



**27th Annual
ANTI-FRAUD
CONFERENCE**
Monterey • California

**March 23-25, 2016
Hyatt Regency Monterey
Monterey, California**

Presented By:

NCFIA Anti-Fraud Alliance, CDI, CDAA, and NICB



2016



Content

Welcome 03

Conference Sessions 05

Schedule 19

General Information 20

Hyatt Regency Monterey 22

Sponsors 23

Exhibitors 25

Conference Committee 26

Dear Anti-Fraud Conference Participants:

The California Department of Insurance (CDI) welcomes you to the 27th Annual Anti-Fraud Conference. CDI is once again partnering with the NCFIA Anti-Fraud Alliance, California District Attorneys Association (CDAA), and the National Insurance Crime Bureau (NICB) to co-host this premier conference for the anti-fraud community. This year, the conference will offer general and breakout sessions covering important topics such as: workers' compensation, automobile, medical provider, property, and other cutting-edge fraud topics.

As Insurance Commissioner, one of my top priorities is combatting insurance fraud. CDI has more than 300 law enforcement professionals in our Enforcement Branch -- 200 of whom are sworn peace officers --who work to protect the public and prevent economic loss through investigation and arrest of insurance fraud offenders. Insurance fraud, which includes disability, health, auto, workers' compensation, and life insurance and annuity crimes, is a multi-billion dollar drain on our state's economy. Every year, the Department of Insurance receives more than 50,000 referrals for insurance crime investigations. Since taking office in 2011, we have provided more than \$302 million in grants to district attorneys to prosecute and assist with the investigation of insurance crimes. This year, we are providing more than \$63.7 million in grants to district attorneys across all categories of insurance fraud.

Conferences such as this one are important, so that we can work together to combat fraud and develop strong and productive relationships between CDI investigators and detectives, and allied law enforcement agencies and prosecutors. Fraud is a pervasive crime that is a drag on California's economy, threatens legitimate businesses, victimizes those who rely on insurance for their health and well being, and increases costs to consumers. We share the mutual goal of eradicating fraud and bringing to justice those who commit insurance crimes. I look forward to continuing our work with you to combat insurance crimes in California.

Thank you for attending the conference. We appreciate your participation and hope that you will find the conference of benefit to you and your agency.

Sincerely,



DAVE JONES
Insurance Commissioner



The Annual Anti-Fraud Conference provides the premier forum for the anti-fraud community to come together for both education and networking opportunities that are unsurpassed in their excellence. The dozens of diverse topics, from basic to advanced, presented in a concurrent course curriculum, are intended to be specifically relevant to each attendee. Courses are designed to be cutting edge, and to meet or exceed the educational objectives of prosecutors, civil attorneys, SIU, private investigators, members of law enforcement, the insurance industry's integral anti-fraud personnel, and all others who fight fraud. As a networking opportunity, the Conference is also unsurpassed. Attendance at the formal and informal networking events is broad and diverse, from those who are leaders in their respective fields to those who are just starting an assignment. Similarly, the course presentations are interactive, and the dynamic exchange of innovative ideas is encouraged to enhance the learning experience.

Beyond providing formal and informal learning opportunities, the Conference provides an excellent forum to address common issues to improve policies and practices, as well as to formulate legislation and regulatory changes relevant to fraud and related crimes. The exchange of ideas at the Conference leads to significant accomplishments, in better conceptualization, as well as concrete changes. Working relationships are often developed, many of which are long lasting as well as rewarding. These interactions at the Conference also contribute to cooperation and a better awareness of, and use of, important available resources.

NCFIA Anti-Fraud Alliance (formerly NCFIA) presents these annual Conferences with the California District Attorneys Association (CDA), the California Department of Insurance (CDI), and the National Insurance Crime Bureau (NICB). The growth of NCFIA Anti-Fraud Alliance as an organization is directly correlated to the success of this Conference we present. Our Anti-Fraud Alliance and the Conference have the common vision that success in combating fraud is best achieved by consistently creating the best educational and networking opportunities, and making these opportunities accessible to the entire anti-fraud community.

We look forward to seeing you in Monterey.

Eric von Geldern
NCFIA Anti-Fraud Alliance, President
CDA Technical Advisor
Alameda County Deputy District Attorney



Conference Sessions

Meeting the Counter Attack of Fighting Fraud

Harry W. R. Chamberlain II, Buchalter Nemer, PC

With growing frequency in recent years, those who investigate fraud and crimes against consumers and business institutions ... including investigators, executives, adjusters, lawyers, even law enforcement officials ... are becoming the targets of “derivative lawsuits”—i.e., retaliatory actions brought by the subjects of those investigations that arise out of the performance of constitutionally-protected activity under the First Amendment. Harry Chamberlain has successfully defended dozens of such “SLAPP” suits; he will explore available statutory defenses and privileges that can stop this kind of vexatious litigation in its tracks. And bring some measure of compensation for the victims of their predatory tactics.

Insurance Fraud Financing of Terrorism

**Chris Swecker, Assistant Director, FBI, (Retired) 1982-2006, Global Security Director, Bank of America, 2006-2009, Attorney/
Fraud and Security Consultant 2006-present
Chairman Governor’s Crime Commission**

Most professionals engaged in the business of addressing financial crimes are familiar with the laws and regulations designed to counter terrorist financing. Few are aware, however, of the full scope and extent that terrorist organizations utilize fraud and other criminal activities to generate illicit proceeds that enter the terrorist funding streams. As Special Agent in Charge over the most significant terror funding case in the country and later head of the FBI’s Criminal Investigative Division Chris Swecker witnessed first-hand how terrorists use every day criminal schemes such as food stamp fraud, internet crimes, trade fraud, tax fraud, organized retail theft, cigarette smuggling and even copyright violations to fund their activities. Hizbollah in particular conducts extensive fund raising activities in the US which supports attacks against US personnel and interests around the globe. Former AD Swecker will discuss this dangerous paradigm and explain how fraud examiners can raise their awareness of the indicators of such schemes to help close down these funding sources.

Trends in Medical Fraud and How best to Identify and Begin your Investigation

Ron Michel, Supervisory Special Agent, National Insurance Crime Bureau

As criminal indictments increase and more arrests are made, new schemes are developed by unscrupulous medical providers and non-medical businesspersons. Some plots are variations to older fraud ideas while others are new to the scene. Mr. Michel will explore some of the newer fraud schemes and provide an overview how investigators and attorneys can develop their techniques to build a case those who commit medical provider fraud.

Investigating and Litigating Questionable and Fraudulent Accidents

Jonathan Colman, Partner, Colman Macdonald Law Group LLP

Mike Rice, Impact General

The insurance industry continues being hit by the pervasive wave of staged collisions. Beyond the swoop and squat, beyond the MIST claim -- the players are more sophisticated and brazen. Economic pressures continue to inflate the problem; insureds who are not common criminals are more willing to commit fraud against their insurance companies. However, there is no real need to discuss the problem. This seminar is not designed to laden you with statistics and TV news clips of the latest ring busted but to give claims professionals a unique perspective to better discover, prove and litigate suspected staged accident claims.

Basic Bankruptcy for the Fraud Investigator

Antonia Darling, Assistant U.S. Trustee, Eastern District of California

This course will open your eyes to the wealth of information available to the fraud investigator, without any formal process, when your subject has filed a bankruptcy. Eyes will glaze over for the majority of people when you mention bankruptcy. But the smart investigator will do a happy dance when they learn the subject has filed a bankruptcy because they know that it contains not only financial information about the subject's life and business, but also a source of witnesses who have intimate information about the subject and who aren't very happy with him/her. Don't let your fear of understanding bankruptcy make you overlook this valuable publically available investigative resource. Ms. Darling will explain the basic premises of bankruptcy and more importantly, how to read bankruptcy documents, so that you can tap this source of information. She has assisted numerous federal, state, county and local law enforcement agencies understand bankruptcy and the information it reveals, and has served as an expert witness in criminal trials, explaining to juries how the bankruptcy system works.

Cellular Data Analysis

Bill McGirk, CTF, President/Owner, Cellular Solutions, LLC

Understanding the information contained within call detail records and how to use this information as an investigative tool. Insurance Investigators use a variety of tools to substantiate or disprove the facts of insurance claims in order to pay only the claims that are covered by the insurance policy.

Fire Back: Investigating and Litigating Fraudulent Arson Claims

Phaidra Garcia, McDowell Shaw Garcia & Mizell

Janine Farrell, Traveler's Insurance

Michael Anderson, AUSA

The handling of claims involving arson present a unique challenge to attorneys and claim representatives, particularly when the matter involves suspected fraud. At the outset, arson/fraud cases demand diligent investigation, as well as a technical understanding of fire and fire losses. This course will entail a case study involving an instance of arson caused by insureds/defendants who were involved in the burning of their home. From the case's inception, which begins with immediate involvement by law enforcement on the date of the loss, the course will walk attendees through a step-by-step analysis of a successful arson investigation. This presentation will cover how law enforcement and SIU's investigation, including the taking of the insureds' examinations under oath, lead to not only a denial of the insurance claim for material misrepresentation in the presentation of the claim, but ultimately the successful prosecution of the insureds/defendants by the Federal Government for arson and mail fraud. Participants will walk away with a better understanding of how to investigate fraudulent claims, evaluate arson claims, and effectively coordinate and cooperate with law enforcement in these instances.

Auto Theft: Insurance Fraud and Owner Give-Up **Blake Schnabel, Detective, California Highway Patrol**

This class is specifically designed for insurance fraud investigators, general investigation detectives, and criminal prosecutors. This class will help you understand the mentality, culture, and motivations of auto fraud perpetrators operating in California. This class will include methods of filing fraudulent insurance claims including vehicle owner give-ups, vehicle arsons, and the VIN-Switching of insured vehicles. This class will address the “Top 10 Owner Give-Up Indicators within a Fraudulent Claim” and take you through the investigative steps from initial referral to filing the case with your local prosecutor. This class will give you the necessary tools to develop the confidence to properly identify, investigate, and apprehend those pursuing criminal activity with Auto Insurance Fraud.

The second half of the class will involve an in-depth look at the investigative steps used to solve two recent insurance fraud cases and apprehend multiple suspects. The first case involved a three person owner give-up scheme where a fraudulent insurance claim was made for an alleged vehicle theft of a transponder equipped vehicle which was recovered burned. Hear how the case investigator obtained a confession from the insured and utilized the insured to make pretext phone calls to implicate other suspects involved. The second case initially involved a three person owner give-up scheme in which Craigslist was used. The two “innocent purchasers” quickly became suspects after they attempted to initiate a DMV lien sale against the vehicle’s lienholder to obtain the title. Eventually these two suspects VIN-switched the insured’s vehicle in an attempt to hide it from law enforcement and the bank after purchasing it on Craigslist.

Resolving the Suspect Uninsured Motorist Bodily Injury Claim

Ken Oswald, Insurance Claim Consultant and Expert Bad Faith Witness

Jon Colman, Partner, Colman Macdonald Law Group LLP

The insurance claim industry experiences a low frequency of Uninsured Motorist Bodily Injury Claims (UMBI) being referred to their Special Investigation Unit. Therefore, the possibility exists for insurance companies to not place enough emphasis with providing training to their claim adjusters or to their SIU investigators about this type of claim exposure. The combination of inexperience and inadequate training is a recipe for missed opportunities to identify suspect UMBI claims. It also promotes the possibility of conducting an “unreasonable” investigation and creating a “bad faith” situation for the insurance company.

Illegal Kickbacks and Referrals – Understanding the Law and Building Your Case

Kate Zimmermann, Deputy District Attorney, Kern County District Attorney’s Office

James Fisher, Industrial Relations Counsel, California Department of Industrial Relations

Objective: 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.

This 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.

Surveillance – Use, Abuse & Drones**Bill Randall, VP, Veracity Research****Jay Bobrowsky, SIU Program Manager, Pacific Specialty Insurance Company****Kate Zimmerman, Deputy District Attorney, Kern County District Attorney's Office**

This course will examine the technology, the applications and laws involved with the use of surveillance for the investigation of insurance claims. Attendees will learn about the newest surveillance equipment, how to avoid common pitfalls and most importantly, how surveillance footage can be effectively used to reduce the cost of the insurance claim and ensure that the prosecutor has all he/she needs. The class will also help attendees detect the “skeletons” in your case before it goes to trial. The target audience includes Investigators, Attorneys, Claims Staff and SIU Management.

Preparing the Workers' Compensation Claimant Fraud Case for Prosecution**Jill Nerone, Supervising Deputy District Attorney, Alameda County District Attorney's Office****Jay Gleeman, Cohen and Associates**

Whether an investigation revolves around injured worker fraud, premium fraud or medical fraud in the workers' compensation arena (or any other insurance related arena), a deposition can either make the case or sink any possibility for criminal charges to be filed. In this session, attendees will be given examples of how best to develop questions for a deposition that will not only lock the deponent into any material misrepresentations but also provide a platform for expanding the inquiry into other areas of suspected fraud. Using case studies, you will hear from both an experienced litigator and a fraud prosecutor on how well planned examinations can strengthen the evidence in a case.

Slips, Trips and Falls: Fact or “Friction”

Richard Harer, Vice President, Specialized Investigation, Inc.

Bill King, President and CEO, Impact General

John Madsen, Liebman, Quigley & Sheppard

One of the oldest insurance scams is the slip and fall accident which has been used by individuals and organized groups for decades to rip off businesses and insurance carriers. Slip and falls are the second costliest bodily injury claim – second only to auto collisions. Fraudulent slip and fall claims rose 25% over the last 5 years. In lieu of video footage capturing the fraudulent act, evaluating the merit of a slip and fall claim can be a daunting task, and the fraudsters are fully aware of this. The presentation will include three panelists— a Private Investigator, the owner of a Forensics firm, and a Defense/SIU attorney who will discuss the most effective methods of handling suspected fraudulent slip/trip and fall accidents. The class also includes a demonstration of the latest technology to measure coefficient of friction, amazing video clips of staged slip and fall accidents and interactive case studies. This presentation will help you answer the question, fact or “friction?”

Insider Fraud

Shaddi Kamiabipour, Senior Deputy District Attorney, Orange County District Attorney Office

Jenna Friedl, Investigator, Orange County District Attorney’s Office

Dennis Chow, Assistant District Attorney, San Francisco District Attorney’s Office

A discussion of the dynamics and considerations of investigating and prosecuting workers’ compensation insider fraud cases from the perspective of the investigator and the assigned prosecutor. Attendees will come away with effective strategies for investigating and prosecuting workers’ compensation insider fraud by claims professionals.

Questionable Property Theft Investigation 2.0 - A Civil and Criminal Investigation Perspective

Jay Bobrowsky, SIU Program Manger, Pacific Specialty Insurance Company

Back by popular demand from last year, the presentation has new information and valuable updates including current trends and real case examples on questionable property theft claim investigations. Property theft claims including both homeowners and renters' policies and claims, continues to be one of the fastest growing fraud trends especially with the advent of on-line policy purchases. This presentation will address the very current trends and provide the attendees with a better understanding of the scope of the issue, various investigation strategies and techniques, and available resources. This is a "must attend" program for insurance company SIU staff along with law enforcement that investigates or may investigate these types of claims. The topics will include obtaining a better understanding of the claim process including the policy, timely detection of suspect property theft claims, investigation strategies and action plans, various on-line resources, investigation considerations, along with current civil and criminal case examples.

Interviewing the Medical Professional

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

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.

Medical Coding Basics for the Investigator

Beth Howard, CEO, CostFirst Corporation

Bill Reynolds, Owner/Partner, First Investigation Services

The goal of this class will be to boost the confidence of investigators in the evaluation of medical reports and billing codes. There will be a class exercise to demonstrate the data mining of current billing abuses. The ability to review billing codes and the corresponding medical documentation will enhance the investigators ability to differentiate between fraud & abuse.

Reverse Engineering the Medical Fraud Case – How do I Start?

Erika Mulhere, Deputy District Attorney, Riverside County District Attorney's Office

William Hanley, Senior Investigator, Riverside County District Attorney's Office

The numbers of medical fraud prosecutions have increased in the past few years. Offenders are becoming bolder and the use of complex schemes by various players in the fraud field is a different challenge every day. Each of these cases has distinctive characteristics resulting in challenges for the investigative teams attempting to stop these cons. Reading a news article or even the actual criminal complaint miss the multifaceted investigation that occurred long before an arrest or filing. So where do you start? What does fraud look like at its inception and what investigative path should you take from the outset to streamline your work? Using a case study format, the instructors will deconstruct a major medical fraud case and provide a detailed overview of how best to approach the initial suspicions and develop an investigative action plan. Learn what –pitfalls to avoid while better understanding the importance of partnering with your local DA's Office early so as to better insure a successful resolution of all aspects of the fraud. Understand your role, the importance of your expertise and the significance of collaboration in combating Medical Fraud.

Legal Ethics and Technology

Brian Mizell, McDowell Shaw Garcia & Mizell

The subject course will provide an overview of the attorney ethics system and then a general review of some of the more recent ethics opinions and rules impacting upon the use of technology in the legal field. Hypothetical situations will then be presented and all of the attendees will "role play" the different scenarios. Roles and hypotheticals will be given to each attendee when they enter the presentation room so that they can properly prepare for their role.

Earth, Wind and Fire – an Overview of Wildland Fires

Ulises Castellon, Chief Operating Officer, Fire Cause Analysis

Douglas K. Wood, Partner/Attorney, Morris Polich & Purdy, LLP

This program utilizes visually compelling fire cases to illustrate effective wildland forensic fire investigation in the following areas:

- Wildland fire arson –Who started this intentionally caused fire?
- The “add on arsonist” – i.e. someone who commits a crime of opportunity; adding some item to the path of a Wildland fire or expanding the path of the existing fire to encompass their property.
- The “arsonist of opportunity” – i.e. someone who starts their own fire, claiming that their fire was in the path of and/or caused by the Wildland fire.
- The bogus smoke claim – i.e. the insured claims that smoke from other causes is smoke damage from the Wildland fire.

The Special Investigative claims professional’s responsibilities include the demanding challenge of evaluating the technical abilities of experts. The investigation, evaluation and resolution of wildland fire claims require good judgment to discharge their contractual responsibilities to their customers. They are not expected to be experts. They are expected to use good judgment in working with and 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 investigating a potential arson claim.

Restitution, Asset Seizure & Collections in Criminal Insurance Fraud Cases

John Philpott, Deputy District Attorney, San Diego County District Attorney’s Office

The case is concluded, the suspect has been found guilty, and the crime resulted in a monetary loss to the insurance carrier victim. Now what? This course will cover what is recoverable as restitution and how restitution is ordered by the court. The instructor will provide detail as to “Seize and Freeze” laws and how those laws can be utilized in certain major cases to seize and preserve a defendant’s assets pending resolution of the case. The instructor will also discuss other avenues available for a crime victim to collect money owed on an outstanding restitution order.

CDI SIU Compliance, Audits, and Preparing Fraud Referrals**Dale Banda, COO, J.D. Wesson & Associates, Inc.; CDI, Deputy Commissioner (retired)****Terri McClain, Manager, SIU Compliance Program, California Department of Insurance, Fraud Division****Julie Sousa, Deputy District Attorney, Santa Clara County District Attorney's Office****John Arguello, Captain, California Department of Insurance, Fraud Division**

This course will cover the primary responsibility of the CDI SIU Compliance Office, the industry, and law enforcement. The CDI SIU Audit Manager will discuss how the unit evaluates, monitors, and audits insurers' annual compliance reports and SIU operations. The Industry SIU, Fraud Division, and District Attorney representatives will provide recommendations on how to properly package a fraud referral. The Fraud Division and District Attorney will discuss what components are needed in the referral for law enforcement to make an informed decision regarding opening a criminal investigation, which will lead to a successful prosecution.

Digital Evidence – Unlocking the Secrets of Computers**Earl Door, CEO, California Data Recovery Inc., The Bit Chasers****Dave Townsend, Partner, Townsend, Carden and Rose (Digital Evidence Experts)**

Electronic Discovery in litigation matters and everybody needs to know when to preserve electronic data, not just email. Know what the requirements are and what your responsibilities are for preserving electronic information in relation to lawsuits. See an overview of the processes and tools. Know the difference between electronic discovery and computer forensics. This can make a huge impact on the outcome in civil litigation.

SIU/Field Investigator Safety & Tactics**Jim Wesson, CEO, J.D. Wesson and Associates, Inc.**

It is important that SIU, private investigators, and insurance industry staff understand and access the potential dangers involved while working in the field. Similar to peace officers, non-sworn personnel can find themselves in a violent or confrontational situation, which could result undue stress, potential civil litigation, or bodily harm.

Often field investigators encounter hostile and belligerent behavior, which can become a safety issue. Unlike peace officers, field investigators do not have safety equipment, two-way radio communication, back-up officers in the area, or officer safety training programs. This course will discuss how to use various strategies, tactics, and verbal techniques that can be used to increase field safety. Real-life scenarios will be discussed in order to provide insight and an understanding of what can happen if you are not prepared in the field.

Social Media Research, 201: Beyond the Basics (Part I and II)**Roy A. Mura**

Most attorneys, claims professionals, fraud investigators, and law enforcement professionals are by now conversant with the basics of social media research. In this session, Mr. Mura will present, discuss and demonstrate some more advanced techniques and tools of social media research. He will also update attendees with technical changes and developments of the most popular social media services and sites, as well as legal developments in the areas of privacy, discoverability and admissibility of social media content in litigation.

The Identity Theft Epidemic: Detection, Cures and Prevention

Dana J. McCants, Detective Sergeant, Los Angeles County Sheriff's Department

The "Identity Theft Epidemic" is here and threatens to impact victims, businesses and the financial security of nations as it evolves into its many forms. As technology simplifies our lives, it also enables criminal elements the ability to collect our personal identifiers with ease, so they can be used for such things as financial gain, services and even acts of terrorism. Consumers, businesses, government must stay ahead of this crime to detect it, cure its damages and prevent it, by raising awareness. This interactive class will use facilitated learning techniques, lecture and group exercises that encourage involvement by everyone who attends.

What you will learn: How to identify Identity Theft; Current trends and industry standards; Methods of Commission; Identity Theft laws; How to report Identity Theft and mend the damage; Prevention and awareness.

Building a Lawsuit to Fight Fraud

Dennis Kass, Manning & Kass, Ellrod, Ramirez, Trester LLP

As the insurance industry continues its fight against major crime rings, particularly those involving medical fraud, insurance companies want to equip themselves with all possible legal resources to protect themselves. In this course, highly trained and experienced attorneys will teach you how to build and handle a lawsuit to fight fraud, which will show you how to identify the various types of fraud being perpetrated; (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; and other important issues.

From Detection to Conviction: Hypotheticals based on Current Cases

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

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

Timothy E. Evans, AVP/SIU Manager, California Casualty Management Company

This presentation focuses on issues of critical interest to the anti-fraud community and will be explored through hypotheticals and interactive discussion. Hypotheticals are based on important cutting-edge issues, often involving points of disagreement, and are intended to challenge the audience in terms of strategy, tactics, ethics, and prosecution.

Charting a Course for the Fourth Industrial Revolution - New and Fast Streams of Information for Insurance, Risk Management and Investigations

John Standish, Chief Analytics Officer, Infinilytics, Inc.

In January 2016, the World Economic Forum held its annual conference in Davos, Switzerland. One of the main topics on everyone's mind was the Fourth Industrial Revolution. The Fourth Industrial Revolution is about disruptive technologies are changing our world, how are jobs are changing, and how we will perform our jobs in the future in the financial and insurance markets. Big-data is growing exponentially every day. We are going to change how it is gathered, analyzed, and processed to be acted upon.

Some of the disruptive technologies at the core of the revolution are artificial intelligence, 3D printing and nanotechnology. The Internet of Things (IoT), or more accurately, the Data of Things (DoT), will allow investigators and risk managers to identify issues, problems, and trends more accurately and faster to make better decisions for claims and investigations. This presentation will cover the trends and issues with the IoT, the ramifications of big-data, next generation analytics, and how you can start charting a course for your agency or company to be successful.

Conference Schedule

Subject to Change*

Wednesday, March 23, 2016

7:00am	Conference Registration
8:00am	Opening Remarks
9:00am	Meeting the Counter Attack
10:00am	Break
10:30am	Insurance Fraud Financing Terrorism
11:45pm	Lunch
1:00pm	Breakout Sessions
3:00pm	Break
3:15pm	Breakout Sessions
5:45pm	Networking Reception

Thursday, March 24, 2016

8:00am	Breakout Sessions
10:00am	Break
10:15am	Breakout Sessions
12:15pm	Lunch
1:30pm	Charting a Course for the Fourth Industrial Revolution - New and Fast Streams of Information for Insurance, Risk Management and Investigations

Thursday, March 24, 2016

2:30pm	Break
3:00pm	Breakout Sessions
6:00pm	Networking Reception
7:30pm	Banquet

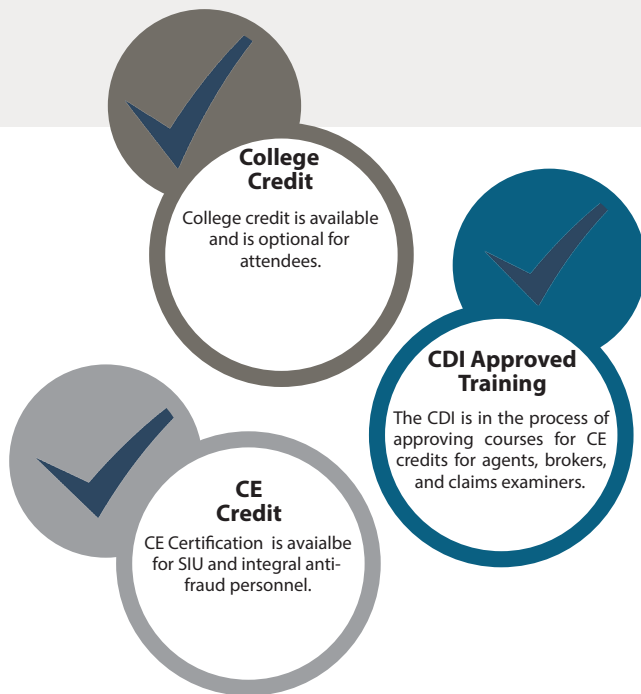
Friday, March 25, 2016

8:00am	Medical Fraud: Current Trends, and Best Ways to Identify and Investigate Suspected Fraud
9:30am	Break
9:45am	From Detection to Conviction: Hypotheticals Based on Current Cases
12:00pm	Lunch



27th Annual
ANTI-FRAUD
CONFERENCE
 Monterey • California

□ General Information



POST Credit

This conference has been designated for 12 hours of POST credit. The POST Certification number is 8910-28000-15.

MCLE Credit

MCLE certification is provided by the CDAA at no cost to attendees who are members of the State Bar of California. The conference is generally certified for up to 18 hours of MCLE credit, including 4 hours of ethics.

□ General Information

Networking Lunches

Conference attendees are invited to two complimentary networking lunches on Wednesday and Thursday.

Banquet

The Conference Banquet is on the evening of Thursday, March 24, 2016. The banquet is also complimentary for conference attendees.

Networking Receptions

Conference attendees and their guests are invited to network at two complimentary hospitality receptions hosted by NCFIA Anti-Fraud Alliance at the Hyatt Regency President's House on Tuesday, March 22, 2016 and Wednesday, March 23, 2016 from 5:45 p.m. to 7:00 p.m. Attendees are welcome to join the NCFIA Anti-Fraud Alliance Quarterly Meeting, which is during the Tuesday, March 22nd networking reception.





Hyatt Regency Monterey



Hotel Accommodations

The Hyatt Regency Monterey is located at 1 Old Golf Course Road, Monterey, California. A number of discounted hotel rooms have been made available for government and non-government attendees. The Hyatt has created a dedicated booking website for the 2016 Anti-Fraud Conference. Attendees who use the site, PassKey Link, will receive the discounted room rate will be able to make, modify and cancel their reservations online. Although the discounted rooms have sold out this year, the Hyatt has provided additional discounted rooms at the industry rate. Rooms at the Government discount rate

Visit www.antifraudconference.com or www.antifraudalliance.org for more

have been made available at the nearby Hilton Garden Inn. When making reservations with either hotel please identify yourself as an attendee of the Annual Anti-Fraud Conference. The Hyatt has a dedicated booking website for this Conference and for the PassKey Link use the word "Anti-Fraud" ("NCFIA" is also acceptable). For PassKey reservations by phone call the Hyatt at (888) 421-1442. For reservations at the Hilton Garden Inn, please call (831) 373-6141. Please use the code "NCFIA Anti-Fraud Alliance".

□ Conference Sponsors

Diamond



□ Conference Sponsor - Cont.

Platinum



Gold

Stammer, McKnight, Barnum & Bailey LLP
McNamara, Ney, Beatty, Slattery, Borges & Ambacher LLP

Silver

Kern, Noda, Devine & Segal
EisnerAmper LLP
Pacific Specialty Insurance Company
CSAA Insurance Exchange
D'Andre, Peterson, Bobus & Rosenberg LLP
Low, Ball & Lynch
Law offices of Carbone, Smoke, Smith, Bent and Leonard

Exhibitors Expo

The 27th Annual Anti-Fraud Conference will include an Exhibitors Expo featuring companies, organizations, and agencies with products and services serving the needs of Conference attendees.

The Exhibitors Expo will be open on Wednesday, March 23, 2016, and Thursday, March 24, 2016.



Conference Committee

Conference Coordinators	Eric von Geldern and Dale Banda
Registration	Cynthia Garrett
Speakers	Don Marshall and Jay Bobrowsky
Sponsorship	Phaidra Garcia, Dale Banda, and Craig Pusser
Finance	Clint Herndon
Hospitality	Dave Zucca
Exhibitor	Terry Clark
Conference Website	Zachary Johnson
AV	Kaye Green
POST/MCLE	Dena Salinas, Robert Laughter, and Eric von Geldern
Support	CDI, Fraud Division Silicon Valley Regional Office
Golf	Phil Segal and Dale Banda



NCFIA Anti-Fraud Alliance

PO Box 8344, Stockton, CA 95208

Phone: 209-479-0691

Email: secretary@ncfia.org

www.antifraudalliance.org