

SIU SERVICES™

**INVESTIGATIONS, LEADS, REVIEWS, TRAINING,
PLAN VULNERABILITIES, DATA ANALYSIS**

SIU SERVICES™

Insurance companies today face the challenge of protecting their network against fraud, waste, and abuse without adversely impacting their Medical Loss Ratio (MLR). Moreover, Special Investigation Units (SIU) are confronted with reduced budgets and increasingly strained resources. Fully outsourcing or partially outsourcing components of SIU responsibilities serve as a solution to the budgetary constraints. Healthcare Fraud Shield provides services which include the following:

Lead Generation

- Analyze claims data using the Healthcare Fraud Shield suite of products
- Develop sustainable cases and provide clients with detailed referral packages

Identification of Plan Vulnerabilities

- Detect systemic weaknesses and identify loopholes in the current claims processing edits
- Review medical policies and provide recommendations

Case Investigation

- Investigate cases from start to finish including lead assessment, data analysis, regulatory referrals, evidence gathering, medical record reviews, audits, interviews, settlement negotiation, recovery collection and more

Medical Record Reviews

- Provide plans with full record reviews including claim line detail of discrepancies, coding inaccuracies, rationale for determinations and overpayment calculations

Training and Support

- Provide company-wide fraud awareness training and train SIU staff on medical coding, retrospective and proactive data analysis using various tools, investigative processes, Internet research, medical record reviews and more

Healthcare Fraud Shield Staff

- Healthcare Fraud Shield's staff are regularly invited to lecture on national and local levels including the National Health Care Anti-Fraud Association (NHCAA), Federal Bureau of Investigation (FBI), Eastern Claims Conference (ECC), New Jersey Special Investigators Association (NJSIA), Pennsylvania Insurance Fraud Prevention Authority (IFPA), American Academy of Professional Coders (AAPC) Local Chapters and more. Staff credentials include Accredited Health Care Fraud Investigators (AHFIs), Certified Professional Coders (CPCs), Certified Professional Medical Auditor (CPMA), Certified Fraud Examiner (CFE), Certified Pharmacy Technician (CPhT) and Registered Nurses (RNs)

