

Ricardo Arce, M.S. C.V. Fraud Investigator Expert – Los Angeles, California

**CEO & Principle Consultant at Advanced Risk Control Enterprise (A
Federal Government Subcontractor)**

Advanced Risk Control Enterprise (A Federal Government Subcontractor)

Villanova University

Greater Los Angeles, California

SUMMARY

Over 20 years of strategic leadership skills and proven work experience and solid knowledge in Healthcare in “High Risk” areas, Banking, Financial, Insurance, and Information Technology industries; compliance, project management, security response applications, training, fraud detection and prevention, and internal and external investigations.

- Proven service in four Fortune 500 companies employing modern leadership practices, project management, and strategic planning.
- Repeated success in multi-level leadership roles, cultivating private citizens, paramilitary professionals, ex-law enforcement, and active and non-active military professionals to work in diverse businesses.
- Proven record in establishing large contract projects through implementation within budget, time constraints, and quality standards.
- Implemented devoted business approaches in identifying strategic initiatives by proactive methods in potential exposures and risks perpetrated by white-collar crime, organized groups and individuals, and opportunistic criminals.

AREAS OF EXPERTISE

- Business Process and Strategy Development
- Business Expansion Growth Planning and Implementation
- Government Administration
- Contractual Development and Rebidding, and Sales

- Change Management
- Specialized Training
- Organizational Design and Reengineering
- Customer and Public Relations
- Forensics and Psychological Profiling
- Investigations and Physical Security
- Audit and Risk Management
- Internal and External Educational & Software Training
- ID Theft, Privacy and Data Protection
- IT System Testing/Implementation, and Support
- State and Federal Regulatory Compliance
- Fraud Detection and Prevention
- Claim Adjudication and Administration
- Administration and Third Party Contracts
- Analytics and Research
- Project Management
- Negotiations

PROFESSIONAL EXPERIENCE

Freelancing

Fraud, Waste, and Abuse Consultant

February 2014 to Present

- Providing fraud, waste, & abuse investigations, operational risk management, and security standards solutions, and training in healthcare environment.

Hewlett Packard (HP), Zone Program Integrity Contractor (Z-1), Los Angeles, CA

Fraud Investigations Manager

December 2010 to January 2014

- Direct all aspects of human resources for an investigative staff; oversee the fraud investigations and cases referrals, including identity theft cases involving potential issues in California, Nevada, American Samoa, Guam, Hawaii, the Northern Mariana Islands, Palau, Marshall Islands, and the Federated States of Micronesia.
- Engaged in workflow for investigating sourced investigations (claims, complaint, Fraud Prevention System (FPS), reactive, proactive, etc.) fraud investigations, and case development per month, alleging fraud and abuse, preparing trend data analysis including data obtained through OnePI, Medicare & Medicaid (Medi-Cal) investigations and case referral development. Participated in many Administrative Legal Judge (ALJ) proceedings involving multiple claims, multi-million dollar overpayments, and revocations.
- Achieved budget responsibility of cost centers and compliance of cost reporting, monthly reporting to the Federal Government; IT support and physical security integrity for several office locations; liaison support of external & internal business partners, and other Carriers & Intermediaries.
- Collaborated with primary clients, Centers of Medicare & Medicaid Services (CMS) and the Office of Inspector General (OIG), and the Federal Bureau of Investigations (FBI), which includes other federal, state, and local law enforcement entities.

- Direct oversight of teams and units responsible for fraud, waste, and abuse on behalf of CMS' Medicare and Medicaid (Medi-Cal) to perform administration, testing, implementation, and training of FPS and OnePI products in relation to Parts A, Part B, DME, Home Health and Hospice in multiple states.
- Provided specialized educational training to health care providers, nurses, billers, and their business staff on regulations and software training via in-house, via telephone, or via in-writing.
- Point of contact for the ZPIC Zone 1 contract and on behalf of the Department of Health and Human Services (DHHS) and the Centers of Medicare & Medicaid Services' (CMS) Provider Victim Validation/Remediation Initiative and ID Theft matters.

Electronic Data Systems (EDS), California Benefit Integrity Unit, Los Angeles, CA

Fraud Investigations Manager

EDS, California Benefit Integrity Unit

October 2002 to December 2010

Subsidiary, National Heritage Insurance Company

January 2000 to September 2002

- Directed all aspects of human resources for an investigative staff, case development & investigative unit with direct oversight of fraud training for business partners in the Southern California area.
- Engaged in workflow for investigating sourced investigations (claims, complaint, reactive, proactive, etc.) fraud investigations, and case development per month, alleging fraud and abuse, preparing trend data analysis including data obtained through OnePI, Medicare & Medicaid (Medi-Cal) investigations and case referral development. Participated in many Administrative Legal Judge (ALJ) proceedings involving multiple claims, multi-million dollar overpayments, and revocations.
- Achieved budget responsibility of cost centers and compliance of cost reporting, monthly reporting to the Federal Government; IT support and physical security integrity for several office locations; liaison support of external & internal business partners, and other Carriers & Intermediaries.
- Collaborated with primary clients, Centers of Medicare & Medicaid Services (CMS) and the Office of Inspector General (OIG), and the Federal Bureau of Investigations (FBI), which includes other federal, state, and local law enforcement entities.
- Direct oversight of teams and units responsible for fraud, waste, and abuse on behalf of CMS' Medicare and Medicaid (Medi-Cal) to perform administration, testing, implementation, and training of OnePI products in relation to Part B and DME in multiple states.
- Provided specialized educational training to health care providers, nurses, billers, and their business staff on regulations and software training via in-house, via telephone, or via in-writing.

Transamerica Life Insurance Company, Medicare Fraud Unit, Los Angeles, CA

Fraud Manager

June 1999 to January 2000

- Directed an investigative staff, case development & investigative unit with direct oversight of fraud training for business partners within seven Western States.
- Engaged in workflow for investigating over 1500 complaint investigations and cases alleging fraud and abuse per month, preparing trend analysis, and Electronic Fund Transfers (EFT) and forgery/counterfeit check investigations.
- Achieved budget responsibility of multi-state cost centers and compliance of cost reporting, monthly reporting to the Federal Government; IT support and physical security integrity for several office locations; liaison support of external & internal business partners, and other Carriers & Intermediaries.
- Collaborated with primary clients, Centers of Medicare & Medicaid Services (CMS) and the Office of Inspector General (OIG), and the Federal Bureau of Investigations (FBI), which includes other federal, state, and local law enforcement entities.

- Provided specialized educational training to health care providers, nurses, billers, and their business staff on regulations and software training via in-house, via telephone, or via in-writing.

Bank of America, Corporate Audit and Security Services, San Francisco, CA

Senior Operations Manager

November 1997 to April 1999

- Directed an investigative and security staff, investigative case assessment and case management within Bank of America.
- Engaged in workflow for processing bank-wide internal and external investigations; counterfeit checks, money laundering, credit/debit cards and data support of physical security incidents; and CCTV & ATM photos for law enforcement, and executive protection.
- Achieved in processing embezzlement/robbery losses and recoveries within the bank's general ledger. Corresponded with federal regulators for reporting losses and Suspicious Activity Reporting (SARs).
- Researched fraud databases per trends, completeness, and providing guidance to Investigators including global FinCEN reporting. Collaborated with all entities and levels of the law enforcement community throughout the United States.
- Provided specialized educational training to bank personnel, upper management, customers, and vendor personnel, and law enforcement on regulations and software training via in-house, via telephone, or via in-writing.
- Facilitated Service Level Agreements (SLAs) development and adherence from Retail Administration, Lending Services, ATM Business Management, and Bankcard Services and Vendors.

Bank of America, Corporate Audit and Security Services, Los Angeles, CA

Operations Manager

February 1992 to November 1997

- Directed a security staff; oversee a 24-hour command center and emergency response unit during diverse situations for five States.
- Engaged in preliminary investigations of internal and external burglaries, fraud thefts, threats, and robberies against the bank, clients and employees, including executive protection.
- Achieved in the negotiation of alarm permits fees, fines, and responding to subpoenas and court proceedings.
- Provided specialized educational training to bank personnel, upper management, customers, and vendor personnel, and law enforcement on regulations and software training via in-house, via telephone, or via in-writing.
- Presented to Senior Management and key Business Partners during compromising exposures to the bank. Maintained active responses from law enforcement agencies throughout the States.
- Recommend new procedures and Service Level Agreements (SLAs) development for Retail Administration, Lending Services, ATM Business Management, and Vendors.

EDUCATION & ASSOCIATIONS

- **Master of Science in Administration of Justice and**

Security, University of Phoenix, Phoenix, AZ, Graduated August 31, 2009

- **Bachelor of Science in Criminal Justice
Administration, University of Phoenix, Brea, CA,
Graduated March 31, 2008**
 - The Reid Technique® of Interviewing & Interrogation Training
 - Non-active Member - American Society for Industrial Security
- **Associate Member - Association of Certified Fraud
Examiner**
- **Non-active Member - Bank Administration
Institute**
- **Member – Southern California Financial Crimes
Investigators Association**
 - Member – Accredited Health Care Fraud Investigator
 - Resident Insurance Producer - License Number: 0J06141

ACCOMPLISHMENTS

- Voluntary alumni member to provide educational career growth training via on-line, via telephone, and via in-writing to University of Phoenix's recent graduates under the University of Phoenix's Alumni Career Mentor Program.
- United States Attorney Office – Health Care Fraud Task Force – Las Vegas, Nevada Participant
- Received several commendations for specialized health care fraud and abuse training from the Health Insurance Counseling and Advocacy (HICAP) and the California Health Advocacy (CHA) managers, Senior Medicare Patrol (SMP), Centers of Medicare & Medicaid Services (Region IX and LA Field Office) (CMS), and the California Department of Aging (CDA).
- Provided Medicare fraud training to the Bureau of Medi-Cal (Medicaid) Fraud and Elder Abuse Division.
- Proposal team member and Project team member in a CMS Fraud and Abuse contract win. CMS awarded the Medicare Zone Program Integrity Contract (ZPIC), Zone 1 win (encompassing California, Nevada, Hawaii, American Samoa, Guam, and the Mariana Islands) for Part A, Part B, Durable Medical Equipment, and Home/Health and Hospice.
- Proposal team member in a CMS Fraud and Abuse contract win to create a Benefit Integrity Support Center in California and Indiana, encompassing 20 Western States for Durable Medical Equipment.
- Proposal team member and Project team member in a CMS Fraud and Abuse contract win to create a Benefit Integrity Support Center in Florida, encompassing Puerto Rico, Virgin Islands for Part A, Part B, and Durable Medical Equipment.
- One-six million dollars collected with convictions relating to provider impersonation (ID Thefts) financial crime

cases under investigation by the FBI - Los Angeles Office.

- Received an award from Centers of Medicare & Medicaid Services in March 2002 for case referrals training.
- Developed investigative protocols, security standards, and anti-fraud training for CMS in the Medicare Fraud arena for Southern California and six Western States,
- Fiduciary Elderly Abuse Task Force – Past Los Angeles Participant
- United States Attorney Office – Health Care Fraud Task Force – Past Los Angeles Participant
- Successfully met all fiscal year budget requirements.
- Successfully passed all Contractor Performance Evaluations (CPEs) and SAS 70 Audits, and ISO: 9001 Certified.

Over 20 years of strategic leadership skills and proven work experience and solid knowledge in Healthcare, Banking, Financial, Insurance, and Information Technology industries; physical security, security response applications, fraud detection and prevention, and internal and external investigations, and risk management. Proven service in four Fortune 500 companies employing modern leadership practices, project management, and strategic planning. Repeated success in multi-level leadership and cultivating private citizens and paramilitary professionals, ex-law enforcement and active and non-active military professionals to work in diverse businesses. Proven record in establishing multi-level projects through implementation within budget and time constraints. Recognized for devoted business approach in identifying strategic initiatives by proactive methods in potential exposures and risks perpetrated by white-collar crime, organized groups and individuals, and opportunistic criminals. Specialties: Business Process and Strategy Development Business Expansion Growth Planning and Implementation Change Management Organizational Design and Reengineering Customer and Public Relations Forensics and Psychological Profiling Investigations and Physical Security Audit and Risk Management Internal and External Educational & Software Training ID Theft, Privacy and Data Protection IT System Testing/Implementation, and Support State and Federal Regulatory Compliance Claim Adjudication and Administration Fraud Detection and Prevention Third Party Contracts and Vendor Management Analytics and Research Project Management Accounts Receivables & Third-Party Recovery Management Negotiations Developmental training for private citizens and paramilitary, ex-law enforcement and active and non-active military professionals

Experience

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CEO & Principle Consultant

Company Name Advanced Risk Control Enterprise (A Federal Government Subcontractor)

Dates Employed Apr 2014 – Present

Employment Duration 3 yrs 7 mos

Location USA

We have expertise in three pillars of the service sector; we specialize in government, private service, and small business. Our mission is to assist in preventing fraud and ensuring compliance within your organization. Our approach is simple and efficient without impeding in your organizational infrastructure. We consistently prevent white-collar crime with appropriate tools averting fraud, waste, and abuse.

We will provide the components needed as a consultant basis to minimize the functional gaps within the company and prevent white-collar crime using operational risk assessments, risk control development and procedures, operational risk control inspections, fraud/internal investigations, training, security standards, and memorandum of understanding (MOU) documents, and create workflow process and work instruction process development.

We are also associated to a network of diverse and professional consultants with expertise in all areas of crime; detection, investigation, IT systems testing, implementation and support, medical reviews, prevention, prosecution, and physical security.

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Fraud Investigations Manager

Company Name HP CMS

Dates Employed Dec 2010 – Jan 2014

Employment Duration 3 yrs 2 mos

♣ Inspired in all aspects of human resources for an investigative staff, oversee the fraud investigations and cases referrals, including identity theft cases involving potential issues in California, Nevada, American Samoa, Guam, Hawaii, the Northern Mariana Islands, Palau, Marshall Islands, and the Federated States of Micronesia.

♣ Engaged in workflow for investigating sourced investigations (claims, complaint, reactive, proactive, FPS referrals, etc.) fraud investigations, and case development per month, alleging fraud and abuse, preparing trend analysis, Medicare and Medicaid, and Medi-Cal investigations and case referral development. Participated in many Administrative Legal Judge (ALJ) proceedings involving multiple claims, multi-million dollar overpayments, and revocations.

♣ Achieved budget responsibility of cost centers and compliance of cost reporting, monthly reporting to the Federal Government; IT support and physical security integrity for several office locations; liaison support of external & internal business partners, and other Carriers & Intermediaries.

♣ Collaborated with primary clients, Centers of Medicare & Medicaid Services (CMS) and the Office of Inspector General (OIG), and the Federal Bureau of Investigations (FBI), which includes other federal, state, and local law enforcement entities.

♣ Point of contact for the ZPIC Zone 1 contract and on behalf of the Department of Health and Human Services (DHHS) and the Centers of Medicare & Medicaid Services' (CMS) Provider Victim Validation/Remediation Initiative and ID Theft matters.

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Fraud Investigations Manager

Company Name EDS CMS

Dates Employed Oct 2002 – Dec 2010

Employment Duration 8 yrs 3 mos

- ♣ Inspired in all aspects of human resources for an investigative staff, oversee the Benefit Integrity Program throughout the state of California.
- ♣ Engaged in workflow for investigating sourced investigations (claims, complaint, reactive, proactive, etc.) fraud investigations, and case development per month, alleging fraud and abuse, preparing trend analysis, Medicare and Medi-Cal investigations and case referral development.
- ♣ Achieved budget responsibility of cost centers and compliance of cost reporting, monthly reporting to the Federal Government; IT support and physical security integrity for several office locations; liaison support of external & internal business partners, and other Carriers & Intermediaries.
- ♣ Collaborated with primary clients, Centers of Medicare & Medicaid Services (CMS) and the Office of Inspector General (OIG), and the Federal Bureau of Investigations (FBI), which includes other federal, state, and local law enforcement entities.

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Investigations Manager

Company Name EDS/NHIC CMS

Dates Employed Jan 2000 – Sep 2002

Employment Duration 2 yrs 9 mos

- ♣ Inspired in all aspects of human resources for an investigative staff, case development & investigative unit with direct oversight of fraud training for business partners in the Southern California area.
- ♣ Engaged in workflow for investigating over 1000 complaint investigations and cases alleging fraud and abuse per month, preparing trend analysis, Electronic Fund Transfers (EFT), forgery/counterfeits check, and identity theft investigations.
- ♣ Achieved budget responsibility of cost centers and compliance of cost reporting, monthly reporting

to the Federal Government; IT support and physical security integrity for several office locations; liaison support of external & internal business partners, and other Carriers & Intermediaries.

♣ Collaborated with primary clients, Centers of Medicare & Medicaid Services (CMS) and the Office of Inspector General (OIG), and the Federal Bureau of Investigations (FBI), which includes other federal, state, and local law enforcement entities.

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Fraud Manager

Company Name Transamerica Life Insurance Company CMS

Dates Employed Jun 1999 – Jan 2000

Employment Duration 8 mos

♣ Inspired an investigative staff, case development & investigative unit with direct oversight of fraud training for business partners within seven Western States.

♣ Engaged in workflow for investigating over 1500 complaint investigations and cases alleging fraud and abuse per month, preparing trend analysis, and Electronic Fund Transfers (EFT) and forgery/counterfeit check investigations.

♣ Achieved fiscal budgets of two multi-state cost centers; monthly reporting to the Federal Government; security integrity of the unit, liaison support of external & internal business partners, and other Carriers & Intermediaries.

♣ Collaborated with primary clients, Centers of Medicare & Medicaid Services (CMS) and the Office of Inspector General (OIG), and the Federal Bureau of Investigations (FBI), which includes other federal, state, and local law enforcement entities.

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Senior Operations Manager

Company Name Bank of America - Corporate Audit and Security Services

Dates Employed Nov 1997 – Apr 1999

Employment Duration 1 yr 6 mos

♣ Inspired an investigative and security staff, investigative case assessment and case management within Bank of America.

- ♣ Engaged in workflow for processing bank-wide internal and external investigations; counterfeit checks, money laundering, credit/debit cards and data support of physical security incidents; and CCTV & ATM photos for law enforcement, and executive protection.
- ♣ Achieved in processing embezzlement/robbery losses and recoveries within the bank's general ledger. Corresponded with federal regulators for reporting losses and Suspicious Activity Reporting (SAR).
- ♣ Researched fraud databases per trends, completeness, and providing guidance to Investigators including global FinCEN reporting. Collaborated with all entities and levels of the law enforcement community throughout the United States.
- ♣ Facilitated Service Level Agreements (SLA) development and adherence from Retail Administration, Lending Services, ATM Business Management, and Bankcard Services and Vendors.

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Operations Manager

Company Name Bank of America - Corporate Audit and Security Services

Dates Employed Feb 1992 – Nov 1997

Employment Duration 5 yrs 10 mos

- ♣ Inspired a security staff; overseen a 24-hour command center and emergency response unit during diverse situations for five States.
- ♣ Engaged in preliminary investigations of internal and external burglaries, fraud thefts, threats, and robberies against the bank, clients and employees, including executive protection.
- ♣ Achieved in the negotiation of alarm permits fees, fines, and responding to subpoenas and court proceedings.
- ♣ Presented to Senior Management and key Business Partners during compromising exposures to the bank. Maintained active responses from law enforcement agencies throughout the States.
- ♣ Recommend new procedures and Service Level Agreement (SLA) development for Retail Administration, Lending Services, ATM Business Management, and Vendors.

Education

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Villanova University

Field Of Study Master Certificate of Six Sigma

Dates attended or expected graduation 2015 – 2016

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California Department of Insurance's (CDI) Producer Licensing Bureau

Degree Name Resident Insurance Producer

Field Of Study P&C Insurance

Dates attended or expected graduation 2014 – 2016

License Number : 0J06141

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The Reid Technique® of Interviewing & Interrogation Training

Field Of Study Interviewing & Interrogation Training

Dates attended or expected graduation 1999 – 2016

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University of Phoenix

Degree Name Master of Science

Field Of Study Administration of Justice and Security

Dates attended or expected graduation 2008 – 2009

Activities and Societies: Voluntary alumni member to provide educational career growth training via on-line, via telephone, and via in-writing to University of Phoenix's recent graduates under the University of Phoenix's Alumni Career Mentor Program.

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University of Phoenix

Degree Name Bachelor of Science

Field Of Study Criminal Justice Administration

Dates attended or expected graduation 2004 – 2008