The NHCAA Institute for Health Care Fraud Prevention Presents:

Schemes for Health Care Fraud Investigators & Analysts On Demand Training Program May 2 – 13

Visit the NHCAA Website to Register

Program Set Up

This is a mostly on demand training, which involves watching pre-recorded presentations. There is currently two live sessions and one live networking event scheduled. Participants must watch 70% of the content (includes live and on demand content) to earn credit. The networking event is not required.

You may watch the on-demand presentations in any order, but NHCAA will publish a recommended agenda to help guide you through the program to ensure you have time to watch all the available content by close of business, Pacific Time, on May 13.

<u>Videos and corresponding materials will be posted on our program website on May 2 after the live program introduction and case study session have concluded</u>. Note, these recordings are for the registered participant. This content was not designed to be shared or streamed with others.

Earn Credit

- This program is worth 20 CPEs.
- Presentations must be watched, and quizzes submitted between May 2 May 13.
- Participants should watch at least 70% of the presentations (on demand and/or live).
 - o Live sessions require participation in poll questions/credit checks.
 - On Demand sessions:
 - Each session video has a unique code; write this code down when you see it.
 - Use the code to unlock the quiz for that session. Quiz participation is required.
- Planned live sessions are listed below. For on demand sessions, please set aside 2 3 hours each day to participate.

Monday, May 2

11:00 am - 11:20 am ET - Program Introduction - LIVE

Understand how the program will work, how to earn credit, and ask questions.

11:30 am - 12:30 pm ET - Case Study - LIVE

Wednesday, May 4

4:00 pm - 5:00 pm ET - Networking Break - LIVE

Join participants and speakers at this informal networking event. WebEx will be utilized for this event.

Monday, May 9

11:30 am - 12:45 pm ET - Program Check-in and Case Study - LIVE

Agenda was last updated: 3/14/2022

On Demand Sessions

The P.I.T. Scheme

For this scheme to work there needs to be a provider, interpreter, and transportation driver, each with a crucial role to execute the scheme. This presentation will explain how the scheme was identified, including key analytics, examine the key components of the scheme, and discuss red flags, potential resolutions, and collaborating with government programs. Frequently seen in primary care, physical therapy, and behavioral health services, this presentation will address a physical therapy case study.

Angie Weidemann Peter Monson

Principal Investigator | UCare Special Investigation Unit Manager | UCare

Medicaid Dental Fraud Schemes

This session will showcase several examples of Medicaid dental fraud schemes. The speaker will review how these schemes operate as well as red flags to look for during an investigation. At the end of the presentation, walk through a case study that included federal and state collaboration and resulted in the indictment and conviction of a dentist from West Virginia.

Cathy Landon, CPC Anita Ruiz, CDC

Dental Investigator II | Cotiviti Dental Investigator II | Cotiviti

Mass Immunization Scheme

Participants will walk through this scheme starting with data mining techniques that may be used to identify and address this scheme and the rules related to mass immunizer status. Examine how to investigate this type of issue to identify related entities, role of the medical director, and potential for double billing. Lastly, the speakers will then show the application of techniques to prevent this type of scheme from negatively impacting your organization.

John Houston, CPC Kelly Hensley,

Director Special Investigations Unit | Anthem, Inc. Senior Investigator | Anthem, Inc.

How Fraudulent Signatures and Documents Drive Health Care Fraud Schemes

Medical documentation is essential for good clinical care. The use of fraudulent medical documents in the nation's health care system have resulted in losses of millions of dollars every year. To perpetuate fraud schemes, fraudsters knowingly misrepresent or misstate the type, scope, or nature of the medical treatment or services provided, submitting false documents or false signatures that frequently go unnoticed.

This presentation will review the types of false documents or false certifications used to commit health care fraud. Approving treatment plans, signing prescriptions, and validating services are only a few of the activities that require signatures in the health care world. Learn to identify the three types of signature fraud: blind, unskilled, and skilled through examples of each type.

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The second part of the presentation will show participants how to detect document fraud. Discuss strategies to spot false documents and signatures using real examples from the speakers' cases. In addition, review signatory fraud as most organizations, including health care programs, still use signatures as their primary way of authorizing or authenticating transactions. Finally, the presenters will discuss how to prevent document fraud, including putting controls in place to block such fraud.

Benjamin Kellam

Special Agent in Charge, DC Medicaid Fraud Control Unit | DC Office of the Inspector General

Jordi Clop,

Special Agent, DC Medicaid Fraud Control Unit | DC Office of the Inspector General

Excel for Record Reviews: Leveraging Pivot Tables for Summary Reports

Reviewing medical records can be a time-consuming but critical part of an investigation. Summarizing your findings is an essential piece, whether you are working post payment or prepayment claims. Efficiency in pulling together audit findings saves time, but also improves case outcomes and validates results. In this session, attendees will learn how to summarize medical review findings using Excel. We will provide examples and creative ways to use pivot tables to streamline the creation of review summary documentation. Investigators and reviewers, join us to learn this essential skill and summarize your next review in a fraction of the time.

Michelle Rua, PSM Investigations and Analytics Consultant | Integrity Advantage

Lora Beth Naron, RN Investigative Nurse Auditor | Integrity Advantage

Critical Components of Critical Care

A cost driver data analysis showed that there was an increase in utilization of critical care services in 2020 and 2021. This increase in billing for critical care services prompted an in-depth review of coding and billing guidelines with a thorough analysis of claims data. This presentation will share findings from our review of health care claims in which general violations of billing guidelines were evaluated; admission and discharge patterns associated with critical care services were analyzed; and impact of COVID-19 on billing for these services was assessed. Data analysts and investigators will learn the 2022 changes adopted by CMS in defining these services, understand the basic coding guidelines to appropriately bill these services, and will leave with the ability to review data for potential FWA schemes related to critical care services.

Jillian Scalvini, MPA, AHFI
Associate Partner, Program Integrity Analytics | IBM Consulting

Lindsey Phelps, MBA, RHIA, CHDA, AHFI Senior Consultant, Program Integrity Analytics | IBM Consulting

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Pill Mill Problems

This session will detail a pill mill scheme perpetrated by a single practitioner for several years that ended in their indictment for health care fraud. Hear how this doctor created different protocols for different patient groups requiring some to submit to a host of procedures to get their prescriptions while others paid cash. Schemes include cloned documentation, upcoding, billing for services not rendered, as well as drug diversion and money laundering. Review the red flags, investigative techniques utilized, and hear how the case unfolded.

Kenneth Barrett Special Agent | U.S. Dept. of Health and Human Services, OIG

E/M Add on Codes: Pre and Post Covid How Providers are Preserving Revenue with Telehealth

When providers see members face-to-face there are a variety of add on codes that can be used to increase revenue. During the pandemic and transition to telehealth providers have started to look for other add on codes that they can utilize without needing a face-to-face requirement to preserve their revenue. The utilization of these add on codes may or may not be appropriate. In this session, the speakers will present examples of the pre-and post-pandemic add on codes that providers have been utilizing to enhance revenue and discuss issues with the documentation of these codes in a telehealth setting. Speakers will walk through a case study that was found via data mining and developed into an investigation for a health plan due to add on code revenue enhancement.

Elizabeth Deak, CPC, CPMA, CEMA Lead Investigator | Evolent Health Mary Beach, AHFI, CFE, HIA, HCAFA, MHP Senior Director | Evolent Health

Emerging Scheme: Sanexas

Sanexas is billed as a non-invasive and non-pharmaceutical breakthrough treatment for pain, circulation, and neuromuscular rehabilitation. Examine emerging schemes involving this treatment, including ways to identify red flags in your own claims data, the codes involved, and how the scheme operates.

Mallory Klum, CPC Audit Investigator | Cambia-Regence

Physical Therapy FWA: The Road to Recovery Starts Here

Physical therapy schemes have resulted in millions of dollars of improper payments and are a serious area of concern for fraud, waste, and abuse. This session will address and demonstrate data analysis techniques utilized to identify this complex FWA challenge as well as examine medical review strategies used to identify areas of concern and

convey valuable audit findings. Schemes being discussed include: upcoding units, unskilled therapy, referrals, billing application of modality procedures via telephone, and changing diagnoses. Participants will know how to perform a thorough medical review to generate a findings report.

Carlyn Hoffman Senior Investigator | Cotiviti

Gerry Petrowski, CPC, COC Manager of Fraud Waste and Abuse Services | Cotiviti

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The NHCAA Institute for Health Care Fraud Prevention Presents:

From Playing by the Rules to Al-Powered Decisions: How analytics has evolved to strengthen the fight against increasingly complex fraud patterns

Healthcare fraud has taken new forms, latching onto dynamic trends and areas such as telehealth, medical devices, opioids, and others. As fraud becomes more complex and unpredictable, how have our analytics evolved to better understand, respond, and enhance fraud prevention activities? Are today's healthcare analytics fighting the best fight if simply playing by the rules? Join MITRE's principal scientist and Shift Technology's healthcare fraud experts as they illustrate the evolution of analytics to capture complex fraud schemes - otherwise invisible using traditional techniques. Attendees will gain insights on the power of today's true AI and machine learning methods to strengthen their fraud mitigation strategies.

Jaya Tripathi

Principal Scientist; Data Analytics and Research | MITRE

Peter Kapasakis

Sr. Healthcare Customer Success Manager | Shift Technology

Mandy Fogle

Healthcare Value Engineering | Shift Technology

Panels, Panels

Explore ongoing issues with panel testing schemes in the Louisiana Medicaid program. Participants will learn how the various schemes operate and what red flags to look for in their own claims data. Review what codes and panel tests are involved and discuss how agile the laboratories can be with adapting these schemes and staying ahead of insurers.

Brian Signorelli, RN, AHFI Investigator II | Anthem

South Florida Behavioral Health Project

In this dynamic presentation, participants will learn about behavioral health schemes (old and new) and innovative approaches to addressing them from a payer's perspective. Examine the evolution of a behavioral health project to address rampant fraudulent and abusive billing. Participants will hear the teams' early detection efforts to look for the most suspicious providers, not the highest billers, and how that evolved. The presentation will conclude with a discussion of the sometimes-contradictory priorities of maximizing law enforcement referrals and administratively protecting the money.

Kelly Bennett, AHFI, CFE MPI Chief | Florida Agency for Health Care Administration / MPI

Snake Oil Cases

The pandemic has created a cottage industry of those looking to sell cures or treatments for COVID-19. Though these schemes are not new, they've been cleverly adapted. This presentation will discuss various snake oil schemes that have emerged over the last couple of years as well as appropriate investigative

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strategies once identified. Through case examples, understand how these schemes operate and ways to identify issues in your own claims data.

Eric Panicucci, MSCJ, CFE Special Agent | U.S. Dept. of Health and Human Services, OIG - OI

Victoria Schwarz Special Agent | U.S. Dept. of Health and Human Services, OIG - OI