



**CENTERS FOR MEDICARE & MEDICAID SERVICES
CONTINUING EDUCATION (CMSCE)**



**Protect Yourself by Understanding
Healthcare Fraud Symposium**

September 11, 2014

CE Activity Information & Instructions

Activity Information

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Activity Information

Activity Description

Reducing fraud, waste, and abuse in the Department of Health and Human Services (HHS) programs is a top priority for the Department and the Centers for Medicare & Medicaid Services (CMS). The goal of this activity is to educate physicians, other providers, and their staff and provide information and resources regarding Medicare and Medicaid program integrity, fraud, waste, abuse prevention and reduction measures and practices.

Target Audience

This activity is designed for all healthcare professionals, their staff and interested stakeholders.

Learning Objective

By the end of this activity participants should be able to correctly:

- Define Program Integrity (PI);
- Identify unintentional types of fraud and abuse; and
- Select where the U.S health care system loses billions of dollars annually.

Participation

1. Register for the symposium;
2. Participate in the symposium; and
3. After the symposium is over, access and complete the assessment and evaluation, per the *Instructions for Continuing Education Credit*, at the end of this document.

Speaker Bios & Disclosures (alphabetical by last name)

All planners and developers of this activity have signed a disclosure statement indicating any relevant relationships and financial interests. This activity was developed without commercial support.

A-F

Elizabeth Brady, MBA

Ms. Brady has been employed by the Centers for Medicare & Medicaid Services (CMS) in the Center for Program Integrity since February 2011. Prior to her employment at CMS, she worked for Medicare contractors and managed their anti-fraud investigation departments. Ms. Brady has over 25 years of experience in this field.

Ms. Brady is a Certified Fraud Examiner (CFE) and an Accredited Health Care Fraud Investigator (AHFI). She earned a Master of Business Administration (MBA) degree in Health Care Administration from Adelphi University and is pursuing a Masters Degree in Forensic Studies focusing on investigations. Ms. Brady has conducted fraud, waste and abuse (FWA) training sessions for health plans and for Medicare beneficiaries.

Ms. Brady has nothing to disclose.

George A. Coddling, JD

Mr. Coddling heads the civil fraud efforts of the State of Colorado's Medicaid Fraud Control Unit (MFCU), where he has been employed since the beginning of 2004. The MFCU performs investigations and prosecutions of complex criminal and civil cases of provider fraud against the state Medicaid system. Mr. Coddling pursues civil investigations within the state, and also handles joint fraud cases with other MFCU team members in federal qui tam (whistleblower) cases around the country. Mr. Coddling has worked as a prosecutor in a district attorney's office, and in private practice in civil litigation.

Mr. Coddling has considerable experience in both civil litigation and criminal prosecution of health care fraud. He has special training in the handling of interstate qui tam cases and leads state MFCU teams in these cases. He has delivered numerous presentations on legal issues, fraud, investigation, and investigative methodology to audiences in the United States, Canada and overseas in English, French, and Spanish.

Mr. Coddling earned a Juris Doctor degree from the University of Colorado, Boulder.

Mr. Coddling has nothing to disclose.

David Duhaime

Mr. Duhaime has been employed by Health Integrity, a Zone Program Integrity Contractor (ZPIC) from October 2008 to present as the Program Director. From February 2004 through October 2008, he was a Senior Investigator and Benefit Integrity Manager with a former Program Safeguard Contractor (PSC) prior to joining the ZPIC. Mr. Duhaime worked as a criminal investigator with the New York State Attorney General's Medicaid Fraud Control Unit (MFCU) from August 1999 through September 2003.

Mr. Duhaime has more than twenty-five years of investigative experience, with fifteen years experience in Medicare and Medicaid programs investigating fraud, waste and abuse. He also has ten years of management experience in the government contracting environment. Mr. Duhaime is a court qualified expert in the area of Medicare investigation for four states. He has developed and given presentations at the National Advocacy Center, FBI New Agent Healthcare training, CMS Operations meetings and for the Senior Medicare Patrol.

Mr. Duhaime earned a Bachelor of Arts degree in Criminal Justice, with a Minor in English at the Norwich University, Military College of Vermont.

Mr. Duhaime has nothing to disclose.

Daniel J. Duvall, MD

Dr. Duvall is the Chief Medical Officer for the Center for Program Integrity at the Centers for Medicare & Medicaid Services (CMS), where he is responsible for providing a clinical perspective in matters of fraud, waste and abuse across CMS' numerous programs. Prior to assuming this position in Program Integrity, Dr. Duvall worked in the Hospital and Ambulatory Policy area of the Center for Medicare. He also has prior operational experience outside the government with commercial, Medicaid, Medicare and Medicare Advantage programs.

Dr. Duvall is an Emergency Medicine physician, having practiced as far north as northern Alaska and as far south as New Zealand, with venues ranging from urban trauma centers to tiny rural facilities to private offices.

Dr. Duvall has been involved in Fraud and Abuse prevention for 15 years as an analyst, a consultant, and an oversight entity. He has been involved with Medicare Administrative Contractor (MAC), Recovery Audit Contractor (RAC), one Zone Program Integrity Contractor (ZPIC), Office of Inspector General (OIG) and Department of Justice (DOJ) audits and investigations from initial design through final settlement.

Dr. Duvall earned his Medical Degree at Georgetown University School of Medicine and is Board Certified in Emergency Medicine.

Dr. Duvall has nothing to disclose.

G-L

Charles L. Hackney

Mr. Hackney has been employed with the Office of Inspector General (OIG) from 2002 to the present as a criminal investigator. Prior to his employment with the OIG, from 1990 to 2002, Mr. Hackney was employed as a U.S. Customs Inspector with the Department of Treasury.

Mr. Hackney has over twenty five years of law enforcement experience. He has successfully investigated several cases that resulted in numerous criminal convictions and civil settlements. His knowledge of law enforcement has facilitated several tours overseas to teach law enforcement techniques in the African countries of Nigeria, South Africa, and Mali.

Mr. Hackney earned a Bachelor of Science degree in Criminal Justice at Wayne State University.

Mr. Hackney has nothing to disclose.

Donna Kellow, MS., RN, CNS

Ms. Kellow is the Director of the Audits and Compliance Division for the Colorado Department of Health Care Policy and Financing. The Audits and Compliance Division consolidates many of the auditing functions throughout the Department. These include: Program Integrity functions of monitoring for fraud, abuse and waste, subrecipient monitoring of counties, the Payment Error Rate Measurement Program, the Medicaid Eligibility Quality Control Program, internal auditing and audit coordination of audits performed on the Department.

Ms. Kellow has been with the Department for over fifteen years. During this time, she has also been a part of quality improvement, claim system processing and behavioral health managed care. Prior to coming to the Department, she worked at the Western Interstate Commission for Higher Education consulting with states on performance and quality indicators. Her other previous work experiences include working with developmental disabled clients in a group home setting and managing employment programs for developmental disabled clients. Ms. Kellow's nursing experience includes surgical intensive care nursing, medical/surgical nursing and psychiatric nursing.



Ms. Kellow's Division is responsible for many aspects of program integrity within the Colorado Medicaid Program. She has worked for the state Medicaid agency for over fifteen years and has presented on fraud, abuse and waste on several occasions.

Ms. Kellow earned a Master of Science Degree in Biology at the University of Colorado Boulder and a Bachelor of Science Degree in Nursing from and University of Colorado Health Science Center, Denver. She is also a Clinical Nurse Specialist.

Ms. Kellow has nothing to disclose.

Connie Leonard, MBA

Ms. Leonard has been employed by the Centers for Medicare & Medicaid Services (CMS) since September 1999. She has held various positions in the Office of Financial Management including overseeing the Recovery Audit Demonstration and the Division of Recovery Audit Operations from its inception until September 2013. She currently is the Deputy Director of the Provider Compliance Group which oversees the Recovery Audit Program, the Comprehensive Error Rate (CERT) program and medical review at the Medicare Administrative Contractors (MACs).

Ms. Leonard implemented the Recovery Audit Demonstration and the national Recovery Audit Program for CMS, which uses the medical review rules and regulations as a guide. Ms. Leonard has given extensive training to providers and associations on Recovery Audits and medical review issues and is generally seen as an expert on Recovery Auditing in Medicare.

Ms. Leonard earned a Master of Business Administration degree in Management at Loyola College of Maryland.

Ms. Leonard has nothing to disclose.

Mark A. Levine, MD

Dr. Levine serves the Centers for Medicare & Medicaid Services (CMS) as the Chief Medical Officer in the Denver office. A board-certified internist, he is a veteran of twenty years of medical practice. Dr. Levine is the lead CMS clinician on the episode grouper project.

As a quality improvement coach for CMS, Dr. Levine has clinical experience with performance improvement from serving as IPA, HMO and group practice medical directors. Dr. Levine also serves the University of Colorado as a Clinical Professor of Medicine.

Dr. Levine earned a Medical Degree from Temple University.

Dr. Levine has nothing to disclose.

M-R

Jaime A. Pena, JD

Mr. Pena is employed by the United States Attorney's Office for the District of Colorado as the Senior Litigation Counsel and Healthcare Fraud Coordinator. He has served as an Assistant



United States Attorney with the Department of Justice since 1997. He previously served as an Assistant District Attorney and was in private practice in Texas for over eleven years.

Mr. Pena reviews and determines which cases are appropriate for criminal prosecution via the federal system. He has been the criminal Healthcare Fraud Coordinator for the United States Attorney's office for the District of Colorado for the past eight years.

Mr. Pena earned a Juris Doctor degree from the University of Houston Law Center.

Mr. Pena has nothing to disclose.

Jason Richwine, MS

Mr. Richwine has been the Director of Program Integrity at Novitas Solutions since 2011. He began his career with the company as a Healthcare Statistician in 1999 and has held numerous positions in the realm of Program Integrity, including Manager of Informatics and Manager of Medical Review. Prior to joining Novitas Solutions, from 1996 to 1999, he gained three years of Medicare experience working for the Pennsylvania Quality Improvement Organization (QIO).

Mr. Richwine possesses extensive knowledge of the Medicare Program, including fifteen years of Medicare Program Integrity experience. In his current position as Director of Program Integrity, he has oversight for Novitas' program safeguard activities. This includes Program Integrity Contractor (PIC/ZPIC) support, Medical Review (MR), data analysis, and Comprehensive Error Rate (CERT). Mr. Richwine also previously held oversight responsibilities for Provider Outreach & Education, and Medical Policy. He has participated in and led various national Centers for Medicare & Medicaid Services (CMS) workgroups and conferences related to Program Integrity initiatives, including CERT and data analysis.

Mr. Richwine earned a Master of Science degree in Statistics from the University of South Carolina.

Mr. Richwine has nothing to disclose.

David Roden, JD

Mr. Roden has been a subcontractor with Health Integrity, LLC. as a Benefit Integrity Investigator since July 2010. From November 2005 until July 2010, he was the Benefit Integrity Manager for AdvanceMed, a Medicare Program Safeguard Contractor in Ohio. Prior to that, Mr. Roden was a Special Agent with the Federal Bureau of Investigation (FBI) for over twenty-one years.

Before joining the FBI, Mr. Roden served as an Assistant County Prosecutor prosecuting cases in criminal, traffic and juvenile court. In the FBI, he investigated a multitude of violations including healthcare fraud, resulting in the execution of search and arrest warrants leading to successful prosecutions. In both positions, he provided legal training to other law enforcement officers and agents. In his roles of Benefit Integrity Manager and Investigator, Mr. Roden has prepared and given presentations on health care fraud cases and topics.

Mr. Roden earned a Juris Doctor degree from Capital University Law School.



Mr. Roden has nothing to disclose.

S-Z

Michael S. Victoroff, MD

Dr. Victoroff is the Risk Management Consultant for Health Information Technology at COPIC Insurance. He is also Chief Medical Officer at Lynx Collaborative Care Network and Medical Advisor at Amara Healthcare Analytics. He was one of the first physicians to become board certified in the specialty of Clinical Informatics. He is also board certified in Family Medicine and an Associate Clinical Professor at the University of Colorado School of Medicine.

Dr. Victoroff was named “Family Physician of the Year” by the Colorado Academy of Family Physicians in 1996. He practiced family medicine and obstetrics for nineteen years. He has been a Medical Director for Aetna and a private investigator for Clinical Toxicology, Ltd.. Dr. Victoroff completed a fellowship in biomedical ethics, and has served on numerous ethics committees, including the American Academy of Family Physicians’. He is a member of ASTM International Technical Committee E31 on Healthcare Informatics, which is responsible for the standards for Electronic Health Records and the Continuity of Care Record.

Dr. Victoroff is a nationally nationally recognized speaker on professional liability related to HIT. His publications include numerous articles on bioethics, medical computing, managed care, medical errors and patient safety. In 1989, he developed ChartR[®], an electronic medical record system for physician offices, and sold it commercially for 8 years. As a Risk Management Consultant for COPIC (Colorado’s dominant medical liability insurer), he developed a coding system for medical errors that has been used in Federally-funded patient safety research. Dr. Victoroff’s assignment at COPIC is to educate physicians about liability risks of health information systems.

Dr. Victoroff earned a Doctor of Medicine degree at Baylor College of Medicine.

Dr. Victoroff has disclosed that he serves as a consultant for COPIC Insurance, Lynx Collaborative Care Network, and Amara Healthcare Analytics.

Scott Wakefield

Mr. Wakefield has been employed with the Centers for Medicare & Medicaid Services (CMS) since 1992, and has served as technical advisor for staff on the Recovery Audit Program since it’s inception in 2005. Throughout his tenure with CMS, Mr. Wakefield has earned numerous performance awards, including the esteemed Secretary’s Award for Distinguished Service for his role on the RAC Implementation Team. Mr. Wakefield enjoys working extensively with the Recovery Audit Contractors (RACs) and Provider Community. He is committed to helping protect and preserve the Medicare Trust Fund for current and future generations.

Mr. Wakefield has acted in the capacity of Deputy Director for the Division of Recovery Audit Operations, and technical advisor and mentor to program staff.

Mr. Wakefield has nothing to disclose.

Edwin Winstead, JD

Mr. Winstead has been an Assistant U.S. Attorney since 1995 and has been the Civil Healthcare Fraud Coordinator for the District of Colorado since August, 2002.

Mr. Winstead has handled hundreds of healthcare fraud cases and investigations since 1995 and has significant experience enforcing the False Claims Act in a healthcare context.

Mr. Winstead earned a Juris Doctor degree at the University of Colorado, School of Law.

Mr. Winstead has nothing to disclose.

Continuing Education Credit Available

ACCME Designation Statement (live activity):

The Centers for Medicare & Medicaid Services designates this **live activity** for a maximum of 6.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Credit for this course expires September 26, 2014.

IACET Designation Statement:

The Centers for Medicare & Medicaid Services (CMS) is authorized by IACET to offer .7 CEU(s) for this program. CEU will be awarded to participants who meet all criteria for successful completion of this educational activity. CEU credit for this course expires September 26, 2014.

Accreditation Statements

[Please click here for accreditation statements.](#)

Instructions for Continuing Education Credit**Learning Management System (LMS) Instructions**

In order to receive continuing education credits for the Protect Yourself by Understanding Healthcare Fraud Symposium, you must pass the session post-assessment and complete the evaluation. The continuing education post-assessments and evaluations are being administered through the Medicare Learning Network®.

Registering To Take a Post-Assessment

If you have previously taken Medicare Learning Network® (MLN) web-based training courses, you may use the login ID and password you created for those courses. If you are a new user, you will need to register.

To register:

1. Go to <http://go.cms.gov/MLNProducts> on the CMS website.
2. Under "Related Links" click on "Web-Based Training (WBT) Courses".
3. Click on a course title (not the icon next to the title) to open a Course Description Window.

4. At the top of the Course Description Window, click “Register”.
 5. You will be redirected to a page that instructs you to enter an e-mail address and click “Submit.”
 6. The screen returned will read: No account was found matching your search criteria. Please click **here** to proceed with registration. Click the word “Here” to continue with registration.
- After completing this registration, you will be re-directed to your home page.

To login if you already have an account:

1. Go to <http://go.cms.gov/MLNProducts> on the CMS website.
2. Under “Related Links” click on “Web-Based Training (WBT) Courses.”
3. Click on a course title (not the icon next to the title) to open a Course Description Window.
4. At the top of the Course Description Window, click “Login.”
5. Enter your login ID and password. You will be re-directed to your home page.

Finding the Post-Assessment

Once you are logged into the LMS:

1. Click on the Web-Based Training Courses link.
2. Select "**11SEP2014 Protect Yourself by Understanding Healthcare Fraud Symposium**" at the top of the left column.
3. Scroll to the bottom of the page. Use the radio buttons to select Certification of Completion or Certificate of Continuing Education (CEU or CME).
4. Click the “Take Course” button. The course will appear in a new pop-up window.

Viewing Your Transcript and Certificates

1. Go to <http://go.cms.gov/MLNProducts> on the CMS website.
2. Click on Web-Based Training Modules link at the bottom of the page.
3. Click on the title of a course and click on Login.
4. Log in using your CMS LMS credentials.
5. To access your certificate, click on “My Homepage” in the left hand menu.
6. Click on “Transcript/Certificate.”
7. Click on the Certificate link next to the course title. The course evaluation will display. Once you complete the course evaluation, your certificate will display.

Hardware/Software Requirements

[Please click here for hardware and software requirements.](#)

CMS Privacy Policy

[Please click here for CMS’ Privacy Policy.](#)



Help

- For assistance with the Medicare Learning Network® (MLN) Learning Management System, such as, your login, registration, certificate or transcript, contact the MLN at MLN@cms.hhs.gov via email.
- For assistance with the content or continuing education credit, contact CMSCE at CMSCE@cms.hhs.gov via email.