sedgwick

Special investigations unit program overview

Fraud prevention, detection, investigation and mitigation are critical steps that help support a company's financial and reputational stability.

Our special investigations unit provides integrated solutions for clients, carriers and claims professionals. We offer resources to support many types of claims including workers' compensation, liability, auto, property, disability and absence. Using expertise and innovative technology, our team ensures the integrity of claims, mitigates costs, reduces risk, and complies with fraud detection and reporting regulations.

Our services

We conduct investigations that deliver reliable and accurate information through technology-driven identification, intelligence gathering, field observations and documentation. We engage in comprehensive review, research and analysis of complex scenarios to deter and mitigate fraud, waste and abuse. Our solutions include:

- Digital intelligence – Expert insight on artificial intelligence (AI) tools and interpretation of results from:

  - Dynamic fraud/red flag scoring models
  - Predictive analytic models
  - Image and document forensics
  - Deep analysis of digital data

- Research intelligence – Social media investigations, background checks, medical and facility canvassing, skip tracing, criminal, civil and asset checks, and extensive database mining

- Field investigations – Surveillance techniques include traditional mobile, on-site stationary device monitored remotely, or a combination of methods; virtual or in-person detailed statements; activity and alive and well checks; canvassing and other on-site investigations, as requested

- Fraud and regulatory compliance – Review of suspect claims, scored claims, red flag analysis, consultancy with examiners, fraud investigations, state fraud submissions and carrier regulatory reporting

- Complex investigations – Enhanced support for complicated fraud schemes and ring activity that may involve individuals, medical providers, supply vendors and attorneys in a range of industries such as auto, property, liability and healthcare; services include collaborating with medical and legal professionals, forensic analysts and other experts, and monitoring fraud trends, emerging technologies and AI capabilities to provide actionable intelligence that drives effective mitigation strategies

- International investigations – Expert services provided in six continents by our global investigative teams who are knowledgeable in the regulatory environments and cultural sensitivities of the countries they support

Cutting-edge technology

Our in-depth claims investigations and data monitoring set us apart in the industry. Our digital tools include:

- Automation — Claims system integration streamlines referrals and incorporates billing in the claim file

- Proprietary case management system — Enables real-time capture and tracking of investigation details, key red flags, quality and performance metrics, regulatory compliance statistics and claim financial details

- viaOne suite of tools — Provides 24/7 access to real-time claims information and allows clients to view special investigation notes

- Enhanced claims investigation process — Leverages AI, open-source data, image forensics, smart cameras, advanced video technology and virtual platforms

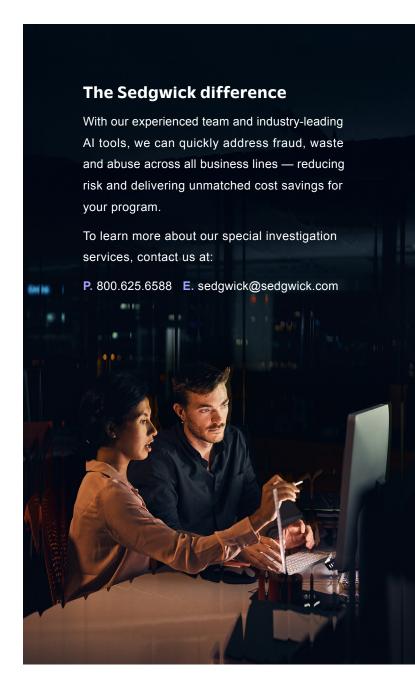- Claim scoring — Uses machine learning to identify red flags that may require further investigation

Data-driven approach

We use metrics, trends and benchmarks to shape our actions, demonstrate impact and provide actionable risk management insights for clients. Key resources include:

- 360º view of claims — This allows our experts to analyze claim details and events, examiner insights, investigative results and fraud indicators that lead to recommendations for timely and cost-effective outcomes

- Quality assurance program — With a dedicated quality oversight team, we capture key performance metrics in real-time at multiple checkpoints throughout the claim investigation process, ensuring a meaningful score

- Analysis and reporting — Our extensive data includes:
  - Outcomes (performance metrics, outcome highlights, claim survey results)
  - Cost savings (service utilization, average cost per claim)
  - Statistical (examiner engagement, rate of referral, fraud scoring, aggregated red flags, customer and carrier state fraud statistics)

Vendor management

In addition to our internal colleagues, we have a network with more than 3,000 investigators nationwide, as well as international resources. We maintain a panel of experts with diverse backgrounds, including regional and national providers, and businesses owned by minorities, women and veterans with MBE, WBE and VBE certifications. Our partners are credentialed to meet Sedgwick's data security, insurance and licensing requirements — keeping our clients and their confidential data protected.

The Sedgwick difference

With our experienced team and industry-leading AI tools, we can quickly address fraud, waste and abuse across all business lines — reducing risk and delivering unmatched cost savings for your program.

To learn more about our special investigation services, contact us at:

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