



# 5<sup>th</sup> Annual Midwest Medical Fraud Symposium JUNE 13, 2019

## Presented by

**The Office of the Indiana  
Attorney General's Medicaid  
Fraud Control Unit**

**Indiana Chapter of the National  
Society of Professional  
Insurance Investigators**

## Location

Indiana Government Center South, Auditorium  
302 W. Washington Street, Indianapolis, IN 46204

## The following accreditations have been applied for:

CLEs in Indiana, Ohio, Wisconsin and Kentucky  
Indiana's Law Enforcement Training Board Credit

# Summary

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 Qui Tam/RICO actions; Dental Fraud; Emerging Issues involving Fraud, Waste & Abuse in Medical Claims; Analytics; Ethics; Drug Diversion and Government; Injection Fraud; DME Fraud and a Prosecution Panel 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 (NSPII) and the Medicaid Fraud Control Unit (MFCU) would like to thank the following underwriting sponsors for their support.**



# Seminar Schedule

*\*Please arrive early to allow time 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 and 3**

*11:30 am – 12:30 pm*

**Lunch / Additional Announcements**

*12:30 pm – 1:30 pm*

**Breakout Topics 4 and 5**

*1:40 pm – 3:00 pm*

**Breakout Topics 6, 7 and 8**

*3:10 pm – 4:30 pm*

**General Session 2 (Panel)**

*4:30 pm – 4:40 pm*

**Thank You and Closing Remarks**

# Session Descriptions

## General Session 1: Civil Recovery Actions in Major Medical Fraud Rings

8:40 am – 10:00 am



Michael R. Parker  
Managing Partner, Parker, LLP

During this presentation, the audience will be introduced to federal and state fraud civil recovery statutes. Using case examples, the attendee will learn how to establish the essential elements of Civil RICO and Qui Tam “Whistleblower” statutes. This course will also provide the audience with knowledge of how to avoid pitfalls and “knockout punches” that have derailed major fraud investigations and cases. Successful civil prosecution of a provider-fraud case often begins with SIU identification of fraudulent treatment and billing patterns. This presentation will explore best practices in major medical fraud ring investigations.

## Topic 1: Dental Fraud – Recurring Themes and Red Flags

10:10 am – 11:30 am



Charles Poland, III, DDS

The discussion will center on those dental service codes frequently and historically associated with dental fraud. An understanding of these service codes and the associated “Red Flags” should help investigators spot potential fraud and aid in their future investigations. The importance of obtaining accurate legible clinical records and radiographs as well as computer-generated clinical and scheduling records will be discussed as well as the difficulties found reviewing computer generated patient records.

## Topic 2: Emerging Issues Involving Fraud, Waste and Abuse in Medical Claims

10:10 am – 11:30 am



Michael D. Miscoe, JD, CPC, CASCC, CUC, CCPC, CPCO, CPMA, CEMA, AAPC Fellow

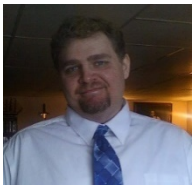
During this session we will address the following areas:

- Brief primer on Fraud, Waste, and Abuse
- PT Claims Issues
- E/M Claims Issues
- Surgical Claims
- DME Issues and Home Health Claims

# Session Descriptions

## **Topic 3: An Investigative Analytics Partnership: How Better Analysis Leads to Better Investigations**

10:10 am – 11:30 am



This presentation will demonstrate how investigative analytics can help drive a medical fraud investigation to a successful conclusion. They will share how their prior medical billing and claims experience enhances field investigation and tactical (reactive) reports, as well as demonstrating how Certified Professional Coders can help identify and mitigate fraud/waste/abuse by medical providers through strategic (proactive) reporting. During the presentation, speakers will discuss ways to maximize the utilization of internal and external data sources, trend identification, and ways to make positive financial impact through recovery, restitution, and prevention of future leakage.

Amy Christiansen, CPC, FCLS Liberty Mutual Ins. • David Dow, AIC,CIFA, CPC, FCLS Liberty Mutual Ins.

**Lunch – 11:30 am – 12:30 pm**

## **Topic 4: Two Wrongs Don't Make a Right: How Vigilance and Adherence to Ethics Laws and Best Practices Improve your Investigation**

12:30 pm – 1:30 pm



Jessica Krug, Esq.  
MFCU Deputy Director

Those persons charged with investigating suspected fraudulent activities – including investigators, claims personnel and attorneys – improve their investigations and outcomes when they understand and rely on sound theory and practice regarding a myriad of ethical considerations in the investigative process. This talk will focus on some of those considerations and how to put them into practice during any investigation.

# Session Descriptions

## Topic 5: Drug Diversion and Government Investigations

12:30 pm – 1:30 pm



Eric Babbs, DAG  
Special Assistant  
United States Attorney

This presentation will focus on the Controlled Substances Act and federal regulations against diversion of controlled substances by prescribers, pharmacies and other medical professionals. We will discuss the roles of federal and state agencies in conducting investigations of suspected drug diversion. The presentation will invite discussion of whether, and how, drug diversion investigations may overlap with and address fraudulent conduct identified in a private insurance setting.

**Co-Presenter: Emily Batteiger, Diversion Investigator  
Indianapolis District Office of the Drug Enforcement Administration**

## Topic 6: Needle, Needle – Who Gets the Needle? Answer: Everybody!

1:40 pm – 3:00 pm



Frank Koussaie, MD  
Summa Akron City  
Hospital, Summa  
Barberton, Summa  
Wadsworth

Examination of the possible fraudulent utilization of needle injections found in pain clinics. Bringing patients to a pain clinic via van, and then performing multiple unnecessary services including trigger point injections and billing these as facet joint injections, epidural injection, or a joint injection. Then taking the patients back to their home/facility and purchasing lunch for them. Provide patients with injections of lidocaine combined with steroids which at times will provides temporary relief of various joint and muscle pain. Although the injections given to the patients were superficial, they were billed falsely to the insurance companies as facet joint injections, paravertebral injections, sacroiliac nerve injections, sciatic nerve injections, and various other nerve blocks. Utilization of a TENS unit for a trial of an indwelling epidural stimulator. Utilization of a fictitious, non-existent imaging unit for the completion of the nerve blocks. Radio frequency ablations performed without any radio frequency machine. Utilization foreign medical graduates, nurse practitioners, and physician's assistants to fill out fictitious superbills in order to fraudulently report injections were done.

# Session Descriptions

## Topic 7: Chiropractic (UN) Just Enrichment

1:40 pm – 3:00 pm



Lawrence Stolar, DC  
Medical Compliance and  
Insurance Consultants

This presentation begins with the education and licensure requirements for the Chiropractic Doctorate degree. The attendee will gain insight into the preparedness of the chiropractic graduate and a modest understanding of diagnosis coding, treatment coding, documentation and medical compliance. This course will review the purpose, goals and documentation requirements for the common therapy modalities. The attendee will learn the purpose, goals and documentation requirements for common procedures such as a chiropractic manipulation and rehab exercises. This course will cover the concept of delegation of authority and the risks and potential fraud when therapy is delegated by the chiropractor to the chiropractic assistant.

## Topic 8: Durable Medical Equipment Fraud Overview

1:40 pm – 3:00 pm



Greg Burri, Senior  
Investigator, Special  
Investigations Unit, Humana

The presentation will cover common DME fraud schemes and strategies for investigation. An emphasis will be placed on orthotic braces as insurance companies have seen a massive increase in fraud in this area.

# Session Descriptions

## General Session 2: Medical Fraud Prosecution: A Multi-State Panel Discussion

3:10 pm – 4:30 pm

So you've got this medical fraud case you've been investigating, seems like forever. You believe very strongly that the case warrants criminal prosecution. What now? The members of this panel will provide insights into the proper packaging of a medical fraud case for law enforcement review and/or presentation to a Prosecutor for further pursuit. Each panelist will provide information regarding some of the issues they have pursued, how they feel such issues are best documented and what made those cases easier for them to accept. The floor will then be open to questions from and dialogue with the audience.



**Cindy Cho, Esq. Assistant United States Attorney**



**Mr. Mark Sakalares, NICB Supervisory Special Agent**



**Janna Skelton, Esq. Marion County Prosecutor's Office**



**Samuel J Kirk, CFE Principal Asst. Attorney General Ohio Attorney General's Office**



**John J. Walz, Deputy Chief of Special Prosecutions Bureau, Illinois Attorney General's Office.**



## Registration

Please register by clicking on the following link:

<https://www.eventbrite.com/e/5th-annual-midwest-medical-fraud-symposium-tickets-58791509989>

Please complete one registration per registrant.

- **Deadline: The seminar registration deadline is June 5, 2019**  
*No refunds will be issued after this date.*
  - **Early Bird Pricing Deadline: April 30, 2019**
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### PRICING - Lunch included

- General Admission: \$100; Early Bird \$85
  - NSPII/IASIU: \$90; Early Bird \$75
  - Insurance Company Personnel: \$80; Early Bird \$65
  - Public Agency Personnel: \$15
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***Inquiries:*** Please direct questions or requests for more information to:

**Lisa Sweatland at (317) 373-1536**

[Lisa.M.Sweatland@centene.com](mailto:Lisa.M.Sweatland@centene.com)

**Joel Abbey at (317) 349-9799**

[jabbey@travelers.com](mailto:jabbey@travelers.com)