

Contego Services Group

Anti-Fraud Training: Fighting Insurance Fraud

Category of Course and Audience:	Optional This course is designed for all licensed attorneys, claims, insurance, and healthcare professionals.
Location:	On-Site Course (No fee charged)
Designation of Credit:	Contego designates this continuing education activity for <u>2 hour optional credit.</u>

About the Sponsor:

Contego Services Group, LLC, a provider of insurance services and risk management services, is a wholly-owned subsidiary of Six Points Enterprises, LLC, a diversified investment group serving the insurance and financial services industries. Contego is revolutionizing the workers compensation industry. As a service-focused company we are delivering game-changing insurance services and cost containment solutions for our clients. Our innovative SWARM system model is the foundation on which we build our success and set the new insurance industry standard.

As a client, you can trust Contego to shield, protect and defend your company with the best insurance services and risk management services in the world!

Introduction:

Fraud is a multi-billion dollar industry that is constantly morphing and creating new frauds every day. Fraud continues to plague the world and threaten the recovery of the world's economy. Insurance fraud drives up costs for insurers and premiums for policyholders. In times of economic distress like we have seen over the past few years, fraud becomes more prevalent and detrimental. In this session, leading fraud expert, Linda Webb, will teach students about insurance fraud trends, red flags to watch for, and how to combat the fraudster.

Purpose and Goals of Course:

The purpose of this training is to advance your skills in identifying suspicious elements in a claim file that may result in a fraudulent claim. This course will review insurance fraud, red flag indicators of fraud, and what to do if fraud is suspected. The instructor will explain examples of insurance fraud and what types of fraud are trending within the insurance industry. The course will cover insurance fraud from the agent professional's viewpoint as well as how special investigations can help insurance professionals to be effective in the workplace.

Learning Objectives:

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| 1. Overview | 10 mins |
| <ul style="list-style-type: none">a. Main objectiveb. Purposec. What is insurance fraud?d. Elementse. The cost of insurance fraudf. Hard fraud vs soft fraud | |
| 2. Fraud Trends for 2012 | 10 mins |
| <ul style="list-style-type: none">a. Agent scamsb. Premium scamsc. Fake injury claimsd. Medical millse. Diversion of prescription narcoticsf. Dental fraud | |
| 3. Insurance Fraud Statistics | 10 mins |
| <ul style="list-style-type: none">a. Misclassificationb. Public opinionc. Premium fraudd. Construction industry | |
| 4. Examples of Insurance Fraud & the Consequences | 20 mins |
| <ul style="list-style-type: none">a. Unauthorized entitiesb. Workers compensation fraudc. Premium fraudd. Disallowed secondary incomee. Medical fraud | |

5. Efforts to Reduce Insurance Fraud

10 mins

- a. Claims professional
- b. Special Investigative Units (SIU)
- c. Public awareness

7. Fraud Reduction

20 mins

- a. Special Investigations Units
- b. The investigator
- c. What can SIU do?

8. Investigation Red Flags

20 mins

- a. General red flags
- b. Personal red flags
- c. Medical red flags
- d. Agent and application red flags
- e. Tips

9. Types of Investigations

20 mins

- a. Surveillance
- b. Statements/Interviews
- c. Background checks
- d. Activity checks
- e. Hospital canvasses

Adult Education Methods Utilized:

- Handouts
- Power Point Presentation
- Example Case Studies
- Question/Answer Session

