



On your side

Aetna Special Investigations Unit
Fighting for you by fighting fraud

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Fraud is everyone's business

It affects all of us — from small businesses to corporations, insurers, doctors and members

Estimated financial losses caused by insurance fraud run in the tens of billions of dollars each year.¹

But it's about more than money. It's about people. Like the business owner facing rising coverage costs. Or the member trying to correct false claims found in their medical records.

Count on us to fight for you and everyone affected by fraud, day in, day out.

A zero-tolerance approach to fraud

Our Special Investigations Unit (SIU) is helping to lead the fight against fraud. How? By aggressively investigating all types of fraud using the latest detection, investigation and recovery techniques.

Whether taking on large health care management companies or individual providers, we work to protect you. By reducing fraud, waste and abuse, we help keep your health care costs down.

Meet our SIU

Count on our experience

Our highly trained team of over 100 professionals works behind the scenes to expose fraud.

Our team includes:

- A medical director
- Nurses
- Certified coders
- Certified pharmacy technicians
- Fraud investigators
- Information technology (IT) specialists
- Field claims analysts
- Administrative staff

Plus, our front line — claims and customer service professionals — receives intensive, ongoing training in fraud detection.

If you see or suspect fraud, let us know. You can call us at **1-800-338-6361**, or email **aetnasiu@aetna.com**.

Fighting fraud through proven techniques

It comes down to these steps:

- 1. Prevent.** We perform prepayment claims reviews to avoid fraudulent payments.
- 2. Detect.** We analyze provider data to identify suspicious behavior.
- 3. Investigate.** We thoroughly explore all provider billing and practice behavior, not just a single issue.
- 4. Recover.** We aggressively pursue recovery of money lost to fraud, waste or abuse.
- 5. Report.** We report suspected fraud, waste and abuse to state and federal agencies, as required.
- 6. Collaborate.** We act as the liaison with insurance fraud bureaus, attorneys general, the FBI and more.

Using the latest tools

Reliable fraud detection relies heavily on technology. Our SIU goes a step beyond with dedicated IT staff and our own systems capability. This way, we gather a huge volume of claims data all in one spot.

We use advanced software to comb through massive amounts of data. Then we identify providers whose claims appear unusual or inconsistent with their peers¹.

The bottom line? Each year, our SIU saves and recovers hundreds of millions of dollars related to fraud, waste and abuse.²

¹National Health Care Anti-Fraud Association. Available at: nhcaa.org. Accessed November 28, 2017.

²Aetna SIU reports, as of 2017.

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The “red flags” of fraud

Our SIU team and health care management staff work together to find and fight fraud. We know the signs, so we know what to look for.

Here are some examples:

Provider fraud

- Unusual provider billing practices
- Billing patterns that are inconsistent with those of peers
- Discrepancies between billed services and patient records
- Unusually high volume or percentage of same services
- Pressure to pay claims quickly
- Provider advertisements for “free” services or other incentives

Member fraud

- Misspelled or misused medical terminology on claims forms
- High-dollar member reimbursement claims
- Alterations on claims submissions or enrollment forms
- High incidence of prescriptions that do not coincide with medical claims history
- Disability fraud
- Use of a PO box or hesitancy to provide a physical address
- Frequent changes in providers
- Lack of interest in rehabilitation or job services
- History of self-employment or ability to easily work for cash while receiving disability benefits

To report fraud, call us at **1-800-338-6361**, or email **aetnasiu@aetna.com**.



Cracking the case:

SIU in action

The situation:

We recently investigated a doctor who was charging for full units of Herceptin® (trastuzumab), a type of cancer treatment, but was only administering half the vial. According to the maker of the medicine, this vial is multiuse, and the other half can be stored and used at a later time.

The result:

The doctor settled with us and made a large repayment. And we reported the doctor to the state Department of Insurance.

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