



FRD117

Healthcare Fraud; Auditing and Detection Guide - 20 hours

Objectives

This course features:

- Comprehensive guidance on auditing and fraud detection for healthcare providers and company healthcare plans.
- It shows how data mapping and mining can be used as a key tool to maximize both the effectiveness and efficiency of fraud investigations.
- Insightful discussion from a number of perspectives – clinical, research, internal audit, investigative, data intelligence and forensic.
- Cases providing actual audit and investigative tools
- Useful outlines of healthcare fraud prevention, detection and investigative methods.

This course will serve as an invaluable tool equipping auditors and investigators to detect every kind of healthcare fraud, from false statements to elaborate collusive schemes.

Course Outline

Chapter 1 – Introduction to Healthcare Fraud

After completing Chapter 1, you should comprehend the following:

1. What Is Healthcare Fraud?
2. What Does Healthcare Fraud Look Like?
3. Healthcare Fraud in the United States
4. Healthcare Fraud in International Markets
5. Who Commits Healthcare Fraud?

6. What Is Healthcare Fraud Examination?
7. The Healthcare Continuum: An Overview
8. Healthcare Fraud Overview: Implications for Prevention, Detection, and Investigation

Chapter 2 – Defining Market Players Within the Healthcare Continuum

After completing Chapter 2, you should comprehend the following:

1. The patient
2. The provider
3. The payer
4. The employer/plan sponsor
5. The vendor and the supplier
6. The government
7. Organized crime
8. Market players overview: implications for prevention, detection, and investigation

Chapter 3 – Protected Health Information

After completing Chapter 3, you should comprehend the following:

1. Health Insurance Portability and Accountability Act of 1996
2. Audit Guidelines in Using PHI
3. Protected Health Information Overview: Implications for Prevention, Detection, and Investigation

Chapter 4 – Health Information Pipelines

After completing Chapter 4, you should comprehend the following:

1. The auditor's checklist
2. What are the channels of communication in a health information pipeline?
3. Unauthorized parties
4. HIP overview: implications for prevention, detection, and investigation

Chapter 5 – Accounts Receivable Pipelines

After completing Chapter 5, you should comprehend the following:

1. Overview of healthcare reimbursement
2. Types of reimbursement models
3. Data Contained in Accounts Receivable Pipelines
4. Accounts Receivable Pipelines by HCC Player
5. ARP Overview: Implications for Prevention, Detection, and Investigation

Chapter 6 – Operational Flow Activity

After completing Chapter 6, you should comprehend the following:

1. Operational Flow Activity
2. OFA Overview: Implications for Prevention, Detection, and Investigation

Chapter 7 – Product, Service, And Consumer Market Activity

After completing Chapter 7, you should comprehend the following:

1. Product Market Activity
2. Service Market Activity
3. Consumer Market Activity
4. PMA, SMA, CMA Overview: Implications for Prevention, Detection, and Investigation

Chapter 8 – Data Management

After completing Chapter 8, you should comprehend the following:

1. Data Management
2. Market Example: Setting Up a Claims RDBMS
3. Data Management Overview: Implications for Prevention, Detection, and Investigation
4. References

Chapter 9 – Normal Infrastructure

After completing Chapter 9, you should comprehend the following:

1. Normal Profile of a Fraudster
2. Anomalies and Abnormal Patterns

3. Normal Infrastructure Overview: Implications for Prevention, Detection, and Investigation

Chapter 10 – Normal Infrastructure And Anomaly Tracking Systems

After completing Chapter 10, you should comprehend the following:

1. The Patient
2. The Provider
3. The Payer
4. The Vendor/Other Parties
5. Organized Crime
6. Normal Infrastructure and Anomaly Tracking Systems Overview: Implications for Prevention, Detection, and Investigation

Chapter 11 – Components to The Data Mapping Process

After completing Chapter 11, you should comprehend the following:

1. What Is Data Mapping?
2. Data Mapping Overview: Implications for Prevention, Detection, and Investigation

Chapter 12 – Components to The Data Mining Process

After completing Chapter 12, you should comprehend the following:

1. What Is Data Mining?
2. Data Mining Overview: Implications for Prevention, Detection, and Investigation

Chapter 13 – Components To The Data Mapping And Mining Process

After completing Chapter 13, you should comprehend the following:

1. Forensic Application of Data Mapping and Data Mining
2. Data Mapping and Data Mining Overview: Implications for Prevention, Detection, and Investigation

Chapter 14 – Data Analysis Models

After completing Chapter 14, you should comprehend the following:

1. Detection Model
2. Investigation Model
3. Mitigation Model
4. Prevention Model
5. Independent Medical Examiner Practices for Ten Years without a Medical Degree
6. Response Model
7. Recovery Model
8. Data Analysis Model Overview: Implications for Prevention, Detection, and Investigation

Chapter 15 – Clinical Content Data Analysis

After completing Chapter 15, you should comprehend the following:

1. What Is SOAP?
2. The SOAP Methodology
3. Electronic Records
4. Analysis Considerations with Electronic Records
5. Narrative Discourse Analysis
6. Clinical Content Analysis Overview: Implications for Prevention, Detection, and Investigation

Chapter 16 – Profilers

After completing Chapter 16, you should comprehend the following:

1. Fraud and Profilers
2. Medical Errors and Profilers
3. Financial Errors and Profilers
4. Internal Audit and Profilers
5. Recovery and Profilers
6. Anomaly and Profilers
7. Fraud Awareness and Profiler
8. Profiler Overview: Implications for Prevention, Detection, and Investigation

Chapter 17 – Market Implications

After completing Chapter 17, you should comprehend the following:

1. The Myth
2. "Persistent"
3. "Persuasive"
4. "Unrealistic"
5. Market Overview: Implications for Prevention, Detection, and Investigation