



**This form is provided to help you plan your ATC submission.  
DO NOT use this form to submit your presentation idea.**

**ACKNOWLEDGEMENTS**

I agree	I do not agree	
		<p>NHCAA will provide travel reimbursement for ONLY two (2) speakers for each submission accepted. Travel reimbursement includes a one-night hotel (room &amp; tax only) stay and up to \$750 in airfare. These two speakers will also receive complimentary conference registration.</p> <ul style="list-style-type: none"> <li>• Any additional costs for travel will not be reimbursed (e.g., meals, ground transportation).</li> <li>• Any additional speakers will need to cover their own travel expenses.</li> </ul>
		<p>We ask that any potential speakers affiliated with a session proposal wait to hear about the results before registering for the Annual Training Conference.</p>

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**PRESENTATION CONTENT**

**Title of Presentation:**

**In which category do you think your submission fits BEST?**

*Place an 'X' next to the group.*

|  |                                                                    |
|--|--------------------------------------------------------------------|
|  | Health Care Fraud Trends                                           |
|  | Investigative Skill Building                                       |
|  | Data Analytics                                                     |
|  | Gen AI                                                             |
|  | Leadership and Management Skills                                   |
|  | Law Enforcement Case Studies (should include an insurance partner) |
|  | Clinical and Pharmaceutical Fraud Schemes                          |
|  | Fraud in the State or Federal Government Programs                  |
|  | Dental Fraud Schemes                                               |
|  | Legal, Ethics, and Compliance Issues                               |
|  | Payment Integrity                                                  |

**Who is the target audience for this presentation?**

Place an 'X' next to the group.

|                          |                                          |
|--------------------------|------------------------------------------|
| <input type="checkbox"/> | Auditor                                  |
| <input type="checkbox"/> | Clinical Staff                           |
| <input type="checkbox"/> | Compliance and Legal Staff               |
| <input type="checkbox"/> | Data Analyst                             |
| <input type="checkbox"/> | Dental Investigators                     |
| <input type="checkbox"/> | Health Insurance Investigator            |
| <input type="checkbox"/> | Law Enforcement Agents and Investigators |
| <input type="checkbox"/> | Program Integrity Staff                  |
| <input type="checkbox"/> | SIU Leadership and Management            |
| <input type="checkbox"/> | Other                                    |

**Which group is the intended audience for this presentation?**

Place an 'X' next to the group.

|                          |                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <p><b>Level II/ Intermediate Level:</b><br/>Designed for individuals between 6-10 years. Targeted toward experienced investigators where some investigative / health care / coding / data expertise is assumed.</p>                                                                                                                                 |
| <input type="checkbox"/> | <p><b>Level III/ Experienced Level:</b><br/>Designed for individuals with over 10 years' experience. Training designed to meet the needs of health care fraud senior investigators and managers with a focus on synthesizing ideas and exploring strategies, concepts, and information needed to direct a health care fraud investigative team.</p> |

**Learning Objectives:**

*What skills or knowledge will participants gain that can be applied when they return to the office?*

1.
2.
3.

**Presentation Summary:**

**How does your submission/ presentation incorporate data?**



If you are presenting a case study or scheme, describe what investigative techniques were used in this investigation.

|  |
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|  |
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### Speaker Information

#### Primary Speaker #1

YES // NO      Travel reimbursement requested for this speaker?

<b>Name</b>	
<b>Title</b>	
<b>Contact info</b>	
Brief Bio	

#### Primary Speaker #2

YES // NO      Travel reimbursement requested for this speaker?

<b>Name</b>	
<b>Title</b>	
<b>Contact info</b>	
Brief Bio	

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### Final Questions

| Yes | No | Questions                                                                                                                                                                                                                                                      |
|-----|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |    | The ATC Committee is asking all presenters to provide a one-page handout of the three key concepts from the presentation and a description of each of the codes discussed (if applicable). This handout will need to be provided in advance of the conference. |
|     |    | Have you received approval from your organization to present this case study or information?                                                                                                                                                                   |
|     |    | Has this presentation been given at the ATC in the past                                                                                                                                                                                                        |

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|  |  |                                                                                                  |
|--|--|--------------------------------------------------------------------------------------------------|
|  |  | Have you or any of the individuals on this submission presented at an NHCAA Program in the past? |
|--|--|--------------------------------------------------------------------------------------------------|

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