Enhancing Your Skills: Managing and Navigating Complex Investigations Presented via Adobe Connect

Register for this program

Sessions are presented live and scheduled in Eastern Time.

Tuesday, August 2

11:00 am – 11:15 am Welcome & Program Introduction

11:15 am – 12:15 pm Lessons Learned: The Development of Effective Strategies

This session will walk through a case that involved several nursing homes and excessive billing of COVID-19 tests. The speakers will examine the strategies involved from case initiation through resolution. The topics discussed will include complex data analysis, reviewing for possible collusion among various actors, understanding policy guidelines of both the plan and the provider and how to utilize that information, geographical analysis of the members, coding considerations and achieving resolution.

Kristin Griego, CFE, AHFI, CPC Manager, SIU Molina Health Care

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

12:30 pm - 1:30 pm Dismantling a Durable Medical Equipment Fraud Scheme

This presentation will discuss the innerworkings of a lucrative fraud scheme that has been plaguing the nation for years. Attendees will be given an inside look at one of the largest and most egregious Durable Medical Equipment fraud schemes investigated by HHS-OIG and prosecuted in the Southern District of Florida. This case involved 7 durable medical equipment providers operated by the same group of individuals, \$80 million dollars billed to Medicare, Medicaid, and multiple insurance providers, the use of an extensive network of money launderers, with over 100 shell corporations and bank accounts.

Agenda was last updated: 7/25/2022



This presentation will also cover how DME fraud has evolved and become more lucrative since the Covid-19 pandemic and what analysts and investigators should be mindful of when investigating these cases.

Carlos Baixauli, Jr.
Special Agent
U.S. Department of Health and Human Services, OIG

Ricardo Carcas
Special Agent
U.S. Department of Health and Human Services, OIG

2:30 pm - 3:30 pm

Autism Care: A Change of Approach in Policy, Prevention and Monitoring

Applied Behavioral Analysis (ABA) therapy is well known in the arena of healthcare fraud fighters as an area of potential fraud. To fully understand the challenges that may arise with ABA billing, it is first important to understand what the treatment entails. This session will provide an overview of Autism Spectrum Disorder (ASD) and the common therapeutic treatments to assist participants in understanding what makes this an area ripe for fraud and abuse. Common flags for billing and coding risks will be discussed and explored. The session will culminate with a discussion on how partnerships between policy, clinical support and Program Integrity have joined forces within the Defense Health Agency to prevent fraud in the Autism Care Demonstration.

Jennifer Dietz, AHFI, CFE Director, Program Integrity Division Defense Health Agency

Krystyna Bienia, PsyD Clinical Psychologist; Program Manager, Complex Pediatric Clinical Community Defense Health Agency

3:45 pm - 4:45 pm

Pharmacy Data Investigations: How One Health Plan Identifies, Investigates, and Escalates Substantiated Findings

This presentation will walk investigators how a health plan filters through their voluminous pharmacy data to identify potential red flags. The presenter will then walk through their process validating data red flags are truly fraudulent and sharing investigative resources used to complete their investigation.

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The audience will be provided incidents when fraud waste and abuse were substantiated and more importantly incidents where FWA did not occur. Finally, the health plan what share which regulatory agency they are making referrals to.

Mark Horowitz, RPh Senior Manager, National Special Investigations Unit Kaiser Permanente

Wednesday, August 3

11:30 am - 12:30 pm

Networking Break

1:30 pm - 2:30 pm

Lessons Learned: The Development of Effective Strategies in Managing Complex Investigations

This session will demonstrate how managers, supervisors, and investigators at the District of Columbia's (District) Medicaid Fraud Control Unit (MFCU) developed an effective system of managing major complex cases. Through their shared prior experiences, MFCU managers and staff learned the crucial steps necessary in developing, organizing, and navigating complex cases. The presenters will contrast how the Unit is currently handling the investigation of a complicated matter with the methods used in a prior resolved investigation. Through comparing and contrasting these two cases, participants will be able to observe the differences in management and understand the concepts involved in managing complex cases. Special focus will be given to seeking internal and external assistance, communicating evidence, and investigative techniques pertaining to complex cases.

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

2:45 pm - 3:45 pm

Interviewing Considerations for Experienced Investigators

It's important to develop skills that will enhance your ability to conduct effective phone interviewing while maintaining the skills more typically associated with in person interviews. This session will explore the interview from preparation to execution. Using case examples, discuss how to develop a plan, structure an interview, and assess if the subject is being straightforward.

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Dan Girsch SIU Manager Humana

4:00 pm - 5:00 pm

Untangling Unauthorized Enrollments: A data driven approach to Marketplace Enrollment schemes

This presentation will highlight data-driven approaches to tackling Marketplace broker enrollment schemes. Attendees will learn how to transition from a reactive model of managing reports of unauthorized enrollments to a proactive model using data analytics to identify consumers at risk of similar broker behavior. Speakers will present on the value of employing cross-team collaboration and discuss a multi-step approach to monitoring, investigating, compiling data for rescissions, issuing corrective actions and clawing-back commissions. The speakers will describe the importance of ongoing partnerships with state and federal regulators and tips for executing organization-wide efforts.

Hassan Abdallah, JD, CHC, CPCM Head of Compliance & Special Investigations Unit Oscar Health

Nicole Matty, JD Sr. Manager, Special Investigations Unit Oscar Health

Thursday, August 4

1:30 pm - 2:30 pm

Best Practices for Presenting Information

Effectively conveying information about your investigation and case details is critical for internal and external audiences. This presentation will address general best practices for presentations as well as specific advice for presenting cases internally and to law enforcement audiences.

Jennifer Trussell Fraud Prevention Consultant Senior Medicare Patrol

Sean Petree, AHFI Fraud Manager Cigna

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Joseph Parker
Special Agent
U.S. Department of Justice, Federal Bureau of investigation

2:45 pm - 3:45 pm

Negotiations & Prepayment Review

This presentation will provide participants with tips and tools to assist them in preparing for and executing a successful settlement negotiation. The speakers will share tips and techniques gleaned from years of successful negotiations. Examine strategies to prepare for settlement negotiations, discuss how to use and present information gathered during the investigative process, and learn how to craft and evaluate settlement offers.

James Howell
Supervisor, Investigations
Horizon Blue Cross Blue Shield of New Jersey

Stephen Speight, CFE Supervisor, Special Investigations Horizon Blue Cross Blue Shield of New Jersey

4:00 pm - 5:00 pm

Planting the Seeds for a Proactive Case

Just like a tree, leads have roots and several ways to branch out and grow your lead into an investigation. This session will discuss proactive lead development from its infancy stage as seedling, how to water the roots so your lead develops a strong foundation and guiding growth of the branches, to maturity. Learn methods to develop a case, resources to consider while evaluating the lead, and ways to analyze the data to form a comprehensive and effective investigation.

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