

9:00 A.M. – 10:00 A.M. Assembling a Compelling Case

**Jennifer Lentz Snyder, Head Deputy, Healthcare Fraud Division
Los Angeles County District Attorney’s Office**

Assembling a Compelling Case: The goal of this course is to help investigators and prosecutors develop focused, efficient and effective investigative plans that will yield admissible, compelling evidence that result in a solid criminal case. The course will provide hypotheticals from which discussions about an array of investigative approaches can be considered, and the most effective evidence is more likely to be obtained. This approach maximizes efficiency; impacts charge selection and enhances the likelihood of successful outcomes.

10:00 A.M. – 10:15 A.M. Break

10:15 A.M. – 11:45 A.M. Fraud and National News – CBS - 48 Hours

**Peter Van Sant, Reporter & Correspondent, CBS News, 48 Hours
Greg Fisher, West Coast Coordinator, CBS News, 48 Hours**

11:45 A.M. – 1:00 P.M. Lunch – Monterey Ballroom

BREAKOUT SESSIONS

1:00 P.M. – 3:00 P.M.

Regency Main

Social Media: Cultural Catastrophe or Evidentiary Goldmine? A Prosecutor’s Perspective

Rahul Gupta, Deputy District Attorney, Orange County District Attorney’s Office

Share, Like and Follow the latest trends, cases and code sections involving social media evidence in the courtroom. Are you on Facebook? Well, that’s exactly why younger people are no longer are on it! In this digital and socially connected world, you need to know the current social media trends to find the crucial evidence that can make or break your case. This class will cover a wide range of trends in social media including, augmented reality, virtual reality, messaging bots, gaming chats, deepfakes and how live streaming social media services are changing the way negligent, reckless and criminal conduct are being recorded. There will also be an in depth analysis of California code sections and case law on authenticating and laying the foundation for social media evidence. Attend this class to avoid #FOMO.

Regency 1-2-3

Investigating Kickback Schemes

Norm Levy, Investigator (retired), Santa Clara County District Attorney's Office

Jon Atkinson, Investigator, Santa Clara County District Attorney's Office

Julie Sousa, Deputy District Attorney, Santa Clara County District Attorney's Office

Using events and information from successful investigations, this presentation shows how to identify and prosecute financial kickback schemes involving translators, medical providers, attorneys, and others. The training includes where records have been found and multiple sources that can provide relevant information. Using the documents found in multiple investigations examples are provided showing what documents and the small notations mean. In this world of everything digital, examples are provided why kickback records are kept. The presentation identifies major events that occurred during the claims process or with the involved parties that unraveled the schemes and resulted in successful prosecutions.

Spy Glass

California Criminal Discovery

Jeremy Seymour, Deputy District Attorney, Contra Costa County District Attorney's Office

What is discovery? Are there special California discovery rules? What does "constructive" possession mean? Get one prosecutor's perspective on the historical origin of the discovery rules and what a violation could mean for your case, and potentially for you! Designed not only for attorneys but also for investigators, SIU, and non-attorneys.

Cypress

New Technology in Investigations & Law Enforcement

Michael Fabozzi, Detective, California Department of Insurance Fraud Division

Almost every day, news reports some innovative and exciting additional to our high-tech world. Each year, the Consumer Electronics Show (CES) draws thousands to their huge conference where the newest technologies are shown to the attendees, press and general public. Law enforcement has not been left out! In this course, we will explore how Rapid DNA technology can identify bad guys at a crime scene and quickly create a DNA trail for identification. Attendees will learn about "touch DNA" and how this innovative equipment identifies terrorists. Other high-tech devices will be discussed and you may also be given the opportunity to "fly a drone". Attendees will be the first to see how a 3D camera can take a two dimensional photo and transform it into 3D with depth and accuracy. One of these cameras will be on display and you can ask questions to the executives and engineers of these and other technologies.

Big Sur

Investigating and Prosecuting Drug Rehab Center Fraud: More Than Money, it's About Lives

Shaun Gipson, Deputy District Attorney, Los Angeles County District Attorney's Office

This course provides an overview of the Substance Abuse Rehabilitation Center industry, identifies the schemes used to commit fraud, and discusses the strategies for investigating and prosecuting this criminal conduct.

Opioid addiction has risen to epidemic levels in the last few years and far too often ignoring this disease or leaving it untreated has fatal consequences. As a result, desperate families turn to drug rehabilitation centers for help. However, unscrupulous sober living home operators and rehabilitation center owners only exploit these families and victimize a very vulnerable population of addicts for the purpose of defrauding insurance companies.

In addition to insurance fraud, owners and operators of these rehab centers and sober living homes commit many other classes of crimes. Kenneth Chapman, who ran a number of sober living homes in South Florida was convicted for human trafficking and receiving illegal kickbacks in 2017. Christopher Bathum, who is currently awaiting trial for fraudulently billing for services at his sober living homes and drug rehabilitation centers, was convicted of 36 counts of rape, sexual exploitation, and furnishing narcotics.

3:00 P.M. – 3:15 P.M. Break

BREAKOUT SESSIONS

3:15 P.M. – 5:15 P.M.

Regency Main

Investigator Safety and Ethics

J.D. Wesson, CEO J.D. Wesson and Associates

In May 2008, Investigator Sallie Rohrbach went to Dilworth Insurance Agency to complete an audit based on a tip that customer payments were not being sent promptly to the carrier. Sallie Rohrbach disappeared on May 14, 2018 and her body was discovered a few days later in a rural area. Former Insurance Agent Michael Howell who pleaded guilty to 25 counts of embezzlement and second degree murder.

Insurance investigators are being asked to go into the field and interview people on a regular basis. In this class we will discuss some common sense safety tips to prepare, perform and protect yourself in the field. We will also explore some possible apps and tools that can be used. We will utilize a training presentation and a short video that was created by the Lead Investigator for the Rohrbach case.

Ethics...who needs ethics?

Ethics...Why should WE talk about Ethics?

The second part of the class will focus on Ethics for the Investigators. We will look on how investigator actions can affect the investigation. The presentation will focus on who, where, why and how of the ethical investigation. We will also discuss the State Farm Fire V. Radcliff case in regards to ethical investigations. This course will also satisfy the renewal requirement of IASIU's Certified Insurance Fraud Investigator designation requirement for an ethics course in continuing education. Per IASIU records there are approximately 57 CIFI designation holders in California, AZ and NV.

Regency 1-2-3

Pharmaceutical frauds & associated kickbacks schemes: Identifying the hub of the scheme via analytics

Michael Stahl, D.C.

The attendees of this lecture will be introduced to the various payment pathways between patients, prescribers and entities that are involved in the reimbursement of prescription medications. Different "pay to prescribe" kickback schemes will also be presented. Recognition via data analytics can help to identify kickback schemes. Multiple criminal and civil examples involving both compound and other "topical" cream prescription schemes will be cited in the presentation.

Spy Glass

Playing with Fire: Self-referrals, Kickbacks and Labor Code Sections 139.3 and 139.32

Kate Zimmermann, Senior Deputy District Attorney, Kern County District Attorney's Office

James Fisher, Counsel to the Administrative Director, Division of Workers' Compensation

This course is designed to provide an overview of the essential codes necessary to evaluate whether medical providers or others have violated California's anti-kickback or anti-self-referral statutes. Practical assistance will be provided to assist participants in developing facts to support quality fraud referrals and successful prosecutions.

The course will provide the participants with a basic fluency in the anti-kickback and anti-self-referral law that governs provider conduct generally with more specific applicability in the workers' compensation system. Upon completion of the course, participants will be able to identify and analyze kickback schemes and to identify and analyze anti-self-referral arrangements.

Cypress

Living the Suite Life? Investigating and Defeating Fraudulent ALE (Additional Living Expense) Claims

Mike McKee, Senior Special Agent, National Insurance Crime Bureau (NICB)

Pete Galassi, Special Investigations Unit Sr. Manager, Mercury Insurance

Jonathan H. Colman, Managing Attorney, Colman Law Group

2017 & 2018 were years for Catastrophes. Hundreds of thousands of homeowners were displaced from their burnt, flooded or otherwise damaged homes. 100,000 homes were damaged in Houston, Texas, alone. Another 3,500 homes/businesses burnt just in California wine country. The numbers are staggering. Your company pays for many of these displaced insureds through Additional Living Expenses (ALE). In this session learn what your company needs to know concerning ALE, ALE fraud, its indicators, and what to do in each situation. This session is a must for parties handling first party property claims due to the increase of questionable ALE/FRV claims. This is an area of the policy which very few carriers are devoting much time to investigate which makes the opportunity for abuse much greater. Both insured's and professionals are taking full advantage of this policy benefit in order to increase the value of claims. ALE is usually the first check your company writes in a CAT situation, are you ready?

Big Sur

Automotive Forensic Locksmithing

Chad Tredway,

This is a two-hour seminar involving theft examination procedures on both burned and non-burned vehicles. The seminar will cover a wide range of topics including forced entry examinations, ignition lock examinations, OEM anti-theft examinations and keyless electronic ignition system examinations. The investigator will get a better understanding of how the vehicle ignition systems and OEM anti-theft systems work. The investigator will also get a better understanding of what to look for during a vehicle examination as well as questions to ask during an interview.

5:30 P.M. – 7:00 P.M. Networking Reception – Hyatt Regency President’s House
THURSDAY, APRIL 18, 2019

7:30 A.M. Conference Registration Opens

7:15 A.M. Exhibitor’s Hall Opens

BREAKOUT SESSIONS

8:00 A.M. – 10:00 A.M.

Regency Main

Role of Medical Necessity in Medical Coding and documentation

Beth Howard-Stalker, CEO, CostFirst, Corp.

Bill Reynolds, Owner/Partner, First Investigation Services

Not unlike police officers becoming familiar with the vehicle code or penal code in order to effectively do their jobs, those involved with insurance or medical fraud must understand the complexities behind medical bill coding. More importantly, the nexus between the codes used by a provider and the medical necessity of the treatment provided can help identify medical fraud. The course will center on

identifying medical necessity through the relationship of billing codes, e.g. Current Procedural Terminology, ICD-9 CM/ICD-10, and HCPCS, with the medical record.

Regency 1-2-3

Playing the Game – Understanding the Steps to Investigating Suspected Fraud (an interactive team experience) Part I

Gordon Oard, Senior Special Investigator, Berkshire Hathaway Homestate Companies

Don Marshall, Vice President, Zenith Insurance Company

PART 1: Open to all who wish to attend – Part 2 is limited to 60 participants.

Medical fraud investigations seem complex... and many are. However, some of the steps taken at the beginning of the investigation may be easier than expected. This course will be using an innovative way to teach investigative techniques AND immediately put those ideas into practice! Following the lead of 1980's computer adventure games; the attendees will, after the initial training session, be given the opportunity to delve into a fraud scenario. Working as teams (***PART 2 OF THIS COURSE WILL BE LIMITED TO THE FIRST 60 ATTENDEES WHO SIGN UP OR WHO FILL EMPTY SLOTS FROM THE PART 1 SESSION... SORRY, NO "ON-LOOKERS" WILL BE PERMITTED***) investigators will analyze evidence, develop an investigative action plan, and ask course proctors for results of their inquiries. If asked correctly, and the evidence exists, the information will be provided to the particular team – with many of the pieces of evidence leading you yet further inquiry. Upon completion of the scenario, points will be tallied and a “winning” team will be announced. Do not be left out... register early and secure your spot in this pioneering method of teaching. **NOTE: These two classes (Part I and II) extend through two (2) breakout sessions for a total of four (4) hours of instruction and game.**

Spy Glass

Vehicle Arson Investigations - Don't Get Burned!

Ulises Castellon, CPCU, RPA Fire Cause Analysis

Andy Berasley, CFCI, CVFI, IAAI-FIT(V), Fire Cause Analysis

This program utilizes visually compelling fire cases to illustrate effective vehicle forensic fire investigation involving: Private Passenger Vehicles, Recreational Vehicles, Trucks, and Heavy Equipment. The insurance claims professional's responsibilities include the demanding challenge of evaluating the technical abilities of experts. The investigation, evaluation, and resolution of coverage, liability and, damages require good judgment to discharge their contractual responsibilities to their customers. They aren't expected to be experts. They are expected to use good judgment and working with evaluating experts. This workshop is designed to provide thoughtful understanding among claims professionals to provide some tools and perspective to cost effectively utilize experts in the context of the overall claim resolution goals.

Cypress

Premium Fraud and the Underground Economy

Dominic Dugo, Chief Deputy, San Diego County District Attorney's Office

This course will identify the problem of workers' compensation premium fraud; detail how the crime is committed; and explain how to investigate and charge these crimes. Two recent major San Diego premium fraud prosecutions involving millions of dollars of losses that occurred throughout southern California will be discussed.

Big Sur

Hindsight is 20/20: Prosecutor Perspectives on Effective Depositions for Criminal Prosecution

Jill Nerone, Supervising Deputy District Attorney, Alameda County District Attorney's Office

Laura Meyers, Assistant District Attorney, San Francisco County District Attorney's Office

Nicole Pantaleo, Deputy District Attorney, Marin County District Attorney's Office

Depositions can be a gold mine of evidence for criminal investigations. Three experienced fraud prosecutors will present their perspectives on the most effective tactics for deposing claimants and medical providers in insurance fraud cases. Topics include preparation, cross examination techniques, use of exhibits, perfecting the record, managing difficult witnesses, establishing elements of fraud and how depositions are analyzed by prosecutors. Learn how to execute a bulletproof deposition against a fraud suspect. This lecture series includes criminal law, illustrations, and live audience participation.

10:00 A.M. – 10:15 A.M. Break

10:15 A.M. – 12:15 P.M.

Regency Main

Investigating Fraudulent Vehicle Claims - Infotainment Systems

Dr. James Mason, Ph.D, P.E., Senior Engineer, ARCCA

ARCCA Expert Dr. James Mason is a leader in the newest technology for investigating fraudulent vehicle activity – infotainment downloads – which can be leveraged to determine the validity of your next claim. Data from infotainment downloads has been successfully used to prove an owner wrecked his vehicle when he alleged it was stolen, a vehicle was used for work when it was registered under a personal policy, and a vehicle was involved in a hit-and-run when the driver left the scene.

There is a vast amount of data we can now retrieve from your vehicle's infotainment system, such as which devices were connected to a vehicle and when, call and missed call logs, contact lists, time-and geo-stamped odometer readings, navigation history, and even when a vehicle's door was opened or closed. This data can change the playing field and help solve questionable and fraudulent vehicle claims. Dr. Mason will also cover what information your vehicle's infotainment system can contain, based on our extensive database of downloaded vehicles.

Regency 1-2-3

Playing the Game – Understanding the Steps to Investigating Suspected Fraud (an interactive team experience) Part II

Gordon Oard, Senior Special Investigator, Berkshire Hathaway Homestate Companies

Don Marshall, Vice President, Zenith Insurance Company

PART 2 – LIMITED TO SIXTY (60) PARTICIPANTS: Using techniques taught in Part 1 and following the lead of 1980's computer adventure games, the attendees will, after an initial training session, be given the opportunity to delve into a fraud scenario. Working as teams (*THIS COURSE WILL BE LIMITED TO THE FIRST 60 ATTENDEES WHO SIGN UP... SORRY, NO "ON-LOOKERS" WILL BE PERMITTED*) investigators will analyze evidence, develop an investigative action plan, and ask course proctors for results of their inquiries. If asked correctly, and the evidence exists, the information will be provided to the particular team – with many of the pieces of evidence leading you yet further inquiry. Upon completion of the scenario, points will be tallied and a “winning” team will be announced. Don't be left out... register early and secure your spot in this pioneering method of teaching. NOTE: These two classes (Part I and II) extend through two (2) breakout sessions for a total of four (4) hours of instruction and game.

Spy Glass

Investigating Fraud in the QME System (Ghostwriting and Over-Billing)

Patrick Ward, Investigator, Santa Clara County District Attorney's Office

The Qualified Medical Examination (QME) Process can be complex to fully understand. Due to its complication, many aspects of a QME can allow doctors and medical management companies to take advantage the system. In this course, I hope to explain investigative technicians and practices that could allow investigators (both private and government) to work together to stop millions of dollars from being paid to doctors that are taking advantage of this system.

Cypress

Ethics for Prosecutors, Civil Attorneys, and Investigators in Fraud Cases

Tom Fraysse, Knox Ricksen LLP

Eric von Geldern, Assistant District Attorney, Alameda County District Attorney's Office

Vic Pence, SIU Supervisor, Mercury Insurance

An ethical violation can ruin investigations, prosecutions, and even reputations and careers. Conforming to ethical requirements, some of which are not well known or intuitive, is essential in fraud investigations and prosecutions. Beyond complying with minimum requirements, the benefits of following the high ethical standards of our professions will be discussed.

Big Sur

Liens and Their Potential Effect on Both Fraud and the Valuation of Medical Care - Legal and Strategic Considerations

Christopher L. Patton, Attorney, McDowell Shaw & Garcia

Henry Lubow, M.D., CEO, Injury Review, Inc.

Plaintiffs have historically attempted to claim the full amount of their medical bills as damages. However, most medical bills from auto accident claims were discounted based on contractual billing agreements between the medical providers and health insurance carriers or Medicare. The courts have ruled that plaintiffs cannot recover more than the amount the medical provider accepted as payment (the Hanif decision). This paid amount is often pennies on the dollar to the billed amount.

Since the Hanif decision limited the amount of medical bills a plaintiff can claim as damages, plaintiffs have been increasingly treating outside their health plans, or failing to give medical providers their health insurance so they can claim the inflated gross bills as part of their damages.

The California Supreme Court and the various Courts of Appeals have made numerous rulings over the last two decades affecting how these claimed gross “damages” can be presented to a jury, and more importantly, the scope and latitude the defense may use in challenging the gross (unpaid) bills.

In 2018 the Pebley decision found that a plaintiff who has insurance, yet chooses to treat “outside” their plan, shall be treated as “uninsured” for purposes of trial. As one might guess, the possibilities of abuse and outright fraud have surfaced with this new case decision. Plaintiff attorneys are now even more likely to direct their clients to facilities who will inflate charges, thus increasing over all medical bills and subsequently increasing the cost of the claim.

This Presentation will address “Recoverable” medical liens including a history of the Hanif decision and the subsequent cases concluding with the case of Pebley v. Santa Clara Organics. The discussion will also include strategies for the defense in addressing the Pebley decision and contesting unreasonable medical liens through the discovery process up to trial.

12:15 P.M. – 1:30 P.M.

Lunch – Monterey Ballroom

GENERAL SESSION

1:30 P.M. – 2:45 P.M.

Regency Main

Opportunities, Threats and Challenges — Combating Fraud in a Changing America

Dennis Jay, Executive Director, Coalition Against Insurance Fraud

The changing nature of society, culture and life in the United States is causing fraud fighters to rethink old ways of deterring, detecting and prosecuting insurance fraud. The more-complex landscape of how fraud is committed and how it is countered will continue to evolve. Will fraud fighters be prepared to evolve as well and take advantage of some of the new opportunities that may arise? Dennis Jay will discuss some of the issues on the radar screens of national anti-fraud leaders.

2:45 P.M. – 3:00 P.M. Break

3:00 P.M. – 4:00 P.M. Exhibitor Hall Closes/ Exhibitor Tear-Down

BREAKOUT SESSIONS

3:00 P.M. – 5:00 P.M.

Regency Main

Updates in Interviewing Medical Providers

Chris Robbins, Investigator, Orange County District Attorney's Office

Updating his highly attended class from prior years, Investigator Robbins will update attendees on all aspects of interviewing medical providers, office personnel and ancillary participants involved in major organized crime medical rings. Many Insurance fraud investigations involve various medical professionals as either witnesses or suspects. This presentation will address various interview techniques which have proven successful in conducting interviews of various medical professionals involved in Workers Compensation fraud cases.

Regency 1-2-3

Beyond the Unwitnessed Slip and Fall - Effective Investigation and Prosecution of Claimant Fraud Cases

Andrew J. Reid, , Deputy District Attorney, Ventura County District Attorney's Office

Jenifer Marquardt, Fraud Specialist, Zenith Insurance Company

The Workers' Compensation system is complex, and with that complexity comes the opportunity for fraud. Beyond the Unwitnessed Slip & Fall is a claimant-fraud training hosted by Deputy District Attorney Andrew Reid and SIU Fraud Specialist Jenifer Marquardt designed to eliminate the guesswork associated with investigating and effectively preparing these cases for prosecution. The course spends time looking at real-world claimant-fraud cases, including recent investigations and trials, meant to demonstrate both effective strategies and common pitfalls encountered in applicant cases

Spy Glass

Battling Auto Insurance Fraud - A Proactive Undercover Approach to Auto Body Shops

Danny Lau, Deputy District Attorney, Alameda County District Attorney's Office

John Lee, Detective, California Department of Insurance, Fraud Division

This course will give attendees a look at how to conduct a simple and effective undercover operation to catch auto body shop insurance fraudsters. Investigating auto body shop insurance fraud makes a difference, as the potential monetary loss to the insurance industry from body shop fraud is over 2 million dollars (Alameda County, CA estimate). We will discuss how to make the operation successful, touching on the Penal Code sections involved, operational planning, equipment use, evidence gathering, and defenses to look out for. Finally, video from completed undercover operations will be shown as examples.

Cypress

How to Build an Affirmative Litigation Case – Client and Counsel Perspectives

Laura McAdams, Attorney, Manning & Kass

Dennis Kass, Founding Partner, Manning and Kass, LLP

Janine Farrell, Medical Fraud Investigator, Travelers Insurance

Insurance fraud continues to proliferate. Combating fraud takes a multifaceted approach, focusing on defending claims and knowing what affirmative actions can be taken to fight the varying fraud schemes that exist. Building an affirmative litigation case presents a wide array of novel issues not seen in the normal course of defending a lawsuit. This workshop will address many of those issues, from both a

client and counsel perspective, including: (1) identifying the various types of fraud being engaged in, including illegal ownership of medical corporations, illegal ownership of diagnostic facilities, billing for services not rendered, premium fraud, and medical fraud (CPT and DME), (2) the type of solid evidence required to bring a case, (3) who is a proper defendant, (4) the varying causes of action available to combat fraud, (5) the type of investigation required to combat each scheme, (6) what tactics the defendants use to defeat affirmative cases and dissuade carriers from bringing future actions, (7) creative tactics used to achieve and enforce settlements, and (8) alternatives to litigation.

Big Sur

Supplemental Job Displacement Benefit (Voucher) Fraud

Julie Sousa, Deputy District Attorney, Santa Clara County District Attorney's Office

Karen Johnson, Investigative Enforcement Analyst, Bureau of Private Postsecondary Education

James Fisher, Counsel to the Administrative Director, Division of Workers' Compensation

Richard L. Duffy, SIU Medical Fraud and Major Case Consultant, The Hartford

Throughout 2017 and 2018, investigations surrounding a little known workers' compensation benefit, Supplemental Job Displacement Benefit, have increased. Advancements in identification and investigation have led to current and upcoming prosecutions for vocational rehabilitation counselors and vocational schools. Abuse and fraud continue to evolve and this course will update attendees with the current focus of investigators and prosecutors. Now that the curtain has been pulled away, these schemes will be identified and reported more often. Whether an insurance investigator yet to delve into this new fraud or a prosecutor wanted information on how these crimes occur, this exhilarating course will provide a detailed overview of the identification, investigation and prosecution of this type of fraud. The various regulations and laws pertaining to the licensing of schools, billing methods and fraud identification will be explored.

5:30 P.M. – 7:30 P.M. 30th Annual Anti-Fraud Conference Reception – Monterey Ballroom

FRIDAY APRIL 19, 2019

7:30 A.M. Conference Registration Opens

GENERAL SESSION

Regency Main

8:30 A.M. – 9:45 A.M. Insurance Fraud in a Digital Environment

Joe Stephenson, Managing Director of SIU, Hagerty Insurance Company

Michael Skiba, Vice President International Counter Fraud, INFORM

Big data, the Internet of Things, and rapid changing technology have all created a new threat to fraud fighters, a threat that needs immediate attention and unique counter measures. Learn how the digital age has morphed the insurance fraudster into a new type of criminal and how this criminal differs from those in the past. Explore the psychology of this new criminal element and learn ways to create strong preventative measures to lower one's risk level. Furthermore, learn about what data is available and what we are missing, and how that translates into missed opportunities and higher costs to insurers for undiscovered fraud or compromised fraud (pay it is grey).

9:45 A.M. – 10:00 A.M. Break

10:00 A.M. - 11:45 A.M.

Regency Main

From Detection to Conviction: Key Issues and Ethics Hypotheticals

Dale Banda COO, J.D. Wesson & Associates, Inc.; CDI, Deputy Commissioner (retired)

Eric von Geldern Deputy District Attorney, Alameda County District Attorney's Office

Jay Bobrowsky, SIU Supervisor, Employers Insurance

This popular annual presentation focuses on issues of critical interest to the entire anti-fraud community approached through hypotheticals and interactive discussion. Hypotheticals are based on cutting-edge issues, professional ethics and optics, the newest fraud schemes, counter measures, and sometimes follow-up on earlier presentations. Identifying areas of disagreement is a goal, so as to create an exchange of ideas and to provide clarity where possible. We promote an awareness of important issues, and challenge the audience to better understand different points of view and approaches, and to join

together in discussing strategy, tactics, and ethics, to better achieve successful outcomes, including prosecutions. Accordingly, audience participation has always been strong and is always encouraged from all groups (including SIU, law enforcement, civil and prosecuting attorneys).

11:45 Concluding Remarks – Jay Bobrowsky, AFA President