

Connecting the Dots: VBC, Revenue Integrity, and FWA in an Integrated Compliance Model

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*“DOJ Announces Largest Health Care Fraud Bust In History
National Health Care Fraud Takedown Results in 324 Defendants Charged in
Connection with Over \$14.6 Billion in Alleged Fraud” (June 30, 2025) ⁽¹⁾*

*“Richmond doctor faces 26 health care fraud charges [\$5.2 million]
after allegedly injecting patients with ozone gas” (June 30, 2025) ⁽²⁾*

*“[Provider] Pays \$19.85M to Settle FCA Case Over
Medically Unnecessary Inpatient Psych Stays” ⁽⁷⁾*

“13 Medicaid Providers Facing Fraud Charges” (6/30/2025) ⁽³⁾

*“3 Tennessee residents charged in \$28.7M health
care fraud case” (July 6, 2025) ⁽⁴⁾*

*“Highland doctor pleads guilty to federal charge of \$22M health care fraud” (July
29, 2025) ⁽⁶⁾*

*“Granada Hills Man Guilty In
\$17M Sham Hospice
Medicare Fraud” ⁽⁸⁾*

*“El Paso hospital execs
face charges in \$12M
healthcare fraud scheme”
(July 28, 2025) ⁽⁵⁾*

*“Acting U.S. Attorney Announces \$5
Million False Claims Act Settlement
With Providers Of Programs For
Adults With Developmental
Disabilities” ⁽⁹⁾*

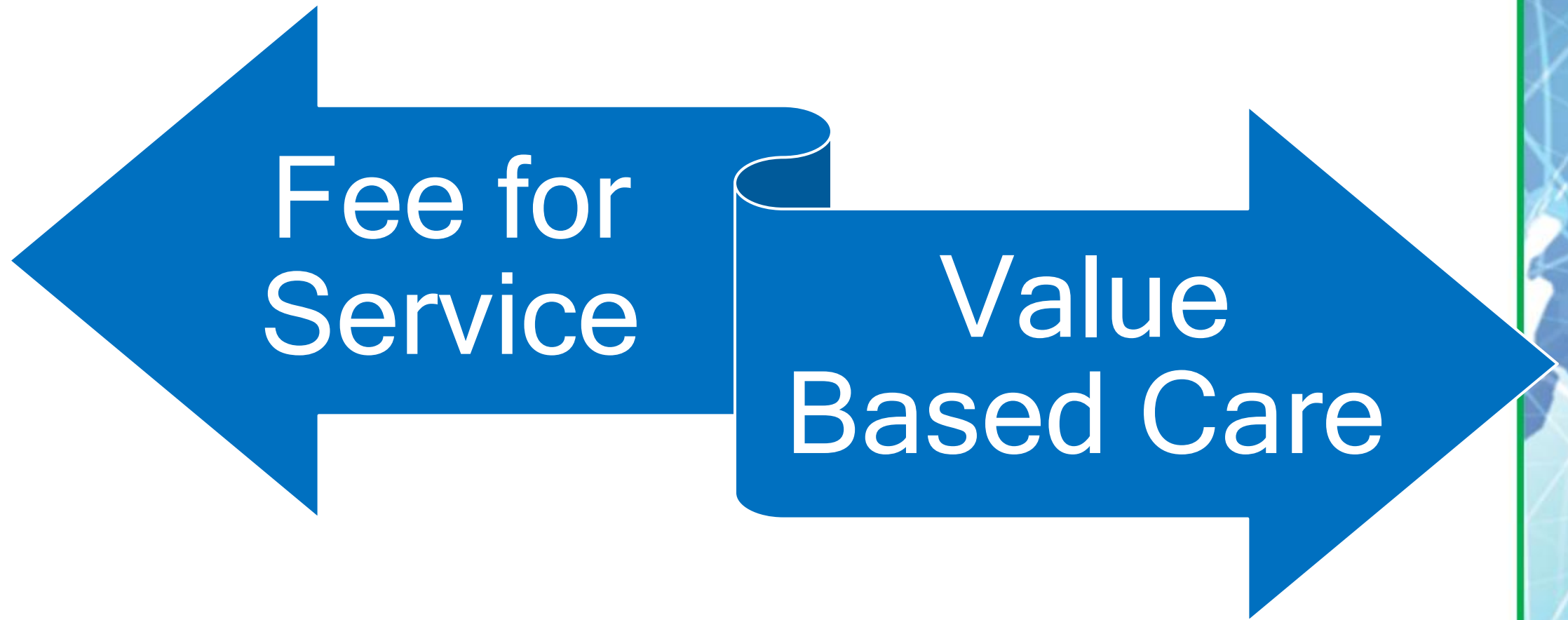
\$1.9 Billion

3-10%

Today you will discover...

1. How our landscape is changing
2. The benefits of combining Payment Integrity and SIU efforts
3. Synergies to be gained by combining efforts
4. Key performance indicators to measure success

How is Our Industry Changing?



Payment/Revenue Integrity

Systematic approach to ensuring accurate claims processing, preventing improper payments, and maintaining compliance across healthcare transactions

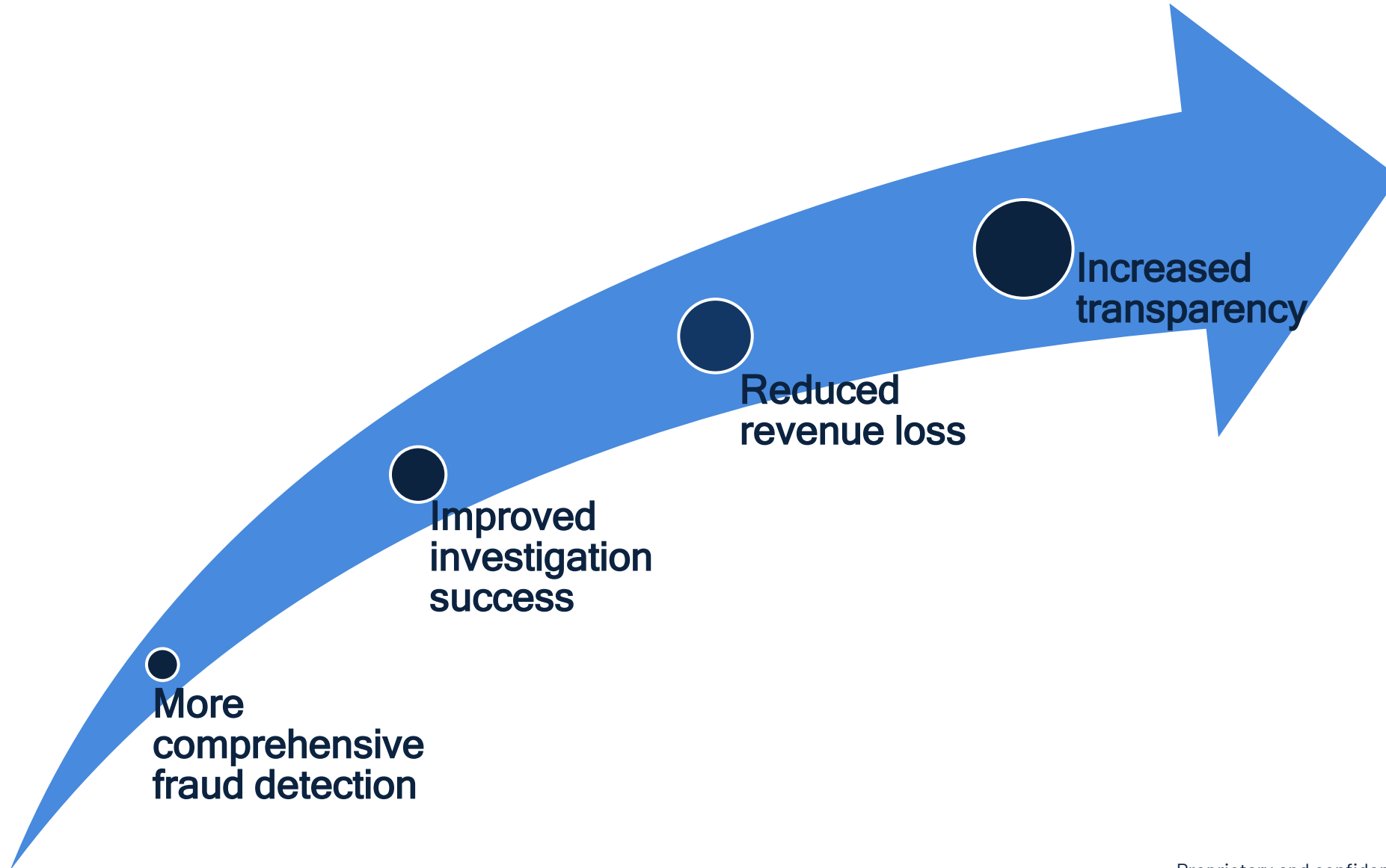
SIU/FWA

Specialized investigation units focused on detecting, investigating, and preventing fraud, waste, and abuse in healthcare systems

Combined Approach

Integrated approach delivers enhanced detection capabilities, improved cost savings, and comprehensive fraud prevention strategies

Connecting the Dots for Success



What Other Benefits Are There?

Early intervention

Provider education

Avoid costly recovery

Ensure regulatory compliance

How does FWA occur in VBC?

- Upcoding
- Coding conditions that didn't impact care treatment or management at the encounter
- Failure to delete erroneous diagnoses identified in internal audit
- Submitting historical conditions as current
- Submitting "rule out" diagnosis
- Submitting diagnoses from unapproved sources.
- Inflating severity of illness through improper use of combination codes



Polling Question 1

How confident is your organization in detecting and preventing FWA within your value-based care contracts?

- a. Very confident
- b. Somewhat confident
- c. Not confident
- d. We are still evaluating our capabilities
- e. Haven't thought about it

How to Create a Culture of Compliance



Medicare Managed Care Manual OIG General Compliance Guidance

Medicaid and CHIP Managed Care Final Rules

ICD-10 CM Guidelines

Coding Clinic

CPT Guidelines

ACDIS Guidelines for Achieving a Compliant Query Practice

Synergies



Cost Reduction

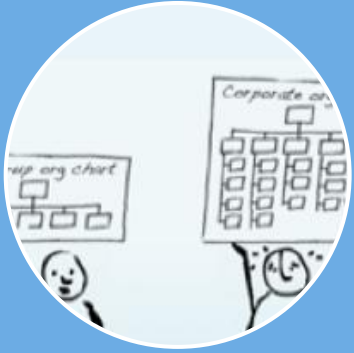


Enhanced Detection



Operational Excellence

Silos to Synergies



Duplicative
audits
provider
abrasion;
fatigue



Conflicting
findings
inconsistent
remediation

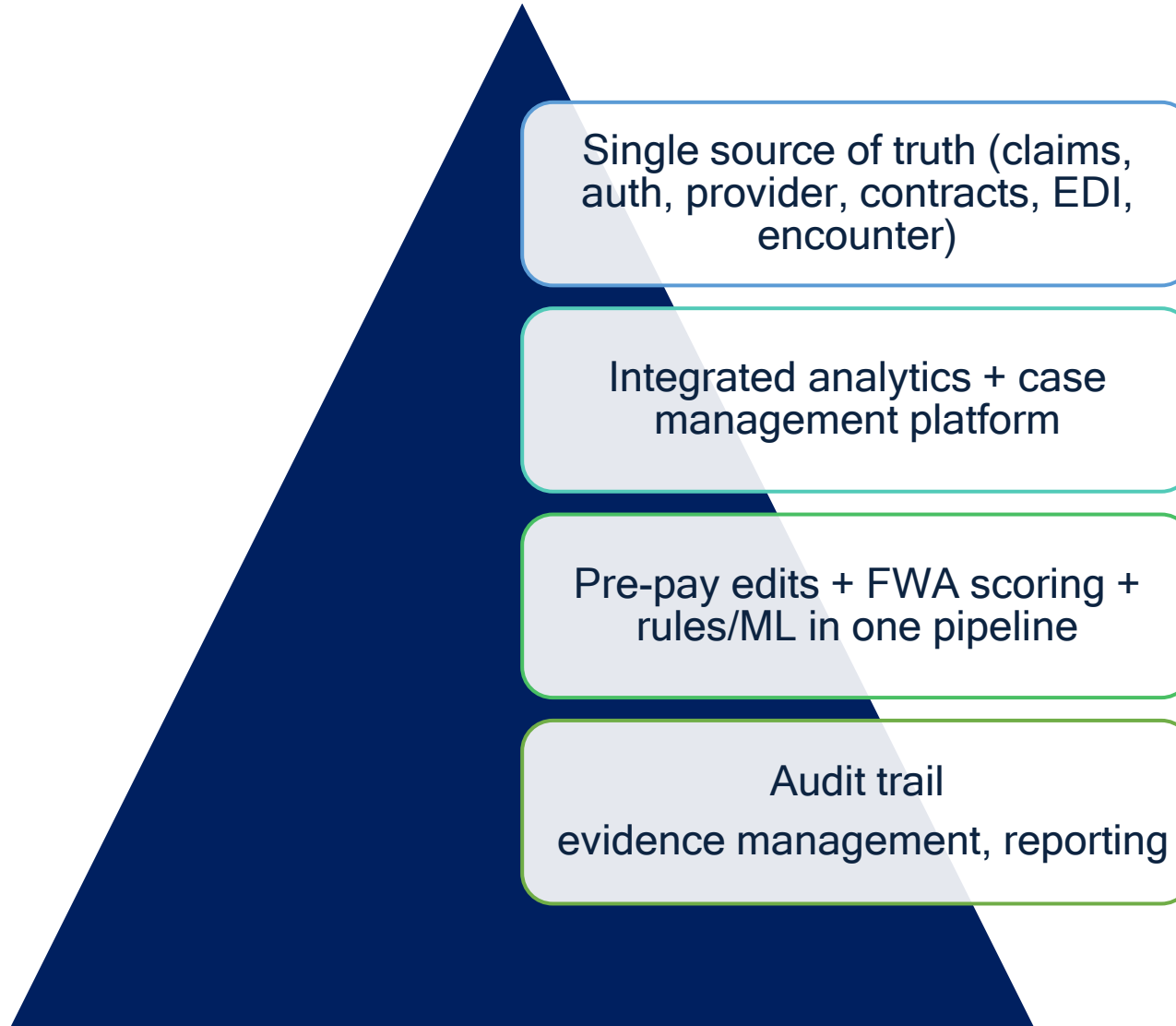


Longer cycle
times
low hit rates
higher false
positives



Missed pre-pay
prevention
costly “pay &
chase”

Data & Technology Architecture



Analytics Strategy: What to Run

Deterministic:

- coding edits, bundling/NCCI, contract adherence

Statistical:

- peer-group outliers, time-series anomalies

Network:

- referral loops, same-day patterns, location/device reuse

Documentation/risk
signals:

- NLP cues, risk score plausibility

Model governance:

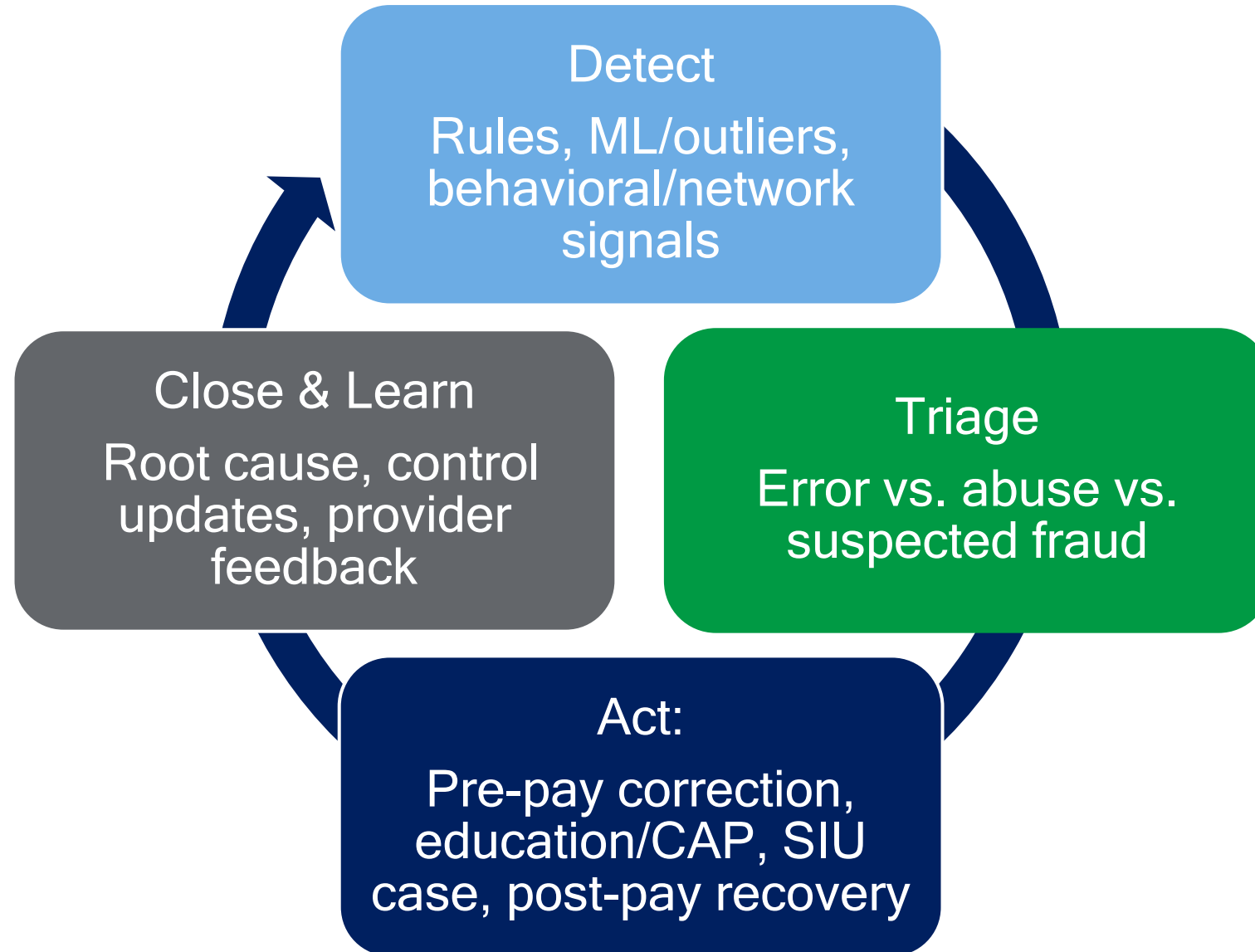
- performance monitoring and retraining cadence

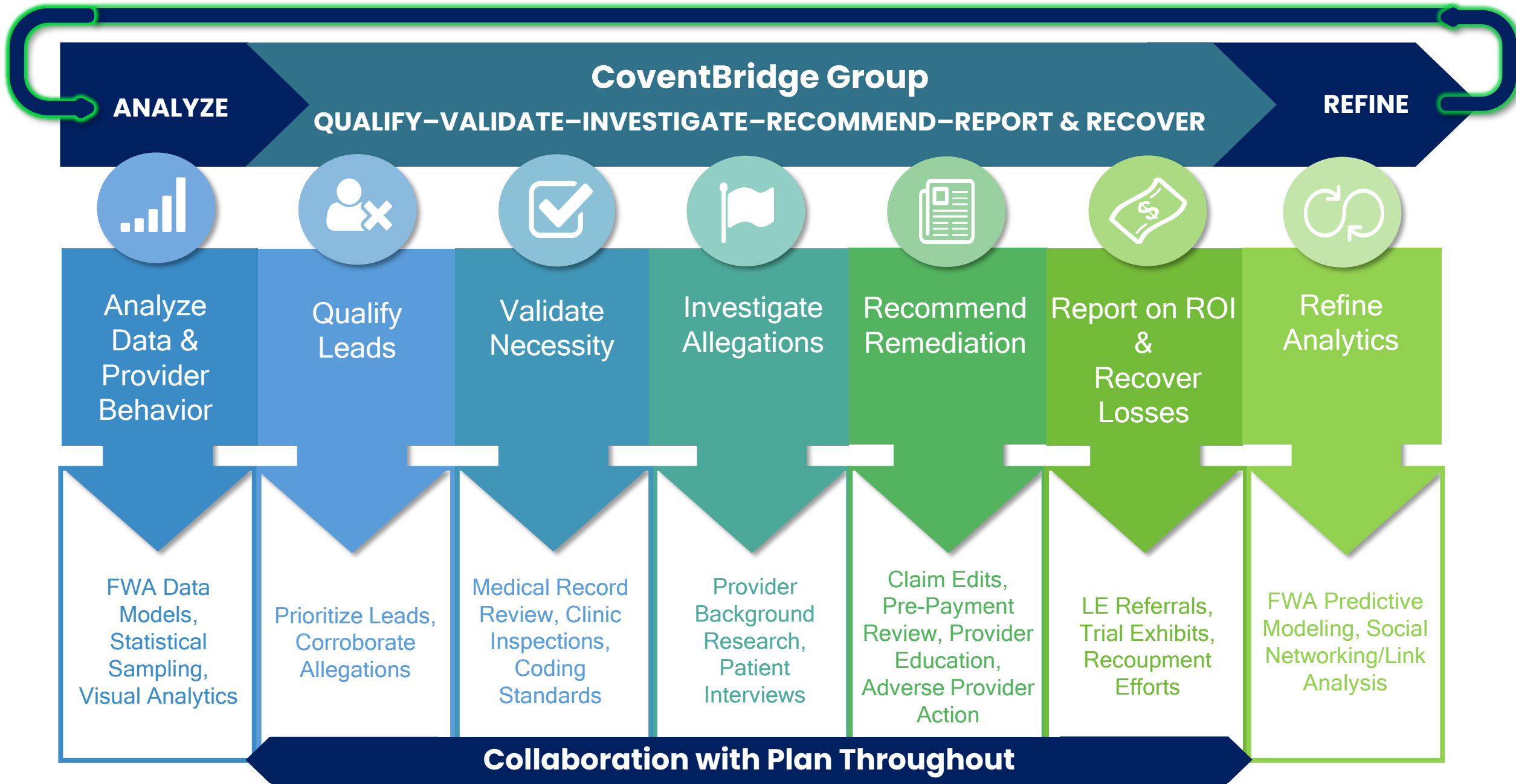
Polling Question 2

What are the biggest challenges your organization faces in managing data for FWA detection and compliance? (chosed all that apply)

- a. Data accuracy and integrity
- b. Insufficient tools or technology for analysis
- c. Lack of resources or expertise
- d. Regulatory and reporting complexities

Detection-to-Resolution Lifecycle





Case Example #1: Pre-Pay + SIU Synergy

Scenario: Misuse of Combination Codes

Action: Pre-pay edits implemented/refined; Chart Audits; SIU analyzed provider pattern expansion

Intervention: Coordinated provider education and monitoring

Outcome: Faster closure; fewer disputes, recoupment

Case Example #2: VBC Signal Integrity

Scenario: Abrupt risk score jumps with documentation inconsistencies

Action: Cross-team coding, SIU, and clinical validation review

Intervention: Chart validation protocol, provider CAP, vendor QA

Outcome: Stabilized risk scoring; improved data quality; fewer escalations

Provider Engagement Playbook

Tiered approach:

- Education → CAP → enhanced monitoring → sanction

Single coordinated message

- Avoid duplicative outreach

Provider self-audit

- Kits and tip sheets

Measure

- Dispute rate, overturn rate, recurrence

KPIs that Matter: Balanced Scorecard

Financial

- Total savings; pre-pay vs post-pay mix; ROI

Targeting

- Hit rate; false positive rate

Speed

- Days to detect; investigation duration; recovery time

Quality/Compliance

- Disputes & overturn rate; audit readiness

VBC Impact

- Inappropriate utilization ↓; data integrity ↑

Dashboards for Action



Executive:

- Savings
- ROI
- Trends
- High-risk cohorts



Operational:

- Worklist aging
- SLA adherence
- Productivity



Provider

- Entity history
- CAP status
- Risk trajectory
- Drill-downs with full evidence for defensibility

Questions ?

Citations from slide 2:

1. **National Health Care Fraud Takedown Results in 324 Defendants Charged in Connection with Over \$14.6 Billion in Alleged Fraud** (June 30, 2025). Office of Public Affairs. <https://www.justice.gov/opa/pr/national-health-care-fraud-takedown-results-324-defendants-charged-connection-over-146>
2. **Richmond doctor faces 26 health care fraud charges [\$5.2 million] after allegedly injecting patients with ozone gas** (June 30, 2025). Julia Broberg. <https://www.wric.com/news/local-news/richmond/richmond-doctor-faces-26-health-care-fraud-charges-after-allegedly-injecting-patients-with-ozone-gas/>
3. **13 Medicaid Providers Facing Fraud Charges** (June 30, 2025). State of Ohio (State Enforcement Agencies). <https://oig.hhs.gov/fraud/enforcement/13-medicaid-providers-facing-fraud-charges/>
4. **3 Tennessee residents charged in \$28.7M health care fraud case** (July 6, 2025). Cassandra Stephenson / Tennessee Lookout. <https://www.timesfreepress.com/news/2025/jul/06/3-tennessee-residents-charged-in-287m-health-care/>
5. **El Paso hospital execs face charges in \$12M healthcare fraud scheme** (July 28, 2025). U.S. Attorney's Office, Western District of Texas. <https://www.justice.gov/usao-wdtx/pr/el-paso-hospital-ceos-charged-healthcare-fraud>
6. **Highland doctor pleads guilty to federal charge of \$22M health care fraud** (July 29, 2025). Lizzie Kaboski, The Times, Munster, Ind. <https://insurancenewsnet.com/oarticle/highland-doctor-pleads-guilty-to-federal-charge-of-health-care-fraud>
7. **[Provider] Pays \$19.85M to Settle FCA Case Over Medically Unnecessary Inpatient Psych Stays** (Sept 26, 2024). Office of Public Affairs. <https://www.justice.gov/archives/opa/pr/acadia-healthcare-company-inc-pay-1985m-settle-allegations-relating-medically-unnecessary>
8. **Granada Hills Man Guilty In \$17M Sham Hospice Medicare Fraud** (Feb 2, 2025). Office of Public Affairs. <https://www.justice.gov/opa/pr/man-pleads-guilty-connection-17m-medicare-hospice-fraud-and-home-health-care-fraud-schemes>
9. **Acting U.S. Attorney Announces \$5 Million False Claims Act Settlement With Providers Of Programs For Adults With Developmental Disabilities** (March 26, 2025). U.S. Attorney's Office, Southern District of New York. <https://www.justice.gov/usao-sdny/pr/acting-us-attorney-announces-5-million-false-claims-act-settlement-providers-programs>

Stop by our VBCExhibitHall.com Virtual Booth:



[Visit the CoventBridge exhibit booth](#)

COVENTBRIDGE GROUP
THINK TRUTH™

How Can We Help?

- Independent risk/gap assessments & roadmap design
- Staff augmentation: SIU, coders, clinical, data science
- SmartPartner™ analytics + case management platform
- Co-build KPI dashboards and governance artifacts



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Helpful Resources

<https://oig.hhs.gov/compliance/general-compliance-program-guidance/>

<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/mc86c21.pdf>

<https://www.medicaid.gov/medicaid/managed-care/guidance/medicaid-and-chip-managed-care-monitoring-and-oversight-initiative>

<https://www.cdc.gov/nchs/icd/icd-10-cm/index.html>

<https://www.ama-assn.org/practice-management/cpt/category-i-immunization-codes>

<https://acdis.org/resources/guidelines-achieving-compliant-query-practice%E2%80%942022-update>