



## Enhancing Your Skills: Managing and Navigating Complex Investigations

Sessions are presented live and scheduled in Eastern Time. We will use Adobe Connect to present the sessions.

### Tuesday, August 10

- 1:00 pm – 1:20 pm      **Welcome & Program Introduction**  
Understand how this virtual program works and the requirements to earn credit for attending.
- Katie Baker  
Director, Education & Training, NHCAA
- 1:30 pm – 2:30 pm      **The New SIU: Key Leadership Focus Areas that Create an Invaluable FWA Program**  
During this session participants will learn the key elements needed to better leverage their resources to build a stronger FWA program. We will discuss ways in which SIU leadership can become an influential component of the health plan and assist in identifying areas where the company may be at risk. Participants will leave with an understanding of what steps can be taken to improve the value of their program within their organizations and how to take the next steps.
- Jala Attia, AHFI, CFE, CHC  
President, Integrity Advantage
- Jessica Gay, AHFI, CFE, CPC  
Vice President and Co-Founder, Integrity Advantage
- 2:45 pm – 3:45 pm      **Foundational Health Care Fraud Laws**  
People working in the health care anti-fraud industry need to have a foundation in federal and state law relative to health care fraud. By understanding the broad provisions of law, program integrity professionals can better identify and distinguish potential fraud referrals from overpayment recovery or other administrative enforcement actions. This presentation, with a law-oriented focus, will help facilitate the discussion about how to identify, investigate, and prosecute fraud cases.
- Ann Kaperak, AHFI, CFE, CIGA  
AHC Administrator, Florida Agency for Health Care Administration
- Shelby Sauls  
Program Administrator, Florida Agency for Health Care Administration

**Agenda was last updated: 7/27/2021**

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**The NHCAA Institute for  
Health Care Fraud Prevention  
Presents:**

4:00 pm – 5:00 pm

**Lifecycle of a CMS Memo from Analysis to Audit**

This presentation will describe the process from cradle to grave using an actual I-MEDIC referral that was initiated from a CMS Quarterly Drug Trend Analysis Memo. We will present how data visualization identified the issue, how clinical review confirmed the issue and the role played by the SIU in referring the matter to the I- MEDIC. During a recent CMS audit this case was selected as the Tracer. During the presentation we will outline our documentation process for the Tracer and discuss the outcome.

Mark Horowitz, RPh  
Senior Manager, Kaiser Permanente

Tamara Neiman, MS  
Executive Director, National Special Investigations Unit, Kaiser Permanente

**Wednesday, August 11**

11:30 am – 12:30 pm

**Networking Coffee Break**

Join participants and speakers at this informal networking event. Put together a cup of tea or coffee and come listen to fun fraud fighting stories before going into breakout rooms to network with your peers. WebEx will be utilized for this event.

1:30 pm – 2:30 pm

**Increasing ROI Through the “Project Model” Approach**

In a typical investigation, each lead requires significant work to validate a credible allegation of fraud, but typically produces little return on investment (ROI). Inadequate resourcing and overburdened investigative units lead to an underutilization of the investigators’ knowledge, skills, and abilities.

Consider the “Project Model” approach, which defies traditional investigative plans of pursuing single investigations from beginning to end. This presentation will explore how this approach works by identifying ‘Common Denominators’ for several providers within the same specialty area. Hear the real-life examples (and ROI) of ‘Project Model’ success.

Ricky Sluder, CFE  
Head of Healthcare Pre-Sales North America, SHIFT TECHNOLOGY

2:45 pm - 3:45 pm

**A Tale of Two Doctors and One Street**

Two physicians offices, 167 feet apart on the same street, were identified in separate data analytics. This session will review how the physicians were identified with individual aberrant billing patterns, but not linked. Through deeper analysis by investigators, collaboration with other health plans, and government partners, their billing scheme was identified and connected to each other. What was uncovered showed patient sharing, questionable medical necessity and prescribing patterns as well as documentation that was not supportive of the services. We will use real-life examples from this case to illustrate the complexity of the scheme and investigative strategies.

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Mary Beach, AHFI, CFE, HIA, HCAFA, MHP  
Senior Director, Program Integrity, Evolent Health

Elizabeth Deak, CPC, CPMA, CEMA  
Lead Investigator, Evolent Health

4:00 pm – 5:00 pm

**Effective and Proper Writing for Investigative Professionals**

In a world of texts, instant messaging, and quick emails, effective writing for investigative professionals is often overlooked. Proper writing skills are particularly important to convey the details of complex fraud schemes. Convoluted writing, improper punctuation, and incorrectly spelled words make reading text difficult and can change the intended meaning.

In this session, participants will get a refresher on proper grammar, punctuation, and commonly misused and/or misspelled words. Speakers will also discuss passive versus active writing and examine ways to be clear, concise, unbiased, and persuasive in your writing. Lastly, speakers will describe techniques for reviewing and offering feedback on others writing.

Amanda Blazek  
Manager, Special Investigations Unit, UnitedHealthcare

Paulina Davis, JD, MPH, AHFI, CPC  
SIU Manager, UnitedHealthcare

**Thursday, August 12**

1:30 pm – 2:30 pm

**Current and Future Possibilities of Using AI in Investigations**

This presentation serves as a foundational talk in the understanding of artificial intelligence and machine learning (AI/ML) technology. The technology can advance insights from petabytes worth of structured and unstructured data by significantly accelerating the assessment, clarification, and synthesis of fraudulent data. Through case examples, see how AI/ML can be applied to benefit healthcare fraud investigations and improve your prediction of new mission trends and stakeholder needs to effectively deliver services.

Swathi Young,  
Chief Technology Officer, Integrity Management Services

Scott McWilliams, CFE  
Project Coordinator, SME, Integrity Management Services

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2:45 pm – 3:45 pm

**Meeting of the Minds: FWA lines Up with Stat Sampling Concepts**

How does FWA thinking map onto statistical concepts? Using RAT-STATS as a framework, this presentation will answer some questions the investigative team may have about how fraud and statistics combine. This discussion will address issues of interpreting the statistics component of cases in terms of concrete case details to help investigators understand how decisions around sampling and extrapolation affect their casework. Investigators will have confidence in their data analytic process, and they will be able to more informed decisions about sample design and overpayment interpretation. Example scenarios include claim splitting to unbundle Covid-19 tests from respiratory pathogen panels and excessive billing of custom high-dollar value Durable Medical Equipment. Discuss what sample unit to select and the appropriateness of stratification.

Matthew Sanders, PhD  
Principal Investigator - Statistician, Cotiviti

Carlyn Hoffman  
Senior Investigator, Cotiviti

4:00 pm – 5:00 pm

**How to Effectively Manage a Remote FWA Investigation**

With over a decade of combined experience in remote project management, the speakers will share the dos and don'ts of managing complex investigations in a remote or hybrid environment. Key topics include time management, creating a team environment, organizational strategies, and collaborating with internal and external partners. Discuss how teams can successfully detect and prevent fraud, waste, and abuse remotely while keeping team members engaged and satisfied.

Kristin Griego, AHFI, CFE, CPC  
SIU Supervisor, Prominence Health Plan

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

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