The NHCAA Institute for
Health Care Fraud Prevention
Presents:

Boot Camp for the
Health Care Fraud Investigator

Program Agenda

Faculty

Aneta Andros, AHFI
Director – SIU Analytics
Cigna

Kathleen Shaker, RN CPC, CPC-H, AHFI
Investigative Consultant
Healthcare Fraud Shield

Jonnie Massey, CPC, CPC-P, CPC-I, CPMA, AHFI
Director, Special Investigations Unit
Blue Shield of California

Shauna Vistad, CFE, CPC, CFI, MBA, AHFI (Invited)
Manager, SIU
CareFirst BlueCross BlueShield

Robert Mays, AHFI, CFE
Director, SIU
Anthem

Karen Weintraub, CPC-P, CPMA, AHFI
Executive Vice President, SIU
Healthcare Fraud Shield

Tuesday, April 21

7:30 am – 8:00 am
Sign-in and Continental Breakfast

8:00 am – 8:45 am
Program Introduction & What’s Your Why
Discuss the problem of health care fraud and the importance of anti-fraud efforts and investigations.

8:45 am – 9:45 am
Defining Fraud, Waste, & Abuse and Understanding Allegations
Learn how investigative units operate, review common schemes and provider types that engage in fraud, explore internal and external investigative resources, and discuss how to apply this knowledge within an existing investigation. Review ways to dissect an allegation to make educated decisions about the next investigative steps.

9:45 am – 10:00 am
Break

10:00 am – 11:45 am
The Investigation – Evidence, Information Gathering, & Documentation
Learn how to gather evidence, track and document case activities, and preserve the chain of custody. Identify lead generation options and discuss reporting requirements. Examine industry practices that can help prevent FWA when identified early, such as high-risk applications, pre-payment review, member eligibility, etc., and review the steps of an investigation.

11:45 am – 12:45 pm
Networking Lunch

Agenda was last updated: 1/30/2020

Disclaimer: NHCAA is not implying endorsement of, or concurrence with, the opinions and conclusions expressed by faculty at this program. All content is provided on an "as-is" basis and is not intended to constitute legal advice.
12:45 pm – 2:00 pm  **Data Analytics & Strategies in Health Care Fraud**

Review analytical tools and strategies used in an investigation. Explain which components of claims data should be analyzed. Discuss how payment and medical policies apply to data analysis. Analyze which external and public records sources may be used in an investigation. Discuss how analytics supports the investigative process.

2:00 pm – 2:15 pm  **Break**

2:15 pm – 3:00 pm  **Coding Basics**

Understand basic CPT and HCPCS coding. Discuss how to use this information to determine the next investigative action. Review how to spot coding red flags in some common schemes.

3:00 pm – 3:15 pm  **Break**

3:15 pm – 4:15 pm  **Conducting Audits**

Explain ways to determine the feasibility of an onsite audit vs. a desk audit. Discuss how to prepare for, conduct, and conclude an onsite audit, including preparing your onsite investigative plan, identifying the right files to ask for and who to talk with onsite, and appropriate onsite behavior.

4:15 pm – 5:15 pm  **Application: Develop an Investigative Plan**

Review material discussed in day one to develop an investigate plan. Focus will be on triaging the information and determining appropriate next steps. Groups will be given a few fraud allegations and asked to write an investigative plan.

5:15 pm  **Program Adjourns**

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**Wednesday, April 22**

7:30 am – 8:00 am  **Sign-In and Continental Breakfast**

8:00 am – 9:45 am  **Health Care Fraud Schemes**

Analyze a variety of common schemes across the health care industry along with a few trending schemes. Discuss red flags that will help identify these schemes.

9:45 am – 10:00 am  **Break**

10:00 am – 11:30 am  **Medical Record Review**

Learn to identify key components of a medical record and understand where red flags most frequently appear. Review examples in several specialty areas.

11:30 am – 12:15 pm  **Networking Lunch**

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12:15 am – 1:45 pm  Interviewing for Investigators

Examine what constitutes an effective interview for patients, witnesses, and the subject of your investigation. Discuss how to identify your interview order, who should participate, how to craft your questions and analyze the information obtained, and how to take notes and record the interview.

1:45 pm – 2:00 pm  Break

2:00 pm – 2:30 pm  Report Writing

Discuss best practices in report writing with emphasis on documenting case chronology, exhibits, interviews, summarizing facts, and timely completion. Explain how reports communicate key components to internal and external stakeholders and should help determine the appropriate investigative outcome. Groups will work together to review reports for necessary components.

2:30 pm – 3:15 pm  Case Resolution Panel

Faculty discuss a variety of ways cases may conclude, such as referral to law enforcement, administrative action, or recognizing a need for review of processes/policies. In addition, faculty will discuss why no action may be taken on a case and prevention strategies.

3:15 pm  Program Adjourns

3:30 pm – 5:30 pm  Case Discussion Roundtable Meeting / 2 CPEs

Required for Eligible Attendees

Eligible attendees include:

- Employees of health insurance companies that are members (Member or Affiliate organizations)
- Employees of government or law enforcement entities and/or Law Enforcement Liaisons

Ineligible attendees include, but are not limited to:

- Individual members
- Employees of anti-fraud solution vendors (Platinum, Premier, or Supporting)
- Employees of organizations that aren’t members (excluding law enforcement and government entities)
Thursday, April 23

8:00 am – 8:30 am  Sign-In and Continental Breakfast

8:30 am – 5:00 pm  Case Study

Participants will receive the initial evidence in a case – in this instance a complaint received by customer service. They will work together to determine if the tip should lead to opening a case and will use evidence given to assess how to move forward into the investigation phase, including writing an investigative plan. Participants will then begin to gather evidence, including claims data, medical records and Internet research pertaining to the specialty area.

12:00 pm – 1:00 pm  Networking Lunch

5:00 pm  Program Concludes