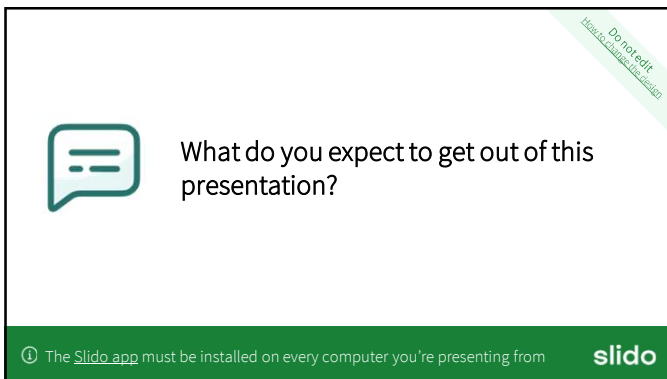




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Gloria Cudicio-Hayden is a compliance professional specializing in fraud, waste, and abuse (FWA) detection and prevention within behavioral health systems. She currently works in compliance and fraud oversight, with experience spanning audits, investigations, provider monitoring, and regulatory risk mitigation. Previous roles include Director, Clinical Director and Assistant Clinical Director supporting individuals with Mental Health Disorders, Substance Use Disorders, and Intellectual Disabilities. Gloria holds a master's degree in forensic psychology and is a Certified Advanced Alcohol and Drug Counselor (CAADC). Her work bridges clinical operations and compliance strategy, with a focus on identifying systemic vulnerabilities before they escalate into regulatory or financial exposure. Gloria is particularly interested in strengthening organizational accountability, ethical leadership, and sustainable compliance frameworks in complex healthcare environments.

4

The views expressed in this presentation are mine and do not necessarily reflect the views of AmeriHealth Caritas.

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Learning Objectives:

1. Articulate the core definitions of fraud, waste, and abuse in behavioral health
2. Apply risk-based strategies to reduce vulnerabilities in documentation and billing
3. Implement proactive supervisory techniques to support staff in ethical and compliant care delivery.


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Who this training is for:

1. EVERYONE!
2. Frontline Staff
3. Supervisors
4. Peers



7



Which pressure most impacts your documentation?

Do not edit
https://www.slido.com

The Slido app must be installed on every computer you're presenting from **slido**

8

**Defining Fraud,
Waste, and Abuse**

9

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What is FWA?

Improper use of funds – whether intentional, careless, or excessive.

<p>Fraud:</p> <p>Intentional deception to obtain an unauthorized benefit.</p> <ul style="list-style-type: none"> • Billing for services not rendered • Altering records to justify payment • Upcoding • Kickbacks, false claims, fake patients <p style="text-align: center;">Deliberate</p>	<p>Waste:</p> <p>Misuse of resources without intent to deceive.</p> <ul style="list-style-type: none"> • Ordering unnecessary tests/services • Inefficient processes that drive up costs • Duplicate services <p style="text-align: center;">Careless</p>	<p>Abuse:</p> <p>Practices that don't align with rules or standards but may not meet the legal definition of fraud.</p> <ul style="list-style-type: none"> • Billing in ways that violate policy • Excessive services that don't meet Medical Necessity Criteria • Bending rules to maximize reimbursement <p style="text-align: center;">Noncompliant</p>
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Why FWA matters

- License
- Employment
- Client access to care
- Legal Standing
- Financial Costs: Increases costs for everyone
- Drains public and private healthcare funds

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Home News & Media Talking Action Items PRESS RELEASE

Report: PA. Attorney General's Medicaid Fraud Control Section Charged More Medicaid Fraud Cases than any other State in the 2024 Fiscal Year

REPORT: PA. ATTORNEY GENERAL'S MEDICAID FRAUD CONTROL SECTION CHARGED MORE MEDICAID FRAUD CASES THAN ANY OTHER STATE IN THE 2024 FISCAL YEAR

MARCH 11, 2025 | TOPIC: [Medicaid](#)

AG Sunday's Medicaid Fraud Control Section ranked No. 2 in criminal convictions nationwide, a few recent cases are highlighted

HARRISBURG – Attorney General Dave Sunday announced the release of an annual report that ranks his office's Medicaid Fraud Control Section at No. 1 nationally in number of fraud charges filed against individuals, and third overall in convictions secured, taking action against those who steal from Pennsylvania's Medicaid program which provides limited-income and vulnerable populations with access to healthcare.

Pennsylvania's Medicaid Fraud Control Section, housed in the Office of Attorney General, prosecutes those who defraud the program through unlawful billing or failure to provide services. The Medicaid Fraud Control Section also prosecutes those who neglect or abuse Pennsylvanians most dependent on their care, and those who financially exploit older adults or care-dependent persons.

During the 2024 federal fiscal year, the section recovered more than \$100 million in misused Medicaid funding, most through criminal prosecutions. During that same year, the section filed fraud charges against 13 people, filed neglect, abuse, and endangerment

Contact the Press Office

Mailing Address:
616 Office of Attorney General / Press Office
16th Floor, Stateberry Square
Harrisburg, PA 17120

Phone:
717-787-5211


Fax:
717-787-6242

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communications@ageneral.gov

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Introducing ...




Mr. Bean

Walking internal-control failure with accidental criminal outcomes.



Walter White

Textbook evolution from rationalized corner-cutting to full-scale criminal enterprise.



Elle Woods

System literate in a way of doing things correctly and transparently.

13

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Common Myths

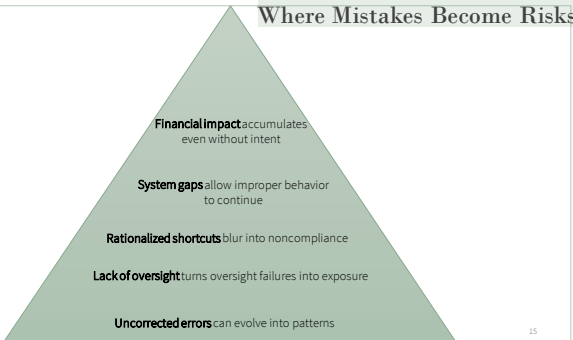
1. "Errors are always intentional"
2. "Only criminals can commit FWA"



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Where Mistakes Become Risks



Financial impact accumulates even without intent

System gaps allow improper behavior to continue

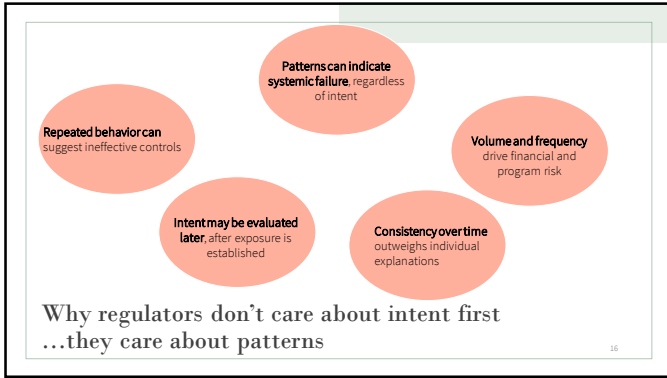
Rationalized shortcuts blur into noncompliance

Lack of oversight turns oversight failures into exposure

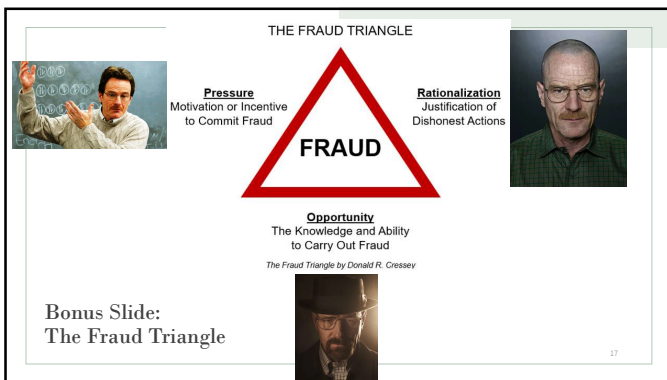
Uncorrected errors can evolve into patterns

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Gen Z Therapy Session

So how have the vibes been lately?

“If it isn’t documented, it didn’t happen”

19

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D (Data): Ct attended. Ct was engaged with eye contact. Ct expressed verbally. This writer validated.

A (Assessment): Ct expressed verbally. This writer validated.

P (Plan): Ct to attend next session.

D: Benjamin James, "BJ", arrived for session on time for session. He spoke in depth about his marriage struggles, trouble parenting, and difficulties saving money. Counselor acknowledged these struggles using Cognitive Behavioral Therapy with a focus on Trauma Informed Therapy and Motivational Interviewing.

A: BJ demonstrates excellent ability to identify his emotions, his responsibilities in these situations, and take accountability for his actions that lead to the above concerns.

P: BJ will continue to focus on identifying his emotions and will consider asking spouse to join in session.

D: Benjamin James, "BJ," vocalized his current state of mind as "low-key, off." BJ was responsive when this writer asked probing questions further clarifying that "life instead of taking W's, I'm taking L's." He responded affirmatively when presented with possible depression by this writer.

A: BJ demonstrates excellent verbal communication skills, although often uses slang therefore this writer needs to ask further probing questions to ascertain understanding. BJ's intergenerational awareness and motivational style can serve as an asset in further therapy sessions however he does tend to oversimplify emotions and situations.

P: This writer will prepare a number of role-playing situations or examples to work through with the client to work on further expanding BJ's understanding and emotional vocabulary.

Examples are for purposes of this presentation and not necessarily accurate to clinical/payer guidelines.

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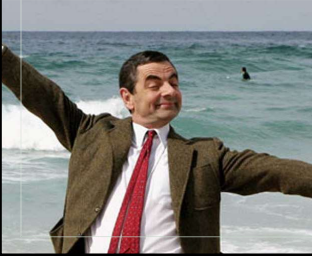
Where Risk Shows Up

- Productivity pressure
- Time scarcity
- Copy/paste habits
 - Overgeneralization
 - Heavy use of general 'group' section and not on individualization
- Repeated group topics etcetera

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Documentation risks




- Copy/paste
- Cloned notes
- Vague notes
- Missing medical necessity
- Vague terminology
- Not documenting the actual therapy/interventions that occurred


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Billing Related Vulnerabilities



Notes justify payment



Language can drive codes
Generally, more with Medical services



Errors trigger repayments
Including non-payable services

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Red Flags & Early Warning Signs

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1. Mr. Bean starts out well intentioned.
2. He sees his client.
3. He ensures to do all the paperwork.
4. However, he frequently copy & pastes from one document to another.
5. Records are requested and reviewed.
6. Potational overpayment for those services or even provisional licensure.

For example ...

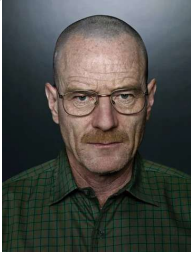
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"I did it for me. I liked it. I was good at it. And... I was really... I was alive." - W. White

Individual red flags

- Identical notes
- Always the same exact times
- No variation in interventions
- Documenting/Signing during the same/other session

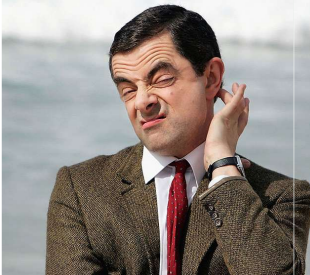


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Team Level Red Flags


- Everyone documenting the same
- No chart reviews
- No corrective feedback
- Missing credentials
- Overlapping service times



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Supervisor Red Flags




- No monitoring
- Fear-based supervision
- Ignoring early concerns
- Ignoring trends/patterns

"You must always have faith in people. And, most importantly, you must always have faith in yourself."

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What Auditors Notice First



- Patterns
- Outliers
- Inconsistencies

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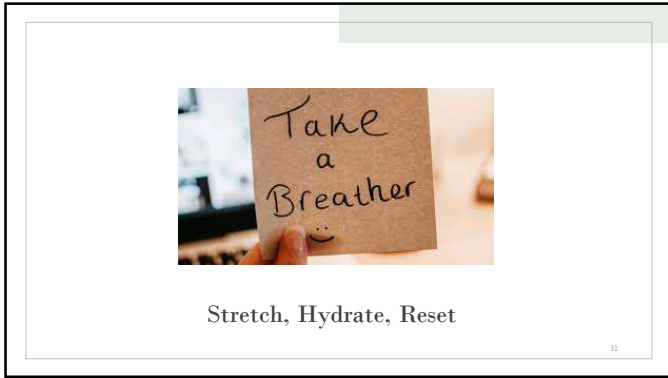
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Activity: Risk Sorting

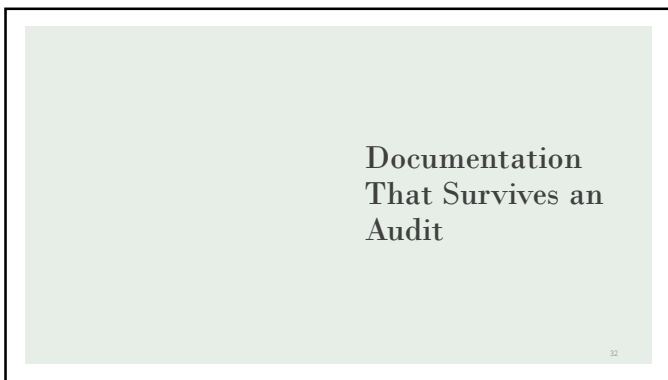
Activity	Low Risk	Moderate Risk	High Risk
1. A Progress Note with a missing signature	★		
2. Billing for an individual session and IOP (unbundling)			★
3. A missing Encounter Form	★		
4. One Treatment Record missing Treatment Plans		★	
5. All Treatment Records missing Treatment Plans			★
6. Many Treatment Plans missing measurable goals	★		
7. Billing for a longer session than occurred.		★	
8. Billing for a shorter session than occurred.	★		
9. Billing for a session that never occurred.			★

30

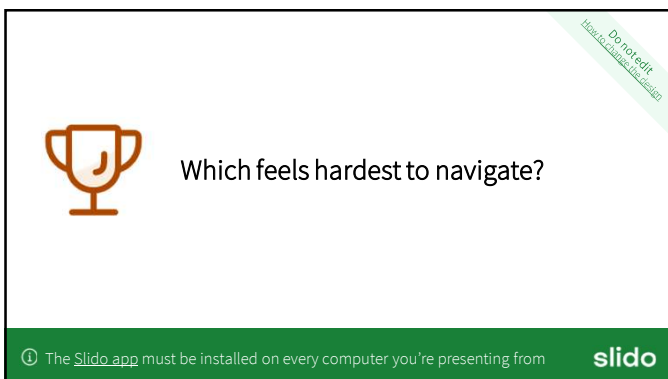
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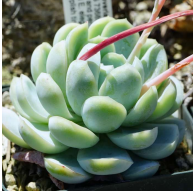


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What does “audit ready” mean?




- Clear
- Consistent
- Clinically justified
- Final (not draft)
- All required signatures

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Medical Necessity in Plain Language



- Why this service
- Why now
- Why this intensity

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Weak versus Strong Notes

<p>Weak</p> <ul style="list-style-type: none"> • Weak Clinical Terms • Vague Pronouns • Generic • High volume of words- but says nothing • Judgements/Opinions • Leads to more questions than answers 	<p>Strong</p> <ul style="list-style-type: none"> • Descriptors of what specifically occurred • Identified Pronouns • Goal-linked <ul style="list-style-type: none"> • Specifically tied to the Client's Treatment Plan • Tells facts/information • Answers questions we didn't know we needed
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High Risk Phrases

- Client stable
- Provided support
- Client doing well
- Seems, appears, may be
- Difficult, unmotivated
- Patient refuses to



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Safer Alternatives



- Observable behaviors
- Client's statements
- Skills use both within and outside of treatment
- Numbers, measures, etcetera tying back to treatment plan
- SMART goals

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Correcting Errors

- Use addenda
- Do not rewrite
- Correct promptly
- Full explain
- Sign and Date




"Because I say so."

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Misconduct



- Repeated
- Ignored feedback
- Concealed

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Why Cover-Ups End Careers


- Mistakes reported early
- Patterns discovered later
- Loss of License
- Loss of Employment (do not hire lists etc)
- Medicaid Exclusion List
- Legal History

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Corrective Action

- Training
- Monitoring
- Support




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Bottom Line

...

Covering mistakes is worse than making and/or correcting them.



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**Corrective Action
& Speaking Up
Safely**

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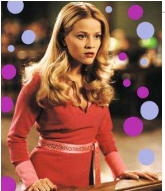
What corrective action actually looks like

- Within you organization
- Ask early
- Document your concerns
- Externally
 - Payors, DDAP, DHS, OIG
 - Whistleblower Protections
 - U.S. Department of Labor
 - Pennsylvania's Whistleblower Law (43 P.S. §1421)

Speaking
up
Safely


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Supervisor Role

- Normalize questions
- Reduce defensiveness
- Model transparency
- Reduce fear
- Accessible



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Integrating FWA Prevention Into Daily Practice

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1. Document same day
2. Avoid shortcuts
3. Seek clarification
4. Create new documents each time

Daily habits that protect you

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Team Safeguards



- Peer Reviews
- Consultations
- Routine audits
- Regular supervisions
 - Team Meetings
 - Case Discussions

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Bonus Slide: EMR/EHR

<p><u>Risks</u></p> <ul style="list-style-type: none"> • Copy and paste • Duplication • Not individualized • Prefabricated goals/documents • Inappropriate electronic signatures 	<p><u>Protections</u></p> <ul style="list-style-type: none"> • Create new documents when able • Create new goals as able • Use a stronger unique clinical narrative • Employees- should not limit space on these sections • Set notifications for incomplete documents before sending for billing
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Bonus Bonus Slide: AI

<p><u>Risks</u></p> <ul style="list-style-type: none"> • Hallucinations • PHI • Not individualized • Systemic Errors • Inability to defend inaccuracies 	<p><u>Protections</u></p> <ul style="list-style-type: none"> • Follow company policy • Never use AI outside of EMR integrated • Always check the accuracy of the note • Check for common cloning/AI indicators • Never assume that AI was or was not used/ always be open to either possibility
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Do not edit
this content



What is one habit you can change this week?

ⓘ The [Slido app](#) must be installed on every computer you're presenting from **slido**

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Key Takeaways


- Can be a Mr. Bean – with the best intent and still make mistakes
 - FWA starts small
- Can be a Walter White – make poor decisions that tumble into planned actions
 - Patterns matter
- Can be an Elle Wood – do the right things, even when no one is watching
 - Integrity protects everyone

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Resources & References

- CMS Fraud, Waste, and Abuse Toolkit
- OIG Compliance Program Guidance
- SAMSHA Documentation Best Practices
- DOJ False Claims Act Overview
- For regulation specific needs:
 - CMS
 - PA DDAP
 - PA DHS
 - ASAM



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Thank YOU!

Gloria Cudicio-Hayden, MS, CAADC
Clinical Investigator
AmeriHealth Caritas
gcudicio-hayden@amerihealthcaritas.com
<https://www.amerhealthcaritaspa.com/about/fraud-waste-abuse>
