

SUNDAY, AUGUST 18 [STATE ATTENDEES ONLY]

2:15 PM - 2:25 PM

Celestin Ballroom, Third Floor

STATE WELCOME

SPEAKERS:

Kelly Bennett, NAMPI President; Chief, Medicaid Program Integrity, Florida Agency for Health Care Administration

Vanessa Templeman, NAMPI Vice President; Inspector General, Office of Inspector General, Arizona Health Care Cost Containment System (AHCCCS)

Joan Senatore, NAMPI Secretary; Director & Counsel, Fraud Enforcement & Audit Response, Massachusetts Executive Office of Health & Human Services

Lori Stiles, NAMPI Immediate Past President; Interim NAMPI Treasurer; Manager, Medicaid Program Integrity Unit, Idaho Department of Health & Welfare

2:25 PM - 3:15 PM

Celestin Ballroom, Third Floor

ASPIRE & INSPIRE THROUGH COMMUNICATION

OVERVIEW: This session aims to highlight the critical role of communication in successful leadership and provide practical strategies to enhance communication skills.

SPEAKER:

Tara LeBlanc, Director, State Health, Guidehouse

3:30 PM - 4:10 PM

AND

4:20 PM - 5:00 PM

FRAUDSIDE CHATS

OVERVIEW: These sessions are designed to provide attendees with perspectives and experiences that provide real-world application and learning to take back to your state.

- **ABA SERVICES: WRAPPING OUR HEADS AROUND SERVICES**

Imperial 5A, Fourth Floor

SPEAKERS:

Yvette Casey, Operations Manager, Office of Program Integrity, Division of TennCare

Cindi Furlough, Compliance Manager, Office of Program Integrity, Division of TennCare

- **PRESERVING PROGRAM INTEGRITY: A MULTI-STATE PERSPECTIVE ON HEALTHCARE FRAUD & ABUSE**

Imperial 5B, Fourth Floor

SPEAKERS:

Anne Harvey, Program Integrity Administrator, Nebraska Medicaid & Long-Term Care

Fritz Jenkins, Program Integrity Administrator, Fiscal & Operations Division, Oregon Health Authority

- **UNIFIED PROGRAM INTEGRITY CONTRACTORS**

Imperial 5C, Fourth Floor

SPEAKERS:

Andrew Chapin, Medicaid Program Integrity Section Manager & FWA Module Contract Manager, Wyoming Department of Health

Jennifer Tucker, Surveillance Utilization Review Section Supervisor, Office of the Inspector General, Montana Department of Public Health & Human Services



SUNDAY, AUGUST 18 [STATE ATTENDEES ONLY]

3:30 PM - 4:10 PM
AND
4:20 PM - 5:00 PM

FRAUDSIDE CHATS *[continued]*

OVERVIEW: These sessions are designed to provide attendees with perspectives and experiences that provide real-world application and learning to take back to your state.

- **ADMINISTRATIVE APPEALS**

Imperial 5D, Fourth Floor

SPEAKERS:

Brian Dunn, Inspector General, Office of the Inspector General, Illinois Department of Healthcare & Family Services
Steve Johnson, Chief of Investigations & Utilization Reviews, Office of the Inspector General, Texas Health & Human Services

- **MCO RELATIONSHIPS WITH PI UNITS**

Imperial 8, Fourth Floor

SPEAKERS:

Kimberly Pierson, Federal Compliance & Program Integrity Oversight Director, Iowa Department of Health & Human Services
Steve Short, Associate Director of Beneficiary Fraud, Department of Vermont Health Access

- **LEGAL CHALLENGES: ADMINISTRATIVE HEARINGS, CAF DISCUSSIONS & INTERESTING CASES**

Imperial 10, Fourth Floor

SPEAKERS:

Amanda Novak, Manager, Medicaid Provider Audits & Investigations, Office of the Inspector General, Minnesota Department of Human Services
Andrew Pack, Chief Integrity Officer, West Virginia Department of Human Services

- **CREDIBLE ALLEGATION OF FRAUD REFERRALS TO MFCU OR OIG**

Imperial 11, Fourth Floor

SPEAKERS:

Ann Kaperak, Assistant Chief, Medicaid Program Integrity, Florida Agency for Health Care Administration
Bernadette Parks, Auditing Director, Program Integrity, Mississippi Division of Medicaid

MONDAY, AUGUST 19

8:00 AM - 8:05 AM

Celestin Ballroom , Third Floor

WELCOME TO NAMPI 2024

SPEAKERS:

Kelly Bennett, NAMPI President; Chief, Medicaid Program Integrity, Florida Agency for Health Care Administration

Vanessa Templeman, NAMPI Vice President; Inspector General, Office of Inspector General, Arizona Health Care Cost Containment System (AHCCCS)

Joan Senatore, NAMPI Secretary; Director & Counsel, Fraud Enforcement & Audit Response, Massachusetts Executive Office of Health & Human Services

Lori Stiles, NAMPI Immediate Past President; Interim NAMPI Treasurer; Manager, Medicaid Program Integrity Unit, Idaho Department of Health & Welfare

8:05 AM - 8:15 AM

Celestin Ballroom , Third Floor

WELCOME FROM LOUISIANA'S MEDICAID DIRECTOR

SPEAKER:

Kimberly Sullivan, Medicaid Executive Director, Louisiana Department of Health

8:15 AM - 9:00 AM

Celestin Ballroom , Third Floor

THE SECRET HISTORY OF OXYCONTIN AND THE SACKLER FAMILY *sponsored by CODOXO*

OVERVIEW: In this talk, Patrick Radden Keefe will relate the dramatic story of three generations of the Sackler dynasty and their family company, Purdue Pharma, starting at the dawn of Big Pharma and modern drug advertising in the 1940s and extending through the recent 2024 Supreme Court decision involving liability for the Sackler family in the opioid crisis. Drawing on his groundbreaking book "Empire of Pain," which a New York Times readers' poll just named one of the 100 Best Books of the 21st Century, and which inspired both the HBO documentary "Crime of the Century" and the Netflix docudrama "Painkiller," starring Matthew Broderick and Uzo Aduba, Patrick will describe the way in which fraudulent marketing of a powerful opioid helped give rise to an epidemic of addiction which has killed over half a million Americans, and continues to rage.

KEYNOTE SPEAKER:

Patrick Radden Keefe, Award-Winning Staff Writer, *The New Yorker*; Bestselling Author

9:00 AM - 9:50 AM

Celestin Ballroom , Third Floor

A STRATEGIC PLAN: OIG'S PRIORITIES & TRENDS

OVERVIEW: A roundtable discussion by OIG's Office of Audit Services, Office of Evaluation and Inspections, and Office of Investigations focusing on OIG's priorities and trends. Conversation will include an overview of HHS-OIG's work in Medicaid Managed Care and investigative trends.

SPEAKERS:

Michael Fairbanks, Operations Officer, Office of Investigations, Office of the Inspector General, U.S. Department of Health & Human Services

John Hagg, Assistant Inspector General for Audit Services, Office of the Inspector General, U.S. Department of Health & Human Services

Michael Henry, Deputy Regional Inspector General for Evaluations & Inspections, Office of Evaluations & Inspections, Office of the Inspector General, U.S. Department of Health & Human Services



MONDAY, AUGUST 19 *(continued)*

10:20 AM - 11:20 AM

STATE/FEDERAL BREAKOUT SESSIONS BLOCK 1

- UTILIZING NURSES TO CONDUCT CLAIMS REVIEWS** *Celestin GH, Third Floor*

OVERVIEW: This session will explore how Texas OIG nurses are utilized to review acute care claims. The Texas OIG piloted a cross-divisional effort to identify data - driven topics for clinical review and streamlined processes for conducting the reviews. This resulted in more efficient use of nurse expertise and a higher rate of findings. The presentation will include a discussion of the new processes, a summary of findings from recent claims reviews in home health, DME and applied behavior analysis (ABA), lessons learned, and future efforts.

SPEAKERS:
Shari Holland, Director, Results Management, Office of the Inspector General, Texas Health & Human Services
Erika Johnson, Senior Data Operations Analyst, Office of the Inspector General, Texas Health & Human Services
Chelsea Wallace, Interim Deputy Inspector General for Surveillance Utilization Review, Office of the Inspector General, Texas Health & Human Services

- A COMPOUNDING PROBLEM: A SCHEME IDENTIFIED IN AN AUDIT RESULTED IN A COMPOUNDING PROBLEM FOR PROVIDERS** *Celestin BC, Third Floor*

OVERVIEW: Have you been injected with unsafe, non-FDA approved drugs? TennCare and the Tennessee Attorney General’s Office will discuss a scheme involving a common injectable corticosteroid & HCPCS code J3300. Join us as we walk you through the developments of this scheme: We’ll unpack the details of these cases, starting with the initial allegations & various developments throughout. We’ll share our data findings, what we learned along the way, and the conclusion of one case, which, thanks to all the teamwork involved, resulted in a settlement of over half a MILLION dollars! We’ll also explain what’s transpired since then.

SPEAKERS:
Ashlee Gagliano, RDH, Investigator, Office of Program Integrity, Division of TennCare
Janessa Goldberg, RN, BSN, Investigator, Office of Program Integrity, Division of TennCare
Haylie Robbins, Assistant Attorney General, Healthcare Division, Civil Medicaid Fraud Division, Office of the Tennessee Attorney General
Christine Thompson, CPC, CFE, CPIP, Investigator, Office of Program Integrity, Division of TennCare

- AHA! GETTING PROVIDERS TO UNDERSTANDING & AGREEMENT** *Celestin A, Third Floor*

OVERVIEW: This session will review communication best practices to provide auditors tips and tools to increase their communication skills and awareness. It will describe strategies in communicating audit findings and conclusions to strengthen providers’ understanding and agreement and get providers to the Aha! moment. It will also provide an overview of the Oregon Health Authority’s equity-centered communication framework and how it may be used within program integrity.

SPEAKERS:
Kristin Bloberger, Operations & Development Analyst, Oregon Health Authority
Tamara McNatt, Program Integrity Audit Unit Manager, Oregon Health Authority

MONDAY, AUGUST 19 *(continued)*

11:30 AM - 12:30 PM

SPONSOR BREAKOUT SESSIONS BLOCK 1

● **INTELLIGENT REVIEWS: THE EXPRESS LANE TO FASTER SAVINGS, HAPPIER PROVIDERS**

(Gainwell Technologies)

Celestin GH, Third Floor

OVERVIEW: Provider review audits are crucial to program integrity but can be marred by slowdowns and bottlenecks. With significant advances in data, analytics and technology since these reviews were mandated, the process is ripe for a reset. We're at an exciting moment in which one cumbersome component can largely be cut entirely. In this session, speakers will highlight a new approach fast-tracking right-first-time payment while removing the burden of medical record requests from providers. It's an approach that's been rigorously tested, piloted and validated to be as accurate as the traditional review process at a fraction of the time and effort.

SPEAKERS:

Shane Abing, Vice President & General Manager of Payment Integrity, HMS, a Gainwell Technologies Company

Gary Call, MD, Chief Medical Officer, HMS, a Gainwell Technologies Company

Greg Fischer, Senior Vice President, Coordination of Benefits & Payment Integrity, HMS, a Gainwell Technologies Company

● **STRENGTHENING MEDICAID PROGRAM INTEGRITY THROUGH REGIONAL COLLABORATION: EXPERIENCES FROM COLORADO, UTAH & WYOMING**

(Alivia Analytics)

Celestin BC, Third Floor

OVERVIEW: Join fellow program integrity leaders from Colorado, Utah, and Wyoming as they share innovative strategies for program integrity and the benefits of their collaboration in Region 8. Learn how they use data analytics and technology for fraud prevention, combined with NASPO policy innovations and operational improvements. This session will highlight optimizing regional meetings for greater efficiency, providing actionable insights, and fostering a cooperative environment to enhance Medicaid programs' effectiveness.

SPEAKERS:

Andrew Chapin, Medicaid Program Integrity Section Manager & FWA Module Contract Manager, Wyoming Department of Health

Gene Cottrell, Inspector General, Utah Office of the Inspector General

Kim Nguyen, Deputy Director, Fraud, Waste & Abuse Division, Colorado Department of Health Care Policy & Financing

Michael Taylor, MD, Chief Executive Officer, Alivia Analytics

● **NAVIGATING THE FUTURE: AI REGULATION & MEDICAID**

(SAS)

Celestin A, Third Floor

OVERVIEW: Explore the evolving landscape of artificial intelligence (AI) in healthcare with a focus on regulation and its implications for Medicaid programs. As AI technologies advance, they offer unprecedented opportunities to enhance healthcare delivery, improve patient outcomes, and create operational efficiencies. However, these innovations also bring disruptive change and regulatory risks. By attending this session, participants will be able to:

- Understand the impact of AI on healthcare in the context of Medicaid programs
- Examine current and proposed regulatory frameworks for AI within healthcare and payer environments
- Develop strategies for AI technology internal governance

SPEAKERS:

Jason DiNovi, Health Care Industry Consultant, Global Fraud & Security Intelligence Practice, SAS Institute

Tom Wriggins, Senior Manager Global Lead, Health Care Fraud & Compliance, SAS Institute



MONDAY, AUGUST 19 *(continued)*

1:30 PM - 2:20 PM

Celestin Ballroom, Third Floor

NON-EMERGENCY MEDICAL TRANSPORTATION: A CASE STUDY IN COORDINATING WITH STATE, FEDERAL & CONTRACTOR SERVICES *(Deloitte)*

OVERVIEW: Billing for improper and potentially fraudulent non-emergency medical transportation (NEMT) services continues to rise in spite of efforts to regulate it. During this session, the panel will discuss the analytics and investigative techniques used to identify a significant spike in NEMT billing and provider enrollments and the steps taken to address it. The session will include interactions with Colorado’s Fraud, Waste, and Abuse Division to obtain a provider enrollment moratorium, emergency funding, contractor support, and the lessons learned from those processes. Insights will be provided on the process to build cases with Colorado MFCU and cross-engagement with the FBI.

MODERATOR:

Leanne Miles, Senior Manager, Deloitte

PANELISTS:

Bart Armstrong, Director, Fraud, Waste & Abuse Division, Colorado Department of Health Care Policy & Financing

Brad Hart, Specialist Leader, Deloitte

Kim Nguyen, Deputy Director, Fraud, Waste & Abuse Division, Colorado Department of Health Care Policy & Financing

2:50 PM - 3:50 PM

SPONSOR BREAKOUT SESSIONS BLOCK 2

- **EFFECTIVELY USING EVV TO UNLOCK FRAUD, WASTE & ABUSE INSIGHTS** *(Sandata)*

Celestin GH, Third Floor

OVERVIEW: Fraudulent, wasteful, and abusive (FWA) billing practices significantly burden healthcare. The Medicaid Fraud Control Unit recovered \$1.2B in FY2023. This session aims to share insights on how DC captures, validates, and utilizes EVV and Business Intelligence data to maintain program integrity. It will cover: Collection and utilization of EVV data; Supplemental data sources for tracking and resolving FWA; Complexity and limitations of EVV data; Strategies for risk management and effective FWA management. Analyzing GPS alignment and caregiver billing, Sandata’s dashboards proved effective in identifying fraud. Sharing actionable EVV data fosters accountability, ensuring legitimate service payments. Let’s collaborate to reduce FWA.

SPEAKERS:

Sid Mahapatra, Vice President of Products, Analytics & AI, Sandata

Kevin O'Donnell, Director, Division of Program Integrity, District of Columbia Department of Health Care Finance

Mussie Talley, Data Analyst, Division of Program Integrity, District of Columbia Department of Healthcare Finance

- **YOU GET A TEST & YOU GET A TEST & YOU GET A TEST!!!** *(Codoxo)*

Celestin BC, Third Floor

OVERVIEW: Driscoll Health Plan in partnership with Codoxo and using the forensic AI platform identified two high-volume schemes, one medical and one pharmaceutical, where the Driscoll members received cookie-cutter genetic testing or excessive at-home Covid test kits. Both schemes resulted in recoveries, savings forward, a provider being placed on pre-payment review, or providers being terminated from the plan. This session will discuss how Driscoll Health Plan identified their risks with frequent combinations of genetic testing or high-volume at-home Covid test kits, and the steps taken by Driscoll to quickly stem the flow of improper payments.

SPEAKERS:

Derik Ciccarelli, Fraud Scope Operations Director, Codoxo

Veronica Villarreal, Senior Analyst, Special Investigations Unit, Driscoll Health Plan



MONDAY, AUGUST 19 *(continued)*

2:50 PM - 3:50 PM

SPONSOR BREAKOUT SESSIONS BLOCK 2 *(continued)*

- **BEYOND PROVIDERS: MEMBER FRAUD, WASTE & ABUSE IN MEDICAID**

(Healthcare Fraud Shield)

Celestin A, Third Floor

OVERVIEW: This session will go beyond traditional Provider FWA Schemes and delve into common as well as newer Member FWA schemes in the Medicaid space. We'll explore schemes around abusing emergency rooms, personal care assistance, kickbacks, collusion and more...

SPEAKER:

Karen Weintraub, Executive Vice President, Healthcare Fraud Shield

4:00 PM - 5:00 PM

STATE/FEDERAL BREAKOUT SESSIONS BLOCK 2

- **ADDRESSING SYSTEMIC VULNERABILITIES & ABUSE IN MEDICAID DRUG TESTING FOR INDEPENDENT CLINICAL LABORATORIES**

Celestin GH, Third Floor

OVERVIEW: As part of its oversight of the New Jersey Medicaid program, the Office of the State Comptroller, Medicaid Fraud Division (OSC) has audited multiple independent clinical laboratory providers. This session covers an overview of the common documentation and coding deficiencies identified in OSC's laboratory audits, the programmatic weaknesses identified in the provider type that resulted in increased waste and abuse of Medicaid funds, and the proactive efforts made to address program vulnerabilities through recommendations to the NJ Medicaid administrator which resulted in industry-wide changes for NJ Medicaid drug test billing, saving the program millions of dollars each year moving forward.

SPEAKER:

David McCormick, Senior Auditor, Medicaid Fraud Division, New Jersey Office of the State Comptroller

- **THE EXPLOSIVE GROWTH OF TELESERVICES & THE OPPORTUNITIES FOR FRAUD**

Celestin BC, Third Floor

OVERVIEW: The use of teleservices has dramatically increased in the last five years. Physician implementation of teleservices increased from 15.4% in 2019 to 86.5% in 2021. This session will discuss the vulnerabilities associated with the shift to teleservices and the opportunities for medical providers to overbill. We will discuss examples of inappropriate billing for behavioral health patients and therapies for infants and toddlers. Finally, we will discuss how to use data to identify and test to determine if this is occurring in your Medicaid program.

SPEAKER:

Sarah Warfel, Audit Director, Office of the Inspector General, Texas Health & Human Services

- **ACROSS THE SPECTRUM OF HEALTH CARE FRAUD TRENDS**

Celestin A, Third Floor

OVERVIEW: In this session, representatives from the Senior Medicare Patrol (SMP) program will provide an in-depth look at the latest health care fraud trends which impact both Medicare and Medicaid populations. Some of these include unique schemes such as marketing scams, COVID test kit and urinary catheter fraud, and remote patient monitoring. This information has potential to increase essential collaboration opportunities between the SMP program, MFCUs, and Medicaid program integrity. New SMP resources and best practices for community partners, law enforcement, and the public will also be shared.

SPEAKERS:

Jennifer Trussell, Fraud Consultant, Senior Medicare Patrol National Resource Center

Marissa Whitehouse, Senior Medicare Patrol Program Manager, Administration for Community Living (ACL)

TUESDAY, AUGUST 20

8:30 AM - 8:50 AM

Celestin Ballroom , Third Floor

DAY TWO REMARKS & BUSINESS MEETING

SPEAKER:

Kelly Bennett, NAMPI President; Chief, Medicaid Program Integrity, Florida Agency for Health Care Administration

8:50 AM - 9:40 AM

Celestin Ballroom , Third Floor

YOUR FRIENDS IN THE MFCU

OVERVIEW: This presentation will emphasize the critical importance of collaboration between Medicaid Fraud Control Units (MFCUs) and Program Integrity (PI) units in the fight against fraud.

SPEAKER:

Ben Karrasch, Vice President, National Association of Medicaid Fraud Control Units (NAMFCU); Director, Ohio Medicaid Fraud Control Unit

10:10 AM - 11:10 AM STATE/FEDERAL BREAKOUT SESSIONS BLOCK 3

- **THE RISING TREND OF REMOTE PATIENT MONITORING**

Celestin GH, Third Floor

OVERVIEW: The rapid rise of Remote Patient Monitoring (RPM) is driving service and fraud trends across the health care industry. In this in-depth session, attendees will learn about RPM and Remote Therapeutic Monitoring (RTM), clinical and coding overviews, and the current marketing push to providers and health systems to maximize revenue through RPM/RTM related services. Current and potential fraud trends will be discussed across a broad scope of related service types. Sanitized case examples and enforcement efforts will additionally be discussed. The presentation will include educational products developed to assist with program integrity efforts in this area.

SPEAKERS:

Jennifer Trussell, Fraud Consultant, Senior Medicare Patrol National Resource Center

Marissa Whitehouse, Senior Medicare Patrol Program Manager, Administration for Community Living (ACL)

- **DENTAL FRAUD PROGRAMS: TAKING A BITE OUT OF CRIME**

Celestin BC, Third Floor

OVERVIEW: In the landscape of dentistry and money, Dental Fraud has been labeled “one of the most lucrative business models” plaguing the dental market (Davis, 2020). Victims of unethical dental practices include beneficiaries, the state and federal government, Medicare, Medicaid and Tricare programs, private health insurance companies and the dental profession. This presentation will educate participants on the extent of dental insurance expenditures and the amount of dental fraud, how to determine and identify dental fraud problem, the negative impact of dental fraud on governments’ financial resources and quality of care for beneficiaries, and how to establish a dental fraud program.

SPEAKER: **Rae Elliott, DHSc, MDH, RDH**, Dental Investigator, Office of Compliance & Program Integrity, North Carolina Department of Health & Human Services

- **ACCESS TO BEHAVIORAL HEALTHCARE: MEDICAID ENROLLEES MAY STRUGGLE TO FIND BEHAVIORAL HEALTH PROVIDERS IN MANAGED CARE**

Celestin A, Third Floor

OVERVIEW: This session provides an overview of the first HHS OIG report in a three-part series, entitled: A Lack of Behavioral Health Providers in Medicare and Medicaid Impedes Enrollees’ Access to Care. The report finds few behavioral health providers are actively serving enrollees in Medicaid managed care—only 3 providers for every 1,000 enrollees. Prior OIG work suggests that with so few providers, Medicaid managed care plans may not be able to meet enrollees’ needs. The report includes recommendations to improve access to behavioral healthcare. This presentation will highlight the report’s findings and a broader discussion on access and network adequacy.

SPEAKERS:

Hannah Morgan, Social Science Analyst, Office of Evaluations & Inspections, Office of the Inspector General, New York State Health & Human Services

Meridith Seife, Deputy Regional Inspector General, Office of Evaluations & Inspections, Office of the Inspector General, New York State Health & Human Services





TUESDAY, AUGUST 20 *(continued)*

11:20 AM - 12:20 PM

SPONSOR BREAKOUT SESSIONS BLOCK 3

- **HOT ONES: THE POWER OF EVV DATA TO DETECT FRAUD, WASTE & ABUSE**

(Pulselight)

Celestin GH, Third Floor

OVERVIEW: Join us as we cut through the complicated elements of EVV and reach deep into the data to reveal its true value. We'll demonstrate easy-to-use tools, give examples of actions you can take now, and inspire creative ways to make the EVV investment as powerful as it can be.

SPEAKERS:

Rob Finlayson, Director of Customer & Partner Success, Pulselight

Jason Helmandollar, Vice President of Healthcare Solutions, Pulselight

- **SMOOTH JAZZ: NO TRUMPETS OR DRUMS NEEDED TO ENSURE COMPLIANCE OF STATE DIRECTED PAYMENT PROGRAMS**

(Myers & Stauffer)

Celestin BC, Third Floor

OVERVIEW: State Directed Payments have become a preferred option for states to make supplemental payments to providers in managed care programs. The rapid growth of these payments and the complex financing mechanisms for the non-federal share creates compliance risk for states, especially as stakeholders increase scrutiny of these payment models. With the changes CMS outlined within the Medicaid and Children's Health Insurance Program Managed Care Access, Finance, and Quality rule, accountability and transparency in these programs will become even more important for states. This session will provide participants with the background, understanding, and tools for increased State Directed Payment Program compliance.

SPEAKER: **Tara Clark**, Partner, Myers & Stauffer

- **PROVIDER-CENTRIC FWA PREVENTION: THE VALUE OF SEEING EVERY BEHAVIOR, PATTERN, OUTLIER & RELATIONSHIP IN NEAR REAL-TIME**

(4L Data Intelligence)

Celestin A, Third Floor

OVERVIEW: Medicaid Program Integrity depends on having a continuous in-depth understanding of provider behaviors, patterns, outliers, and relationships in near real-time. Legacy provider credentialing and claims data - centric payment solutions are built on passive, rules-based platforms that can't 'see' dynamic changes in behaviors and relationships. This session will focus on a provider-centric FWA prevention approach. The 4L FWA Prevention solution is the provider-centric approach that utilizes patented Integr8 AI Risk Detection™ technology to detect dynamic changes in provider behaviors, relationships, patterns, and other anomalies to detect FWA activity that payers are universally missing with legacy technology and even claims data - centric AI approaches.

SPEAKERS:

Greg Lyon, Senior Fraud Advisor, 4L Data Intelligence

Clay Wilemon, Chief Executive Officer, 4L Data Intelligence

1:20 PM - 2:10 PM

Celestin Ballroom, Third Floor

CMS CENTER FOR PROGRAM INTEGRITY OVERVIEW & PRIORITIES FOR PROTECTING MEDICAID, MEDICARE & MARKETPLACE

OVERVIEW: CMS will provide an overview of the Center for Program Integrity (CPI) to help participants better understand CPI's role in ensuring the integrity of the Medicaid, Medicare and the Marketplace programs. CPI will share what it sees as emerging fraud trends in Medicaid, Medicare and the Marketplace and provide updates on its various program integrity initiatives. CPI will outline its program integrity priorities including increased oversight of Medicaid managed care plans as well as increased oversight of the Marketplace. This session will also provide participants an opportunity to ask questions of CPI's senior leadership.

SPEAKER:

Amy Turner, Deputy Center Director, Center for Program Integrity, Centers for Medicare & Medicaid Services (CMS)



TUESDAY, AUGUST 20 *(continued)*

2:40 PM - 3:40 PM

SPONSOR BREAKOUT SESSIONS BLOCK 4

- **RED FLAGS & REAL FINDINGS: A CASE STUDY OF FRAUD IN SUBSTANCE USE TREATMENT**
(Constellation Quality Health)

Celestin GH, Third Floor

OVERVIEW: This session dives into the methods and findings from the prepayment review of a general practice physician treating patients with substance use disorder. We will discuss the findings noted during review as well as the sanctions that followed. This session helps auditors recognize the importance of document review coupled with claims analysis as well as strategies to manage large volumes of documents during the audit process.

SPEAKER:

Robyn Winters, RN, BSA, AHFI, Director of Payment Integrity, Constellation Quality Health

- **FWA UNSCRIPTED: A COLLABORATIVE DISCUSSION CULTIVATING IDEAS & FUELING PROGRESS IN PROGRAM INTEGRITY**
(Booz Allen Hamilton)

Celestin BC, Third Floor

OVERVIEW: Preventing and detecting healthcare fraud requires a collaborative, multi-disciplinary approach that embraces stakeholders across the program integrity spectrum. Booz Allen invites you to participate in an interactive discussion with a panel of experts from large industry, small business, and the federal government. Panelists will offer their perspectives on best practices, lessons learned, and challenges related to fraud schemes, link analysis, advanced analytics, artificial intelligence/machine learning, and policy considerations. Conference attendees are invited to submit discussion topics at the Booz Allen booth.

SPEAKERS:

Jennifer Dietz, Director of Program Integrity, Defense Health Agency

Jessica Gay, Vice President & Co-Founder, Integrity Advantage

Timothy Helms, Health Compliance & Fraud Senior Manager, Booz Allen Hamilton

Su Kim, Owner, Investigator & Consultant, SHK Healthcare Consulting, LLC

Andrew Linn, Chief Innovation Officer, Knowli Data Science

- **THE IMPACT OF READMISSIONS**
(Performant)

Celestin A, Third Floor

OVERVIEW: Discharging patients from the hospital is a complex process that is fraught with challenges and involves over 35 million hospital discharges annually in the United States. The cost of unplanned readmissions is 15 - 20 billion dollars annually. Preventing avoidable readmissions has the potential to profoundly improve both the quality of life for patients & the financial wellbeing of health care systems. During this session, Dr. Mullen-Clayton will discuss the causes & impacts of hospital readmissions. She will first define readmissions, then provide insights into why readmissions matter, why they happen, and what state Medicaid agencies can do to mitigate the risk readmissions present.

SPEAKER:

Marlene Mullen-Clayton, DO, Chief Medical Officer, Performant



TUESDAY, AUGUST 20 *(continued)*

3:50 PM - 4:50 PM

STATE/FEDERAL BREAKOUT SESSIONS BLOCK 4

- **WALK BEFORE YOU CAN RUN: WHEN TECHNOLOGY & POLICY GOALS ADVANCE FASTER THAN PROGRAM INTEGRITY** *Celestin GH, Third Floor*

OVERVIEW: Inter and Intra agency collaborations are absolutely vital to address fraud, waste and abuse. However, this cannot be effective without leadership from our federal partners. In addition, as a new landscape of policy goals from the federal government pushes coverage expansion to include social determinants of health and focuses on particular sub-populations and categories of service, this can limit the ability for robust, preventative, fraud-fighting efforts at the state level.

SPEAKERS:
Bart Armstrong, Director, Fraud, Waste & Abuse Division, Colorado Department of Health Care Policy & Financing
Gene Cottrell, Inspector General, Utah Office of the Inspector General
Anthony Flot, Chief Technology Officer, Arizona Health Care Cost Containment System (AHCCCS)
Sara Geduldig, Program Integrity Section Manager, Colorado Department of Health Care Policy & Financing
Fritz Jenkins, Program Integrity Administrator, Fiscal & Operations Division, Oregon Health Authority
- **ENHANCED CMS OVERSIGHT OF MEDICAID MANAGED CARE PLANS** *Celestin BC, Third Floor*

OVERVIEW: CMS will provide an overview of its enhanced oversight of Medicaid Managed Care Plans (MCPs) program integrity operations. The presentation will cover the scope, strategy, and initial findings related to CMS' MCP audits including an overview of preliminary results to date for CY 23 audits and an overview of CMS' expanded CY 24 Medicaid MCP audit strategy which adds three new areas of focus: denied services and prior authorizations, adequacy of MCP networks, particularly concerning specialty providers and delivery of preventive services by MCPs. This session will also provide participants an opportunity to ask questions of CMS.

SPEAKERS:
Evan Godfrey, Deputy Director, Field Operations North, Centers for Medicare & Medicaid Services (CMS)
Peter Leonis, Deputy Director, CPI Fraud Investigations Group, Centers for Medicare & Medicaid Services (CMS)
Elizabeth Lindner, Director, Field Operations North, Centers for Medicare & Medicaid Services (CMS)
Amy Turner, Deputy Center Director, Center for Program Integrity, Centers for Medicare & Medicaid Services (CMS)
- **PRESCRIBED PEDIATRIC EXTENDED CARE CENTERS** *Celestin A, Third Floor*

OVERVIEW: This presentation describes what are Prescribed Pediatric Extended Care Centers (PPECCs), details recent audit findings from Texas and Florida, and a recent case that resulted in arrests and closures of four PPECCs in Florida. Discussion will also include issues to consider when reviewing PPECCs.

SPEAKERS:
Ryan Belcik, Audit Director, Office of the Inspector General, Texas Health & Human Services
Penny Taylor, Administrator, Medicaid Program Integrity, Florida Agency for Health Care Administration

WEDNESDAY, AUGUST 21

8:30 AM - 8:35 AM

Celestin Ballroom, Third Floor

DAY THREE REMARKS

SPEAKER:

Kelly Bennett, NAMPI President; Chief, Medicaid Program Integrity, Florida Agency for Health Care Administration

8:35 AM - 9:25 AM

Celestin Ballroom, Third Floor

PANEL DISCUSSION WITH LEADERSHIP FROM CMS' CENTER FOR PROGRAM INTEGRITY

OVERVIEW: This interactive discussion will include senior leadership from CMS' Center for Program Integrity (CPI) as well as managers who oversee compliance with provider enrollment, the unified Program Integrity Contractors (UPICs) and the Medicaid Integrity Institute (MII). The panel will outline their roles and responsibilities, share their key take aways from the conference and answer questions from the audience.

MODERATOR: **Tara LeBlanc**, Director, State Health, Guidehouse

PANELISTS:

Peter Leonis, Deputy Director, CPI Fraud Investigations Group, Centers for Medicare & Medicaid Services (CMS)

Camiel Rowe, Director of State Partnership, Audit & Vulnerabilities Group, Centers for Medicare & Medicaid Services (CMS)

Timothy Trego, Director, Provider Enrollment Group, Division of Quality & Compliance, Centers for Medicare & Medicaid Services (CMS)

Amy Turner, Deputy Center Director, Center for Program Integrity, Centers for Medicare & Medicaid Services (CMS)

9:45 AM - 10:45 AM

STATE/FEDERAL BREAKOUT SESSIONS BLOCK 5

- **ENHANCING PROGRAM INTEGRITY THROUGH MANAGED CARE ORGANIZATION OVERSIGHT**

Celestin GH, Third Floor

OVERVIEW: This session provides an overview of MCO oversight. It includes contractual requirements for the MCOs related to program integrity, contract monitoring, what indicators are used, what tools could be used and what legal guidance may be used. This will help the audience better understand how they can conduct a PI review of an MCO. Finally, the panelists will provide details of how they work with the MCOs on their investigations. This will demonstrate the balance of working with the MCOs on oversight but also working with them on eradicating fraud and abuse from their Medicaid programs through collaborative efforts.

SPEAKERS:

Yvette Casey, Operations Manager, Office of Program Integrity, Division of TennCare

Cindi Furlough, Compliance Manager, Division of TennCare

Ann Kaperak, Assistant Chief, Medicaid Program Integrity, Florida Agency for Health Care Administration

Cody Redmond, Audit Director, Office of the Inspector General, Texas Health & Human Services

John Thompson, Chief Compliance Officer, North Carolina Department of Health & Human Services

Frank Walsh, Medicaid Inspector General, New York State Office of the Medicaid Inspector General



WEDNESDAY, AUGUST 21 *(continued)*

9:45 AM - 10:45 AM

STATE/FEDERAL BREAKOUT SESSIONS BLOCK 5 *(continued)*

- PHARMACY TRENDS: A PRESCRIPTION FOR FRAUD, WASTE & ABUSE** ***Celestin BC, Third Floor***

OVERVIEW: Do you want to work pharmacy provider investigations, but don't know where to start? Texas OIG uses an invoice reconciliation approach, which can help your office "get their foot into the (pharmacy's) door." We will share some of the most common findings from our pharmacy investigations, including the most recent trends dealing with over-the-counter COVID-19 tests.

SPEAKERS:

Cindy Arce, Manager, Medicaid Program Integrity, Office of the Inspector General, Texas Health & Human Services
Jesus Vega, Lead Investigator, Medicaid Program Integrity, Office of the Inspector General, Texas Health & Human Services

- P.A.R.I.S.: SAY "BONJOUR!" TO COST SAVINGS!** ***Celestin A, Third Floor***

OVERVIEW: Since October 2008, states are federally required to use an eligibility determination system that considers data matches from the Public Assistance Reporting Information System (PARIS), including interstate enrollment matches, to determine Medicaid eligibility. The panel, comprised of program integrity leaders from Illinois, the District of Columbia, and Texas will discuss each states' experiences, including challenges and successes with PARIS. The discussion will include known challenges with PARIS data as well as work the states are spearheading and collaborating on to exchange data directly to verify multistate hits reported by PARIS.

SPEAKERS:

Karl Bartley, Supervisory Program Analyst, District of Columbia Department of Health Care Finance
Brian Dunn, Inspector General, Office of the Inspector General, Illinois Department of Healthcare & Family Services
Steve Johnson, Chief of Investigations & Utilization Reviews, Office of the Inspector General, Texas Health & Human Services
Kevin O'Donnell, Director, Division of Program Integrity, District of Columbia Department of Health Care Finance
Stephanie Snow, Chief of Staff, Office of Inspector General, Illinois Department of Healthcare & Family Services
Sonya Tao, Deputy Inspector General of Fraud Analytics, Office of the Inspector General, Texas Health & Human Services

11:00 AM - 11:50 AM

Celestin Ballroom, Third Floor

OPERATION HCFA: PATIENT BROKERING & USING PATIENTS FOR FINANCIAL EXPLOITATION

OVERVIEW: This is an in depth case study of an Arizona criminal investigation and operation. This session will describe and outline the approach of how AZAGO HCFA (MFCU) and AHCCCS OIG intervened to rescue patients from a racketeering enterprise, identify data elements utilized to review and assess information, and outline a detailed examination of this core component facilitating behavioral health fraud schemes. Materials will be shared for other states to utilize.

SPEAKERS:

Steve Duplissis, Deputy Chief Counsel, Criminal Division, Arizona Attorney General's Office (AZAGO)
Brett Harames, Unit Chief Counsel, Arizona Attorney General's Office (AZAGO)
Ana Lozoya, Provider Compliance Supervisor, Arizona Health Care Cost Containment System (AHCCCS)
Daniel Miller, Assistant Special Agent in Charge, Arizona Attorney General's Office (AZAGO)
Travis Smith, Supervising Special Agent, Arizona Attorney General's Office (AZAGO)
Vanessa Templeman, Inspector General, Arizona Health Care Cost Containment System (AHCCCS)
Travis Williams, Supervising Special Agent, Arizona Attorney General's Office (AZAGO)

11:50 AM - 12:00 PM

Celestin Ballroom, Third Floor

CLOSING REMARKS

