

Schemes for Health Care Fraud Investigators & Analysts A Virtual Training Program May 5 - 15

Program Set Up

This is a hybrid training, which mostly involves watching pre-recorded presentations. In addition to approximately 8 pre-recorded sessions, there are 6 live sessions, and 1 live networking event scheduled. Participants must participate in at least 10 of the sessions to earn credit. The networking event is not required and does not count toward earning credit.

Set aside about 2 hours per day to complete the program. 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 the end of the day on May 15.

Videos and corresponding materials will be posted on our program website on May 19. 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 14 CPEs.
- Presentations must be watched, and quizzes submitted between May 5 – May 15.
- Participants should watch at least 10 of the presentations.
 - Live sessions require participation in poll questions/credit checks.
 - On Demand sessions:
 - Watch each session. The video tab must be the active tab and not covered or minimized to count toward the minimum watch time.
 - After watching each session, the quiz for that session will unlock. Quiz participation is required to earn credit.
- Planned live sessions are listed below.
- Set aside 2 hours each day to participate.

Tuesday, May 5

1:00 pm – 1:15 pm ET – Program Introduction – Live & On Demand

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

Katie Baker
Director, Education & Training
NHCAA

1:20 pm – 2:30 pm ET

Physical Therapy Fraud: From Soup to Nuts the Case of Dr. Chang Goo Yoon – Live & On Demand

Agenda was last updated: 5/4/2026

This case study examines a complex physical therapy fraud scheme involving multiple related entities and fraudulent billing across states. Attendees will learn how investigators used medical and payment policy review, interviews, surveillance, and data analysis to identify and substantiate fraud. The session also highlights the use of nontraditional evidence, investigative challenges over a multi-year federal case, and key lessons learned in preparing for testimony and building a defensible case.

Martin E. Flood, HCAFA, AHFI
Senior Investigator, Fraud Investigation and Prevention Unit
Blue Cross and Blue Shield of Massachusetts

Global Health Care Fraud Case Study: Investigating Foreign Claims – Live & On Demand

As health care becomes increasingly global, fraud schemes are evolving beyond traditional borders. This session explores the complex and often high-risk world of foreign claim investigations, where documentation, jurisdictional challenges, and financial inconsistencies can make even straightforward cases difficult to unravel.

Through a real-world case study, attendees will follow the progression of a suspicious claim from initial red flags through deeper investigative analysis. Along the way, the session highlights common tactics used to disguise non-covered or fraudulent services, as well as the critical role of validating medical, financial, and travel documentation.

Participants will gain practical insights into identifying warning signs, applying effective investigative techniques, and navigating the unique challenges associated with international claims. The session also emphasizes the importance of proactive controls and collaboration in preventing fraud before payment occurs.

Join us to strengthen your approach to foreign claim investigations and uncover strategies to detect what may not be immediately visible.

Jonnie Massey, CPC, CPC-P, CPC-I, CPMA, AHFI
Senior Director, Special Investigations Unit
Blue Shield of California

Wednesday, May 6

1:00 pm – 2:00 pm ET – Program Check-In and Digital Fingerprints: Finding Fraud in Large Datasets – Live & On Demand

This presentation will illustrate how analysts and investigators can find fraud in large datasets such as health insurance claims. The discussion will focus on four key fraud indicators: suspicious physical addresses, virtual mailbox addresses, shared IP addresses, and questionable email addresses. The presenter will share open-source web tools that allow desktop investigations into these key fraud indicators.

Chris Covington, CFE
Pandemic Response Coordinator
WU.S. Depart. of Health & Human Services, Office of the Inspector General

2:05 pm – 3:15 pm ET – Networking Break – Live

Join participants and speakers at this informal networking event utilizing Zoom.

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Thursday, May 7

1:00 pm – 2:15 pm ET – Program Check-in and From Patterns to Power: Leveraging Analytics & AI in Medicaid Fraud Detection – Live & On Demand

This session demonstrates how investigators can turn data anomalies into actionable fraud cases using analytics tools. Through a case study involving chiropractor billing patterns (CPT 98940 vs. 98941), participants will see how spotting red flags, requesting SOAP notes, and combining data analysis with investigative instinct can uncover fraud and strengthen referrals. Attendees will gain a framework for integrating analytics into their investigative workflow without needing deep technical expertise.

Suschna Scott, CFE
Forensic Fraud Examiner
Connecticut Department of Social Services

Tuesday, May 12

1:00 pm – 2:15 pm ET – Program Check-in and Hearing Aid Case Analysis – Live & On Demand

This presentation is a case study of a hearing aid case referred to BSC by a law enforcement partner. It will cover the differences between hearing aids and hearing protections, what data helped clarify the scheme, and what the investigator found in the medical records. It will also cover how organizing the case file assisted the investigation and the ability to provide all supporting evidence to assist in the referral being picked up by law enforcement.

Becky Bowman, CPC
Investigator
Blue Shield of California

Wednesday, May 13

1:00 pm – 2:30 pm ET – Program Wrap Up and Obstructive Sleep Apnea: Overnight Suffocation Adventure – Live & On Demand

Sleep apnea services are an increasing target for fraud, waste, and abuse as home sleep testing, telemedicine, and DME billing expand. Common schemes include unnecessary testing, improper CPAP/DME billing, kickbacks, and falsified medical-necessity documentation. This session equips investigators and analysts to understand diagnostic and treatment workflows, pinpoint reimbursement vulnerabilities, recognize billing/documentation red flags, and apply investigative strategies through a real-world scenario to support program integrity.

Rae McIntee, DDS, MD, MBA, FACS, CPE
Otolaryngologist and Dentist

Steven Slack, MD, MBA, FACP
Pulmonologist, Critical Care
Optum

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Thursday, May 14

1:00 pm – 2:15 pm ET – Program Wrap Up and Fraudulent Semantics: You Say Stroller, We Say Wheelchair– Live Only

This presentation examines a complex healthcare fraud case involving a popular stroller distributed through a commercially facing baby gear store in Minnesota under the guise of properly supplied durable medical equipment (DME). Identified through spike analysis, the scheme was further revealed through social media marketing that instructed TRICARE beneficiaries how to bypass requirements to obtain the stroller while the provider billed the TRICARE Program approximately \$2,300 per unit.

The session highlights the successful use of unconventional investigative techniques—social media analysis, open-source intelligence, government contract data pulls, and link analysis—and the critical interagency collaboration that enabled a fast-moving investigation, an unexpected confession to the DME fraud and other financial crimes, and losses limited to pennies on the dollar.

Jami Little, MPA, MJ
Health Care Fraud Specialist
Defense Health Agency, OIG

On Demand Sessions

Anti-Fraud Efforts Meet Real-World Challenges with ACA Enrollments

ACA fraudulent enrollments involve scammers misrepresenting the facts to ultimately acquire benefit coverage and payments from Health Plans across the nation. We see the most egregious instances of this in conjunction with substance abuse disorder treatment. It can involve scammers like fake rehab centers, unqualified providers, phony billing, broker collusion, and non-qualified consumers lying about residency and income. Early detection is key to preventing lost dollars, and specific investigative steps aide in providing the best possible outcome. Just targeting the suspect providers isn't enough. We all know they will open a new facility and start the cycle all over again within days of detection. Our goal is to limit the fraudulent manipulation of an already vulnerable population of consumers by targeting fraudulent enrollments at the source. Some of the members are complicit to the fraud, while others are victims as well. BCBSNC opened over 350 such cases in 2024 and are on target for similar numbers in 2025. We will discuss the patterns and data analytics used to identify some of the suspect members, the case triage approach to limit dollar exposure, some of the tools we use in the investigation process, and ultimately the best practices when submitting to CMS for potential rescission of the member's policy.

Dawn Thurman, AHFI
Sr. Investigator
Blue Cross Blue Shield North Carolina

Chris Heimburger
Sr. Business Intelligence Analyst
Blue Cross Blue Shield North Carolina

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A River's Journey: Following the Flow of a Complex Investigation

Coming soon. This session is being recorded and will be available by Friday, May 8 at 9:00 am

What begins as a single complaint quickly unfolds into a multifaceted investigation with unexpected developments at every turn. In this session, participants will trace the path of a real-world case—from initial allegation through investigative actions and prosecution—highlighting the challenges, decision points, and critical thinking required along the way.

As the case progresses, attendees will explore how documentation and claims analysis can shape the direction of an investigation and bolster prosecution. Follow this compelling journey and gain practical perspectives you can apply to your own cases while discovering that not every investigation follows a straight path.

Kim Burton, BS
Sr. Investigator, SIU, Risk & Compliance
Centene

Collagen Dressings: The Good the Bad the Ugly

This presentation will provide an overview of collagen dressings, including what collagen is, how these products are intended to support wound healing, and how they are appropriately used in clinical settings. Presenters will explain the relevant HCPCS coding, including A6023, and outline key requirements for compliant billing.

The session will then examine an emerging fraud scheme involving collagen dressings including how it was identified, how the scheme is being perpetrated, and common tactics and billing behaviors. Finally, participants will learn practical strategies for identifying suspicious activity in their own data, including red flags and analytical approaches to support investigations.

Kara Dahlberg
Senior Partner, SIU
HealthPartners, Inc.

Patrick Heying
Senior Investigator SIU
HealthPartners, Inc.

Fraudulent ePAs Reap Millions for Unscrupulous Pharmacy Owners

The session is a case-study-driven presentation of how to identify fraudulent ePA accounts and ePAs as well as steps that can be taken to mitigate the fraud. Independence Blue Cross' (IBX) Corporate Financial Investigations Department (CFID) identified a fraudulent electronic prior authorization (ePA) scheme relative to pharmacy claims. Through a case study, the team will walk through a pharmacy scheme with high utilization of high-cost drugs and a high volume of prior authorizations (PAs). The faculty will discuss the importance of tracking high-cost medications and examine strategies for identifying outliers and red flags including quarterly spikes in pharmacy claims, related ownership between standalone pharmacies/prescription transfers, and relationships between members. Participants will also hear about the importance of communication/relationship with PBM and interdepartmental collaboration.

Cindy McCutcheon
Sr. Financial Investigator
Independence Blue Cross, LLC

Dana Mertz, AHFI, CPhT
Director, CFID Investigations & Audit
Independence Blue Cross, LLC

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The NHCAA Institute for
Health Care Fraud Prevention
Presents:

Paper Therapy: Detecting E/M-Only Billing in Medicare Advantage and Medicaid Using Data, Record Reviews, and Gen AI

Coming soon. This session is being recorded and will be available by Friday, May 8 at 9:00 am.

This presentation focuses on a recurring billing issue seen in Medicare Advantage and Medicaid managed care investigations: psychotherapy billed alongside E/M services when documentation supports evaluation, medication management, or brief check-ins only. These patterns often occur in high-volume behavioral health practices where psychotherapy add-on codes are routinely appended to E/M visits.

Attendees will review real-world documentation patterns that indicate psychotherapy is not being separately performed or documented. Common issues include templated psychotherapy language, copied time statements, and notes dominated by medication management or symptom checklists. The session emphasizes how to read past volume and narrative length to determine whether psychotherapy requirements are actually met.

The presentation also demonstrates how these documentation problems become visible in Medicare Advantage and Medicaid MCO claims data. Examples include excessive psychotherapy add-on utilization, identical psychotherapy minutes across large patient panels, and visit volumes that do not align with the time or intensity required for psychotherapy services.

Gen AI and opensource tools are presented as practical investigative aids. Opensource research—including provider websites, marketing materials, job postings, and training content—is used to assess how services are described publicly versus how they are billed. These techniques help investigators focus on effort, strengthen findings, and build defensible cases.

Lisbeth Roberts
Senior Investigator
Providence Health Plans

Unmasking 340b: Fraud, Abuse, and Risks from Pharma and Health Plan Perspectives

The 340B Drug Pricing Program has grown into the second-largest federal drug initiative, significantly impacting health plans and pharmaceutical manufacturers. While designed to support healthcare providers, its rapid expansion has introduced compliance challenges, fraud risks, and financial vulnerabilities. This presentation will explore the program's mechanics, its implications for health plans and manufacturers, and fraud detection strategies. The goal of this session is not only to highlight existing vulnerabilities but also to empower SIU professionals with the knowledge necessary to enhance oversight, refine auditing techniques, and contribute to a more transparent and compliant healthcare landscape while preserving the intended integrity of 340B.

Caroline Jacques, PhD, RPh, CFE
Director, Pharmaceutical Crime/ Healthcare Fraud Investigator
Gilead Sciences

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Unmasking Phantom Providers: Leveraging Link Analysis, Analytics and External Data

This presentation delves into the intricate world of healthcare fraud, waste, and abuse (FWA), specifically focusing on the elusive threat posed by "phantom providers." We will explore how these non-existent or illicit entities exploit vulnerabilities within the healthcare system, leading to significant financial losses and compromised patient care. The session will highlight the critical role of advanced analytics in detecting and preventing phantom provider schemes. We will discuss innovative methodologies for identifying suspicious billing patterns, uncovering hidden networks, and flagging fraudulent activities across various healthcare sectors. Attendees will gain insights into proactive strategies for safeguarding healthcare resources, enhancing compliance, and ultimately, protecting the integrity of the healthcare ecosystem.

Kristin Griego, CFE, AHFI, CPC
Director, Special Investigation Unit
Molina Healthcare, Inc.

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

Adult Child Daycare Services Case Study - Pending Final Confirmation & Recording

Description coming with organizational approval and finalized recording date.

Home Health Schemes: Why You Should Take It Personally – CANCELLED

Due to unforeseen circumstances, this session has been cancelled and will not be available as part of the Schemes program.

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