

MEDICAL FRAUD INVESTIGATOR – BREA, CA

CNA Insurance is currently recruiting for an investigator for our special investigations unit. Qualified candidate will have experience investigating **medical provider fraud** and the crime rings responsible for this fraud. Must have experience in this type of investigation.

To apply for this position, please go to CNA's Career Site at www.cna.com/careers. Log into the system and upload your resume. A resume in a Word document is preferred. Once resume has been uploaded, please search for Requisition ID 8135. Open the position, read the job description, and hit "Apply to this job".

A formal job description follows:

Under technical direction initiates and pursues organized ring activity, medical provider, underwriting / premium and other types of major investigations suspected of fraud. Directs and supports technical claim team and defense counsel with the investigation, and litigation of suspected claims. Responsible for the oversight of investigative assignments and state regulatory compliance. May have zone, state or industry segment scope of responsibility.

1. Analyzes and evaluates suspected fraud claims through the performance and detailed fact investigations and through contact with insureds, claimants, witnesses and experts.
2. May make recommendations for negotiating settlements.
3. Prepares reports for management review.
4. May prepare cases for presentation to local prosecutors for pursuit of criminal actions. May be required to testify on behalf of the company in either civil or criminal cases.
5. Assists in the evaluation and direction of local vendor issues with responsibility to direct and or assist vendor investigations.
6. Updates claims and proprietary SIU systems.
7. Leads or assists in local branch training to enhance fraud and arson awareness and regulatory compliance.
8. Keeps current on state/territory issues, regulations and trends.
9. Conduct clinic audit inspections, investigations and other background checks of suspected medical, transportation, physical therapy and other types of providers.
10. Collaborates with other internal SIU positions to ensure maximized workflows and coordination of suspect claim investigations.

Additional Responsibilities:

1. Assists claims or defense staff as needed.
2. Participates in community-based fraud/arson associations.

Reporting Relationships and Knowledge Manager or above.

Knowledge, Skills and Abilities

1. Solid knowledge of data mining techniques.
2. Solid knowledge of industry, organization and claim data investigation practices and procedures.
3. Working knowledge of insurance claim principles, processes and procedures.
4. Ability to work independently.
5. Strong analytical and problem solving skills.
6. Ability to prioritize, manage and resolve unique and challenging projects.
7. Strong communication and presentation skills.
8. Ability to exercise independent judgment and make sound business decisions effectively.
9. Solid verbal and written communication skills. Ability to effectively interact with internal business partners.
10. Advanced skills in working with Excel and Access applications.
11. Knowledge of Microsoft Office Suite and other business related software systems.
12. Working knowledge of provider fraud schemes and investigations.

Education and Experience

1. Bachelor's degree or equivalent.
2. Minimum three to five years of experience as Claim Adjuster or Special Investigations Unit Investigator.
3. Prior knowledge and experience in conducting provider fraud investigations.