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Advanced Certificate in Healthcare Fraud Investigation Best Practices

## Unit 6: Investigative Techniques and Interviewing Skills

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**Accreditation Council for Graduate Medical Education (ACGME):** A non-profit organization that oversees the accreditation of graduate medical education programs in the United States. The ACGME sets standards and evaluates programs to ensure they provide high-quality education and training for medical residents and fellows.

**Background investigation:** A comprehensive examination of a person's past to verify their identity, education, employment, criminal history, and other relevant information. Background investigations are often conducted as part of the hiring process for sensitive positions in healthcare, such as those involving patient care or access to confidential information.

**Behavioral interviewing:** A technique used in job interviews to assess a candidate's past behavior in specific situations as an indicator of their future performance. Behavioral interviewing questions typically ask the candidate to describe a time when they faced a particular challenge or had to use a specific skill.

**Chain of custody:** A legal concept that refers to the proper handling, transportation, and storage of evidence from the time it is collected until it is presented in court. A clear and unbroken chain of custody helps ensure the integrity and reliability of evidence in a criminal investigation.

**Confidentiality:** The legal and ethical obligation to protect sensitive or private information from unauthorized disclosure. In healthcare fraud investigation, confidentiality is essential to maintain the trust of witnesses, victims, and suspects, and to protect the privacy of patients and healthcare providers.

**Corroboration:** The process of verifying or confirming information through independent sources or evidence. Corroboration is an important aspect of investigative techniques, as it helps establish the credibility and reliability of information and can help prevent false confessions or accusations.

**Covert surveillance:** The use of hidden cameras, microphones, or other devices to observe and record the activities of a suspect without their knowledge. Covert surveillance is often used in healthcare fraud investigations to gather evidence of illegal activities, such as billing fraud or kickbacks.

**Cross-examination:** The questioning of a witness by the opposing side in a legal proceeding. Cross-examination is designed to challenge the credibility and reliability of the witness's testimony, and to elicit information that may be favorable to the opposing side.

**Data analytics:** The use of statistical and computational techniques to analyze large datasets for patterns, trends, or anomalies. Data analytics is an important tool in healthcare fraud investigation, as it can help identify suspicious billing patterns or other indicators of fraud.

**Deception detection:** The use of techniques such as polygraph testing or behavioral analysis to detect lies or deception. Deception detection is sometimes used in healthcare fraud investigations to verify the truthfulness of statements made by suspects or witnesses.

**Digital forensics:** The examination and analysis of digital devices, such as computers, smartphones, or servers, to recover and examine data related to a criminal investigation. Digital forensics is often used in healthcare fraud investigations to recover deleted emails, documents, or other evidence of illegal activities.

**Direct examination:** The questioning of a witness by the party who called them to testify in a legal proceeding. Direct examination is designed to elicit information that is favorable to the party's case and to establish the credibility and reliability of the witness's testimony.

**Document examination:** The examination and analysis of physical or electronic documents to verify their authenticity, identify alterations or forgeries, or extract hidden information. Document examination is often used in healthcare fraud investigations to verify the accuracy of bills, contracts, or other records.

**Elicitation:** The process of obtaining information from a suspect or witness through indirect or subtle means, such as conversation or observation. Elicitation is often used in healthcare fraud investigations to gather information without arousing suspicion or hostility.

**Embezzlement:** The fraudulent conversion of property or funds by a person who has been entrusted with their care or custody. Embezzlement is a common form of healthcare fraud, involving the misappropriation of funds from healthcare organizations, insurance companies, or government programs.

**Enticement:** The use of incentives, rewards, or other inducements to persuade a person to engage in illegal activities, such as healthcare fraud. Enticement is often used by organized crime groups or corrupt healthcare providers to recruit new members or expand their fraudulent schemes.

**Evidence:** Any physical or electronic material that can be used to establish the facts of a case or support a legal argument. Evidence in healthcare fraud investigations may include bills,