

Special investigation unit program overview

Our special investigation unit (SIU) offers smart, 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.

Effective claims investigation and fraud mitigation are critical components of a company's risk strategy. Sedgwick's SIU is invested in and committed to claims resolution and cost savings – and above all, to maintaining the integrity of the claims process.

Our fully integrated services mean the claims process is simple and seamless for our clients.

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.

The cornerstones of our program



Identification

- Red-flag analytics



Investigation

- Focused investigations
- Expert analysis
- Vendor management



Impact

- Quality assurance
- Impact
- Cost savings

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. We are committed to maintaining the integrity of the claims process with factual information and impactful outcomes. We offer a full suite of desktop and field investigation services – from proven industry standards such as social media investigations and surveillance to trending techniques like vehicle sighting reports, virtual interviews and unmanned surveillance.

Expert analysis

Sedgwick's SIU has a unique 360° view of claims, allowing our fraud assessment experts to effectively analyze investigative results, claim details and examiner insights in a data-rich environment. We monitor red-flagged claims and, when claims go off track, we engage early with examiners 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 to support Sedgwick's SIU program. Along with our internal investigation team, our network provides clients with access to more than 2,600 licensed investigators across the country, including bilingual resources. We stand ready to support you when and where you need us most. Our colleagues are committed to locating the nearest, most qualified resource to contain costs, while ensuring assignment goals are achieved.

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.

Quality assurance

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 track red-flag indicators to ensure suspicious findings are brought to the forefront. Quality scores and averages are reviewed each quarter to ensure accountability and drive service improvements. Sedgwick's customers have full visibility of performance metrics in our reporting suite.

Impact and cost savings

Our comprehensive approach includes 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 reports summarizing impactful outcomes

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

Choose Sedgwick

Our special investigation solutions offer several advantages for employers and carriers. We are here to mitigate claims quickly and efficiently, caring for our clients and serving as true stewards of their finances. We are committed to helping clients reduce risk, control costs and deter fraud.

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To learn more about our special investigation services, contact:

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To learn more about our integrated and customized solutions, visit [SEDGWICK.COM](https://www.sedgwick.com)