NHCAA®

NHCAA INSTITUTE®

A PRIVATE-PUBLIC PARTNERSHIP AGAINST HEALTH CARE FRAUD

The NHCAA Institute for Health Care Fraud Prevention

2015 Annual Training Conference

Manchester Grand Hyatt • San Diego, CA • November 17 – 20, 2015

The NHCAA Institute for Health Care Fraud Prevention thanks the volunteer members of the 2015 Annual Training Conference

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THANK YOU TO THE 2015 ANNUAL TRAINING

Verisk Health

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NHCAA
National Health Care Anti-Fraud Association®

The NHCAA Institute for Health Care Fraud Prevention's Annual Training Conference (ATC) is NHCAA's premiere annual event, recognized industry-wide as the nation's leading health care anti-fraud forum. Conference highlights include:

Featured Faculty
NHCAA brings together a diverse faculty representing some of the leading voices in the fight against health care fraud.

Concurrent Workshops
Choose from more than 70 workshops organized in ten tracks designed to provide the latest techniques for fighting health care fraud and information on identifying emerging trends leading to successful fraud prevention.

Networking Events
Attendees will make connections and exchange ideas through a multitude of networking opportunities.

Anti-Fraud Expo
Explore a showcase of the latest health care anti-fraud solutions, featuring the principal players in the health care anti-fraud industry. See page 6 for a list of exhibitors to date.

Pre-Conference Programs
Enhance your Conference investment and participate in full and half-day in-depth discussions of health care anti-fraud strategies.

Continuing Education Credit & Professional Growth Opportunities
Use the ATC to meet a variety of continuing education credit requirements and follow unique AHFI®, Law Enforcement and Management paths through the course curriculum.

Conference Sponsors

emdeon EDGE™ Payment Integrity. Cost Management.

Healthcare Fraud Shield

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VARIS

For an up-to-date sponsor list visit NHCAA.org/ATC

PRE-CONFERENCE WORKSHOPS

NHCAA is pleased to offer four additional professional development opportunities in San Diego on Tuesday, November 17. There is additional tuition applied to Pre-Conference registration; please refer to the registration rate table on page 40.

2 Full-Day Programs

8:30 a.m. - 4:30 p.m.

AHFI® Examination Prep Course

Level II, 4 CPEs

Prepare to sit for the Accredited Health Care Investigator (AHFI) exam by participating in this three hour preparatory program, designed to highlight key content areas on the AHFI® examination. Expert faculty will lead sessions on coding and medical terminology, health care fraud federal and state regulations, health insurance and health care system overview, and the basic investigative skills. AHFI® candidates will have the opportunity to take the AHFI® exam at the conclusion of the Annual Training Conference.

Who should attend:

Mid-level and senior investigators seeking to advance their career by obtaining The Gold Standard of Professionalism in Health Care Fraud Investigation, the AHFI®.

CPT Coding Schemes A-Z

Level II, 8 CPEs

Join this high energy workshop focused on CPT coding schemes in a variety of specialty areas beginning with the letter A and ending with Z. Learn emerging schemes unique to specific codes, and how to evaluate the documentation in the medical record to build a case. Participants will walk away with codes to data mine and new schemes to examine.

Who should attend:

Mid-level investigators and law enforcement personnel seeking increased familiarity with medical records, coding, and coding schemes.

Registration includes a networking luncheon.

2 Half-Day Programs

8:30 a.m. – 12:00 p.m.

Emerging Schemes

Level II, 4 CPEs

Identify emergent schemes in Medicare, Medicaid and private programs and tips on the rapid identification of these schemes. Join in the discussion of medical technologies, devices and procedures new to the market and inherent coverage and reimbursement challenges. Examine new medical technologies and devices that will be the focus of tomorrow's health care fraud investigations.

Who should attend:

Mid-level investigators and law enforcement personnel involved in the examination and assessment of potential health care fraud.

1:00 p.m. – 4:30 p.m.

Investigating Laboratory Services

Level II, 4 CPEs

Examine how to uncover laboratory fraud schemes in areas including genomics, biomarkers and drug screens. Explore correct coding, documentation and red flags that will help uncover fraudulent activity. Expert faculty share their experiences and successes.

Who Should Attend:

Health care fraud investigators who are seeking a better understanding of laboratory services fraud schemes.

Register for both the morning and afternoon pre-conference and lunch is on us.

Sit for the AHFI® Exam at the ATC

Exam Date: Friday, November 20 at 12:00 p.m. (paper exam)

Application Deadline: Friday, October 23, 2015

To request an AHFI® application; email training@nhcaa.org.

To download a transcript of your NHCAA training, visit: http://edcenter.nhcaa.org

FEATURED FACULTY

The ATC brings together thought leaders to stimulate creative thinking on investigative techniques and strategies to counter health care fraud schemes.

Robert Case

Chief Scientist, The MITRE Corporation

Harnessing Technology to Combat Fraud
Wednesday, 4:30 p.m. – 5:15 p.m.

Michele Stuart

JAG Investigations

Internet Profiling and Intelligence Gathering
Friday, 8:00 a.m. – 9:30 a.m.

Cindy Parman, CPC, CPC-H, RCC

Principal, Coding Strategies, Inc.

Clinical Trial Billing Compliance
Wednesday, 2:15 p.m. – 3:15 p.m.

Reed D. Gelzer, MD, MPH

HIT Policy & EHR Specialist, Provider Resources, Inc.

EHRS and the Fraud Potential
Wednesday, 3:25 p.m. – 4:25 p.m.

Melissa Scott, CHC, CPC

President, ClinLab Consultants

Conducting a Lab Audit
Thursday, 8:15 a.m. – 9:30 a.m

Functional Medicine
Thursday, 2:00 p.m. – 3:15 p.m.

Brian Flood, JD, AHFI

Partner, Husch Blackwell LLP

10 Legal Issues to Watch
Thursday, 8:15 a.m. – 9:30 a.m.

Sam Sheldon, JD

Partner, Quinn Emanuel Urquhart & Sullivan LLP

Prosecuting Reverse False Claims
Thursday, 10:15 a.m. – 11:15 a.m.

Peter P. Budetti, MD, JD

Attorney, Phillips & Cohen, LLP

Government Anti-Fraud Initiatives: Perspective from the Outside
Thursday, 2:00 p.m. – 3:15 p.m.

Jennifer Trussell

Special Advisor, U.S. Department of Health & Human Services, OIG-OI

Emerging Fraud Schemes in Medicare
Thursday, 3:30 p.m. – 5:00 p.m.

To learn more about the ATC visit nhcaa.org/atc

CONTINUING EDUCATION OPPORTUNITIES

Earn up to 24 credit hours toward AHFI® Accreditation

Annual Training Conference:	**16 credit hours**
Optional Pre-Conference Full-Day Workshops:	**additional 8 hours**
Optional Pre-Conference Half-Day Workshops:	**additional 4 hours**

All Continuing Professional Education (CPE) hours earned through the NHCAA Institute Programs are applicable to the training requirements for professional designation by the National Health Care Anti-Fraud Association (NHCAA) as an Accredited Health Care Fraud Investigator (AHFI®).

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Exam Date: Friday, November 20 | 12:00 p.m. - 4:00 p.m. (paper exam)
Application Deadline: Friday, October 23

American Academy of Professional Coders

The NHCAA Institute for Health Care Fraud Prevention 2015 Annual Training Conference has been approved by the American Academy of Professional Coders for 12 Continuing Education Units. The pre-conference program *CPT Coding Schemes A-Z* has been approved for 6 Continuing Education Units.

Granting of approval in no way constitutes endorsement by the Academy of the program, content or any program sponsor. To receive credit the appropriate AAPC evaluation form must be completed; the form will be available on the NHCAA Training Materials Portal at the Conference commencement.

National Association of State Boards of Accountancy (NASBA)

The NHCAA Institute has been approved as a NASBA registered sponsor and NHCAA Institute training programs have been added to the NASBA Registry. As a NASBA registered sponsor, we commit to the delivery of high quality continuing professional education in compliance with the Statement of Standards for Continuing Professional Education (CPE) Programs (Standards) and the program requirements of the National Registry of CPE Sponsors.

Meet Ethics Training Needs with NHCAA's Health Care Fraud Investigator Ethics Seminar

Friday, November 20, 9:30 a.m. – 11:30 a.m.

Two premier health care anti-fraud compliance instructors lead a 2-hour seminar on professional and investigative ethics for the health care fraud investigator. The program will combine lecture with group discussion and will focus on practical ethical challenges faced by investigators in the areas of evidence, interviewing, professional and business activities, privacy, as well as review legal and regulatory requirements. This course is designed to meet the American Certified Fraud Examiner CFE ethics training requirement.

For more information on AHFI® Accreditation, upcoming test dates, and to apply, please visit *www.nhcaa.org/AHFI*, or contact NHCAA via email at *training@nhcaa.org*.

PRELIMINARY CONFERENCE SCHEDULE

Tuesday, November 17

7:00 a.m. – 6:30 p.m.	Conference Registration / Information
8:30 a.m. – 4:30 p.m.	Optional Full-Day Pre-Conference Programs
8:30 a.m. – 12:00 p.m.	Optional Half-Day Pre-Conference Program
1:00 p.m. – 4:30 p.m.	Optional Half-Day Pre-Conference Program
4:00 p.m.	Anti-Fraud Expo Opens
5:00 p.m. – 6:30 p.m.	Welcome Reception in the Anti-Fraud Expo Hall

Wednesday, November 18

6:30 a.m. – 6:30 p.m.	Conference Registration/Information
8:00 a.m. – 9:00 a.m.	Opening General Session
9:15 a.m. – 10:15 a.m.	Concurrent Sessions
10:15 a.m. – 11:00 a.m.	Coffee Break in the Anti-Fraud Expo Hall
11:00 a.m. – 12:00 p.m.	Concurrent Sessions
12:00 p.m. – 1:30 p.m.	Awards Luncheon
1:30 p.m – 2:15 p.m.	Dessert with Exhibitors in the Anti-Fraud Expo Hall
2:15 p.m. – 3:15 p.m.	Concurrent Sessions
3:25 p.m. – 4:25 p.m.	Concurrent Sessions
4:30 p.m. – 5:15 p.m.	General Session
5:15 p.m. – 7:15 p.m.	Connect Reception in the Anti-Fraud Expo Hall

Thursday, November 19

7:00 a.m. – 5:00 p.m.	Conference Registration/Information
7:00 a.m. – 8:00 a.m.	Breakfast Workshop Sessions
8:15 a.m. – 9:30 a.m.	Concurrent Sessions
9:30 a.m. – 10:15 a.m.	Coffee Break in the Anti-Fraud Expo Hall
10:15 a.m. – 11:15 a.m.	Concurrent Sessions
11:30 a.m. – 12:30 p.m.	Concurrent Sessions
12:30 p.m. – 2:00 p.m.	Networking Luncheon, Prize Drawing & Exhibitor Finale in the Anti-Fraud Expo Hall
2:00 p.m. – 3:15 p.m.	Concurrent Sessions
3:30 p.m. – 5:00 p.m.	Concurrent Sessions
4:00 p.m. – 5:30 p.m.	Certificate Pick-Up

Friday, November 20

7:30 a.m. – 11:30 a.m.	Certificate Pick-Up
8:00 a.m. – 9:30 a.m.	Breakfast General Session
9:30 a.m. – 11:30 a.m.	Ethics Workshop
9:45 a.m. – 11:00 a.m.	Concurrent Sessions
11:30 a.m.	Conference Adjourns

GLOBAL HEALTH CARE ANTI-FRAUD NETWORK

5TH ANNUAL GLOBAL HEALTH CARE FRAUD PREVENTION SUMMIT

November 16-17, 2015

NHCAA is pleased to host the 5th Global Health Care Fraud Prevention Summit, on Monday, November 16 and Tuesday, November 17 in conjunction with the NHCAA 2015 Annual Training Conference. Summit registration is by invitation only; for the summit schedule, and to request an invitation visit www.ghcan.org.

ANTI-FRAUD EXPO

Discover solutions in the Anti-Fraud Expo Hall, featuring the latest anti-fraud technologies and services from over 60 leading solution providers. During the Conference breakfasts, breaks, and receptions visit Anti-Fraud Expo Hall to network, and identify viable business solutions for increasingly complex needs.

Tuesday, November 17

8:00 a.m. – 4:00 p.m.	Expo Set-up
4:00 p.m.	Anti-Fraud Expo Opens
5:00 p.m. – 6:30 p.m.	Welcome Reception

Wednesday, November 18

10:15 a.m. – 11:00 a.m.	Coffee Break
1:30 p.m. – 2:15 p.m.	Dessert with Exhibitors
2:15 p.m. – 5:00 p.m.	*Expo Hall remains open during Concurrent Sessions*
5:15 p.m. – 7:15 p.m.	NHCAA Connect Reception

Thursday, November 19

9:30 a.m. – 10:15 a.m.	Coffee Break
10:15 a.m. – 12:30 p.m.	*Expo Hall remains open during Concurrent Sessions*
12:30 p.m. – 2:00 p.m.	Networking Luncheon, Prize Drawing & Exhibitor Finale
2:00 p.m. – 6:30 p.m.	Expo Tear-Down

NHCAA offers an online Expo feature that will allow attendees to map their Anti-Fraud Expo experience before arriving in San Diego, and schedule appointments with exhibitors during show hours. The interactive floor plan is available on the NHCAA website and will be available on the Conference App.

Include spouses or partners at the networking functions held in the Anti-Fraud Expo Hall by purchasing a Spouse/Partner Event Pass for $150.

Some of the anti-fraud solution leaders that will be represented in the 2015 Anti-Fraud Expo Hall:

Arbor Health
BAE Systems Applied Intelligence
CGI
Chetu Inc.
Connolly/iHT
Emdeon DIAMOND
Equian
Esri
FICO
General Dynamics Health Solutions DIAMOND
Health Care Excel
Health Integrity, LLC
Healthcare Fraud Shield DIAMOND
HMS, Inc.
IBM
ID Experts
Integrity Management Services, LLC
LexisNexis
MCMC LLC
McKesson Health Solutions
Myers and Stauffer
Opera Solutions, LLC
Optum
P&R Dental Strategies, LLC
Performant
Pindrop Security GOLD
Polonious SIU & Compliance Systems
SAS SILVER
SCIO Health Analytics GOLD
SRI International
TransUnion
Truven Health Analytics GOLD
Varis LLC SILVER
Verisk Health, Inc. PRESIDENTIAL
Verisys Corporation GOLD
Xerox GOLD

**BOLD denotes an NHCAA Platinum, Premier or Supporting member.*

Visit the ATC Conference Web site at www.nhcaa.org/ATC for the most up to date list of exhibitors.

Interested in Exhibiting? Expo Information: www.nhcaa.org/EXPO

CONFERENCE TRACKS & PATHS

The ATC offers more than 70 individual workshops organized under the following broad training areas:

Clinical Issues for the Healthcare Fraud Investigator
Taught by clinicians, these sessions seek to further deeper clinical understanding within investigative work.

NEW: Behavioral Health Fraud Schemes
Explore sessions on fraud schemes specific to the delivery of the behavioral health benefit.

Detecting and Investigating Dental Fraud
Examine investigative skills and schemes specific to dental insurance.

Fraud Schemes and Investigative Skills
Follow investigations that uncover new schemes and build investigative skills.

Fraud in the Medicaid Program
Education fostering an understanding of fraud challenges unique to Medicaid.

Pharmacy and Part D Fraud
Sessions with a focus on fraud schemes specific to the delivery of the pharmacy benefit.

Legal, Management & Compliance Issues
For the SIU manager, workshops on today's legal and compliance trends, and sessions on management of the SIU.

NEW: Transformation of Health Care
Explore new delivery models, innovations and systems of care in a post ACA environment.

Disability, Workers' Compensation & Supplemental Products
Hear case studies of fraud investigation in the disability, workers' compensation, and supplemental insurance product arena.

Further tailor the conference to meet professional development needs using three curriculum paths:

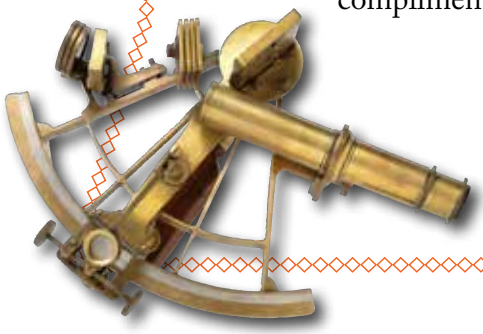
AHFI Path
The AHFI® Path is a map to sessions of interest to participants planning on pursuing the Accredited Health Care Fraud Investigation AHFI® designation. The sessions provide reinforcement for content mastery required for the AHFI® exam.

LE Path
This path leads law enforcement and investigators working in public programs to sessions most applicable to their needs.

Management Path
Designed with the most experienced investigators and managers in mind, the Management Path curriculum points to clinical, legal and management topics relevant to today's anti-fraud leaders.

Conference App/Wi-Fi Access Conference-wide

Navigate the plethora of sessions and create a personalized schedule using NHCAA's 2015 ATC App. Bring tablets, smartphones and laptops and stay connected using NHCAA's complimentary Wi-Fi access code throughout the conference and expo.



Sponsored by Verisk Health

PROGRAM WORKSHOPS

Select sessions from one of the eight education tracks, or pick and choose across tracks to create the optimal program for your professional development needs. Programs are assigned one of three levels:

Level I

Basic programs where little or no investigative, health care and/or IT expertise is expected, terms and acronyms are defined, concepts are explained in greater detail, and the education focus is on investigative skills.

Level II

Programs where some investigative, health care and/or coding expertise is assumed, and training content is focused on the investigative process, using case examples to highlight investigative strategy and techniques.

Level III

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 unit.

CLINICAL ISSUES FOR THE HEALTH CARE FRAUD INVESTIGATOR

Urine Drug Screens: CPT Coding Update

Wednesday, 9:15 a.m. – 10:15 a.m.
Level II

Pricilla Alfaro, MD
Medical Director, Anthem, Inc.

Janet Bonham, AHFI
Senior Investigator, Anthem, Inc.

Carl Reinhardt, AHFI, CPC
Manager, Anthem Medicaid Special Investigations Unit, Anthem, Inc.

This workshop will look at the morphing of urine drug screens from 80101/80104 to the quantitative testing of the urine specimen. Faculty will examine the specific level of test and the required laboratory equipment and reagents required to perform that level of testing. The presenters will explain and define the terms used in the laboratory process and their significance to the investigation, and explain the 2014 & 2015 CPT coding for UDT and the significance of the changes. This session uses current case examples, investigative steps, and shared experiences so that an experience investigator can replicate the process in their own SIU.

Clinical Trial Billing Compliance

Wednesday, 2:15 p.m. – 3:15 p.m.
Level II

Cindy Parman, CPC, CPC-H, RCC
Principal, Coding Strategies Inc

Two modifiers, one diagnosis code and a requirement to supply the clinical trial number make coding services associated with clinical trials a challenge. Insurers are sometimes required to reimburse for routine services, but some payors may not have to pay for anything related to a clinical trial. The Affordable Care Act has impacted trial reimbursement, but the extent of payment may still be in question. This session will review definitions of routine and investigational services, explore public audits and investigations involving clinical trials and provide examples of correct and incorrect modifier and diagnosis code reporting.

Endoscopic Sinus Surgery

Thursday, 8:15 a.m. – 9:30 a.m.
Level III

Fred Holt, MD, JD, AHFI
Managing Member, Medical Affairs Partners, LLC

Leland Garrett, MD
Medical Director for Special Investigations, Blue Cross Blue Shield of North Carolina

The popularity of endoscopic sinus surgery has soared among Otolaryngologists since its introduction in the 1980s. Now balloon dilatation of the sinus openings has made richly-reimbursable sinus operations possible in the office setting. Abuse of these operations has proliferated. This session will teach the participants what these procedures are, why they are so popular, and how they are causing payors unnecessary loss. Faculty will show how one plan recognized the problem and brought it under control though the use of the adaptation of a strong evidence base into the plan's own rule set with the input and buy-in from the local ENT physician community. Attendees will leave the class armed with a game plan to see whether their plans are impacted and, if so, how to gain control of the problem.

Testosterone Therapy

Thursday, 10:15 a.m. – 11:15 a.m.
Level II

Linda Cote, AHFI
Senior Investigator, Aetna

Gordon Grundy, MD
SIU Medical Director, Aetna

The presenters will discuss in detail the clinical indications for testosterone therapy, and how the recent publicity regarding this treatment as an anti-aging therapy has led to widespread abuse of this treatment. Faculty will examine how the lack of controls to monitor potential life-threatening side effects makes this abuse even more dangerous and a quality of care concern for patients. Billing patterns and ways to identify suspect providers will be demonstrated. A case history will be covered which will include how this problem was discovered, the investigative steps taken, pitfalls encountered while investigating, results achieved, and tips to mitigate loss.

Getting it Straight – Chiropractic and Physical Medicine Services

Thursday, 11:30 a.m. – 12:30 p.m.
Level III

AHFI Path

Daniel Bowerman, DC, AHFI, CPC
Consultant

Chiropractic anti-fraud expert provides a look at the chiropractic office visit and how to identify medically unlikely occurrences from the medical records and claims. Faculty will examine fraud schemes that keep him up at night, and demonstrate ways to uncover the behavior. Attendees will walk away with a better understanding of what to look for, what to request and what to ask when investigating a chiropractic case.

REASON # 73

"I can attest the NHCAA annual conference consistently offers a variety of pertinent educational programs along with opportunities to network with dedicated investigators, agents, law enforcement, as well as medical SME's who effectively fight fraud waste and abuse everyday."

WHAT'S YOUR REASON TO ATTEND?

Share on NHCAA CONNECT ATC Discussion. http://connect.nhcaa.org

CLINICAL ISSUES FOR THE HEALTH CARE FRAUD INVESTIGATOR *(CONTINUED)*

Genetic and Biomarker Testing

Thursday, 2:00 p.m. – 3:15 p.m.
Level III

Kristine Bordenave, MD, FACP
Lead Medical Director, Special Investigations Unit & Provider Payment and Integrity, Humana

Ksenia Coble, RN, CPC
Clinical Auditor, Humana

Expert faculty will explain the current genetic and biomarker testing environment and its current sales appeal in the U.S. The presenters will describe the methodologies used to perform the various tests and explain the associated coding. Through examples, faculty will demonstrate the identification of schemes used to obtain inappropriate maximum payment by payer systems and provide the existing and proposed criteria defining appropriate utilization and billing for this testing.

Electrodiagnostic (EDX) Medicine

Friday, 9:45 a.m. – 11:00 a.m.
Level II

Peter Grant, MD, PC
Medical Doctor, Past President of the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM)

Faculty will provide an overview of EDX fraud and abuse in the US and then discuss the common types of EDX fraud and abuse including mobile diagnostic labs, hand-held devices, QST devices and other inappropriate EDX practices or schemes. The presenter will demonstrate what constitutes quality EDX studies and what means are available to substantiate appropriate studies. Attendees will walk away with resources to better recognize and understand the different types of EDX fraud and abuse, and ideas on ways to combat EDX fraud and abuse.

BEHAVIORAL HEALTH FRAUD SCHEMES

Applied Behavior Analysis (ABA) Services

Wednesday, 11:00 a.m. – 12:00 p.m.
Level II

Margaret Payne
Manager, Program Integrity, Humana

The session begins with an overview of the ABA benefit and the services included in the benefit. Through samples of case investigations faculty will demonstrate a number of fraudulent billing schemes including misrepresentation of both services and providers, excessive units billed and fabricated records. Attendees will walk away with examples of multiple schemes and how to data mine to uncover suspect behavior.

Freestanding Behavioral Health Clinics

Wednesday, 3:25 p.m. – 4:25 p.m.
Level II

Amanda Brown, AHFI
Compliance Officer, New Directions Behavioral Health, Inc.

Jill Carraher, LMSW, AHFI
Manager, Claim Integrity, New Directions Behavioral Health, LLC

Faculty will explore different staff licensures and scopes of practice within free standing behavioral health facilities. At the session conclusion, participants will understand treatment frequencies and what services are to be expected at each level of care provided by the facilities.

Community Mental Health Centers: A Case Study

Thursday, 8:15 a.m. – 9:30 a.m.
Level II

LE Path

Thomas Daly
Special Agent, U.S. Department of Justice, Federal Bureau of Investigation

Ritchard Houdashelt
Special Agent, U.S. Department of Health and Human Services, OIG-OI

Federal agents present a recent case study of one of the largest health care fraud schemes to date involving three Community Mental Health Centers in Louisiana and Texas which resulted in seventeen criminal convictions and restitution orders in excess of $43 million. These three facilities combined billed Medicare more than $258 million and were paid over $51 million over a seven year period. Faculty will provide tips on various investigative techniques they used, as well as road blocks they encountered when investigating behavioral health care.

FOR UP-TO-DATE LISTINGS VISIT NHCAA.ORG/ATC

Mental Health Services and the ACA

Thursday, 11:30 a.m. – 12:30 p.m.
Level III

James Slayton, MD
National Medical Director for Outpatient Services, OptumHealth Behavioral Solutions

Elizabeth Martin, JD
VP, Program & Network Integrity, Optum

FWA detection and analysis has taken on new importance post ACA as health plans are now managing expanded public sector population behavioral health benefits. The new benefits expansion has given rise to 'unconventional' behavioral health outpatient services. Faculty will illustrate the opportunities in this area with specific focus on psychosocial rehabilitation services. Case examples, detection techniques and 'lessons learned' will be shared with workshop participants.

Group Therapy

Friday, 9:45 a.m. – 11:00 a.m.
Level II

Gary M. Henschen, MD
Chief Medical Officer, Behavioral Health, Magellan Health Services, Inc.

Faculty examines the group therapy visit, with a focus on the behavioral health benefit, correct coding and best clinical practices. Common schemes will be discussed with the focus on detection and prevention of abusive patterns of billing.

DETECTING AND INVESTIGATING DENTAL FRAUD

Foreign Dental Claims & Schemes

Wednesday, 9:15 a.m. – 10:15 a.m.
Level II

Joaquin Basauri
Senior Investigator, Kaiser Permanente

Julie Heit
Dental Hygienist, Manager - Ancillary Utilisation Review, Bupa Australia

Dental fraud is not unique to the U.S., and cross-border fraud schemes are becoming increasingly more prevalent. Investigators will share first hand experiences with dental fraud schemes perpetrated in Australia and in Mexico and focus on the types of schemes occurring and strategies for detection and prevention.

Dental Coding Schemes

Wednesday, 11:00 a.m. – 12:00 p.m.
Level II

AHFI Path

Kimberly Brown, RDH, AHFI
Clinical Fraud Analyst, Delta Dental of Virginia

Suzette Long, RDH, AHFI
Senior Consulting Manager, Truven Health Analytics

Trish Shifflett, RDH, AHFI
Clinical Fraud Analyst, Delta Dental of Virginia

A panel of dental hygienist fraud investigators will examine a variety CDT and CPT dental coding schemes and provide tips for data mining to reduce exposure. Hear schemes impacting both private insurance and government programs, and learn to identify red flags in the claims and dental records.

Demystifying Oral and Maxillofacial Surgery: Extractions, Impactions, Anesthesia, Sleep Apnea Appliances, and Billing

Wednesday, 3:25 p.m. – 4:25 p.m.
Level III

David Rubin, DDS
Oral Maxillofacial Surgeon, HMS

Many dental providers – from general dentists to oral and maxillofacial surgeons – are upcoding simple extractions to surgical extractions. Providers are also upcoding impactions from soft tissue to complete bony extractions. This presentation will explore the differences between all of the extractions codes. Furthermore, dental providers can misrepresent which anesthesia technique they administer. Presentation attendees will learn how to dissect the dental chart to learn the techniques used and a reasonable amount of time for each procedure. Since sleep apnea is a current buzzword for dental providers, they often try to bill medical insurance for sleep apnea appliances, as the reimbursements are higher on the medical side. Presentation attendees will learn what a sleep apnea appliance is – not simply a device to stop bruxism – and when it is appropriate to bill medical insurance.

Dental Fraud Schemes in the Commercial & Public Sector

Thursday, 8:15 a.m. – 9:30 a.m.
Level II

Richard Celko, DMD, MBA, AHFI
Regional Dental Director, UPMC Health Plan

Stewart Balikov, DDS, AHFI
National Dental Director Utilization Management, Aetna, Inc.

Dental fraud, waste and abuse schemes in both the commercial and public sectors appear with many similarities, however investigators need to be aware of the differences in plan design in order to better detect schemes which are predominantly focused to each unique sector. This presentation will review the more common schemes in dental fraud and discuss how they would appear to the investigator in the commercial and public sectors, and what particular investigative skills may be required as seen through the experiences of both commercial and government sector dental directors.

Dental Directors' Quick Hits Panel

Thursday, 2:00 p.m. – 3:15 p.m.
Level II

Stewart Balikov, DDS, AHFI
National Dental Director Utilization Management, Aetna, Inc.

James A. Balukjian, DDS, AHFI, CDC, MBA
Associate Dental Director, Delta Dental of Rhode Island

George Koumaras, DDS, AHFI
Dental Analytics Director, Anthem, Inc.

Katina Spadoni, DDS, CDC, AHFI
Dental Consultant, Delta Dental of Illinois

Dental directors supporting NHCAA Member Organization SIUs will discuss dental claim they are currently seeing in their networks, and offer suggestions on how to investigate dental claims in future investigations. Faculty will answer audience inquiries on dental issues in current cases.

FRAUD SCHEMES AND INVESTIGATIVE SKILLS

Diabetic Neuropathy Clinics

Wednesday, 9:15 a.m – 10:15 a.m.
Level II

LE Path

Jennifer Schlinz
Special Agent, U.S. Department of Justice, Federal Bureau of Investigation

Cindi Woolery
Assistant United States Attorney, United States Attorney's Office for the Western District of Missouri

The presenters will review and discuss the latest diabetic neuropathy clinics (aka chiropractic offices disguised as multi-disciplinary clinics) and their treatments. These neuropathy treatments which are advertised to cure neuropathy are considered investigational by most insurance payers and CMS. The payments for these types of procedures are being masked as therapy along with injections of anesthetics into patient's ankles. During the presentation, the participants will learn about nerve conduction studies, nerve block injections, physical therapy, pneumatic chair therapy, balance therapy, electrical stimulation and ultrasound needle guidance. The affiliated procedure codes will be provided so that the participants can return home and data mine for similar schemes.

Freestanding Emergency Centers

Wednesday, 11:00 a.m. – 12:00 p.m.
Level II

Kenneth Cole, AHFI, CFE, CPC
Supervisory Investigator, Healthcare Fraud Shield

In recent years, hospitals have moved some traditionally hospital-based healthcare services out of the hospitals to external entities. One of these external entities is freestanding emergency centers (FSEC). Similarly with existing urgent care centers and ambulatory surgical centers, detecting and addressing FWA concerns from FSECs may present a new and unique challenge to the SIU. These challenges include identifying differences in traditional ER billing patterns and differences in federal and state regulation and oversight for these facilities. This session explores these challenges and presents suggestions to identify potentially aberrant FSEC billers. Once identified, faculty will demonstrate the application of the appropriate techniques and resources to questionable FSEC to insure an efficient investigation with a positive return on investment.

Forensic Accounting in Health Care Fraud Investigations

Wednesday, 2:15 p.m. – 3:15 p.m.
Level II

Emily Foss, MBA, MAcc, CFE
Humana, Special Investigator, Special Investigations Unit

Health care fraud is a form of white collar crime that is on the rise and costing billions of dollars in the United States. Forensic Accountants are trained to follow money and apply dollars to motive. Typically, there is only one motive in healthcare fraud and that motive is to increase a bank account. The fraud may be perpetuated individually or as a conspiracy with many parties involved. The Forensic Accountant is able to evaluate healthcare fraud from a different perspective, which attaches the dollars to the schemes being perpetuated. The presenter will discuss investigative strategies that assist with "following the money" and making sense of the dollars associated with various schemes. Schemes to defraud versus policy/plan violations will be discussed. A discussion of what constitutes criminal activity will focus on when a provider knowingly and willingly performs an act to increase their bank account.

Medical Identity Theft Panel

Wednesday, 2:15 p.m. – 3:15 p.m.
Level II

LE Path

Jean Stone
Program Integrity Senior Specialist, U.S. Department of Health and Human Services, CMS

Joseph Popillo, AHFI, CPCO, CPC-A
Director, Corporate Compliance Special Investigations Unit, Health First Inc.

Jutta Williams, CISSP, CIPP, CISA
VP, Chief Compliance Officer, Chief Information Assurance Officer, Health First Inc

As the health care industry continues to change, identity theft serves as the root to many channels used in perpetuating health care fraud. Faculty from the private and public sectors will provide examples of strategies at work to battle the theft of medical identities. Attendees will hear initiatives that the Medicare program has implemented to safeguard against ID theft. From the private sector, learn how an Integrated Delivery Network (IDN) leverages privacy and FWA resources to battle theft of services in its ERs.

2015 Investigation of the Year

Wednesday, 3:25 p.m. – 4:25 p.m.
Level II

LE Path

Welcome the recipients of *NHCAA's 2015 Investigation of the Year Award* and listen to the investigative strategies, multi-organization cooperation and case-building excellence that led to a successful resolution, as well as to the coveted NHCAA honor.

Home Health Care

Thursday, 8:15 a.m. – 9:30 a.m.
Level II

LE Path

Lisa Garcia, RN, COS-C
Nurse Investigator/Law Enforcement Liaison, Health Integrity, LLC

James Hargrove
Vice President of Operations, Fee for Service, Health Integrity, LLC

Stephen Ward, AHFI, CFE
Project Director/Law Enforcement Liaison, Health Integrity, LLC

The presenters will discuss in detail the latest changes in home health regulations including but not limited to what qualifies a patient for home health, who should be ordering the home health and who can sign a face to face encounter home health form. The discussion will include the latest trends and schemes identified that affect Medicare reimbursement on a daily basis. These trends and schemes include, but are not limited to the forging of the physician's signature as well as the signing of documents by a physician without establishing a patient-physician relationship as required by Medicare. Because of the nature of the honor based claims processing system Medicare has in place, the claims, when filed are paid and only reviewed if flagged by an edit or a payor. The discussion will include the relevant facts of an actual prosecuted case and demonstrate the fraudulent behavior.

Conducting a Lab Audit from Chart to Bill

Thursday, 8:15 a.m. – 9:30 a.m.
Level II

AHFI Path

Melissa Scott, CHC, CPC
President, ClinLab Consultants

Expert faculty will demonstrate the steps of a laboratory audit, and focus on the red flags that can be identified throughout the process. The session will focus on continuity from order to result to billing – the synchronization required for a valid claim. At the conclusion of the session, attendees will understand the distinctions for physician office labs, freestanding labs, and billing for referred tests.

Oncology Services Fraud Case Study

Thursday, 8:15 a.m. – 9:30 a.m.

rep eats

Friday, 9:45 a.m. – 11:00 a.m.
Level II

LE Path

Catherine Dick
Assistant United States Attorney, U.S. Department of Justice

Bryan Drake
Special Agent, U.S. Department of Justice, Federal Bureau of Investigation

This presentation will detail a fast-paced health care fraud investigation into Dr. Farid Fata, an oncologist arrested in August 2013 on charges of health care fraud (including practices that resulted in patient harm), kickbacks, and money laundering. Presenters will discuss challenges arising from several unique aspects of the case, including: scale (Fata's practice billed $400 million in approximately six years), speed (Fata was arrested just four days after the FBI learned of the allegations), potential disruption of critical patient care, and national media attention. Presenters will outline, in detail, the fraud executed by Dr. Fata that went unchecked for years and the approach taken by investigators to gather an immense amount of information in a short time to secure indictments and eventually a guilty plea.

SIRIS Investigation of the Year

Thursday, 10:15 a.m. – 11:15 a.m.
Level II

Hear how a SIRIS lead led to an award winning investigation. NHCAA unveils a new award for investigations that were either discovered or significantly enhanced by a SIRIS lead. Attendees will follow the investigative twists and turns and best practices for building a successful case.

Fraud Analytic Techniques: Simple Techniques to Uncover Complex Schemes

Thursday, 11:30 a.m. – 12:30 p.m.
Level II

AHFI Path

James McCall, AHFI
Director, Fraud Analytics, Emdeon

The presenter will first introduce a suspect behavior classification model that breaks fraud risk into four easy to understand groups, frequency, density, intensity and velocity. Understanding high risk behaviors in this context, allows for easy transition of detection methodologies. Once the model is understood, regardless of the specific schemes that occur (which codes, etc) having models in place to uncover any of these 4 behaviors, will detect the abnormal behaviors, and bring them to the attention of the reviewer for additional investigation. The presenter will then discuss specific techniques using simple tools such as Excel and/or free downloads which can be used to uncover these behaviors. Detailed materials will be prepared and provided to allow for simple application of these techniques when the participants return to their desks in the office. Throughout this presentation real-life examples will be implemented to highlight how these techniques can be used successfully.

Ambulance Fraud

Thursday 2:00 p.m. – 3:15 p.m.
Level II

LE Path

Anderson Smith
Special Agent, U.S. Department of Justice, Federal Bureau of Investigations

Jeremy Thornton
Special Agent, U.S. Department of Health and Human Services, OIG-OI

The ambulance industry, especially the area of ambulance transportation for dialysis patients, is extremely vulnerable to fraud and abuse. During this presentation faculty will discuss the various schemes employed by these offenders to illegally obtain reimbursement from Medicare and other insurance companies. Some of these schemes include payment of kickbacks, billing for services not rendered and transportation of patients who do not require an ambulance. The attendees will learn the requirements for reimbursement from Medicare as well as some indicators to help identify ambulance companies that may be committing fraud. Faculty will also discuss effective techniques used to investigate ambulance fraud cases. These points will be supplemented with real case examples.

Clinical Laboratory Case Study

Thursday, 2:00 p.m. – 3:15 p.m.
Level II

LE Path

Tom Floersch
Assistant Special Agent in Charge, U.S. Department of Health and Human Services, OIG-OI

John Croes
Special Agent, U.S. Department of Health and Human Services, OIG-OI

The presenters will discuss schemes used to defraud Medicare and private insurances in the area of clinical laboratories and ways to investigate and prosecute those schemes. Discussions will involve ways that CPT codes are manipulated and means to conceal bribe and kickback payments. There are many methods which can be used to investigate clinical laboratory frauds and bribes/kickbacks and the presenters will explain some of the successful tactics they have used. During the presentation, a current investigation will be used as a case study to discuss the detection of fraudulent activities, ways to identify practitioners and clinical laboratories involved in fraud and bribes/kickbacks, the use of claims pattern analysis and financial record review, and the use of law enforcement techniques. Attendees will receive information that can improve their investigative skills and increase the rate of success when investigating and prosecuting clinical laboratory cases.

Prosecuting Hospital Fraud: A Case Study

Thursday, 2:00 p.m. – 3:15 p.m.
Level II

LE Path

Jack Geren, CFS
Special Agent, U.S. Department of Health and Human Services, Office of the Inspector General, OIG-OI

Nathaniel Kummerfeld, JD
Assistant U.S. Attorney, Healthcare Fraud Coordinator, U.S. Attorney's Office, Eastern District of Texas

Through the experiences of a team that successfully prosecuted a hospital chain owner for his role in up-coding DRG payments across multiple hospitals, participants will not only be taught the techniques and strategies used throughout the trial, but also the various pitfalls avoided and overcame in route throughout the investigation and prosecution. Participants will be shown useful investigative techniques and informed of strategies used to make critical decisions. Participants' learning will be enforced through the presentation of two cutting-edge cases that received national attention.

Operation Cinco Castillos: New Physical Therapy and J Code Schemes Targeting Private Insurance Carriers

Thursday, 3:30 p.m. – 5:00 p.m.
Level II

LE Path

Christopher J. Clark
Assistant U.S. Attorney, U.S. Department of Justice

Kristin Bailey
Special Agent, U.S. Department of Justice, Federal Bureau of Investigation

Harlen Johnston
Special Agent, U.S. Department of Justice, Federal Bureau of Investigation

This case study examines the investigation of a scheme to defraud privately insured health care plans, chiefly self-insured employers, who offered Administrative Services Only (ASO) insurance plans to their employees and out of state host plans. The discussion will focus on a group that recruited massage therapists to open physical therapy clinics. These individuals utilized medical director staffing companies to obtain and misappropriate the names and licensing information for numerous physicians. This information was then used to submit false and fraudulent physical therapy and injection claims to the private insurance plans. Owners paid kickbacks to recruiters to provide patients who would sign documents falsely and fraudulently representing that they had received medical services when, in fact, they had not received medical services. Owners also recruited uninsured individuals to enroll in private health insurance plans and would pay the monthly premium and additional kickbacks in exchange for billing under the complicit patients' names. In the span of one and one-half years, private insurance plans were billed over $130 million in false and fraudulent claims. As a result of this case study, participants will learn: new schemes targeting private insurance host and ASO plans; new JCodes used by fraudulent Physical Therapy clinics to defraud the insurers; new variations on kickback schemes; and methods by which private insurers may refer and charge private insurance cases to federal investigators under the federal health care fraud statutes.

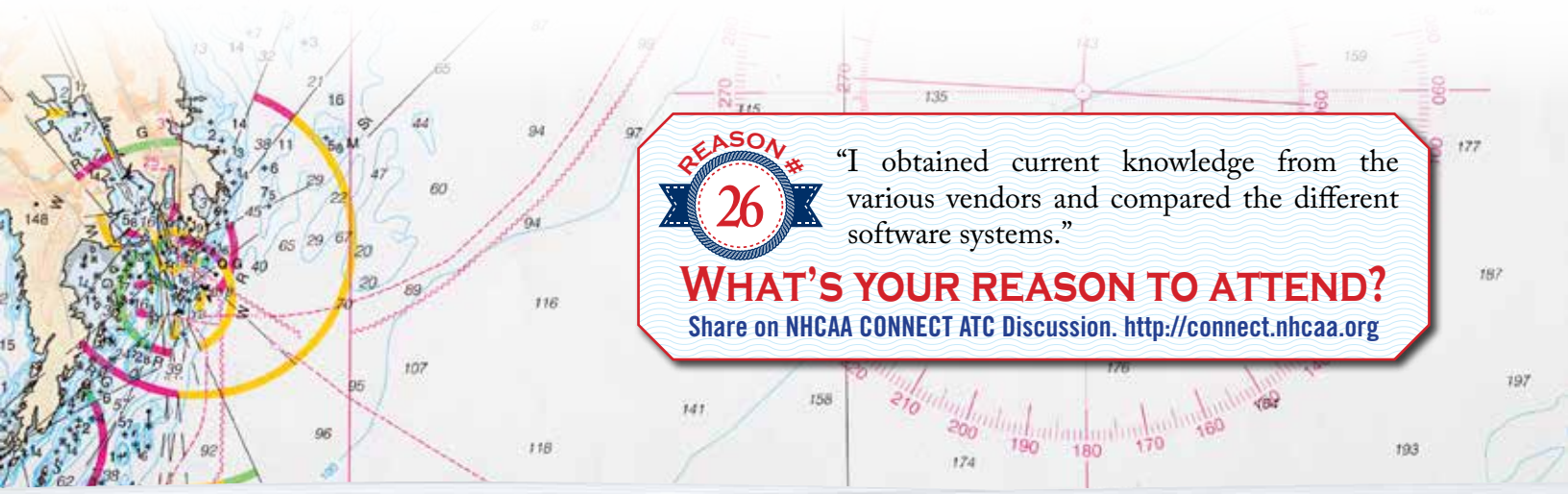
Emerging Fraud Schemes in Medicare

Thursday, 3:30 p.m. – 5:00 p.m.
Level II

LE Path

Jennifer Trussell
Special Advisor, U.S. Department of Health and Human Services, OIG-OI

This session will examine emergent schemes impacting the Medicare and Medicaid program, and tips on the rapid identification of these schemes. Fraud challenges that will be the focus of tomorrow's investigations will be identified.



FRAUD IN MEDICAID PROGRAM

Investigating Medicaid Fraud: The Health Plan Perspective

Wednesday, 9:15 a.m. – 10:15 a.m.
Level II

Briana Hollenbeck, CPC, MS, AHFI
Senior Investigator, Aetna

Janine Kumanchik, AHFI, HCAFA
Manager, SIU, CareSource Management Group

Tina Sinclair, CPC, AHFI
Senior Investigator, Anthem, Inc.

Investigating Medicaid fraud can be infinitely more complex due to more stringent regulations, rules differing vastly between states, and a population that lends itself to schemes different from commercial and Medicare. Faculty will discuss, from experience, the unique challenges investigating fraud in the Medicaid populations they serve. Schemes will be discussed in terms of specific codes, data mining tips, and investigative examples to promote best practices when investigating fraud in the Medicaid program.

An Ambulance Fraud Case Study

Wednesday, 11:00 a.m. – 12:00 p.m.
Level II

Michael Wysocki, CPA
Senior Investigator, Anthem, Inc.

Stormy Kelly
Investigative Manager, Medicaid Fraud Control Unit of Texas, OAG

This presentation will focus on a multifaceted investigation involving ambulance service providers and habilitation therapy centers. Investigators uncovered the scheme where 40 ambulance companies in the Houston, Texas area that were transporting Medicaid recipients to group habilitation therapy in transportation vans, but billing for ambulance transportation. The case study will focus on the investigative techniques used to uncover the scheme and how to identify these patterns in your claims data.

Home Health: Operation Capitol Ills

Wednesday, 2:15 p.m. – 3:15 p.m.
Level II

LE Path

Brent Wolfingbarger
Deputy Director, Medicaid Fraud Control Unit of D.C., Office of D.C. Inspector General

Faculty detail a multi-agency investigative effort and the tools used in order to bring a network of recruiters, personal care assistants and home health agencies to justice. Tools used included: subpoenas, undercover operations, detailed document analysis and wiretaps. Presenters will provide their "Monday morning quarterback" notes on what was effective and what they would have approached differently.

Using Prescription Drug Monitoring Program Data to Identify Fraud

Thursday, 11:30 a.m. – 12:30 p.m.
Level II

LE Path

Judith Coffey
Supervisor Deputy Attorney General, Medicaid Fraud Control Unit, Office of the Indiana Attorney General

Taya Fernandes
Drug Diversion Analyst, Indiana Office of the Attorney General

Making a prosecutable case against a pill-mill operator and its employees can be challenging. Because these cases always involve a practitioner who has legal authority to prescribe controlled substances, a considerable amount of evidence is required to prove that the prescribing was outside the scope of accepted medical practice and without a legitimate medical purpose. With the advent of prescription monitoring programs there is an opportunity to quickly identify high-volume prescribers and perform an analysis to determine whether they were overprescribing and if so, to what extent. In this session attendees will learn to identify dangerous prescribing trends, identify the lethal combinations and quantities, and use the morphine equivalency tables.

Hospice Storm Project: Identifying Hospice Fraud in Medicaid

Thursday, 2:00 p.m. – 3:15 p.m.

repeats

Friday, 9:45 a.m. – 11:00 a.m.
Level II

LE Path

Chris Covington
Assistant Special Agent in Charge, U.S. Department of Health and Human Services, OIG-OI

David Delgado
Criminal Investigator, Medicaid Fraud Control Unit of Mississippi, OAG

The presentation will focus on the epidemic of hospice fraud in Mississippi with an emphasis on the 'Hospice Storm' project which seeks to identify, investigate and prosecute fraudulent hospice providers. The workshop will begin with an overview of hospice fraud in Mississippi which often originates with door-to-door solicitations by patient recruiters and collaboration by 'medical directors' who are paid by hospices to falsely certify that patients are terminally ill. There will be a general discussion of techniques to identify potentially fraudulent hospices using data analytics such as finding patients who have been on the benefit for extended periods of time. The remainder of the presentation will be a case summary of the successful investigation of Angelic Hospice. The owner of this hospice pled guilty to an $8 million fraud and was sentenced to nearly 6 years in prison in December 2014.

REASON # 11

"The ATC always offers education that I can bring home and immediately apply to my job! The networking... priceless."

WHAT'S YOUR REASON TO ATTEND?

Share on NHCAA CONNECT ATC Discussion. http://connect.nhcaa.org

PHARMACY & PART D FRAUD

Emerging Threats: Pharmaceuticals

Wednesday, 9:15 a.m. – 10:15 a.m.
Level II

LE Path

Michael Cohen, DHSc, JD, PA-C
Inspector, U.S. Department of Health and Human Services, OIG-OI

Shimon Richmond
Special Agent in Charge, Investigative Branch, U.S. Department of Health and Human Services, OIG-OI

Join two seasoned OIG agents as they examine today's emerging and newly approved drugs and how those drugs may be the focus of tomorrow's investigations. Faculty will explore the paradigm shift to non-controlled drug diversion and look closely at recently approved orphan drugs, the potential off-label uses of FDA approved pharmaceuticals and the newest high dollar, high value additions to the market.

Compounding Case Study

Wednesday, 11:00 a.m. – 12:00 p.m.
Level II

LE Path

James Boazzo
Special Agent, U.S. Department of Justice, Federal Bureau of Investigation

Eric Rubenstein
Special Agent, U.S. Department of Health and Human Services, OIG-OI

This presentation will focus on the Medicare Part D pharmacy benefit with respect to compounding prescriptions. The faculty will explore the Part D payment system for compounds, how providers can circumvent the current edits in place and the schemes involved with an investigation that led to the arrest and successful prosecution of a compounding pharmacy in New Jersey.

Part D Vulnerabilities: A Case Study

Wednesday, 2:15 p.m. – 3:15 pm.
Level II

LE Path

Chris Dunkle
Special Agent, U.S. Department of Health and Human Services, OIG-OI

Faculty will present a case study of a Part D fraud scheme that originating in California, and migrated to Louisiana and Kentucky. The scheme incorporated traditional criminal acts, coupled with the use of modern technology to take advantage of program vulnerabilities to divert hundreds of thousands of dollars in prescription non-controlled substances. The case was uncovered by astute local law enforcement that cooperated with the federal agencies that investigated and prosecuted the case at the federal level. The scheme, while advanced and relatively well executed, left a digital trail of evidence which helped reveal the nature and extent of the activities.

FOR UP-TO-DATE LISTINGS VISIT NHCAA.ORG/ATC

Counterfeit Pharmaceuticals

Wednesday, 3:25 p.m. – 4:25 p.m.
Level II

Shane Tiernan, AHFI
Associate Director, Purdue Pharma LP

Counterfeit medicines are found everywhere in the world. They range from random mixtures of harmful toxic substances to inactive, ineffective preparations. Some look so similar to the genuine product that they deceive health professionals as well as patients. In this presentation attendees will learn current global trends involving the counterfeit pharmaceuticals supply chain and the impact on the U.S. health care system. Faculty will provide information on schemes to obtain these counterfeit drugs and resources available to the investigator to combat this problem.

Marketing Schemes: Compounding Pharmacies

Thursday, 10:15 a.m. – 11:15 a.m.
Level II

LE Path

Ian Ives
Special Agent, U.S. Department of Health and Human Services, OIG-OI

Ryan Lynch
Assistant Special Agent in Charge, U.S. Department of Health and Human Services, OIG-OI

This workshop will address a serious trend emerging in the area of compounding pharmacies - namely the substantial increase in prescriptions for so-called pain and scar creams to Medicare, Medicaid, Tricare, and private insurance patients. In this scheme, patients have not been seen by the providing physician/ARNP but have rather been 'cold-called' by a third-party marketing firm that links the patient with a pre-selected provider. The workshop will explore how marketing firms pay kickbacks to recruiters and how to develop a criminal case implicating the Anti-Kickback and HCF statutes.

Compromised Clinics and Their Impact on Medicare Part A, B, and D Fraud

Thursday, 11:30 p.m. – 12:30 p.m.
Level II

LE Path

Daniel Crespi
Special Agent, U.S. Department of Health and Human Services, OIG-OI

Roger Cruz
Assistant United States Attorney, United States Attorney's Office, Southern District of Florida

Stephen Mahmood
Special Agent, U.S. Department of Health and Human Services, OIG-OI

Faculty will describe a large scale fraud scheme involving multiple interrelated prosecuted cases which are linked to over $40 million dollars in Part D fraud and tens of millions of dollars in Part A and B Fraud. The presentation begins with case studies of two Miami clinics whose employees and owners were stealing prescriptions from two of the highest prescribing Part D providers in the nation. The presentation will explain how these two clinics enabled over 40 suspect pharmacies and home health agencies to bilk millions of additional dollars from the Medicare Part, A, B, and D programs. The presenters will explain several of the investigative techniques utilized to uncover, investigate, and link this massive fraud ring. The presenters will discuss the key players involved in the schemes and some of the unique aspects of the cases such as undercover operations, fugitive apprehensions, drug diversion, data analysis links. The presenters will explain the roles of law enforcement and other related health care fraud investigative entities involved in these cases. Finally the presenters will highlight various recurring fraud trends relevant to the case studies and how to reduce the chances of this type of criminal health care fraud from being committed in the future.

LEGAL, MANAGEMENT & COMPLIANCE ISSUES

DOJ Update

Wednesday, 9:15 a.m. – 10:15 a.m.
Level II

LE Path

Gejaa Gobena, JD
Deputy Chief, Health Care Fraud, U.S. Department of Justice, Criminal Division, Fraud Section

Faculty will discuss DOJ's fraud fighting initiatives and successes, and how to effectively collect and demonstrate evidence to assist in successful prosecutions.

Medicare Risk Adjustment Fraud

Wednesday, 9:15 a.m. – 10:15 a.m.
Level III

Management Path

Sharon Houlihan, RN, CPC, CMAS
Manager Risk Adjustment Integrity Unit, Humana

Tammy Jones, RN, CPC
Triage Manager - Risk Adjustment Integrity Unit, Humana

Risk Adjustment fraud schemes are no longer just about selecting and enrolling healthy members (false enrollment schemes). False documentation practices can artificially inflate risk scores creating a different view of risk adjustment fraud schemes. The fraudulent practices may impact Medicare, Medicaid, and commercial lines of business. Because of this deviation from what is known to be typical, the presenters will explain this at a deeper level so participants can walk away with an overall increased knowledge base regarding risk adjustment fraud. The presenters will explain what risk adjustment is from a clinical and payment perspective. This will include discussion on diagnosis coding and hierarchical condition categories (HCC's) that drive the premium payments. The different HCC models that can be used will also be discussed. This information lays the foundation to understand the complexity of risk adjustment fraud schemes. The presenters will describe how frauds are being perpetrated. These are not simply upcoding of a condition but complex schemes that require analytical evaluation of coding practices and also include financial and medical record analysis. To further enhance comprehension of these schemes, the presenters will then walk through an actual case.

CMS Program Integrity Update

Wednesday, 2:15 p.m. – 3:15 p.m.
Level II

Jonathan Morse
Deputy Director, Center for Program Integrity, U.S. Department of Health and Human Services, CMS

CMS' leadership will discuss recent health care fraud detection and prevention activities and progress on ground-breaking information sharing initiatives.

10 Legal Issues to Watch

Thursday, 8:15 a.m. – 9:30 a.m.
Level III

Management Path

Brian Flood, JD, AHFI
Partner, Husch Blackwell LLP

Faculty will explore the most important emerging anti-fraud legal and regulatory developments including recent state and federal court decisions, federal regulatory actions and interesting legislative initiatives.

Prosecuting Reverse False Claims

Thursday, 10:15 a.m. – 11:15 a.m.
Level II

LE Path

Management Path

Sam Sheldon, JD
Partner, Quinn Emanuel Urquhart & Sullivan LLP

Reuben Guttman
Director, Grant & Eisenhofer

Chris Haney, CPA, CFE
Director, Duff & Phelps

Faculty will explain the current climate for prosecuting Reverse False Claims, identify investigative techniques for identifying and resolving potential reverse false claims and examine key risk areas for reverse false claims and the roles of potential whistleblowers including employees and trusted advisors. The panel will discuss recent cases including Continuum Health, one of the first-ever reverse false claims act cases, and highlight the components of the alleged fraud. In conclusion, the panel will discuss the effect of Medicare delay in implementing final regulatory guidance regarding the 60-day rule.

Preparing for Medicare Audits

Thursday, 11:30 a.m. – 12:30 p.m.
Level III

Management Path

Virgilio Florentino
Principal, Compliance Strategies, Inc.

From mock run-throughs to corrective action plan remedies, hear best practices when preparing for Medicare audits. Faculty will share examples of successful prep strategies and detail typical stumbling blocks encountered by SIUs when faced with an audit. The session concludes with take-aways of procedures to help ensure that an SIU's documentation is always audit ready.

Management Roundtable Discussion

Thursday, 3:30 p.m. – 5:00 p.m.
Level III

Management Path

Ralph J. Carpenter
Aetna, Inc.

Carmen E. Russo, AHFI, CFE
John Hancock Financial Services

A combination of networking and education, this high energy session features interactive roundtable discussion of SIU management topics faced by unit leaders. The format encourages participants to move from topic area to topic area to engage in open, creative conversation on best practices and problem solving experiences, to make new connections, and to share knowledge.

TRANSFORMATION OF HEALTH CARE

NCCI Edit Development: Integrating Data Analysis, Clinical Information, Payment Policy and Claims Processing

Wednesday, 11:00 a.m. – 12:00 p.m.
Level II

Management Path

Daniel Duval, MD
Chief Medical Officer, Center for Program Integrity, Deputy Center Director, Center for Program Integrity, U.S. Department of Health and Human Services, CMS

This lecture will present an overview of the use of automated edits as tools in the prevention of fraud, waste and abuse. Using lessons learned from the NCCI maintenance and development processes, we will examine a framework for the integration of the four critical knowledge areas of edit development. We will discuss the uses and limitations of data analysis and medical review, the evaluation of rules that depend on both clinical standards and statute and regulation (or commercial contract and payer policy), and the constraints created by the claims processing systems. We will end with a brief discussion of technical considerations in edit implementation.

Accountable Care Organizations & the Fraud Impact

Wednesday, 2:15 p.m. – 3:15 p.m.
Level III

Management Path

Jim McCall, AHFI
Director, Fraud Analytics, Emdeon

The presenter will provide a legal overview of Accountable Care Organizations (ACOs), to include a review of what they are, their objectives, how they operate, and how this type of care is changing or blurring the lines between payer and provider. In addition, the presenter will discuss some of the quality metrics, and how fraud risk associated with those submissions will need to be evaluated. Finally, the presenter will discuss the relationship between the shared savings methodology, and the NHCAA ROI Standards. He will explore more closely how the long held beliefs about prevented loss will need to be re-examined as provider performance will be measured by trending actual versus expected performance.

EHRs and the Fraud Potential

Wednesday, 3:25 p.m. – 4:25 p.m.
Level II

Management Path

Reed D. Gelzer, MD, MPH
HIT Policy and EHR Specialist, Provider Resources, Inc.

Electronic Health Records Systems (EHRs) are now used by the majority of practicing clinicians and hospitals. Currently, however, since there are no regulatory or "Certification" requirements that address their fitness for use as clinical or business records (or patient safety), EHRs are wildly variable in their ability to support or frustrate an investigator. Fortunately most organizations make a reasonable effort to use these systems properly but for those already disposed to fraud, they are a wealth of opportunities for taking advantage of any delays in payer attentiveness or adaptation. EHRs bring new tools and new challenges to the investigator, not the least being a deeper understanding and the need to organize greater volumes of complex data. This presentation will speed the adaptive investigator along the path to success in this new HCF landscape.

Fraud Under the Affordable Care Act: Year Two

Thursday, 10:15 a.m. – 11:15 a.m.
Level III

Management Path

Carolyn Ham, JD, AHFI
Associate General Counsel, Optum

Individuals and small groups are now able to obtain health insurance with no pre-existing conditions and very limited underwriting through state health care exchanges. This workshop will explore the opportunity for new fraud schemes within the exchanges, capitalizing on fraud units' experiences to date. Faculty will examine impact of the exchanges on the motivations and actions of individuals and small group employers and outline strategies to identify and prevent fraudulent claims. Faculty will also pose questions about the unknowns regarding tax credit and reimbursements and exchange enrollment policy and how each of these opens new doors to fraudulent activity.

Functional Medicine

Thursday, 2:00 p.m. – 3:15 p.m.
Level III

Management Path

Melissa Scott, CHC, CPC
President, ClinLab Consultants

Jeffrey L. Scott, DO
Physician Consultant

Faculty will examine the clinical foundation of functional medicine and why the concept of "biochemical individuality" can lead to risk for fraud, waste, and abuse.

Government Anti-Fraud Initiatives: Perspective From the Outside

Thursday, 2:00 p.m. – 3:15 p.m.
Level III

Management Path

Peter P. Budetti, MD, JD
Attorney, Phillips & Cohen, LLP

Dr. Budetti, former Deputy Administrator of the Centers for Medicare and Medicaid Services, will share his experience and insight on the state of government anti-fraud initiatives. He will provide a glimpse into the Healthcare Fraud Prevention Partnership administration and its progress; discuss ACA regulations that have been released as well as those that are still pending; and share his perspective on the Fraud Prevention System, Part C and D anti-fraud efforts, and what is needed to prepare for Accountable Health Organizations (ACOs).

REASON # 57

"The NHCAA ATC is one stop shopping for all your anti-fraud needs. You will find up-to-date presentations for various skill levels that will help you identify new schemes, or are relevant to your current cases. You will find a broad assortment of solutions by leading vendors. You will meet valued contacts and you will learn new techniques to take home and implement immediately."

WHAT'S YOUR REASON TO ATTEND?
Share on NHCAA CONNECT ATC Discussion. http://connect.nhcaa.org

DISABILITY, LIFE, LONG-TERM CARE & WORKERS' COMPENSATION

Social Media and Investigations

Wednesday, 11:00 a.m. – 12:00 p.m.
Level II

Jason Caroluzzi
Vice President, Ethos Risk Services

Faculty will evaluate web-based information of value to an investigation. Topics discussed include the ethics and laws governing the use of social media in investigations, the indicators used in locating social information, and tips on using this information to enhance a claim investigation.

Member & Agent Fraud Schemes in Supplemental Insurance

Wednesday, 2:15 p.m. – 3:15 p.m.
Level II

Ronnie Rahe, AHFI
Manager, Supplemental Operations Review Team, HealthMarkets

Jennifer Sample, AHFI
Investigator, Supplemental Ops Review Team, HealthMarkets

The presenters will review and discuss in detail current member and agent fraud schemes experienced in supplemental insurance. This will include claim fraud and application fraud. In addition to explaining the fraud schemes and the impact to the supplemental insurance carrier, the presenters will also discuss how these schemes impact health insurance carriers. As an example, an individual who is attempting to prolong a disability or accident claim may continue to treat with a provider. While the supplemental carrier is paying the disability/accident, the health carrier is incurring costs of the unnecessary medical treatment.

Maximizing Witness Value During Patient and Provider Interviews

Wednesday, 3:25 p.m. – 4:25 p.m.
Level II

AHFI Path

Brent Walker, AHFI
Regional Manager, Investigative Services, Travelers Insurance

Mitchell Sherrod, AHFI
Medical Fraud Investigator, Travelers Insurance

Through examples and role playing faculty will demonstrate how to approach the patient or provider, the need (and strategies) to obtain evidentiary value from an interview and how to maximize witness cooperation from the unique roles of patients and providers during a fraud investigation.

Disability Fraud

Thursday, 10:15 a.m. – 11:15 a.m.
Level II

AHFI Path

Visit nhcaa.org/ATC for faculty information

The presenter will provide examples of current real world medical provider fraud schemes being perpetrated in the disability fraud arena, successful investigative techniques and requirements for prosecution. Disability fraud has long been a bastion for significant medical provider fraud, but has often fallen toward the bottom of priorities for law enforcement and prosecutors. The presenter will provide education on how investigators can detect the fraud; successfully procure the evidence necessary for successful prosecution; and the best methods for packaging the case for referral for prosecution based on real world examples.

Building a Model to Combat Workers' Compensation Fraud

Thursday, 11:30 a.m. – 12:30 p.m.
Level II

Ingrid Petrakis, RN, BSN
Claimant Fraud Specialist/Special Agent, United States Postal Service Office of Inspector General

Tracey Ruppel
Provider Fraud Specialist/Special Agent, United States Postal Service Office of Inspector General

Postal employees who suffer work-related injuries or illnesses receive compensation and medical benefits under the Federal Employee's Compensation Act (FECA), administered by the Department of Labor/Office of Workers' Compensation Programs (DOL/OWCP). In FY 2014, FECA benefits paid by the Postal Service totaled $1.32 billion. The Postal Service Office of Inspector General (OIG) has incorporated data mining and analytics in the area of workers' compensation fraud and built predictive models that assist in identifying claimants and medical providers who have a higher likelihood of being fraudulent. Built as a one stop shop for investigators, we will present the visualization of the models output which provides risk scores and immediate access to detailed claimant and provider data allowing investigators to be proactive and focus their attention on cases with the highest fraud probability. This session presents the use of both data analytics in support of claimant and provider fraud investigations from the perspective of Criminal Investigators. An overview of the applications and models used is given, along with case studies that showcase the return on investment that can be expected.

Workers' Compensation: A Grant Funding Model to Bolster Anti-fraud Efforts

Thursday, 3:30 p.m. – 5:00 p.m.
Level II

Dominic Dugo
Chief, Insurance Fraud Division, San Diego County District Attorney's Office

Alan Kessler, JD
Deputy District Attorney, Workers' Comp Applicant Team Leader, San Diego County District Attorney's Office

As a result of the serious problem of WC fraud, California has established grant funding of approximately $55 million a year for anti-fraud efforts. We will explain how the grant funding process operates and the success California has had investigating and prosecuting workers' compensation fraud. Faculty will demonstrate through a case study best practices in a claimant fraud case.

ANTI-FRAUD TECHNOLOGY SOLUTIONS

SIU Best Practices Panel

*Presented by **General Dynamics Health Solutions**, an NHCAA Platinum Supporting Member*

Wednesday, 9:15 a.m. – 10:15 a.m.
Level II

Jala Attia, MBA, AHFI, CFE
Senior Program Director of Business Process Outsourcing and SIU Services, General Dynamics Health Solutions

Mark Starinsky, AHFI, CFE
Senior Program Director of Business Process Outsourcing and SIU Services, General Dynamics Health Solutions

Jessica Gay, CPC, AHFI
Supervisor, SIU Services, General Dynamics Health Solutions

Erin Picton, AHFI
Supervisor, SIU Services, General Dynamics Health Solutions

Participants will benefit from learning best practices that have demonstrably improved the effectiveness of an SIU and the quality of its investigations. This session will provide insights and examples of areas that are often overlooked, but when given attention, can help establish and maintain a strong foundation for your FWA Program. Faculty will also explore how attendees can get the most out of their FWA vendors.

Addressing Evolving Threats in Fraud, Waste and Abuse

*Presented by **Truven Health Analytics**, an NHCAA Platinum Supporting Member*

Wednesday, 9:15 a.m. – 10:15 a.m.
Level II

David Nelson
VP, Truven Health

Mark Gillespie
VP, Truven Health

David Hart
Senior Director, Truven Health

Fraud schemes are continuing to evolve at a staggering rate and the growing Medicaid managed care environment is presenting unique risks for fraud, waste, and abuse. That's why it's important for payers to have proven detection and control processes in place — processes that can address and anticipate the program abuse, wasteful spending, and fraud schemes. Join Truven Health experts as they discuss new innovations in fighting fraud waste and abuse in a managed care environment, including predictive modeling, and key algorithms from the industry's largest algorithm database. During this session, presenters will review fraud solutions, schemes, key algorithms, predictive analytics, technical and analytic approaches, and trends seen in the U.S. with a focus on what works to prevent fraud, waste, and abuse in the health care payer world. Truven Health has been helping Medicaid agencies, CMS, analysts and SIU departments in identifying, recovering and preventing fraud, waste and abuse for more than 30 years.

TO LEARN MORE ABOUT THE ATC VISIT NHCAA.ORG/ATC

How A Multi-pronged Approach and Use of Visualization is Most Effective to Reduce False Positives and Maximize FWA Initiatives

*Presented by **Emdeon**, an NHCAA Platinum Supporting Member*

Wednesday, 11:00 a.m. – 12:00 pm.
Level II

Louise T. Dobbe, Esq.
Director, Investigative Operations and Analytics, Emdeon

Brad Vinson, CPC-P
Supervisor, Investigative Analytics, Emdeon

Learn how a multi-pronged approach is more effective in identifying potential FWA cases. This includes analytics with multi-plan data sets, complex code edits, investigative flags, and human review to uncover high risk claims. Using any single technique is less effective than combining a string of techniques in reducing false positives and maximizing initiatives. Effective identification techniques are the first component. The second is presenting visualizations that illustrate the significance of your findings. Discover how visualizations can impact your findings and the message you deliver. Examples highlight cases where these techniques were used to effectively identify and resolve high risk cases.

Six Degrees of Separation: Fueling Investigations With Insight Into Hidden and Complex Relationships, Associations, and Affiliations

*Presented by **LexisNexis**, an NHCAA Platinum Supporting Member*

Wednesday, 11:00 a.m. – 12:00 pm.
Level II

Mark Isbitts
Director, Market Planning – Payment Protection, LexisNexis

Health care costs continue to rise, affecting everyone involved -- patients, providers, insurance companies and other organizations. While many efforts have been made to control those costs, including the federal government's health care reform law, the Patient Protection and Affordable Care Act, many observers say efforts haven't gone far enough in solving one of the top problems in medicine today: health care fraud, waste, and abuse (FWA). The future of FWA detection involves the overlaying of linking analytics to internal and external data sources. This approach helps uncover significant links among individuals, businesses, assets and properties. Coupling this powerful capability with claims, public records, and contributory data unlocks hidden patterns that otherwise could adversely impact an organization's bottom line, regulatory compliance goals and patient safety. This session will address the importance of looking at providers as people, understanding relationships among providers, patients, and business' and how linking analytics provides visibility into hidden fraud across provider networks.

The Power of Collaboration in the Fight Against Fraud

*Presented by **Verisk Health**, an NHCAA Platinum Supporting Member*

Wednesday, 2:15 p.m. – 3:15 p.m.
Level II

Daniel Kreitman
Director, Special Investigations Unit, Centene Corporation

Jim Schweitzer
Senior Vice President and Chief Operating Officer, NICB

Doug Coombs
Vice President, Fraud Solutions, Verisk Health

Medical fraud, waste, and abuse (FWA) is estimated to cost the U.S. healthcare system approximately $900 Billion each year — nearly 34 percent of the total healthcare spend. This presentation will discuss how collaboration in the form of scheme and behavior identification; data aggregation and analytics; broad dissemination of information; and collaborative investigation and prosecution can improve results for those working to identify FWA.

Understanding Pharmacy Operations – A Key for Investigators

*Presented by **Xerox**, an NHCAA Platinum Supporting Member*

Wednesday, 3:25 p.m. – 4:25 p.m.
Level II

Joshua Peters, PharmD, RPh
Pharmacy Claims Auditor, FWA Specialist, Xerox

Casey H. Chandler
FWA Product Manager, Xerox

Understanding the daily operations of a typical pharmacy, and the regulations governing pharmacy practice can give investigators deeper insight to identify improper activities. Join experts from Xerox for an inside view of pharmacy operations. You will learn how pharmacies must align with rules and regulations, and conform to best practices. Our experts will highlight how wasteful, abusive, and atypical dispensing can affect quality of care, and cause financial harm. We will demonstrate proper record-keeping, and tie it to traditional audit and investigative functions. With this expanded understanding, investigators may find irregular activity that completes the picture of a suspect pharmacy.

Expanding Beyond Facility RAC Audits with Adaptive Predictive Analytics

*Presented by **FICO**, an NHCAA Platinum Supporting Member*

Wednesday, 3:25 p.m. – 4:25 p.m.
Level II

Allyn Pon
Senior Product Manager, FICO

Todd Higginson
Senior Director, Product Marketing, FICO

Mike Sawyer
Client Partner, FICO

Determining the optimal program integrity strategy for facility claims is an ongoing challenge for most healthcare payer organizations. The complexity of inpatient and outpatient facility claims coupled with complicated medical policy compliance makes the review process demanding, labor-intensive, arduous, and slow. Many payers and government entities depend on recovery audit contractors (RAC) to perform a majority of their fraud investigations for facilities. Many of the RAC issues are covered by well-defined local coverage determination (LCD) or national coverage determination (NCD), which identify specific combinations, procedures, drugs, and/or diagnoses. While this is proven to be effective, there's still more money on the table being lost because of new systemic problems that go undiscovered. While thousands of rules/concepts by Recovery Audit Contractors (RACs) can ferret out specific fraud, waste and abuse issues, only adaptive predictive analytics can identify hidden egregious errors, and discover new and emerging problems. Learn how a comprehensive program integrity strategy can help address complex facility claims.

Will Fraud, Waste, Abuse Exist in an ACO World?

*Presented by **CGI Federal Inc.**, an NHCAA Platinum Supporting Member*

Thursday, 8:15 a.m. – 9:30 a.m.
Level II

Robert Haskey, MD
Senior Medical Director, CGI Federal Inc.

James B. Peake, MD
Senior Vice President, CGI Federal Inc.

Join this presentation that will explore the world of Accountable Care Organizations, the concepts that have led to same, and the architecture of this 21st century effort to link beneficiary, provider, and payer in a new way to achieve improved health care outcomes in a more cost effective manner. Understand the nature of what constitutes the ACO reimbursement model from both a CMS as well as commercial payer perspective. Is the ACO a reimbursement variation of an old theme? Will it replace traditional fee-for-service models? Is there a place for audit in this new world? What tools and approaches will you need to secure your plan's financial future? Through a better understanding of an ACO world, you can be prepared.

Future Fraud Busters: How Integrating Clinical and Claims Platforms, and Applying New Predictive Models to Behavioral Health Will Change the Industry

*Presented by **HMS, Inc.**, an NHCAA Platinum Supporting Member*

Thursday, 10:15 a.m. – 11:00 a.m.
Level II

Spencer Young
Senior Vice President of Clinical Operations, HMS

Geetu Melwani, Ph.D.
Senior Director of Clinical Analytics, HMS Permedion

As healthcare dollars grow tighter, payers must make major technological advancements to contain fraud – a $70 billion a year problem. This presentation addresses two of the latest ways to respond:

1) Shift cost-containment efforts from recovery to prepay. By recently combining a prepay audit platform with a postpay clinical platform, HMS shares best practices that payers can use to stop erroneous payments before they happen.

2) Apply new predictive models to behavioral health claims. The application of fresh variables based on linear regression to existing systems promise to increase recovery rates by up to 30%. Investigators will learn about the key variables to help reduce false positives – and target the most significant fraudulent claims. The presentation includes mini-case studies from both commercial and government payers, illustrating the diverse ways to use technology to fight healthcare fraud in the 21st century.

New Payment Frontier and the Data Challenges it Presents

*Presented by **SAS**, an NHCAA Platinum Supporting Member*

Thursday, 10:15 a.m. – 11:00 a.m.
Level II

Rick Sluder, CFE
Senior Solutions Architect, SAS

Ross Kaplan
Principal Solutions Architect, SAS

To prepare for the data challenges of 2015 and beyond, government funded and commercial insurance plans need a data management infrastructure that provides access to data across programs, products and channels. It doesn't require a database overhaul, but rather a data integration layer that can source from databases around the organization, business partner organizations, social media outlets, and from external public or purchased data. Because unscrupulous providers and suppliers often intentionally provide inaccurate, incomplete or inconsistent information to prevent records matching across disparate systems, government funded and commercial plans need data quality capabilities that support entity resolution. Since the devil is in the details, the data management, integration, and quality infrastructure must be supported by a robust business analytics foundation. To make proper use of internal and external data sources, the business analytics foundation must provide a variety of analytic processes to identify suspicious patterns that could point to programmatic fraud, waste, or abuse. Time is money, and in this new payment frontier, government-funded and commercial plans need an infrastructure designed to stop the improper payments, instead of chasing them down after the money is long gone.

Effectively Integrating External Data into your Investigation

*Presented by **Healthcare Fraud Shield**, an NHCAA Platinum Supporting Member*

Thursday, 11:30 a.m. – 12:30 p.m.
Level II

Tony Rademeyer, MBA
Executive Vice President, Sales, Healthcare Fraud Shield

Kathleen Shaker, BSN, RN, AHFI, CPC, CPC-H
Consultant, Healthcare Fraud Shield

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

Attendees will learn how to identify data resources and key industry websites to obtain information that will enhance their investigations. Many of these resources are available to the public and laden with valuable information that can be incorporated into investigators day to day proactive and reactive analysis. For example, the CMS website contains a myriad of rich data sources such as a list of surgical procedures and the estimated time it takes to perform each of those procedures. This dataset can be downloaded and incorporated into an SIU's FWA efforts. In addition to the data sources found on the CMS website, there are numerous other data sources that can be fused with provider and claims data to identify potential FWA.

Predictive Analytics is more than just an industry buzzword and the distinction matters to SIUs

*Presented by **BAE Systems**, an NHCAA Premier Supporting Member*

Level II

Richard Graham
Senior Solutions Consultant, BAE Systems Applied Intelligence

Garrett Biemer
Technical Lead, BAE Systems Applied Intelligence

Even as more and more controls are put in place to stop fraud, waste, and abuse, the problem gets larger every year. This coupled with limited resources, means special investigations units need to be incredibly efficient. A key to making this happen is leveraging the latest and greatest technology to manage instances of FWA. This presentation will focus on how payers can build special investigations units using cutting edge predictive analytics technology.

Combining Medical and Pharmacy Data to Drive Compliance and Detect Fraud, Waste and Abuse

*Presented by **Health Care Excel, Inc**, an NHCAA Premier Supporting Member*

Level II

Paul Dausman
Chief Information Officer, Health Care Excel, Inc.

Medical and pharmacy data are often reviewed in their own silos when it comes to examining the care and behavior of a patient or provider. Medical diagnoses and procedures should lead to appropriate prescribing patterns. Conversely, the presence of pharmacy script activity should tie back to an appropriate medical diagnosis. Gaps in these patterns of script or diagnosis activities are a strong indicator of wasteful non-adherence, fraudulent provider behavior or abusive use. This session will discuss methods and metrics for capitalizing on what combined medical and pharmacy data can reveal to us.

Stop Fraudsters in Their Tracks and Prevent Profit Leakage

*Presented by **IBM**, an NHCAA Premier Supporting Member*

Level II

Robert McGinley
Counter Fraud and Financial Crimes, IBM

Jonathan Muise
U.S. Counter Fraud Solutions, IBM

It is estimated that $3.5 trillion is lost each year to fraud and financial crimes. More and more, public and private enterprises are using sophisticated analytics coupled with business expertise to address this enormous challenge. Gartner has estimated that 25% of all large companies will in fact adopt such solutions for security or fraud detection by 2016, resulting in ROI within 6 months of adoption. We are working with private and public clients across many industries to help them adopt a multilayered approach to stop all types of fraud, from organized fraud to opportunistic fraud and from financial crimes and regulatory abuses (both legal and illegal) to waste and error as the result of poor policies or poor execution. Clients are struggling with availability of IT, data analyst, and investigative resource coverage to assist — IBM is here to help! Our counter fraud framework solves a wide array of fraud business problems by using advanced analytics and statistics, is delivered through flexible engagement models (including cloud, gain share, and as-a-service models), and is backed by continuous innovation from IBM Research and IBM Watson.

Day With Eggs And Education!

Key tenets of a successful FWA partnership between Medicaid and Federal Law Enforcement: A case study on how to exponentially increase anti-fraud productivity

*Presented by **Optum**, an NHCAA Premier Supporting Member*

Level II

Brian Fisher
Account Manager, Government Solutions, Optum

Jacob Schunk
Assistant United States Attorney, Northern District of Iowa

The presenters will discuss examples of how a Medicaid Program Integrity unit has provided highly-valuable case leads and analytical support to law enforcement investigators pursuing health care fraud. This will include a discussion of when law enforcement agencies are better equipped than a Program Integrity unit to pursue some investigations because of subpoena power, jurisdiction over a wider array of health care program expenditures and the ability to seek treble damages in health care fraud cases. It will also cover the extensive data and analytics support Program Integrity units can provide to those investigations across the lifecycle of a health care fraud case - from detection through case substantiation to sample selection.

Pharmacy Claims Advanced Data Analytics

*Presented by **SCIO Health Analytics**, an NHCAA Premier Supporting Member*

Level II

Rena Bielinski, Pharm.D., AHFI
Sr. Vice President, Chief Pharmacy Officer, SCIO Health Analytics

Mark Lavallee
Sr. Vice President, Sales, SCIO Health Analytics

Specialty drug spending saw a record increase in 2014. Advanced analytics can reduce costs for PBMs and Health Plans alike. Topics of discussion will include: member drug seeking behavior identification – can be due to addiction or drug diversion and collusion – for every $1 of abused drugs, and additional $50 is wasted on related medical claims; J code to NDC comparison to identify potential overlap in payment under both the pharmacy and medical benefit; compound analysis representing a disproportionate amount of fraudulent claims, trends and billing spikes can be identified early, pharmacy report cards and fraud dashboards.

REASON # 102

"My staff and I returned to our daily duties with a host of new opportunities to explore. Whether it was a scheme, a technology, or a new networking relationship, it was clear that there was a value add and well worth investing the time and resources to have my team in attendance."

WHAT'S YOUR REASON TO ATTEND?

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HOTEL & TRAVEL

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Book online at www.nhcaa.org/ATC

Our Conference hotel, the Manchester Grand Hyatt San Diego, is conveniently located in the heart of the downtown district. Nearby attractions include Seaport Village, the Gaslamp Quarter, the USS Midway Museum, and the San Diego Marina. The Manchester Grand Hyatt San Diego is distinctively heralded for excellence in customer service among the top hotels in San Diego, and has recently been awarded the 2014 TripAdvisor Certificate of Excellence.

Check–in and Check–out

Hotel Check In: 3:00 p.m.
Hotel Check Out: 11:00 p.m.

Standard Group Rate:

$259 single occupancy
$279 double occupancy
**rate does not include applicable taxes and fees*

Conference rates are available for nights booked between Saturday, November 14 and Friday, November 21. The group rate expires on Friday, October 23, 2015. Reservations received after the expiration date are subject to the hotel's prevailing rate. Please review terms, conditions, and substitution and cancellation policies on the hotel's reservation website.

Government Rate Rooms:

NHCAA has arranged for a limited number of rooms at the Manchester Grand Hyatt at the prevailing government rate. While the government rate extends to local, state and Federal government employees with a valid government employment ID, government contractors are not eligible for the government rate. Reservation information will be sent to eligible attendees upon conference registration.

Special Accommodations

If any of the auxiliary aids or services identified in the Americans with Disabilities Act are required at the conference, please email training@nhcaa.org prior to arrival. For conference attendees with severe, specific food allergies, please email training@nhcaa.org so arrangements can be made to accommodate attendees at seated meals.

For travel discounts, preferred airports, & things to do while in San Diego visit nhcaa.org/ATC

CONFERENCE REGISTRATION POLICIES & INFORMATION

Conference Registration is open to all NHCAA member categories, and non-members who must be in a managerial, supervisory or professional position for a private for-profit or not-for-profit health care reimbursement organization; or in local, state or federal law enforcement, prosecutorial, or regulatory agency; or in a professional disciplinary organization. All registrations will be reviewed to ensure these eligibility requirements are met. If you are not in one of these positions but wish to attend, please send an e-mail to: training@nhcaa.org.

Cancellation Policy

To cancel and obtain a full refund, minus a $75.00 administrative fee, you must provide **WRITTEN NOTICE OF CANCELLATION** to The NHCAA Institute, ATC Registration, 1220 L Street NW, Suite 600, Washington, DC 20005, or via email at ATCreg@nhcaa.org by Monday, October 26, 2015. Refunds will not be provided for cancellations received after October 26, or for registrants who do not attend the conference.

Substitutions

To request a substitution, you must provide **WRITTEN NOTICE OF SUBSTITUTION** to The NHCAA Institute, ATC Registration, 1220 L Street NW, Suite 600, Washington, DC 20005, or via email at ATCreg@nhcaa.org by October 26, 2015. After Monday, October 26, a $75.00 fee will be assessed on any substitutions. Onsite substitutions are permitted, for a $75.00 fee.

Completing & Submitting Form

This form can be completed electronically as a PDF file. You may save and print out the completed PDF registration form for submission. You may also print out the blank form and complete — please type or print clearly. See below for options for submitting your registration.

Ways To Register

Registrations will not be processed until payment is received. Please do not submit duplicate registrations.

Email	Email your registration form (completed PDF file) along with purchase order.	**ATCreg@nhcaa.org**
Fax	Fill out & print completed form. Fax form along with credit card payment information or purchase order.	**202.785.6764**
Mail	Fill out & print completed form. Mail form along with payment information. Make checks payable to "The NHCAA Institute".	**The NHCAA Institute ATC Registration 1220 L Street NW, Suite 600 Washington, DC 20005**
Online	Via secure transactions. Please have an American Express, Discover, MasterCard or Visa card available.	**nhcaa.org/ATC**

To learn more about the ATC visit nhcaa.org/ATC

REGISTRATION FORM

Attendee Information

Each registrant must complete a separate form. This form may be duplicated. This form may be completed electronically with Acrobat Reader.

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Programs

	NHCAA MEMBER[1]		GOVERNMENT EMPLOYEE[2]		NON-MEMBER[3]		Totals
	Received By Sept 18, 2015	Received After Sept 18, 2015	Received By Sept 18, 2015	Received After Sept 18, 2015	Received By Sept 18, 2015	Received After Sept 18, 2015	
Annual Training Conference	◯ $950	◯ $1050	◯ $950	◯ $950	◯ $1200	◯ $1395	$ 0
Pre-Conference Full-Day Programs (Nov. 17) Select One: ☐ AHFI® Examination Prep Course ☐ CPT Coding Schemes A-Z	◯ $325	◯ $385	◯ $355	◯ $425	◯ $425	◯ $525	
Pre-Conference Half-Day Programs (Nov. 17)							
☐ Emerging Fraud Schemes (a.m.)	◯ $225	◯ $265	◯ $225	◯ $265	◯ $295	◯ $325	
☐ Investigating Laboratory Services (p.m.)	◯ $225	◯ $265	◯ $225	◯ $265	◯ $295	◯ $325	$ 0
Spouse/Partner Event Pass SPOUSE/PARTNER NAME _____ ◯ $150 Includes entrance to the Anti-Fraud Expo, Welcome Reception, "Connect" Reception.							$ 0
						Total Amount Programs	$ 0

Reset Additional Programs Info

[1] **NHCAA Member** rate applies to all NHCAA Member Organizations, Affiliate Members, Individual Members, Platinum/Premier Supporting Members and Supporting Members.

[2] **Government Employee** rate applies to NHCAA Law Enforcement Liaisons and other attendees from local, state and federal public agencies.

[3] **Non-member participants** must occupy a professional position with a private for profit or not-for-profit health care reimbursement organization, or in a local, state or federal law enforcement, prosecutorial, or regulatory agency or in a professional disciplinary organization. All registrations will be reviewed to ensure these eligibility requirements are met. If you are not in one of these positions, but wish to attend, please email training@nhcaa.org.

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