

Special Investigative Unit (SIU) Services

A Partner of Choice

- Full investigations of suspected fraud in health, commercial, personal lines and workers' compensation insurance
- Established, systematic investigative methods to detect and prosecute suspicious claims
- Identification of fraud, waste, and abuse pre and post-pay within medical and pharmacy claims data with CAS 5.0
- Predictions of claimant behavior and identification of both unknown and existing fraud risks through Advanced Analytics
- Major cost savings for insurers through outright denial or reduced settlements in cases involving suspected fraudulent claims
- Enhanced flow of information and communication between insurance company claims departments and the SIU investigators
- Reporting of suspected fraud to regulatory bodies (such as DOI, ISO and NICB)
- Fraud awareness training

Insurance fraud is the number one problem confronting the insurance industry today—it is estimated that 10% of all claims filed within the U.S. insurance industry contain some element of fraud. Each year, this crime costs the insurance industry \$96 billion. Within the Property and Casualty industry alone, the cost of insurance fraud exceeds \$23 billion. Nevertheless, studies show that for every \$1 invested in workers' compensation anti-fraud efforts, more than \$6 is returned.

CGI helps clients fight insurance fraud

To deal with this pervasive problem, insurers turn to CGI to establish effective anti-fraud programs and to enhance the effectiveness of their existing programs. CGI provides end-to-end services that help insurers identify fraud, act on it quickly, and direct potentially fraudulent claims to the special investigations unit or referral to law enforcement.

Broad staff expertise

CGI's Special Investigative Unit (SIU) professionals bring expertise and experience in federal and local healthcare fraud convictions, law enforcement backgrounds, and civil/administrative recoveries to client projects. Their focus is on identifying fraud, waste, and abuse from providers, facilities, brokers, employer groups, pharmaceuticals, employees, and members. The savings from these programs have directly and positively impacted the financials of the organizations we have served.

Proprietary technology solution

CGI's Customized Audit System (CAS 5.0) identifies fraud, waste, and abuse within medical and pharmacy claims. The software is designed to help clients predict hidden patterns and identify potential recoveries from inpatient, outpatient, professional, and pharmacy claims.

- **Edits** – 100% of a client's medical and pharmacy claims are subjected to system edits to identify inappropriately paid claims. System edits are applied against a single claim and span of encounter situations and the results of these edits can be worked by auditors/investigators.
- **Business Intelligence Module (BIM)** – Provides a systematic approach and expanded capabilities to analyze relationships and highlight exceptions within large volumes of data. Results can be brought into the Claims Workflow Module where they can be acted upon instantly.
- **Fraud Case Management Module** – This module allows clients to investigate, create, manage, and track cases including support for criminal and civil resolutions. A case can be started manually from an allegation or automatically by using CAS 5.0 BIM to identify fraudulent claims.

- **Advanced Analytics** – Offered through an outsourced business process services model, CGI utilizes a variety of techniques, including statistics and data mining to process current and historical claims data in order to make predictions of future events. This service combines a client's business rules with algorithms to analyze historical claims data and capture fraud indicators, factors, or behaviors. Business rules can be updated as business needs change or new rules can be added for specific events or new indicators. Based on CGI's analysis, a predictive model is established.

SIU Services

- **Statutory Compliance** – Many states mandate fraud identification programs, while others are considering implementing new such programs. CGI provides full compliance with these programs, to include:
 - Fraud warnings mandated by states for claim forms and/or checks
 - Mandatory reporting of suspected fraud to appropriate state bureaus
 - State-mandated SIU units within insurance companies
 - Annual reporting of state-mandated statistical data
 - Filing of state-mandated fraud plans
- **Customer Support** – CGI recognizes that insurance companies must be made aware of the different types of fraud and how to detect them. As a result, we are committed to providing regular fraud awareness training sessions, which are conducted by CGI personnel, NICB, and local attorneys. Since many of these sessions are approved for continuing education credits, this allows the client's claims personnel to obtain the ongoing education needed to maintain their licenses. In addition, we provide reports from the Coalition Against Insurance Fraud, ISO, and NICB to inform customers of current fraud activity in their respective areas.
- **Investigations** – SIU assignments are handled exclusively by CGI investigators, a group of dedicated professionals who conduct investigations with the utmost integrity, reliability, and security.
- **Reporting** – CGI provides full reporting to clients, to include:
 - Plan of Action report prepared after initial review by a SIU manager or experienced investigator
 - Ongoing status reports during the investigation
 - Monthly Summary and Statistical Report, providing a concise overview as well as an accounting of savings that accrued as a direct result of CGI's fraud program
 - Investigative Report at the conclusion of the investigation, providing a full and comprehensive review of the investigation and recommendations for action
 - Liaison with Federal, State, and Local Law Enforcement, Prosecutors, and Insurance Counsel

CGI's SIU services and expertise have been built on a solid foundation of partnership and trust with our clients. Our SIU's flexibility and experience in dealing with insurance industry issues enables clients to improve profitability by substantially reducing losses due to fraud.

About CGI

Founded in 1976, CGI is one of the largest independent information technology and business process services firms in the world. CGI and its affiliated companies employ approximately 26,000 professionals. CGI provides end-to-end IT and business process services to clients worldwide from offices in Canada, the United States, Europe and Asia Pacific as well as from centers of excellence in North America, Europe and India.

For more information, visit www.cgi.com/healthcare or email us at HealthIT@cgi.com.