigations and surveillance to trending techniques like vehicle sighting reports, virtual interviews and unmanned surveillance. We are committed to ongoing research and development, and we collaborate with our industry partners to share expertise, pilot emerging services and define best practices to ensure the most impactful investigations.

Expert analysis

Sedgwick's SIU has a unique 360° view of claims, allowing our expert assessment team to effectively analyze investigative results, claim details and examiner insights in a data-rich environment. We monitor red-flagged claims and engage with claims examiners when suspicious elements become evident. By identifying claim triggers and red flags, we are able to intervene early when claims go off track and make recommendations that lead to more timely and effective claim decisions and outcomes.

Our team will report suspicious claims to state departments of insurance when warranted, and cooperate with state agencies to help drive prosecution efforts.

Vendor management

We have selected premier service providers who, along with our internal investigation team, provide an extensive national footprint including over 2,500 investigators. Our vendor partners are thoroughly vetted to meet Sedgwick's long form IT data security requirements, and insurance and licensing requirements, keeping our customers and their confidential data protected. Vendors outside the Sedgwick SIU panel may not meet the same requirements.

Our SIU colleagues are committed to locating the nearest, most qualified resource to keep travel costs in check, while ensuring our vendors meet assignment goals and case budgets.

Quality assurance

We are committed to delivering excellence. Our quality assurance program captures quality metrics in "real time" at multiple checkpoints throughout the process. We measure video quality, report video averages and invoice accuracy. Our team conducts random file audits and provides feedback on individual investigation efforts. We also track red-flag indicators to ensure suspicious findings are brought to the forefront. Quality scores and averages are reviewed with our internal teams and vendor partners each quarter to ensure accountability and drive service improvements. Sedgwick's customers have full visibility of our performance metrics for their program and work with the team to determine providers that fit best.

Impact and return on investment

Access to claims data enables us to provide extensive reporting, which is not available elsewhere. Customized reports include:

- Investigation volume and spend data
- Quality and performance metrics on 100% of cases we investigate
- Claim impact survey results
- Aggregated red-flag characteristics across all claims
- Highlight assignments
- State fraud filing statistics

Comprehensive reporting helps our customers examine their organizations' vulnerabilities and risk management strategies, and see the savings resulting from program oversight.

Additional benefits of our program include:

- Automated referral system – Referral details are auto-populated from Sedgwick's claims management system to improve accuracy and efficiency
- viaOne® integration – Customers can view notes within our viaOne suite of tools, which provides 24/7 access to real-time claims information
- Annual fraud awareness training – Compliance training for all integral claims colleagues
- Ongoing SIU service training – Offered for colleagues and clients

The Sedgwick difference

Our caring counts® philosophy extends to serving as good stewards of our customers' risk pools and protecting company reputations. We are committed to helping clients reduce risk, control costs and deter fraud.

Sedgwick's SIU is uniquely positioned in the TPA industry to serve as a center point for all stakeholders in the claim resolution process. Customer needs, carrier compliance requirements and vendor relationships are effectively balanced to meet individual program objectives. Our team is dedicated to providing the best claim investigation and fraud detection solutions in the industry.

To learn more about what Sedgwick can do for your program, contact:

P. 800.625.6588 **E.** sedgwick@sedgwick.com

To learn more about our SIU solutions, visit

SEDGWICK.COM
