



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

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

Sessions are presented live and scheduled in Eastern Time.

Tuesday, May 7

11:00 am – 11:15 am

Welcome & Program Introduction

11:15 am – 12:15 pm

Complex Case Strategy – Unusual Arrangements & Collusion

Delve into case strategy for an excessive covid test billing scheme that was identified during the covid public health crisis. This scheme utilized unusual arrangements in ownership and lab affiliations, which upon investigation uncovered a much deeper and more widespread issue, resulting in multiple laboratories being investigated, millions of at-risk dollars being identified, and cases that had teams working a variety of actions from prepay, on site, post pay and law enforcement referrals. Review the data analysis strategies that uncovered the scheme, examine the actions taken by the SIU, investigative strategies utilized, and discuss internal and external coordination necessary for complex case investigations.

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

Mary Beach, AHFI
Managing Director | Evolent Health

12:30 pm – 1:30 pm

Interviewing the Elderly

Elderly require special approaches and an understanding of their physiological well-being during the interview process. What considerations need to be taken before and during the interview process to ensure valuable information is obtained? In this session, our speaker will provide attendees with insights and perspectives that will be valuable to attendees including assessing a person's capacity and competency.

Maritsa Flaherty, JD
Assistant U.S. Attorney
United States Attorneys' Office for the Southern District of California

Agenda was last updated: 5/2/2024

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2:30 pm – 3:30 pm

Understanding Risk Adjustment & How it Relates to FWA

This presentation delves into the critical world of risk adjustment, exploring its role in ensuring fair reimbursement and safeguarding the healthcare system from fraud, waste, and abuse. Unpack the fundamentals of risk adjustment and how it's connected to the world of fraud, waste, abuse and error and payment integrity. In this session we'll also walk through best practices in utilizing a FWA/PI program in conjunction with Risk Adjustment priorities by reviewing examples of key data analytics, algorithms and clinical documentation requirements.

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

William Van Fleit, AHFI
Vice President of Data Science | Healthcare Fraud Shield

3:45 pm - 4:45 pm

Minecraft: Data Mining for the Investigator

Bridge the gap between investigative strategy and the complexity of medical billing datasets. This presentation will explain how to acquire, access, sort, and analyze billing databases for correlations and patterns using Excel. Participants will learn ways to detect fraud using a variety of data analytic tools such as Benford's law, how to create descriptive statistics using tables and charts, and how to recognize aberrant data that may be indicative of fraud.

Vladislav Mikulich
Captain | California Department of Insurance, Fraud Division

Wednesday, May 8

1:30 pm – 2:30 pm

Panel: Strategic Thinking for Investigators

To navigate the complexities of the health care anti-fraud industry and drive effective investigations, skill is not enough. You must think strategically and beyond the immediate investigation. This discussion will explore the strategic mindset and skills necessary to drive change, avoid pitfalls, foster collaboration, and combat fraud effectively.

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Aneta Andros
Sr Director Analytics
Evernorth

Tamara Neiman
Executive Director
Kaiser Permanente

Daniel Crowell
Senior Director
BCBS of Michigan

Brian Robinson
Director
Mass General Brigham Health Plan

2:45 pm - 3:45 pm

Dental IS Different: Records, Evidence, Interviews & Discussions with Providers

Dental investigations are different than other healthcare investigations. Understanding the differences within the dental patient record, diagnostics, supportive documentation, and the way investigators converse with patients and the dentist/dental office can greatly enhance the success of the investigation.

This presentation will examine what makes up a complete dental patient record and explain what diagnostics, records, and evidence should be requested for a complete investigation. Explore how to utilize this information when interviewing patients, dentists, and dental office staff. Lastly, discuss the common provider misunderstandings, which break down barriers to reaching a settlement.

Stewart Balikov, DDS, AHFI
Director Dental Special Investigations | Elevance Health

4:00 pm – 5:00 pm

Stop the Sneezing: Tackling Abusive Allergy Billing

This presentation examines how a SIU with limited staffing was able to get creative, learn from mistakes, and be proactive with protective measures against allergy testing. Discuss ways we built our preliminary review process including data analysis, routine provider review, and developing a training course for medical reviewers. Explore how to implement plan safeguards to prevent other providers from jumping on an abusive billing trend to make quick money. Learn how to do things differently as a SIU and how to work with other departments to maximize your recovery, prevention, and traction with providers.

Eleni Papadacos, AHFI, CPC, CPMA, CEMA
Investigations Manager | Oscar Health

Eboni Haire, CPC, CPMA, CPC-I
Senior Coding Auditor | Oscar Health

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Thursday, May 9

1:30 pm – 2:30 pm

Enteral Formula Case Study

This investigation uncovered a provider billing claims for enteral formula but supplying solid food to customers with Phenylketonuria (PKU). In this unique case, hear how the investigation unfolded. Investigative steps discussed will include disease research, provider discussions, patient interviews, data analysis, product research, and review of state mandates and coverage policies. The speaker will walk participants through the strategic approach used to assess financial losses and decide on actions. Lastly, understand how cross-enterprise collaboration and rapport building lead to cost savings.

Christine Hagg
Fraud Lead Analyst | Evernorth Health Services

2:45 pm – 3:45 pm

Elevating Investigative Success Through Strong Case Documentation

We expect our providers to keep complete and accurate documentation to substantiate their billing – and if they don't, we deny. But what about us? Have you ever been frustrated with your past self for skipping an important component of documentation? As members of the SIU, effective documentation must be at the top of our priority list. Join us in discussing our best practices on documentation learned through years of experience working for an array of health plans. We will explore how good daily documentation habits, practiced through every step of an investigation, will set you up for success and instill confidence in your investigative findings. With these tips, you'll be prepared for effective law enforcement referrals, potential audits, seamless case closures, solid data backing, complete sampling procedures, and the inner peace of knowing you have the information you need where you need it.

Michelle Wiedenhofer, MS, GStat
Manager of Data Operations & Analytics | Integrity Advantage

Mary Pereira
Supervisor | Integrity Advantage

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4:00 pm – 5:00 pm

Reference / Pass-Through Labs: The Real Driver of Genetic Testing Fraud

Reference laboratory and pass-through lab arrangements have grown exponentially in recent years. This growth is one of the essential indicators of genetic testing fraud trends and schemes within specific geographic areas. Commercial and Medicare Advantage plans generally don't pay for these services but are likely to pay for inappropriate services due to deceptive claims submission practices. We will describe these complicated relationships, how they function, why they are concentrated in particular geographic areas, how we can identify this behavior, and why we continue paying for services that violate our payment rules.

Stephen Mahmood
Special Agent in Charge
U.S. Department of Health and Human Services, Office of Inspector General,
Miami Region

Isaac Bledsoe
Operations Officer
U.S. Department of Health and Human Services, Office of Inspector General

Patrick Neubert
Opioid Rapid Response Coordinator
U.S. Department of Health and Human Services, Office of Inspector General

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