

## Emdeon Payment Integrity Solutions

Breakfast Symposium – Thursday, Nov. 17, 7-8:30 am

### ***Making Every Dollar Count: Tools and Technology to Optimize the SIU***

#### **A Panel Discussion**

Underfunded? Lack resources? Need better technology? If so, you're not alone. Many payers' special investigation unit (SIU) personnel say they don't have what they need to effectively fight fraud, waste and abuse (FWA) using existing detection systems. These lost healthcare dollars, along with lean budgets and a constrained economy, drive a critical need for solutions that make every dollar count. To maximize the benefits of a FWA management program, you must attack the problem on many fronts, pre and post-claims adjudication. Most effective? A multi-layered, comprehensive program that integrates advanced technology, innovative tools and a vast data repository. This holistic approach allows for optimal results, as it marries single solution focus to the power of collective data and multiple FWA prevention techniques. Payers can enhance the adjudication process and post-payment assessments, to reduce improper payments. Join our panel of experts to discuss how a comprehensive payment integrity solution can help you find ways to make every dollar count.

#### **Format:**

- A panel of experts will discuss how SIU staff can get more from a best-of-breed FWA management solution
- Emdeon Product Manager Mark Isbitts will pose four-five questions to the panel and will then select one person to begin the discussion. Others then have the opportunity to comment.
- Expect a lively and animated session.

#### **Discussion points include:**

- Defining the elements of a comprehensive FWA management solution
- Combining pre and post-adjudication analysis for better detection and results
- Using advanced analytics to identify new and emerging fraud schemes
- Effectively blending technology and personnel to maximize program effectiveness
- Implementing a pre-payment solution with limited resources

#### **Panelists:**

- **Tom Brennan** - former Director, SIU, at Highmark Blue Cross Blue Shield and past NHCAA executive director
- **John Shoemaker**, MBA, CFE, CPA - Manager, Financial Investigations Dept, Medical Mutual of Ohio
- **Kyle Cheek**, PhD - VP, Data and Analytics, Emdeon
- **Mark Isbitts**, Director, Product Management, Emdeon (moderator)

**NHCAA 2011 Breakfast Symposium Faculty Bios****Making Every Dollar Count: Tools and Technology to Optimize the SIU****Thomas P. Brennan, Jr.  
Former Director, Special Investigations  
Highmark Blue Cross Blue Shield**

Thomas P. Brennan, Jr., is a healthcare fraud and abuse and special investigation unit (SIU) consultant, helping federal, state and local law enforcement agencies profile violent criminals.

Mr. Brennan retired in April 2010 after serving 14 years as director of Highmark's SIU—a team dedicated to detecting and investigating healthcare fraud and abuse across Pennsylvania and the United States. Because of its outstanding performance, Highmark's SIU was recognized as a model for the healthcare industry.

Mr. Brennan has extensive law enforcement experience, having spent 25 years with the Pennsylvania State Police and several years as a major case analyst with the F.B.I. Behavioral Science Unit in Quantico, Virginia. During his time with the Pennsylvania State Police, Mr. Brennan was a criminal investigator, did undercover work in drug law enforcement and supervised the first undercover sting operation. Mr. Brennan also developed and supervised the criminal investigative assessment and electronic surveillance units. He assumed supervisory roles in the general investigation division, engaging in investigations and prosecutions related to political corruption, white-collar crime and organized crime. Mr. Brennan was director of the criminal investigation division of the Dauphin County District Attorney's Office in central Pennsylvania.

Recognized locally, regionally and nationally for his work in law enforcement, Mr. Brennan has received numerous letters of commendation and awards from the Pennsylvania State Police, the FBI and the Bureau of Alcohol, Tobacco and Firearms, among others. The Pennsylvania House of Representatives presented him with two citations for his investigative expertise and service. Mr. Brennan was inducted into the International Police Hall of Fame in 1996.

In 2005, Tom served as the Chairman of the National Health Care Anti-Fraud Association. In addition, he was a member of the National Anti-Fraud Advisory Board for the Blue Cross and Blue Shield Association.

**John Shoemaker, MBA, CFE, CPA  
Manager, Financial Investigations Department  
Medical Mutual of Ohio  
Cleveland, Ohio**

John Shoemaker, a Certified Public Accountant and Certified Fraud Examiner, has served as Manager of the Financial Investigations Department at Medical Mutual of Ohio since November 2002. Prior to that, Shoemaker was Manager of Operational Accounting and has held various positions in the Finance Department since joining Medical Mutual of Ohio in August 1986.

Shoemaker holds a Bachelor's degree in Accounting and a Master of Business Administration from Cleveland State University. He is a member of the American Institute of Certified Public Accountants, the Ohio Society of Certified Public Accountants, and the American Institute of Certified Fraud Examiners.

**Mark Isbitts**  
**Director of Product Management-Payment Integrity**  
**Emdeon**

Mark Isbitts has more than 20 years experience in the healthcare industry, including more than 10 years in product management. In his current role as director of product management at Emdeon, Mr. Isbitts is responsible for the overall product strategy and direction of the company's Payment Integrity Solutions, and specifically, the fraud, waste and abuse component. This includes market planning, product updates, market intelligence and requirements gathering. Mr. Isbitts focuses on how to empower Emdeon's vast data assets with analytics to create solutions that meet the changing needs of healthcare payers.

Before joining Emdeon, Mr. Isbitts worked in similar product management roles for other healthcare technology companies, where he launched several new products, including a fraud and abuse analytics solution and several innovative solutions for clinical areas and operations. Mr. Isbitts has also held roles in strategic planning, marketing and management consulting across both the payer and provider healthcare markets.

Mr. Isbitts received his Bachelor's of Science in history from the University of Michigan and a Master's in Healthcare Administration from Mercer University.

**Kyle Cheek, Ph.D.**  
**Vice President, Data & Analytic Services**  
**Emdeon**

Kyle Cheek joined Emdeon in 2009 as vice president of data and analytic services, with a primary responsibility of enhancing Emdeon's product offerings with advanced analytic capabilities. He also leads Emdeon's internal analytics organization, which develops analytic solutions, focusing on Emdeon's Payment Integrity Solutions suite of products. Before joining Emdeon, Mr. Cheek spent more than a decade working for Blue Cross, where he lead the development of analytic solutions across a wide range of payer operations, including disease management efficacy, provider transparency, fraud detection and customer analytics.

Mr. Cheek holds a Ph.D. in applied economics from The University of Texas at Dallas and is authoring a book on in-database analysis of "big data".