



Managed Care Compliance Conference

Jan 29–Feb 1, 2017 | Scottsdale, AZ

Plan now to join your peers at the primary networking and educational event for those involved with managing compliance at health plans:

- Compliance professionals from a health plan
(from officers to consultants)
- In-house or external counsel for a health plan
- Internal auditors from a health plan
- Regulatory compliance personnel
- Managed care lawyers



**TIME IS
RUNNING OUT
REGISTER
NOW!**

www.hcca-info.org/managedcare

Questions? beckie.smith@corporatecompliance.org

SUNDAY, JANUARY 29: PRE-CONFERENCE

| | | |
|-------------------|--|---|
| 7:15 AM–6:00 PM | Registration | |
| 8:00–9:30 AM | P1 Compliance Program Makeover: From Good to Great – Deborah Johnson, Senior Director Compliance and Internal Audit, Peach State Health Plan; Nicole Huff, Chief Compliance & Privacy Officer, St. Luke’s University Health Network | |
| 9:30–9:45 AM | Networking Break | |
| 9:45–11:15 AM | P2 How to Engage Your Business Partners to Embrace Compliance? – Jennifer Del Villar, Director of Medicare Compliance/Medicare Compliance Officer, Cambia Health Solutions | |
| 11:15 AM–12:30 PM | Lunch (on your own if not participating in Speed Networking) | |
| 11:30 AM–12:15 PM | Speed Networking (optional event; separate registration required; lunch provided for pre-registered) | |
| 12:30–2:00 PM | P3 Going on the Offensive: Managed Care Strategies for Investigating, Combating, and Affirmatively Litigating Against Fraud – Jonathan Phillips, Attorney, Gibson, Dunn & Crutcher LLP; Benton Curtis, Senior Counsel, Broad and Cassel | P4 Simplifying Healthcare Compliance: CareSource’s Experience with Integrated GRC – Kurt Lenhart, Vice President of Corporate Compliance, CareSource; Margaux Frazee, Director, Corporate Compliance, CareSource; Sean Woodson, GRC System Implementation Lead, CareSource |
| | Networking Break | |
| 2:00–2:15 PM | P5 Ensuring Your Vendors Are Ready When You Receive an Audit Notice – Jaima Binzer, External Audit and Delegated Oversight, DST Health Solutions; Mary Menard, Compliance Solutions Executive, DST Health Solutions | P6 Connecting with Compliance: Creative Training and Education Methods – Angela Keenan, Manager of Compliance, Network Health; Jessica Vander Zanden, Director of Compliance and Culture, Network Health |
| | Networking Break | |
| 2:15–3:45 PM | P7 Managing a SIU in a Managed Care World – Christopher Horan, Vice President of Corporate Compliance Investigations, WellCare | P8 Star Wars: Avoiding the Dark Side — One Plan’s Approach to Legislative/Regulatory Oversight and Implementation – Michaela Monaghan, Director, Program Oversight - Government Programs, HCSC |
| | Networking Break | |
| 3:45–4:00 PM | Networking Break | |
| 4:00–5:30 PM | Networking Break | |
| 5:30–6:30 PM | Welcome Reception | |

MONDAY, JANUARY 30: CONFERENCE (GOVERNMENT PROGRAMS TRACK = sessions with blue background)

| | | | |
|-----------------|--|--|---|
| 7:00 AM–5:30 PM | Registration | | |
| 7:00–8:00 AM | Breakfast (in exhibit area) | | |
| 8:00–8:15 AM | Opening Remarks | | |
| 8:15–9:15 AM | GENERAL SESSION False Claims Act Enforcement in the Managed Care Space: Recent Trends and Proactive Compliance Tips – Scott Grubman, Partner, Chilivis, Cochran, Larkins & Bever; Thomas Clarkson, Assistant U.S. Attorney, U.S. Attorney’s Office, Southern District of Georgia | | |
| 9:15–10:15 AM | GENERAL SESSION “I am your Board Member. Please listen to me as to what Compliance education I need in order to serve as an effective Board Member.” – Mark Chilson, EVP General Counsel, CareSource; Jeffrey McFadden, Partner, Stradley Ronon Stevens & Young, LLP; Craig Brown, Board Member, CareSource | | |
| 10:15–10:45 AM | Networking Break (in exhibit area) | | |
| 10:45–11:45 AM | 101 Medical Loss Ratio Audits: We Were Expecting You – Steve Bunde, Vice President - Integrity & Compliance and Internal Audit, HealthPartners; Stephanie Moschetti, Program Manager - Integrity & Compliance, HealthPartners | 103 Fostering a Culture of Compliance – Maggie Perritt, Senior Director, Corporate Compliance: Delegation Oversight, WellCare Health Plans | |
| | Lunch (dessert in exhibit area) | | |
| 1:00–2:00 PM | 201 Tools and Techniques for Effective Monitoring and Auditing of Sales Agents: Insights from a New Medicare Advantage Plan – Thomas Wilson, Director, Medicare Compliance, CareSource; Megan Saunders, Manager, Corporate Compliance, CareSource | 202 Helpful Tips for Value Based Payment (VBP) Compliance Programs – Greg Radinsky, Vice President and Chief Corporate Compliance Officer, Northwell Health; Aaron Lund, Director of Compliance and Privacy Officer, Northwell Health | 203 Mobile Health (mHealth) Applications in a Health Care Environment – Brandon Goulter, Facility Compliance Professional, Dignity Health; Steven Baruch, Service Area Compliance Director, Dignity Health |
| | Networking Break (in exhibit area) | | |
| 2:00–2:15 PM | 301 Surviving Your Managed Medicaid External Quality Review – Beau Colvin, Medicaid and Government Programs Compliance Manager, SelectHealth; Greg Newton, Program Manager, Intermountain Healthcare | 302 Managing the MCO-Provider Relationship: It’s More Than Just PHI – Scott Garnick, Transaction Contract Associate Manager, Accenture; Polina Blinderman, LCSW, Northwestern Medicine Warren Wright Adolescent Program | 303 Managing Privacy and Security with a Mobile Workforce – Frank Ruelas, Facility Compliance Professional, St. Joseph’s Hospital and Medical Center/Dignity Health |
| | Networking Break (in exhibit area) | | |
| 2:15–3:15 PM | 401 How Narrow is Too Narrow? Regulators Respond to Narrow Network Health Plans – Michael Adelberg, Senior Director, Faegre Baker Daniels; Deborah Schreiber, Network Compliance Officer, UnitedHealthcare; Aaron Wesolowski, Senior Research Scientist, Health Care, NORC at the University of Chicago | 402 Mental Health Parity: Ensuring Compliance in the Era of a Rx Drug Abuse Epidemic – Kate Woods, Corporate and ACA Compliance Officer, Capital BlueCross; Laura Gargiulo, Senior Counsel, Capital BlueCross | 403 Effectively Managing Corrective Actions – Jennifer Del Villar, Director of Medicare Compliance/Medicare Compliance Officer, Cambia Health Solutions; Deneil Patterson, Director of Compliance, Cambia Health Solutions |
| | Networking Break (in exhibit area) | | |
| 3:15–3:30 PM | Networking Break (in exhibit area) | | |
| 3:30–4:30 PM | Networking Break (in exhibit area) | | |
| 4:30–5:45 PM | Networking Reception (in exhibit area) | | |

(agenda and times subject to change)

TUESDAY, JANUARY 31: CONFERENCE

| | | | |
|----------------|---|--|---|
| 7:00–4:15 PM | Registration | | |
| 7:00–8:00 AM | Breakfast (in exhibit area) | | |
| 8:00–8:15 AM | Opening Remarks | | |
| 8:15–9:15 AM | GENERAL SESSION CMS Audit Policy, Strategy, and Enforcement – Vikki Ahern, Medicare Parts C and D Oversight and Enforcement Group, Centers for Medicare & Medicaid Services | | |
| 9:15–10:15 AM | GENERAL SESSION What Every Leader Should Know About Compliance Officers and Compliance Programs – Roy Snell, CEO, SCCE/HCCA | | |
| 10:15–10:45 AM | Networking Break (in exhibit area) | | |
| 10:45–11:45 AM | 501 Lessons Learned and Insights Gained from Undergoing a CMS Audit – Vikki Ahern, Medicare Parts C and D Oversight and Enforcement Group, Centers for Medicare & Medicaid Services; Shirley Qual, Compliance Officer, UnitedHealthcare; Gail Blacklock, Compliance Officer, Inter Valley Health Plan; Michelle Coberly, Manager, Medicare Compliance & Quality, Priority Health | 502 Hospital Owned Health Plans: Tips for Effectively Managing Compliance in a Health Plan and Provider Environment – Catie Heindel, Vice President, Strategic Management Services; Cathy Bodnar, Chief Compliance and Privacy Officer, Cook County Health & Hospitals System; Ryan Lipinski, Compliance Officer, Cook County Health & Hospitals System, CountyCare | 503 Value Added Compliance Program Effectiveness Review: A Health Plan's Journey – Kelly Nueske, Executive Consultant, Pinnacle Healthcare Consulting; Carolyn Barton, Chief Compliance & Ethics Officer, Group Health Cooperative |
| | 11:45 AM–12:45 PM Lunch | | |
| | 12:45–1:45 PM | 601 Surviving a CMS-Mandated Independent Validation Audit (IVA): 150 Days and counting – Anne Crawford, Deputy Director, ATTAC Consulting Group; Elizabeth Lippincott, Managing Member, Strategic Health Law | 602 Ethical Implications of Bundled Payments and Value Based Purchasing – David N. Hoffman, Chief Compliance Officer, Physician Affiliate Group of New York, P.C. |
| 1:45–2:00 PM | | Networking Break | |
| 2:00–3:00 PM | 701 The Compliance Challenges Inherent in Risk Adjustment's Continued Evolution and Expansion – Richard Lieberman, Chief Data Scientist, Mile High Healthcare Analytics, LLC | 702 Compliance with Managed Care Contracts: You Signed It — Now You Have to Live with It – George Eichhorn, General Counsel / Director of Compliance, ChildServe, Inc. | 703 Root Cause Q&A: Complete and Consistent Resolution of Issues Causing Compliance Concerns – Erin Heckethorn, Director of Compliance, FirstCarolinaCare Insurance Company |
| 3:00–3:15 PM | Networking Break | | |
| 3:15–4:15 PM | 801 Deep Dive on DIR: CMS' 2017 Focus on Enforcement for One-Third Financial Audits and Your Rebates – Derek Frye, Audit & Technology Leader, Burchfield Group; Sonya Henderson, Senior Vice President of Corporate Compliance & Government Programs, FirstCare Health Plans | 802 Ethics in the Age of The Affordable Care Act and SEPs – Kate Woods, Corporate and ACA Compliance Officer, Capital BlueCross; Ras Sowers, Director, IT Audit and ERM, Capital BlueCross | |

WEDNESDAY, FEBRUARY 1: CHC EXAM

| | |
|---------------|--|
| 8:00–8:30 AM | Exam Check-in |
| 8:30–11:00 AM | Certified in Healthcare Compliance (CHC)® Exam (optional) |

(agenda and times subject to change)

Expand your network — Expand your knowledge

Sign up now to participate in the Speed Networking lunch

Registration is separate from the conference and complimentary. Upon registering, you will be asked some questions and the software will schedule a series of quick introductions to the types of people you've indicated you want to meet with. It's a fun, efficient way to quickly connect with peers who share your challenges and to make new friends at the start of the Managed Care Compliance Conference. Register at: events.speednetworking.com/ViewEvents/hccamanagedcare2017



Get CHC Certified — Be recognized

...for your experience and knowledge in healthcare compliance

Take advantage of the opportunity to sit for the CHC exam on the last day of the conference. The CHC exam requires advance registration and payment separate from the conference registration. Visit www.hcca-info.org/managedcare and click on the "Certification" tab at to learn more.



SUNDAY, JANUARY 29

7:15AM – 6:00PM

Registration

8:00 – 9:30AM

P1 Compliance Program Makeover: From Good to Great



Deborah Johnson, Senior Director Compliance and Internal Audit, Peach State Health Plan



Nicole Huff, Chief Compliance & Privacy Officer, St. Luke's University Health Network

- This session will assist the attendees in understanding effortless ways to ignite their compliance program by giving it a makeover, while identifying and mitigating risk.
- Attendees will become familiar with key strategies to take their compliance programs from “good to great” while creating a valuable compliance brand with limited resources.
- The session will provide creative case scenarios that include positive instructions on “how to” influence attitudes and behaviors in a challenging environment.

9:30 – 9:45AM

Networking Break

9:45 – 11:15AM

P2 How to Engage Your Business Partners to Embrace Compliance?

Jennifer Del Villar, Director of Medicare Compliance/ Medicare Compliance Officer, Cambia Health Solutions

- Building effective partnership with boundaries
- Know your audience
- Creative strategies

11:15AM – 12:30PM

Lunch

(on your own if not participating in Speed Networking)

11:30AM – 12:15PM

Speed Networking

(optional event; separate registration required)

12:30 – 2:00PM

P3 Going on the Offensive: Managed Care Strategies for Investigating, Combating, and Affirmatively Litigating Against Fraud



Jonathan Phillips, Attorney, Gibson, Dunn & Crutcher LLP



Benton Curtis, Senior Counsel, Broad and Cassel

- Although managed care entities are just as frequently the victims of fraud and abuse, the federal government’s enforcement efforts sweep by default outside the private/public insurer boundary.
- The panelists, who are current and former high-level healthcare fraud prosecutors with the Department of Justice, will discuss how managed care organizations can effectively conduct their own fraud and abuse investigations.
- They will advise on how such private investigations can best be presented to federal and state Law enforcement to maximize the dedication of government resources.
- Finally, the panelists will relate how managed care organizations can go on the offensive and bring affirmative litigation, including civil RICO claims, against the worst offenders.

P4 Simplifying Healthcare Compliance: CareSource’s Experience with Integrated GRC



Kurt Lenhart, Vice President of Corporate Compliance, CareSource



Margaux Frazee, Director, Corporate Compliance, CareSource

Sean Woodson, GRC System Implementation Lead, CareSource

- With the highly evolving regulatory landscape, healthcare payers are facing numerous compliance challenges and stringent regulatory scrutiny.
- Mitigating risks of non-compliance with evolving regulations is a top priority in the industry today, making healthcare organizations move towards adopting GRC solutions.
- A comprehensive GRC solution can enable healthcare payers to consistently meet compliance objectives, successfully manage regulatory changes, and better align its GRC programs with its business strategy.

2:00 – 2:15PM

Networking Break

2:15 – 3:45PM

P5 Ensuring Your Vendors Are Ready When You Receive an Audit Notice



Jaima Binzer, External Audit and Delegated Oversight, DST Health Solutions



Mary Menard, Compliance Solutions Executive, DST Health Solutions

- Coordinate and Educate: Logistically speaking — protocols and procedures
- Communicate and Motivate: Pass it on — inspiring partnership
- Evaluate: It’s not over til it’s over

P6 Connecting with Compliance: Creative Training and Education Methods



Angela Keenan, Manager of Compliance, Network Health



Jessica Vander Zanden, Director of Compliance and Culture, Network Health

- Attend this session to learn creative ideas to increase the success of your compliance program through engaging trainings in an environment where new leadership is in place, expectations are growing and compliance budgets are shrinking.
- The presentation will include creative methods and out-of-the-box efforts designed to connect with varying levels of the organization.
- With expectations changing from “document that it happened” to “prove it is effective”, this session includes ways to measure effectiveness of trainings and the overall compliance program, without adding staff or significantly increasing efforts.

3:45 – 4:00PM

Networking Break

4:00 – 5:30PM

P7 Managing a SIU in a Managed Care World



Christopher Horan, Vice President of Corporate Compliance Investigations, WellCare

- Establishing a SIU department and staffing challenges
- Managing workloads both reactive and proactive to meet regulatory requirements
- Coordinating the referral process, coordinating with regulators and law enforcement, and reporting

P8 Star Wars: Avoiding the Dark Side — One Plan’s Approach to Legislative/Regulatory Oversight and Implementation

Michaela Monaghan, Director, Program Oversight - Government Programs, HCSC

- We will review our role within the business structure, types of legislative and regulatory materials we review, and our process for implementation.
- We will provide our evolution from a one dimensional tracking system into a multi-dimensional system for implementation. We will discuss what this system does, how it was implemented and will provide examples of the system and leadership tracking reports.
- We will discuss challenges and best practices for cultural change and moving to a tracking system that requires additional documentation to be audit ready. We will have a collaborative group discussion to share audience best practices.

5:30 – 6:30PM

Welcome Reception

MONDAY, JANUARY 30

7:00AM – 5:30PM

Registration

7:00 – 8:00AM

Breakfast (in exhibit area)

8:00 – 8:15AM

Opening Remarks

8:15 – 9:15AM

GENERAL SESSION False Claims Act Enforcement in the Managed Care Space: Recent Trends and Proactive Compliance Tips



Scott Grubman, Partner, Chilivis, Cochran, Larkins & Bever

Thomas Clarkson, Assistant U.S. Attorney, U.S. Attorney’s Office, Southern District of Georgia

- A brief False Claims Act (FCA) primer, including a discussion of the implied certification theory of liability, the recently-finalized 60-day rule, and a discussion of how the DOJ investigates an FCA case
- A discussion regarding the government’s use of the FCA in the managed care space, including common topics and themes present in these types of matters, and actual examples of FCA managed care cases
- Tips on how to build an effective compliance program in order to avoid creating whistleblowers and facing FCA liability, including a discussion of internal audits/investigations and self-reporting conduct to the government

9:15 – 10:15AM

GENERAL SESSION “I am your Board Member. Please listen to me as to what Compliance education I need in order to serve as an effective Board Member.”



Mark Chilson, EVP General Counsel, CareSource



Jeffrey McFadden, Partner, Stradley Ronon Stevens & Young, LLP



Craig Brown, Board Member, CareSource


- From the viewpoint of a Board Member, what initial and continuing education is needed?
- From the viewpoint of a Board Member, what degree of transparency do I need from the MCO regarding compliance issues?
- From the viewpoint of a Board Member, what do I need when a major compliance storm rolls in, including a DOJ investigation or CIA?

10:15 – 10:45AM

Networking Break (in exhibit area)

10:45 – 11:45AM

101 Medical Loss Ratio Audits: We Were Expecting You

 *Steve Bunde, Vice President - Integrity & Compliance and Internal Audit, HealthPartners*

Stephanie Moscetti, Program Manager - Integrity & Compliance, HealthPartners

- Understand Medical Loss Ratio (MLR) reporting basics
- Learn strategies to navigate through an MLR audit
- Understand risk areas and prepare for a MLR audit before the audit notice

103 Fostering a Culture of Compliance

 *Maggie Perritt, Senior Director, Corporate Compliance: Delegation Oversight, WellCare Health Plans*

- Engaging associates in compliance in an interesting way helps to reinforce the culture of compliance
- Offering supplemental training opportunities to facilitate additional development and national certification help to build compliance infrastructure
- Incorporating compliance into core business fundamentals, just as goals and/or vision, creates a solid foundation for a culture of compliance

11:45AM – 1:00PM

Lunch (*dessert in exhibit area*)

1:00 – 2:00PM


201 Tools and Techniques for Effective Monitoring and Auditing of Sales Agents: Insights from a New Medicare Advantage Plan

 *Thomas Wilson, Director Medicare Compliance, CareSource*

 *Megan Saunders, Manager, Corporate Compliance, CareSource*

- Sales are the life blood of a Medicare Advantage Organization and agents need to understand the guidelines to sell in a compliant manner.
- This presentation will provide background, tools and tips for compliance staff to conduct effective and timely audits of sales staff. Attendees will also discover essential techniques to oversee large numbers of agents with limited resources.
- Medicare Advantage Organizations that fail to have a robust sales oversight program could experience increases in grievances and CMS Complaint Tracking Module (CTM) issues that adversely impact a plans Medicare Star Rating.

202 Helpful Tips for Value Based Payment (VBP) Compliance Programs

 *Greg Radinsky, Vice President and Chief Corporate Compliance Officer, Northwell Health*

 *Aaron Lund, Director of Compliance and Privacy Officer, Northwell Health*

- Identifying the Compliance Program nuances under various VBP Programs (i.e., MSSP ACO, DSRIP, Bundle Payments)
- Tips on leveraging your existing Compliance Program to compliment the VBP Compliance Program requirements
- How Best to Engage Participants and Providers to participate in VBP Compliance Programs

203 Mobile Health (mHealth) Applications in a Health Care Environment

 *Brandon Goulter, Facility Compliance Professional, Dignity Health*

 *Steven Baruch, Service Area Compliance Director, Dignity Health*


- Legal and Privacy implications regarding the expansion of mobile health applications in combination with patient-centric care
- HIPAA and the liability for clinical providers in a world of Smartphones, Tablets, and Smartwatches
- Discussion of the oversight process for health apps, including FDA, FCC, and other federal regulations

2:00 – 2:15PM

Networking Break (*in exhibit area*)

2:15 – 3:15PM

301 Surviving Your Managed Medicaid External Quality Review

 *Beau Colvin, Medicaid and Government Programs Compliance Manager, SelectHealth*

Greg Newton, Program Manager, Intermountain Healthcare

- What is the purpose of the External Quality Review?
- How to successfully complete an External Quality Review in Managed Medicaid
- Lessons learned from a completed External Quality Review (EQR) and the role of Internal Audit in preparing you for—and to respond to—an EQR announcement

302 Managing the MCO-Provider Relationship: It's More Than Just PHI

Scott Garnick, Transaction Contract Associate Manager, Accenture

Polina Blinderman, LCSW, Northwestern Medicine Warren Wright Adolescent Program

- From accurate provider directories to updated control interest statement forms, the MCO compliance-provider relationship is more than just PHI being faxed to the wrong provider. Acquire strategies to increase provider engagement and compliance.
- Learn how the Medicaid Mega-Reg is impacting the MCO-Provider relationship, and take home tools and strategies which will ensure compliance with these new regulations.
- Take home ideas and techniques for maintaining a collaborative relationship with providers, to collectively manage risk areas, and ensure compliance with regulatory requirements.

303 Managing Privacy and Security with a Mobile Workforce



Frank Ruelas, Facility Compliance Professional, St. Joseph's Hospital and Medical Center/Dignity Health

- Understand and address the unique privacy and security challenges that a mobile workforce presents to the managed care organization
- Learn how to strike an effective balance involving compliance, business needs, and workforce practices in protecting the privacy and security of information
- Develop effective auditing and monitoring processes that enable the effective identification of risk areas to help mitigate risks to privacy and security

3:15 – 3:30PM

Networking Break (in exhibit area)

3:30 – 4:30PM

401 How Narrow is Too Narrow? Regulators Respond to Narrow Network Health Plans



Michael Adelberg, Senior Director, Faegre Baker Daniels



Deborah Schreiber, Network Compliance Officer, UnitedHealthcare

Aaron Wesolowski, Senior Research Scientist, Health Care, NORC at the University of Chicago

- Across managed care markets, provider networks are narrowing. This presentation will explain the reasons for this trend and the reasons why so many people outside the industry are concerned by this trend.
- At the state and federal levels, regulators are responding with new requirements and new modes of oversight. Survey recent regulatory actions and discuss how health plans can respond to increasing scrutiny.
- See trends in provider size and composition based on newly available data from CMS's machine readable provider directories, and see how health plans measure up to new requirements and each other.

402 Mental Health Parity: Ensuring Compliance in the Era of a Rx Drug Abuse Epidemic

Kate Woods, Corporate and ACA Compliance Officer, Capital BlueCross

Laura Gargiulo, Senior Counsel, Capital BlueCross

- MHP: Mental Health & Substance Abuse — A Growing National Concern
- MHP: Current Laws and regulations — An Overview
- MHP Compliance: Areas of Focus and Effective Monitoring

403 Effectively Managing Corrective Actions

Jennifer Del Villar, Director of Medicare Compliance/ Medicare Compliance Officer, Cambia Health Solutions



Deneil Patterson, Director of Compliance, Cambia Health Solutions

- What factors constitute a meaningful Corrective Action Plan?
- What level of detail is required to meet a Regulator's (CMS) corrective action plan expectations?
- Demonstrating how you will prevent flagged items from happening again

4:30 – 5:45PM

Networking Reception (in exhibit area)

TUESDAY, JANUARY 31

7:00AM – 4:15PM

Registration

7:00 – 8:00AM

Breakfast (in exhibit area)

8:00 – 8:15AM

Opening Remarks

8:15 – 9:15AM

GENERAL SESSION CMS Audit Policy, Strategy, and Enforcement

Vikki Ahern, Medicare Parts C and D Oversight and Enforcement Group, Centers for Medicare & Medicaid Services

9:15 – 10:15AM

GENERAL SESSION What Every Leader Should Know About Compliance Officers and Compliance Programs



Roy Snell, CEO, SCCE/HCCA

10:15 – 10:45AM

Networking Break *(in exhibit area)*

10:45 – 11:45AM

501 Lessons Learned and Insights Gained from Undergoing a CMS Audit

Vikki Ahern, Medicare Parts C and D Oversight and Enforcement Group, Centers for Medicare & Medicaid Services



Shirley Qual, Compliance Officer, UnitedHealthcare

Gail Blacklock, Compliance Officer, Inter Valley Health Plan

Michelle Coberly, Manager, Medicare Compliance & Quality, Priority Health

502 Hospital Owned Health Plans: Tips for Effectively Managing Compliance in a Health Plan and Provider Environment



Catie Heindel, Vice President, Strategic Management Services



Cathy Bodnar, Chief Compliance and Privacy Officer, Cook County Health & Hospitals System



Ryan Lipinski, Compliance Officer, Cook County Health & Hospitals System, CountyCare

- Outline of compliance program framework for two separate, yet combined, health care entities
- Suggestions for managing issues and developing compliance efficiencies, while keeping operations separate
- Various techniques and tips that are useful when reporting to health plan and hospital stakeholders

503 Value Added Compliance Program Effectiveness Review: A Health Plan's Journey



Kelly Nueske, Executive Consultant, Pinnacle Healthcare Consulting



Carolyn Barton, Carolyn Barton, Chief Compliance & Ethics Officer, Group Health Cooperative

- Discuss how to define the scope and objectives that will add value to the health plan. Pros and cons of using the CMS audit protocol only or following the core elements and digging into the integration of compliance into operations.
- Discuss how to engage key organizational leaders to solicit support for the process and the final deliverable.
- Now you have the deliverable, how does it add value and how to approach support for remediation of identified opportunities.

11:45AM – 12:45PM

Lunch

12:45 – 1:45PM

601 Surviving a CMS-Mandated Independent Validation Audit (IVA): 150 Days and counting



Anne Crawford, Deputy Director, ATTAC Consulting Group



Elizabeth Lippincott, Managing Member, Strategic Health Law

- Key considerations when determining “clean period” and managing 150 calendar deadline to start IVA
- Managing first tier entities and downstream entities involved in the IVA
- How to incorporate lessons learned from Plans who have been through IVAs

602 Ethical Implications of Bundled Payments and Value Based Purchasing



David N. Hoffman, Chief Compliance Officer, Physician Affiliate Group of New York, P.C.

- Payment for episodes of care and rewards for measurable improvement in patient outcome raise quality of care compliance issues that have not been seen since the early days of managed care.
- Capitation arrangements in the '80s and early '90s motivated some payors to tie provider panel participation to nondisclosure agreements that left patients in the dark about the financial incentives offered for effective management of utilization.
- As with those earlier contracting models, health maintenance compensation structures can create ethical challenges for payors and providers, related to disclosure obligations and peer review of specialist referral practices.

603 Putting It All Together: Integrating Procurement, Risk Management, and Compliance Oversight

Dan Roehler, Manager Regulatory Compliance, Blue Cross and Blue Shield of Kansas

Christopher English, Regulatory Compliance Analyst, Blue Cross and Blue Shield of Kansas

- Discuss the interdependencies between procurement, risk management, and the compliance oversight for contracted entities
- Review a collaborative model outlining participant roles and functions and their timing
- Learn about the experience of Blue Cross and Blue Shield of Kansas implementing a program with limited resources

1:45 – 2:00PM

Networking Break

2:00 – 3:00PM

701 The Compliance Challenges Inherent in Risk Adjustment's Continued Evolution and Expansion



*Richard Lieberman, Chief Data Scientist,
Mile High Healthcare Analytics, LLC*

- Understand the different ways risk adjustment operates in Medicare-Advantage, Medicaid, and Marketplace products
- Review critical court cases and administrative actions that target risk adjusted health plans and provider groups
- How to design the necessary oversight policies and procedures for delegated physician-groups, revenue management vendors, and in-house risk adjustment teams

702 Compliance with Managed Care Contracts: You Signed It — Now You Have to Live with It



*George Eichhorn, General Counsel/Director of Compliance,
ChildServe, Inc.*

- Learn the basic elements of managed care contracts
- Become aware of relationships between contracts and Managed Care Organizations' manuals, policies and protocols
- Distinguish contractual compliance with regulatory compliance

703 Root Cause Q&A: Complete and Consistent Resolution of Issues Causing Compliance Concerns

*Erin Heckethorn, Director of Compliance, FirstCarolinaCare
Insurance Company*

- The questions everyone asks, and the additional questions you should be asking when conducting a Root Cause Analysis.
- How to know when you have reached the real root cause — keep digging, you'll get there!
- Measuring and monitoring — what happens next? Avoid the black hole of monitoring without a plan for closure.

3:00 – 3:15PM

Networking Break

3:15 – 4:15PM

801 Deep Dive on DIR: CMS' 2017 Focus on Enforcement for One-Third Financial Audits and Your Rebates

*Derek Frye, Audit & Technology Leader,
Burchfield Group*



*Sonya Henderson, Senior Vice President of Corporate
Compliance & Government Programs, FirstCare Health Plans*

- CMS uses the one-third financial audit program to examine health plan internal controls over financial records and processes. New in the 2017 Call Letter, CMS noted instances of noncompliance from these audits may become potential enforcement actions.
- Take a deep dive on the direct and indirect remuneration (DIR) process, and errors that commonly occur that you may not have uncovered at your health plan.

802 Ethics in the Age of The Affordable Care Act and SEPs

*Kate Woods, Corporate and ACA Compliance Officer,
Capital BlueCross*

*Ras Sowers, Director, IT Audit and ERM,
Capital BlueCross*

- A Brief Overview of the ACA and Its Special Enrollment Periods
- The Use of Analytics for the Identification of Potential Red Flags
- Ethical Case Scenarios and Discussion

WEDNESDAY, FEBRUARY 1

8:00 – 8:30AM

Exam Check-In

8:30 – 11:00AM

Certified in Healthcare Compliance (CHC)[®] Exam *(optional)*

The CHC exam is optional. You must register in advance to sit for the exam. The cost of the exam is not included in the conference registration fee. To register for the exam, complete the date-specific exam application and mail or fax as directed on the application. For a link to the exam application, visit www.hcca-info.org and look for the Managed Care Compliance Conference.

HCCA would like to thank our 2017 Managed Care Compliance Conference committee:



Catherine King (Committee Chair),
Compliance & Ethics Liason,
BlueCross BlueShield Association



Jennifer O'Brien,
Chief Compliance Officer,
UnitedHealthcare – Government Programs

Details

Hotel & Conference Location:

Talking Stick Resort

9800 Talking Stick Way

Scottsdale, AZ 85256

Phone Reservations:

1-866-877-9897 (*mention booking code 11359*)

Online Reservations:

bit.ly/2017-managedcare-hotel

HCCA has set up a block of rooms at a discounted rate of \$229/night plus tax. Gratuities of \$10 one-time portage fee and \$3 daily housekeeping fee will be added to your guest account automatically. Pre and Post nights are subject to availability. To book any shoulder nights, you must call reservations at 1-866-877-9897 as those nights are not available to be booked via the online link. Reservations must be made by the Thursday, December 29 cut-off date. Reservations received after the cut-off date will be accepted by Hotel at a space and rate availability basis only. Talking Stick enforces a 72-hour cancellation policy: any changes or cancellation must be made no later than three days prior to arrival to avoid penalties of one night's room and tax. If you need to book rooms before checking in on Saturday, January 28 or after checking out on Wednesday, February 1, please call the hotel directly as those rooms are not available to be booked online.

Registration Terms & Conditions: Please make your check payable to HCCA, enclose payment with your registration, and return it to the HCCA office, or fax your credit card payment to 952-988-0146. If your total is miscalculated, HCCA will charge your card the correct amount. All expenses incurred to maintain or improve skills in your profession may be tax deductible, including tuition, travel, lodging, and meals. Please consult your tax advisor.

Cancellations/Substitutions: You may send a substitute in your place or request a conference credit. Refunds will not be issued. Conference credits are issued in the full amount of the registration fees paid, and will expire 12 months from the date of the original cancelled event. Conference credits may be used towards any HCCA service or product, except *The Healthcare Compliance Professional's Manual*. If a credit is applied towards an event, the event must take place prior to the credit's expiration date. If you need to cancel your participation, notification is required by email at helpteam@hcca-info.org, prior to the start date of the event. Please note that if you are sending a substitute, an additional fee may apply.

Group Discounts: Discounts take effect the day a group reaches the discount number of registrants. Please send registration forms together to ensure that the discount is applied. A separate registration form is required for each registrant. Note that discounts will NOT be applied retroactively if more registrants are added at a later date, but new registrants will receive the group discount.
5 or more: \$50 discount for each registrant
10 or more: \$100 discount for each registrant

Special Needs/Concerns: Prior to your arrival, please call HCCA at 888-580-8373 if you have a special need and require accommodation.

Dress Code: Business casual dress is appropriate.

Recording: Unauthorized audio or video recording of HCCA conferences is not allowed.

Agreements & Acknowledgements: I agree and acknowledge that I am undertaking participation in HCCA events and activities as my own free and intentional act, and I am fully aware that possible physical injury might occur to me as a result of my participation in these events. I give this acknowledgement freely and knowingly and assert that I am, as a result, able to participate in HCCA events, and I do hereby assume responsibility for my own well-being. I agree and acknowledge that HCCA plans to take photographs at the HCCA Managed Care Compliance Conference and reproduce them in HCCA educational, news, or promotional material, whether in print, electronic, or other media, including the HCCA website. By participating in the HCCA Managed Care Compliance Conference, I grant HCCA the right to use my name, photograph, and biography for such purposes.

Certified in Healthcare Compliance (CHC)[®] Exam: The CHC exam will be held on Wednesday, February 1, 8:30-11:00 am. You must register in advance to sit for the exam. The cost of the exam is not included in the conference registration fee. To register for the exam, complete the date-specific exam application and mail or fax as directed on the application. For a link to the exam application, visit www.hcca-info.org/managedcare.

Continuing Education Units: HCCA is in the process of applying for additional credits. If you do not see information on your specific accreditation and would like to make a request, please contact us at 952-988-0141 or 888-580-8373 or email ccb@compliancecertification.org. Visit HCCA's website, www.hcca-info.org, for up-to-date information.

ACHE: The Health Care Compliance Association is authorized to award 19 hours of pre-approved Category II (non-ACHE) continuing education credit for this program toward advancement, or recertification in the America College of Healthcare Executives. Participants in this program wishing to have the continuing education hours applied toward Category II credit should indicate on their attendance when submitting application to the American College of Healthcare Executives for advancement or recertification.

Compliance Certification Board (CCB):

Compliance Certification Board (CCB): CCB has awarded a maximum of 23.4 CEUs for these certifications: Certified in Healthcare Compliance (CHC)[®], Certified in Healthcare Compliance-Fellow (CHC-F)[™], Certified in Healthcare Privacy Compliance (CHPC)[®], Certified in Healthcare Research Compliance (CHRC)[®], Certified Compliance & Ethics Professional (CCEP)[®], Certified Compliance & Ethics Professional-Fellow (CCEP-F)[®], Certified Compliance & Ethics Professional-International (CCEP-I)[™]. Daily Breakdown of maximum CCB CEUs: Sunday = 9.0 CEUs (+ max. 0.9 Speed Networking) Monday = 7.2 CEUs Tuesday = 7.2 CEUs Wednesday = 0.0 CEUs

CLE: The Health Care Compliance Association is a State Bar of California Approved MCLE provider, a Pennsylvania Accredited Provider, and a Texas Accredited Sponsor. An approximate maximum of 19.5 clock hours of CLE credit will be available to attendees of this conference. All CLE credits will be awarded based on individual attendance.

NASBA/CPE: The Health Care Compliance Association is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE sponsors, Sponsor Identification No: 105638. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit and may not accept one-half credits. Complaints regarding registered sponsors may be addressed to the National Registry of CPE Sponsors, 150 Fourth Avenue North, Suite 700, Nashville, TN 37219-2417. Website: www.nasba.org. A recommended maximum of 23.0 credits based on a 50-minute hour will be granted for the entire learning activity. This program addresses topics that are of a current concern in the compliance environment. This is an update, group-live activity. For more information regarding administrative policies such as complaints or refunds, call 888-580-8373 or 952-988-0141.

Nursing Credit: The Health Care Compliance Association is preapproved by the California Board of Registered Nursing, Provider Number CEP 12990, for a maximum of 23.4 contact hour(s). The following states *will NOT accept* CA Board of Nursing contact hours: Delaware, Florida, New Jersey, and Utah. Massachusetts and Mississippi nurses may submit CA Board of Nursing contact hours to their state board, but approval will depend on review by the board. Please contact the Accreditation Department at ccb@compliancecertification.org with any questions you may have. Oncology Nurses who are certified by ONCC may request CA Nursing Credit (check box or indicate "Nursing" on the CEU form).

CONTACT INFORMATION

Please type or print your information below.

Mr. Mrs. Ms. Dr.

HCCA Member ID _____

First Name _____ MI _____ Last Name _____

Credentials (CCEP, CCEP-I, CHC, etc.) _____

Title _____

Place of Employment _____

Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

Email (required for registration confirmation) _____

SESSION SELECTION

Please indicate below which sessions you would like to attend. Your choices will be used to assist us in planning. You are not obligated to attend the sessions you select.

SUNDAY

8:00–9:30 AM

P1

9:45–11:15 AM

P2

12:30–2:00 PM

P3

P4

2:15–3:45 PM

P5

P6

4:00–5:30 PM

P7

P8

MONDAY

10:45–11:45 AM

101

102 (now 8:15 GS)

103

1:00–2:00 PM

201

202

203

2:15–3:15 PM

301

302

303

3:30–4:30 PM

401

402

403

TUESDAY

10:45–11:45 AM

501

502

503

12:45–1:45 PM

601

602

603

2:00–3:00 PM

701

702

703

3:15–4:15 PM

801

802

HEALTH CARE COMPLIANCE ASSOCIATION

6500 Barrie Road, Suite 250, Minneapolis, MN 55435
 PHONE 888-580-8373 | FAX 952-988-0146
 www.hcca-info.org | help@hcca-info.org



REGISTRATION OPTIONS

Registration fees are as listed and considered net of any local withholding taxes applicable in your country of residence.

HCCA Members \$799

Non-Members \$949

HCCA Membership & Registration \$999
NEW MEMBERS ONLY (DUES REGULARLY \$295 ANNUALLY)

Pre-Conference Session Sunday \$250

Group Discount: subtract _____ from my total (see Details page for info)

TOTAL _____

Speed Networking registration is separate and can be found at:
events.speednetworking.com/ViewEvents/hccamanagedcare2017

SPECIAL REQUEST FOR DIETARY ACCOMMODATION

Gluten Free

Kosher

Vegetarian

Vegan

Other _____

PAYMENT OPTIONS

Mail: HCCA, 6500 Barrie Road, Suite 250, Minneapolis, MN 55435

Fax: 952-988-0146

Invoice me

Check enclosed

I authorize HCCA to charge my credit card (choose below)

Due to PCI compliance, **please do not provide any credit card information via email.** You may email this form (without credit card information) and call HCCA at 888-580-8373 or 952-988-0141 with your credit card information.

Credit Card: American Express MasterCard Visa Discover

 Credit Card Account Number

 Credit Card Expiration Date

 Cardholder's Name

 Cardholder's Signature

MC0217

Please fax your completed registration form with payment information to 952-988-0146, or visit www.hcca-info.org/managedcare to register online.



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Minneapolis, MN 55435
www.hcca-info.org
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Managed Care Jan 29–Feb 1, 2017
Compliance Conference Scottsdale, AZ

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