

4TH ANNUAL MIDWEST MEDICAL FRAUD SYMPOSIUM

June 14, 2018



Presented By:
IN CHAPTER OF NSPII
&
IN ATTORNEY GENERAL'S
MEDICAID FRAUD CONTROL UNIT



Location:
Indiana Government Center South, Auditorium
402 W. Washington St. Indianapolis, IN 46204



The following accreditations have been applied for: CLEs in Indiana, Ohio, Wisconsin and Kentucky, and Indiana's Law Enforcement Training Board Credit

Program Description:

The purpose of the Symposium is to provide a live educational and networking forum for Private and Public sector personnel engaged in the investigation of and defense against medical provider fraud. Our educational focus this year will be on increasing attendees' working knowledge of fraud-related issues pertaining to Telemedicine; Opioids/Drug Screens/ Toxicology; Abuse/Fraud and Potential for Shenanigans; Basic Coding Concepts, Abuse and Fraud; Healthcare Fraud and Abuse: Topics, Trends and Lessons Learned; Good Investigation, Good Faith: Harmonizing Diligent Medical Investigations with Ethical Responsibilities; Data Analytics to Identify Current P & C Industry Trends; and Building a Medical Fraud Case, while also providing an open forum for discussion on current fraud issues. In addition, the Symposium will serve as an opportunity for cross-discussion and networking between Private and Public sector personnel as well as between Claims, SIU, Medical, Legal and other personnel representing or providing services to Healthcare, Casualty and Workers Compensation insurers.

The Indiana Chapter of the National Society of Professional Insurance Investigators and the Medicaid Fraud Control Unit would like to thank the following sponsors for their generous support:



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SEMINAR SCHEDULE

PLEASE ARRIVE EARLY TO PASS THROUGH BUILDING SECURITY.

7:45 AM	-	8:30 AM	-	Registration/Sign - In
8:30 AM	-	8:40 AM	-	Welcome and Opening Remarks
8:40 AM	-	10:00 AM	-	General Session 1
10:10 AM	-	11:30 AM	-	Breakout Topics 1&2
11:30 AM	-	12:30 PM	-	Lunch/Additional Announcements
12:30 PM	-	1:30 PM	-	Breakout Topics 3&4
1:40 PM	-	3:00 PM	-	Breakout Topics 5&6
3:10 PM	-	4:30 PM	-	General Session 2
4:30 PM	-	4:40 PM	-	Thanks and Closing Remarks

General Session 1: Telemedicine-What you need to know to properly investigate

Time: 8:40 a.m.—10:00 a.m.



**Aimee Wilcox,
CCSP, CPMA, CMHP
Adjunct Educator
NAMAS
Director of Content
Find-A-Code, LLC**

The concept of Telemedicine was theoretically introduced (drawings and all) in an article by Hugo Gernsback (*Science and Invention*) in 1925, revisited in the 1990's through concept videos produced by AT&T and Pacific Bell, and then finally realized in the 21st century. Telemedicine services have quickly become an integrated part of every medical practice and institution, are lawful in every state, and paid for by most payer types, including shared health plans, casualty, and workers compensation. This amazing technology offers real-time, audiovisual communication, evaluation, and treatment (by physicians and qualified healthcare professionals) in every specialty and in every state and expands the limited reach and capacity of our dwindling healthcare provider population, while at the same time facilitating access to quality medical care by our fellow Americans in remote and rural areas. As with any new technology, there is a learning curve and an adjustment period, wherein the service may be provided but guidelines and requirements may not have yet been adequately instituted to ensure fair and equitable access and reimbursement. Although payers like Medicare, Medicaid, and commercial plans may have determined coverage and guidelines, payers that may seem less affected (shared health plans, casualty, and workers compensation), may run into compliance issues with new technology that may be incorrectly interpreted as qualifying for reimbursement as a telemedicine service. As auditors and investigators, it is our privilege to ensure the guidelines and regulations, surrounding this new technology, are adhered to and that access to it is appropriately monitored to avoid abuse while still facilitating improved health outcomes. In this presentation, we will review the capabilities and limitations of Telemedicine, take a deeper dive into the various payer rules and regulations that govern its use, and review ways to audit and investigate services for compliance purposes for payer types.

Topic 2: Opioids/Drug Screens/Toxicology: Abuse/fraud and potential for shenanigans

Time: 10:10 a.m.—11:30 a.m.



Frank Kousaie, M.D.

The discussion will center around the abuse of Opioids along with the utilization of drug screens (and possible abuse), toxicology (why to use, what to order, what to do with results) and the potential to abuse.

Topic 3: Insights into basic coding concepts, abuse and fraud.

Time: 10:10 a.m.—11:30 a.m.



Dr. Larry Humberstone, D.C., DABCC

Basic coding concepts will be reviewed including evaluation and management codes, physical therapy evaluation codes and commonly used physical medicine codes. The discussion will also include commonly misused codes along with a discussion of up-coding, unbundling, and when unlisted procedure and modality codes are appropriate. Given that fraud is often virtually impossible to distinguish when evaluating a single case or record, we will discuss known patterns of abused codes and investigative methods to uncover coding irregularities. We will finish with a group discussion of what to do when the suspicion of fraud and abuse may be raised by irregular billing patterns.

LUNCH: 11:30 a.m. - 12:30 p.m.

Topic 4: Good Investigation, Good Faith: Harmonizing diligent medical investigations with ethical responsibilities.

Time: 12:30 p.m.—1:30 p.m.



**Eric W. Moch
Hepler Broom, LLC**

Investigators, claims personnel, attorneys and others must honor important legal and ethical obligations when conducting medical investigations. This session will equip attendees with the tools they need to conduct investigations and pursue appropriate resolutions diligently while honoring the most prominent statutory and common law ethical requirements that govern them. Investigations that are mindful of these important restraints will produce correct and legally defensible decisions every time.

Topic 5: Healthcare Fraud and Abuse: Topics, trends, and lessons learned from representing the government

Time: 12:30 p.m.—1:30 p.m.



This presentation will provide an overview of the legal and regulatory framework for health care fraud enforcement. It will cover the basic concepts and principles involved in investigating healthcare providers, including current fraud enforcement trends, the False Claims Act and its amendments, and considerations in responding to government inquiries and investigations.

Shelese Woods, Assistant US Attorney
Brent Steele, HHS Special Agent
Beth Carlson, FBI Special Agent

Topic 6: Using analytics to identify current P&C industry trends in billing and alternative procedural code selection

Time: 1:40 p.m.—3:00 p.m.



This presentation will provide insight into the latest trends in medical billing in Property and Casualty. A primer for the new CPT 2017 Codes and the application in P&C will be reviewed. We will discuss emerging trends in specific procedure billing, alternative code usage, provider, age group comparison and geography that relates to the payment of claims and how trends migrate from state to state. Key indicators for potential fraud observations using bill review and analytics will be provided.

Michele Hibbert-Iacobacci, OHCC, CCS-P
Ed Olsen, DC, CPCU

Topic 7: Building a Medical Fraud Case: A healthcare, workers comp, and casualty comparison

Time: 1:40 p.m.—3:00



Lisa M Sweatland, AHFI
MHS Field Investigator

Timothy J McClure, J.D.
MHS SIU Manager

Joel W Abbey, CIFI, FCLA
Sr. Special Investigator
Liberty Mutual Ins.

Have you ever wondered how “the other side” does their medical fraud investigations? How similar are the issues, the methods of detection and investigation, the remedies, the defense, the prosecution? Have you ever thought the differences were so great that there was no point in even thinking about it?

The focus of this presentation will be to help identify the things we all share in common (tons) and the things that may differentiate us (far less than you might think). In a world where “medical fraud is medical fraud”, irrespective of the lines of insurance involved, we hope to encourage greater understanding of how we can combine our knowledge, experience and resources to better hone our methods of detection and build better investigations through shared information and effective methodologies.

General Session 2: Join the thieves

Time: 3:10 p.m.—4:30 p.m.

Reed Gelzer, M.D., MP with Trustworthy EHR



Background: Federal healthcare payers know they're being robbed and do nothing substantial about it. Major private payers know they're being robbed and do nothing about it. They accept it, why not you?

Since 2005 the Federal Government has known that electronic health records systems (EHRs) increase healthcare fraud. Since 2007 the Federal Government has known how to mitigate this, haven't acted, and have prevented seriously funding investigations to stem this rising tide. Why? One major reason is that they created the problem and are in no hurry to embarrass themselves. Another reason is that those with a will to act, in

and out of government, are being blocked or otherwise ignored to protect the guilty.

Meanwhile, there is little evidence that the hundreds of billions spent on EHRs have produced any benefit except enriching EHR vendors and those who use them to efficiently extract money from payment systems, old and new. Furthermore, since 1999 the number of patient deaths due to medical errors has quadrupled, now the #3 cause of death in the U.S.

After working to illuminate and solve these problems for 15+ years, the presenter suggests you consider a change. Don't fight fraud. Join the thieves. They're making good money and apparently have high standing and protection in national healthcare policy.

The presentation will illustrate 10 ways that you too can be a 21st Century Thief. Automate patient record counterfeiting for fun and profit (and very low risk of getting caught and prosecuted).

Considering a career change? Attend this presentation so you can ponder whether it's time to quit fighting crime and, instead, embrace it. Or take the "ten ways" and use them to fight crime. It will be up to you.

REGISTRATION:

Please go to the following link:

<https://www.eventbrite.com/e/4th-annual-midwest-medical-fraud-symposium-tickets-42877653215>, and complete one registration per registrant.

DEADLINE: The seminar registration deadline is June 6, 2018.

No refunds will be issued after this date.

Early Bird Pricing Deadline: *April 30, 2018*

PRICING: (Lunch included)

- ◆ **General Admission:** \$100; Early Bird \$85
- ◆ **NSPI/IASIU:** \$90; Early Bird \$75
- ◆ **Insurance Company Personnel:** \$80; Early Bird \$65
- ◆ **Public Agency Personnel:** \$15

INQUIRIES: Please direct questions or requests for more information to Lisa Sweatland at (317) 373-1536 or Lisa.M.Sweatland@centene.com or Joel Abbey at (317) 814-6905 or joel.abbey@LibertyMutual.com