

# Managed Care Compliance Conference

January 27–30, 2019 | Lake Buena Vista, FL

*Attend the annual education & networking event for those who manage compliance for health plan providers.*



**REGISTER  
TODAY!**

Delve into compliance hot topics and issues, including risk adjustment, CMS compliance, ethical leadership, data security, audits, and the challenges of the job. You'll learn the latest practices, share strategies, and connect with peers and mentors who work in the industry. The optional Certified in Healthcare Compliance (CHC)<sup>®</sup> exam is offered on the last day. Separate application and fee required.

[hcca-info.org/managedcare](http://hcca-info.org/managedcare)

Questions? [taci.gregory@corporatecompliance.org](mailto:taci.gregory@corporatecompliance.org)



## SUNDAY, JANUARY 27: PRE-CONFERENCE

7:15 AM–6:00 PM	<b>Registration Open</b>	
8:00–9:30 AM	<b>P1 Compliance, Privacy, and Security Program Assessment Best Practices</b> – Bret Bissey, Vice President and Chief Compliance Officer, Gateway Health; Kelly McLendon, Managing Partner, CompliancePro Solutions	
9:30–9:45 AM	<b>Networking Break</b>	
9:45–11:15 AM	<b>P2 Lessons Learned on the Frontlines of Network Compliance Enforcement</b> – Deborah Schreiber, Network Compliance Officer, UnitedHealthcare; Niki Jo Kurtis, Medicare Pharmacy Compliance Officer, UnitedHealthcare	
11:15 AM–12:30 PM	<b>Lunch</b> (on your own)	
12:30–2:00 PM	<b>P3 Viewing Investigations from a Different Angle: Understanding the Varying Perspectives of Counsel, Compliance Officer, and Prosecutor to Improve Your Internal Investigation Process</b> – Heather Fields, Shareholder and Chair - Hospital/Health Systems Practice, Reinhart Boerner Van Deuren s.c.; Lisa Estrada, Senior Vice President and Chief Compliance Officer, Fresenius Medical Care North America; James Sheehan, Chief - Charities Bureau, NY Attorney General	<b>P4 Compliance 101</b> – Shawn DeGroot, President, Compliance Vitals; Jenny O'Brien, Chief Compliance Officer, UnitedHealthcare
	<b>Networking Break</b>	
2:15–3:45 PM	<b>P5 Building an SIU That's Nimble, Effective, and Audit Ready!</b> – Marita Janiga, Executive Director of National Compliance, Ethics & Integrity Office - Investigations, Kaiser Permanente; Tamara Neiman, Director - National Special Investigations Unit, Kaiser Permanente; Mark Horowitz, Senior Manager - Enterprise Regional Compliance: Care Delivery & Pharmacy, Kaiser Permanente	<b>P6 Build a Managed Care Compliance Audit and Remediation Plan</b> – Nicole Huff, Chief Compliance & Privacy Officer, St. Luke's University Health Network; Deborah Johnson, Senior Director - Compliance and Internal Audit, Peach State Health Plan
	<b>Networking Break</b>	
3:45–4:00 PM	<b>Networking Break</b>	
4:00–5:30 PM	<b>P7 I Can Hear You — But Am I Listening?</b> – Jennifer Del Villar, Director of Medicare Compliance, Cambia Health Solutions, Inc; Gail M. Blacklock, Compliance Officer, Inter Valley Health Plan	<b>P8 Let's Talk Shop: Changes in MA and Part D Compliance Requirements for 2019</b> – Kate McDonald, Partner, McDermott Will & Emery; Annie Hsu Shieh, Senior Compliance Counsel, Central Health Plan of California; John Tanner, VP - Compliance, Medicare Compliance Officer, Molina Healthcare
5:30–6:30 PM	<b>Welcome Reception with Exhibitors</b> (in exhibit area)	

## MONDAY, JANUARY 28: CONFERENCE (GOVERNMENT PROGRAMS TRACK = sessions with blue background)

7:00 AM–5:30 PM	<b>Registration Open</b>		
7:00–8:00 AM	<b>Breakfast with Exhibitors</b> (in exhibit area)		
8:00–8:15 AM	<b>Opening Remarks</b>		
8:15–9:15 AM	<b>GENERAL SESSION Combating Fraud, Waste, and Abuse in Managed Care</b> – Megan Tinker, Senior Advisor for Legal Affairs, U.S. Department of Health and Human Services, Office of Counsel to the Inspector General		
9:15–9:45 AM	<b>Networking Break with Exhibitors</b> (in exhibit area)		
9:45–10:45 AM	<b>101 Managed Care Expansion in Medicaid and Medicare: Benefits, Challenges, and Compliance</b> – Denise Leard, Attorney, Brown & Fortunato, PC; Pam Felkins Colbert, Attorney, Brown & Fortunato, PC; Angela Brice-Smith, Regional Administrator for Atlanta & Dallas Regional Offices, Deputy Consortium Administrator, CMS	<b>102 Detecting and Preventing Fraud, Waste, and Abuse</b> – Christina Matsiga, Director of Compliance, HSC Health Care System	<b>103 Not for the Faint of Heart: Preparing CMS Tracer Case Summaries</b> – Anne Crawford, Senior Vice President - Compliance Solutions, ATTAC Consulting Group LLC; Thomas Wilson, Vice President and Compliance Officer, Health Team Advantage; Mary Ann McLean, Vice President of Compliance, Baylor Scott & White Health Plan
	<b>Networking Break</b> (in exhibit area)		
11:00 AM–12:00 PM	<b>201 How Adequate Is Your Provider Network? Applying and Measuring Managed Care Provider Network Compliance Against the New 2018 Requirements</b> – Jennifer Tryder, Program Director, Integrity Management Services, Inc; Michael Walsh, Senior Auditor, Integrity Management Services, Inc; Kimberly Hornik, Vice President of Compliance and Administration, Integrity Management Services, Inc	<b>202 Crisis Management for Really Busy People: Learn How to Implement an Efficient and Effective Crisis Management Program in Six Easy Steps</b> – Lee Painter, Principal - CyberSecurity, CliftonLarsonAllen LLP; Ahmed Salim, Regional Director of Compliance, Presence Health	<b>203 Hot Topics in Managed Care Compliance</b> – Ann Beimdiek Kinsella, Compliance and Privacy Officer, Medica Health Plans; Sarah J. Lorange, Senior Vice President & Chief Compliance Officer, Anthem, Inc; Ann Greenberg, Medicare Compliance Officer, Presbyterian Health Plan, Presbyterian Insurance Company
	<b>Lunch</b> (dessert in exhibit area)		
1:15–2:15 PM	<b>301 Engaging Members through Advocacy and Outreach: Addressing Social and Clinical Needs to Minimize Health Disparities</b> – Joynicole Martinez, CEO, The Alchemist Agency	<b>302 Risk Adjustment Compliance and Operations: Building Meaningful Communications</b> – Nicole Martin, Senior Manager - Prospective Risk Adjustment / Physician Education Team / Prospective Field Chart Review Team Strategic Campaign Solutions (SCS), Florida Blue; Dorothy DeAngelis, Senior Managing Director, Ankura Consulting	<b>303 Are You Ready for a Department of Labor Audit?</b> – Amy Christen, Member, Dykema
	<b>Networking Break</b> (in exhibit area)		
2:30–3:30 PM	<b>401 Managed Models: The Future of FDR Delegation — Service Delivery, Service Responsibility, and Service Ability</b> – Richard Golfin III, Compliance Officer, CenCal Health	<b>402 Federally Facilitated Exchange (FFE) Audits: Do You Know the Risk Areas?</b> – Steve Bunde, Vice President of Integrity & Compliance and Internal Audit, HealthPartners; Dawn Guzik Stocker, Program Manager - Health Care Reform Compliance, Geisinger Health Plan	<b>403 A Phish Tale: Lessons Learned from a Successful Phishing Attack in a Managed Care Organization</b> – Jessica Vander Zanden, Vice President of Administrative Services, Network Health; Angela Keenan, Director, Privacy & Compliance, Network Health
	<b>Networking Break</b> (in exhibit area)		
3:30–3:45 PM	<b>Networking Break</b> (in exhibit area)		
3:45–4:45 PM	<b>GENERAL SESSION CMS Compliance and Enforcement Update</b> – Kimberly Brandt, Principal Deputy Administrator for Operations, CMS		
4:45–6:00 PM	<b>Networking Reception</b> (in exhibit area)		

## TUESDAY, JANUARY 29: CONFERENCE

7:00–4:30 PM	Registration		
7:00–8:00 AM	Breakfast (in exhibit area)		
8:00–8:15 AM	Opening Remarks		
8:15–9:15 AM	<b>GENERAL SESSION CMS Audit and Enforcement Update</b> – John A. Scott, Acting Director, Medicare Parts C & D Oversight & Enforcement Group, Centers for Medicare & Medicaid Services		
9:15–10:15 AM	<b>GENERAL SESSION The Parity Challenge: Compliance with A Complex Law</b> – Tim Clement, State Government Affairs - Northeast, American Psychiatric Association		
10:15–10:45 AM	Networking Break (in exhibit area)		
10:45–11:45 AM	<b>501 Regulators Mount Up: How an Insurance Department Ensures Compliance with Managed Care Plans</b> – Rachel Chandler, Senior Attorney, Life and Health Actuarial Division, Mississippi Insurance Department	<b>502 The WHO, WHY, and HOW of Delegation Oversight</b> – Christian Puff, Attorney, Hall Render Killian Heath & Lyman, PC; Hayley Ellington-Buckles, Chief Compliance Officer, Versant Health	<b>503 Stress is Stressful</b> – Cathy Bodnar, Chief Compliance and Privacy Officer, Cook County Health and Hospital System; Lauren Tockey, Admissions Counselor, Gateway Foundation Alcohol & Drug Treatment Centers
	Lunch		
	12:45–1:45 PM	<b>601 Medicare Advantage Risk Adjustment Compliance DOs and DON'Ts: How to Effectively Deploy Limited Resources on Emerging Risk Areas</b> – Jason Christ, Member, Epstein Becker & Green, PC; Teresa Mason, Associate, Epstein Becker & Green, PC; Julie Nielsen, Managing Director, Berkley Research Group, LLC	<b>602 Don't Freak Out! You Can Survive Multiple CMS Audits at the Same Time — Here's How</b> – Ryan Hayden, Partner, PricewaterhouseCoopers; Rohit Gupta, Director, PricewaterhouseCoopers; Rezarta Molla, Vice President of Corporate Compliance, Harvard Pilgrim Health Care
1:45–2:00 PM Networking Break			
2:00–3:00 PM		<b>701 The State of Play for Mental Health Parity</b> – Tricia Beckmann, Director, Faegre Baker Daniels Consulting; Amy Finley, Senior Counsel, Highmark, Inc	<b>702 How to Prepare for 2019 CMS Rule Change to Marketing Materials: ANOCs, EOCs, Summary of Benefits — Issues, Impact, Disclosures and Audits</b> – Debbie Mabari, CEO, CODY; Hannah LaMere, Director - Special Projects, CODY; Mike Turrell, CEO, Ultimate Health Plans
	3:00–3:15 PM Networking Break		
	3:15–4:15 PM	<b>801 Understanding Recent Legislative Changes to Coordination of Benefits Practices for Medicaid and CHIP Programs</b> – Kristen Ballantine, Vice President of State and Federal Government Relations, HMS; Ron Singh, Senior Vice President of Advisory Services, HMS	<b>802 The Rise of the Virtual Workforce: Compliance Role in Robotic Automation Governance</b> – Deana Rhoades, Principal - Automation, Health Plan Consulting, NTT DATA; John Wells, Vice President, Aetna Medicare Compliance, Aetna; Sherrie Ryder, Senior Advisor - Compliance & Security, NTT DATA

## WEDNESDAY, JANUARY 30: CHC EXAM

8:00–8:15 AM	Exam Check-in
8:15–10:45 AM	Certified in Healthcare Compliance (CHC) <sup>®</sup> Exam (optional)

(agenda and times subject to change)



**Get CHC Certified — Be recognized**  
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Take advantage of the opportunity to sit for the CHC exam on the last day of the conference. The CHC exam requires advance application and payment separate from the conference. To learn more, visit [hcca-info.org/managedcare](http://hcca-info.org/managedcare) and click on the “Certification” tab.



CERTIFIED IN HEALTHCARE  
COMPLIANCE

## SUNDAY, JANUARY 27

7:15AM – 6:00PM

### Registration Open

8:00 – 9:30AM

### P1 Compliance, Privacy, and Security Program Assessment Best Practices



**Bret Bissey**, Vice President and Chief Compliance Officer, Gateway Health



**Kelly McLendon**, Managing Partner, CompliancePro Solutions

- Ideas for conducting a compliance program review to ultimately reduce overall organizational compliance risk
- How to utilize the elements of the DHHS OIG Model Compliance Program(s) to develop a work plan to perform this assessment
- The content of—and tips for performing—HIPAA privacy and security assessments in order to impress OCR and facilitate a high level of compliance which ultimately reduces organizational risk

9:30 – 9:45AM

### Networking Break

9:45 – 11:15AM

### P2 Lessons Learned on the Frontlines of Network Compliance Enforcement



**Deborah Schreiber**, Network Compliance Officer, UnitedHealthcare



**Niki Jo Kurtis**, Medicare Pharmacy Compliance Officer, UnitedHealthcare

- Regulatory requirements and expectations for provider and pharmacy networks
- Lessons learned from current regulatory auditing, monitoring, and reporting requirements for provider networks
- Why regulators consider network directory data accuracy issues to be a potential access issue and an important beneficiary/consumer protection focus area—and how to apply lessons learned to pharmacy networks

11:15AM – 12:30PM

### Lunch (on your own)

12:30 – 2:00PM

### P3 Viewing Investigations from a Different Angle: Understanding the Varying Perspectives of Counsel, Compliance Officer, and Prosecutor to Improve Your Internal Investigation Process



**Heather Fields**, Shareholder and Chair - Hospital/Health Systems Practice, Reinhart Boerner Van Deuren s.c.



**Lisa Estrada**, Senior Vice President and Chief Compliance Officer, Fresenius Medical Care North America



**James Sheehan**, Chief - Charities Bureau, NY Attorney General

- Yates/Sessions focus on individual liability in DOJ corporate investigations—how attorney ethical duties, compliance officer ethical guidelines, and Yates cooperation credit requirements impact interviews and investigation process and documentation
- Different planning approaches of compliance officer, legal counsel, and prosecutor/regulator to compliance reviews, investigations, and reporting—through case studies and interaction
- Practical strategies to address investigation challenges and optimize your organization's ability to achieve the best possible outcome in government investigations or litigation

### P4 Compliance 101



**Shawn DeGroot**, President, Compliance Vitals



**Jenny O'Brien**, Chief Compliance Officer, UnitedHealthcare

- Factors to consider when developing and implementing a compliance program
- The elements and keys to maintain an effective compliance program
- Introduction of tools and techniques

2:00 – 2:15PM

### Networking Break

2:15 – 3:45PM

### P5 Building an SIU That's Nimble, Effective, and Audit Ready!



**Marita Janiga**, Executive Director of National Compliance, Ethics & Integrity Office - Investigations, Kaiser Permanente



**Tamara Neiman**, Director - National Special Investigations Unit, Kaiser Permanente



**Mark Horowitz**, Senior Manager - Enterprise Regional Compliance: Care Delivery & Pharmacy, Kaiser Permanente

- The key components of building and leading an effective SIU
- A “best practice” process for responding to CMS memos and issuances
- The steps to take in preparing for a CMS Compliance Program Effectiveness Audit

## P6 Build a Managed Care Compliance Audit and Remediation Plan



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



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

- Best practices on how to review and audit risk adjustments
- How to correlate compliance risk assessments and ongoing audit work
- Tracer summaries, including internal controls, remediation activity, documented outcomes, and remediation effectiveness for a compliance scenario

3:45 – 4:00PM

### Networking Break

4:00 – 5:30PM

## P7 I Can Hear You — But Am I Listening?



**Jennifer Del Villar**, Director of Medicare Compliance,  
Cambia Health Solutions, Inc



**Gail M. Blacklock**, Compliance Officer,  
Inter Valley Health Plan

- When our members call, are we fulfilling all their needs? Appeals, determinations, grievances, and inquiries
- CMS call log universes — the who, where, what, why, and how
- Monitoring and auditing using call logs universes — both the business area and compliance

## P8 Let's Talk Shop: Changes in MA and Part D Compliance Requirements for 2019



**Kate McDonald**, Partner,  
McDermott Will & Emery



**Annie Hsu Shieh**, Senior Compliance Counsel,  
Central Health Plan of California



**John Tanner**, VP - Compliance, Medicare Compliance Officer,  
Molina Healthcare

- Understand and prepare for CMS's encounter data monitoring efforts
- Reconsider your approach to FDR training in light of CMS changes
- Implement best practices for preclusion list screenings, new MLR reporting requirements, and other compliance-related changes in 2019

5:30 – 6:30PM

### Welcome Reception with Exhibitors (in exhibit area)

## MONDAY, JANUARY 28

7:00AM – 5:30PM

### Registration Open

7:00 – 8:00AM

### Breakfast with Exhibitors (in exhibit area)

8:00 – 8:15AM

### Opening Remarks

8:15 – 9:15AM

## GENERAL SESSION Combating Fraud, Waste, and Abuse in Managed Care



**Megan Tinker**, Senior Advisor for Legal Affairs,  
U.S. Department of Health and Human Services,  
Office of Counsel to the Inspector General

- Current trends, vulnerabilities, and developments
- Update on recent FCA cases
- Update on recent and planned OIG Audits and Evaluations

9:15 – 9:45AM

### Networking Break with Exhibitors (in exhibit area)

9:45 – 10:45AM

## 101 Managed Care Expansion in Medicaid and Medicare: Benefits, Challenges, and Compliance



**Denise Leard**, Attorney,  
Brown & Fortunato, PC



**Pam Felkins Colbert**, Attorney,  
Brown & Fortunato, PC



**Angela Brice-Smith**, Regional Administrator for Atlanta & Dallas  
Regional Offices, Deputy Consortium Administrator, CMS

- Understanding managed care private insurance plans vs. Medicare/Medicaid government plans
- Challenges and benefits for beneficiaries and providers in managed care plans for Medicare/Medicaid.
- The culture clashes of government programs and private insurers

## 102 Detecting and Preventing Fraud, Waste, and Abuse



**Christina Matsiga**, Director of Compliance,  
HSC Health Care System

- Review of requirements for providers participating in federal and/or state-funded health care programs to detect and prevent fraud, waste, and abuse.
- Examples of what constitutes fraud, waste, and abuse; and a look at some case studies
- Possible strategies to identify — as well as prevent — fraud, waste, and abuse

## 103 Not for the Faint of Heart: Preparing CMS Tracer Case Summaries



**Anne Crawford**, Senior Vice President - Compliance Solutions, ATTAC Consulting Group LLC



**Thomas Wilson**, Vice President and Compliance Officer, Health Team Advantage



**Mary Ann McLean**, Vice President of Compliance, Baylor Scott & White Health Plan

- Key considerations when developing a tracer case summary, including a model template
- Successful strategies for engaging business owners in presenting tracers
- How to incorporate lessons learned from Plans that have been through a CMS CPE Program Audit

10:45 – 11:00AM

### Networking Break (in exhibit area)

11:00AM – 12:00PM

## 201 How Adequate Is Your Provider Network? Applying and Measuring Managed Care Provider Network Compliance Against the New 2018 Requirements



**Jennifer Tryder**, Program Director, Integrity Management Services, Inc



**Michael Walsh**, Senior Auditor, Integrity Management Services, Inc



**Kimberly Hornik**, Vice President of Compliance and Administration, Integrity Management Services, Inc

- Key transition strategies; moving forward from the 2002 Network Access Rule
- Understanding CMS protocols, EQR requirements, and state exceptions for evaluating Network Adequacy standards
- Best practice recommendations for evaluating and following network adequacy requirements under government approved auditing standards

## 202 Crisis Management for Really Busy People: Learn How to Implement an Efficient and Effective Crisis Management Program in Six Easy Steps



**Lee Painter**, Principal - CyberSecurity, CliftonLarsonAllen LLP



**Ahmed Salim**, Regional Director of Compliance, Presence Health

- Putting a crisis management plan in place doesn't have to be difficult
- Six straightforward steps to prepare for crisis events
- Specific implementation and execution recommendations, including how to overcome obstacles and potential risks to success

## 203 Hot Topics in Managed Care Compliance



**Ann Beimdiek Kinsella**, Compliance and Privacy Officer, Medica Health Plans



**Sarah J. Lorance**, Senior Vice President & Chief Compliance Officer, Anthem, Inc



**Ann Greenberg**, Medicare Compliance Officer, Presbyterian Health Plan, Presbyterian Insurance Company

- What's on the priority list for compliance officers
- Program strategies in a time of transformation in the industry
- Sharing best practices and lessons learned

12:00 – 1:15PM

### Lunch (dessert in exhibit area)

1:15 – 2:15PM

## 301 Engaging Members through Advocacy and Outreach: Addressing Social and Clinical Needs to Minimize Health Disparities



**Joynicole Martinez**, CEO, The Alchemist Agency

- The unique programmatic structure for effective advocacy and outreach to hard-to-reach and hard-to-engage populations
- Methods to connect members to culturally relevant and socially constructive resources and assist them as they navigate the system
- Staff and multidisciplinary resources that are the most efficient

## 302 Risk Adjustment Compliance and Operations: Building Meaningful Communications



**Nicole Martin**, Senior Manager - Prospective Risk Adjustment / Physician Education Team / Prospective Field Chart Review Team Strategic Campaign Solutions (SCS), Florida Blue



**Dorothy DeAngelis**, Senior Managing Director, Ankura Consulting

- Bridging the gap between organizational compliance and risk adjustment compliance
- Understanding and collaborating with risk adjustment operations in your organization; an example using PPO member to PCP attribution
- Physician risk adjustment education compliance, internal planning vs external sharing, where do we draw the line?

## 303 Are You Ready for a Department of Labor Audit?



**Amy Christen**, Member, Dykema

- Tips for health insurance issuers on how to prepare for a DOL audit of a group health plan
- Tips for a health insurance issuer on how to work with the DOL and the group health plan sponsor to ensure the completeness of audit responses
- Trends in DOL audits, including areas of focus under PPACA; HIPAA privacy issues that arise in the context of DOL audits; a checklist to track responses

2:15 – 2:30PM

## Networking Break *(in exhibit area)*

2:30 – 3:30PM

### 401 Managed Models: The Future of FDR Delegation — Service Delivery, Service Responsibility, and Service Ability



**Richard Golfin III**, Compliance Officer,  
CenCal Health

- Managed care in California, the nation's largest Medicaid population
- In California, health plans delegate clinical delivery and clinical services to non-administrative entities
- Large Medicaid populations require innovative approaches to integrated delivery and population management

### 402 Federally Facilitated Exchange (FFE) Audits: Do You Know the Risk Areas?



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

**Dawn Guzik Stocker**, Program Manager - Health Care Reform Compliance, Geisinger Health Plan

- Understand the FFE audit process and areas of focus
- Learn about the FFE audit process
- Identify FFE risk areas and remediation strategies

### 403 A Phish Tale: Lessons Learned from a Successful Phishing Attack in a Managed Care Organization



**Jessica Vander Zanden**, Vice President of Administrative Services,  
Network Health



**Angela Keenan**, Director, Privacy & Compliance,  
Network Health

- A Medicare Advantage Plan's incident-response approach to a phishing attack that resulted in a HIPAA breach of over 500 individuals; lessons learned during and after the investigation
- The obligations and complexities of the overall investigation; reporting to other entities such as the media, OCR, and CMS; the facets of an OCR breach investigation
- Creative and effective post-breach training and communication strategies used by the plan, designed to reduce the likelihood of future breaches

3:30 – 3:45PM

## Networking Break *(in exhibit area)*

3:45 – 4:45PM

### GENERAL SESSION CMS Compliance and Enforcement Update



**Kimberly Brandt**, Principal Deputy Administrator for Operations,  
CMS

4:45 – 6:00PM

## Networking Reception *(in exhibit area)*

## TUESDAY, JANUARY 29

7:00AM – 4:30PM

### Registration Open

7:00 – 8:00AM

### Breakfast *(in exhibit area)*

8:00 – 8:15AM

### Opening Remarks

8:15 – 9:15AM

### GENERAL SESSION CMS Audit and Enforcement Update



**John A. Scott**, Acting Director, Medicare Parts C & D Oversight & Enforcement Group, Centers for Medicare & Medicaid Services

- Changes to the audit process and proposed data collection requests
- Changes to the Civil Money Penalty methodology

9:15 – 10:15AM

### GENERAL SESSION The Parity Challenge: Compliance with a Complex Law



**Tim Clement**, State Government Affairs - Northeast,  
American Psychiatric Association

- A family story about the impacts of mental health
- Mental Health Parity and its impact on health plans
- Parity risk areas and how to focus your compliance resources

10:15 – 10:45AM

### Networking Break *(in exhibit area)*

10:45 – 11:45AM

## 501 Regulators Mount Up: How an Insurance Department Ensures Compliance with Managed Care Plans



**Rachel Chandler**, Senior Attorney, Life and Health Actuarial Division, Mississippi Insurance Department

- What a Network Adequacy review for a Managed Care Plan entails
- DOs and DON'Ts and PROs and CONs when submitting a Network Adequacy plan for review
- Managed Care Compliance from the perspective of a State agency regulator

## 502 The WHO, WHY, and HOW of Delegation Oversight



**Christian Puff**, Attorney, Hall Render Killian Heath & Lyman, PC



**Hayley Ellington-Buckles**, Chief Compliance Officer, Versant Health

- WHO qualifies as an FDR and how to tell
- WHY perform oversight; rules and regulations
- HOW to do it; steps and best practices

## 503 Stress is Stressful



**Cathy Bodnar**, Chief Compliance and Privacy Officer, Cook County Health and Hospital System



**Lauren Tockey**, Admissions Counselor, Gateway Foundation Alcohol & Drug Treatment Centers

- Recognize and acknowledge that working in Compliance is incredibly challenging
- Key strategies to identify and interpret work-tasks, the work environment, and the impact on self
- Revitalize your compliance “mission” to strengthen your health plan’s compliance program

11:45AM – 12:45PM

## Lunch

12:45 – 1:45PM

## 601 Medicare Advantage Risk Adjustment Compliance DOs and DON'Ts: How to Effectively Deploy Limited Resources on Emerging Risk Areas



**Jason Christ**, Member, Epstein Becker & Green, PC



**Teresa Mason**, Associate, Epstein Becker & Green, PC



**Julie Nielsen**, Managing Director, Berkley Research Group, LLC

- The current regulatory and enforcement landscape related to Medicare Risk Adjustment, including government areas of focus such as: retrospective chart review and targeted interventions/in-home assessments
- Effective and appropriate measures to ensure the integrity of risk adjustment data being provided to CMS, including applicable auditing and monitoring best practices
- Methods for conducting thoughtful and effective internal investigations protected by attorney-client privilege

## 602 Don't Freak Out! You Can Survive Multiple CMS Audits at the Same Time — Here's How



**Ryan Hayden**, Partner, PricewaterhouseCoopers



**Rohit Gupta**, Director, PricewaterhouseCoopers



**Rezarta Molla**, Vice President of Corporate Compliance, Harvard Pilgrim Health Care

- Payers can gain value from being better prepared and more productive, and can uncover greater operational insights when multiple audits occur at the same time
- Payers can lower their risks by understanding how the same set(s) of data may impact multiple audits; scenario planning these impacts is a valuable activity
- Payers can improve their performance by understanding how overlapping audits impact one another under the Medicare program

## 603 Are You Just Checking the Box or Creating Effective Compliance Training?



**S. Leah Yoder**, Senior Advisor, UL PURE Learning



**Shelley Segal**, Principal and Co-Founder, Medicare Compliance Solutions

- CMS's expectations of effective training
- Components of effective training
- Catalysts for caring about training

1:45 – 2:00PM

## Networking Break



2:00 – 3:00PM

## 701 The State of Play for Mental Health Parity



**Tricia Beckmann**, Director,  
Faegre Baker Daniels Consulting



**Amy Finley**, Senior Counsel,  
Highmark, Inc

- Discerning the state of Mental Health Parity and Addiction Equity Act enforcement under the Trump Administration and avoiding traps for the unwary
- The 21<sup>st</sup> Century Cures Act of 2016 called for stepped up enforcement and additional guidance; taking stock of what has been done to date, what's missing, and what might be to come in terms of both state and federal responses
- The intersections between mental health parity law and other coverage mandates and federal nondiscrimination rules

## 702 How to Prepare for 2019 CMS Rule Change to Marketing Materials: ANOCs, EOCs, Summary of Benefits — Issues, Impact, Disclosures, and Audits



**Debbie Mabari**, CEO,  
CODY



**Hannah LaMere**, Director - Special Projects,  
CODY



**Mike Turrell**, CEO,  
Ultimate Health Plans

- CMS Expectations: Plans must verify that accurate and complete data is represented on materials; identify benefit changes year-to-year; reduce/eliminate erratas
- Regulatory Changes: Allowing for e-materials means that plans need to be diligent on data presented to members; CMS's distinguishing between e-communication and e-marketing materials may lead to more focus and scrutiny on these required materials
- Audits and Best Practices: Audit issues; disclosed issues to CMS tied to CPE audit and pre-audit issue summary; beneficiary impact; tracer sample

## 703 The Importance of Automating Your Monitoring and Auditing



**Pamela Cleveland**, VP - Compliance Product Strategy,  
Beacon Healthcare Systems



**Megan Grifa**, Director, Medicare Compliance,  
Medical Mutual of Ohio

- Do you know where your compliance risk is hiding?
- How do you move your organization to complete risk identification without adding staff?
- Why is a central compliance management solution critical for managing and mitigating risk?

3:00 – 3:15PM

## Networking Break

3:15 – 4:15PM

## 801 Understanding Recent Legislative Changes to Coordination of Benefits Practices for Medicaid and CHIP Programs



**Kristen Ballantine**, Vice President of State and Federal Government Relations, HMS



**Ron Singh**, Senior Vice President of Advisory Services, HMS

- An overview of recent and upcoming changes — due to legislative and regulatory activity at the federal and state levels — which will impact coordination of benefits function for Medicaid and CHIP programs and plans
- Plan requirements, with a focus on operational compliance and impact on stakeholders
- Targeted for Medicaid and CHIP plans

## 802 The Rise of the Virtual Workforce: Compliance Role in Robotic Automation Governance



**Deana Rhoades**, Principal - Automation, Health Plan Consulting, NTT DATA



**John Wells**, Vice President, Aetna Medicare Compliance, Aetna



**Sherrie Ryder**, Senior Advisor - Compliance & Security, NTT DATA

- With Operations and IT teams collaborating on an automation strategy, the role of Compliance in governance cannot be ignored
- Robotic Process Automation is creating a team of virtual workers — and an additional layer of oversight requirements
- How Compliance can join Business and IT in development of a proper governance strategy

## WEDNESDAY, JANUARY 30

8:00 – 8:15AM

### Exam Check-In

8:15 – 10:45AM

### Certified in Healthcare Compliance (CHC)<sup>®</sup> 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 [hcca-info.org/managedcare](http://hcca-info.org/managedcare).

## HOTEL & CONFERENCE LOCATION

### Hilton Orlando Lake Buena Vista – Disney Springs™ Area

1751 Hotel Plaza Boulevard  
Lake Buena Vista, FL 32830

#### Phone Reservations:

800.782.4414

#### Online Reservations:

bit.ly/2019-managedcare-hotel

HCCA has arranged for a block of rooms at a discounted rate of \$229 per night (plus applicable state and local taxes) for single/double occupancy. A daily resort fee of \$15 per room, per night (plus tax) will also be posted to the account. This rate is good through December 28, 2018 or until the room block is full, whichever comes first. All reservations must be secured with a valid credit card, along with a first night's deposit, refundable up to five days in advance of your arrival date.

## 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 for all conference functions.

## CERTIFIED IN HEALTHCARE COMPLIANCE (CHC)™ EXAM

The CHC exam will be held on Wednesday, January 30, 8:00–10:45 am. You must apply 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 [hcca-info.org/managedcare](http://hcca-info.org/managedcare).

## TERMS & CONDITIONS

### Registration Payment Terms

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

Refunds will not be issued. You may send a substitute in your place or request a conference credit. 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](mailto: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. A separate registration form is required for each registrant. Please send registration forms together to ensure that the discount is applied. 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. Group discounts are not available through online registration. 5 or more: \$50 discount for each registrant 10 or more: \$100 discount for each registrant

## Recording

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

## Use of Information

Your information may be received by exhibitors at a conference as well as our affiliates and partners who we may share it with for marketing purposes. Please note that only postal address information is shared. If you wish to opt-out, please follow the process set out in the Privacy Statement, at [hcca-info.org/privacy.aspx](http://hcca-info.org/privacy.aspx).

## 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.

## CONTINUING EDUCATION

HCCA is in the process of applying for additional external continuing education units (CEUs). Should overall number of education hours decrease or increase, the maximum number of CEUs available will be changed accordingly. Credits are assessed based on actual attendance and credit type requested. Approval quantities and types vary by state or certifying body. For entities that have granted prior approval for this event, credits will be awarded in accordance with their requirements. CEU totals are subject to change. Upon request, if there is sufficient time and we are able to meet their requirements, HCCA may submit this course to additional states or entities for consideration. If you would like to make a request, please contact us at 952.988.0141 or 888.580.8373 or email [ccb@compliancecertification.org](mailto:ccb@compliancecertification.org). Visit HCCA's website, [hcca-info.org](http://hcca-info.org), for up-to-date information.

**AAPC:** This program has the prior approval of the AAPC for 19.5 continuing education hours. Granting of prior approval in no way constitutes endorsement by AAPC of the program content or the program sponsor.

**ACHE:** The Health Care Compliance Association is authorized to award 19.0 clock hours of pre-approved ACHE Qualified Education credit for this program toward advancement, or recertification, in the American College of Healthcare Executives. Participants in this program who wish to have the continuing education hours applied toward ACHE Qualified Education credit must self-report their participation. To self-report, participants must log into their MyACHE account and select ACHE Qualified Education Credit.

**AHIMA:** This program has been approved for a total of 19.5 continuing education unit(s) (CEUs). The CEUs are acceptable for use in fulfilling the continuing education requirements of the American Health Information Management Association (AHIMA). Granting prior approval from AHIMA does not constitute endorsement of the program content or its program sponsor.

**CCB:** The Compliance Certification Board (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  
Monday = 7.2 CEUs  
Tuesday = 7.2 CEUs  
Total Maximum CCB CEUs: 23.4

**CLE:** The Health Care Compliance Association is a provider/sponsor, approved/accredited by the State Bar of California, the Pennsylvania Bar Association, and the State Bar of Texas. An approximate maximum of 19.5 clock hours of CLE credit will be available to attendees of this conference licensed in these states, along with Alabama, Florida, Illinois, and Rhode Island. HCCA's practice is to apply for CLE credits to the state in which the event is being held, if that state has a CLE approval process for sponsors. Upon request, if there is sufficient time and if we are able to meet their CLE requirements, HCCA may submit this course to additional states for consideration. All CLE credits will be assessed based on actual attendance and in accordance with each state's requirements.

**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. Complaints regarding registered sponsors may be submitted to the National Registry of CPE Sponsors through its website: [www.nasbaregistry.org](http://www.nasbaregistry.org). The education level for this activity is considered basic. No prerequisites are required for this education. Delivery Method: Group Live. Advanced Preparation: None. A recommended maximum of 23.0 credits based on a 50-minute hour will be granted for this activity. This program addresses topics that are of a current concern in the compliance environment and is a group-live activity in the recommended field of study of Specialized Knowledge and Application. 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 14593, for a maximum of 23.4 contact hours. The following states will not accept California Board of Registered Nursing contact hours: Delaware, Florida, New Jersey, and Utah. Massachusetts and Mississippi nurses may submit California Board of Registered 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](mailto:ccb@compliancecertification.org) with any questions you may have. Oncology nurses who are certified by ONCC may request California nursing credit (check box or indicate "Nursing" on the CEU form).

## CONTACT INFORMATION

Please type or print your information below.

Mr.  Mrs.  Ms.  Dr.

Member/Account Number (if known/applicable)

First Name MI Last Name

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

Title

Organization (name of employer)

Address

City State Zip

Country

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

9:45 – 10:45 AM

101

102

103

11:00 AM – 12:00 PM

201

202

203

1:15 – 2:15 PM

301

302

303

2:30 – 3:30 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

## REGISTRATION OPTIONS

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

HCCA Members (Mon & Tue) .....\$875

Non-Members (Mon & Tue).....\$1045

NEW Membership & Registration (Mon & Tue).....\$1075  
**FIRST-TIME MEMBERS ONLY** (annual dues regularly \$325)

Pre-Conference (Sunday) .....\$275  
**FREE ONLY WITH PURCHASE OF EARLY BIRD REGISTRATION**

Group Discount (5 or more from same organization).....(\$50)

Group Discount (10 or more from same organization).....(\$100)

**TOTAL** \_\_\_\_\_

## SPECIAL REQUEST FOR DIETARY ACCOMMODATION

Gluten Free

Vegetarian

Vegan

Kosher (Hechsher certified)

Kosher Style (no shellfish, pork, or meat/dairy mixed)

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

By submitting this registration, you agree to the **Terms & Conditions**, including the **Use of Information** as stated (on page 10), and our **Privacy Statement** located at [hcca-info.org/privacy.aspx](http://hcca-info.org/privacy.aspx).

**Please fax your completed registration form with payment information to 952.988.0146 or visit [hcca-info.org/managedcare](http://hcca-info.org/managedcare) to register online.**

## HEALTH CARE COMPLIANCE ASSOCIATION

6500 Barrie Road, Suite 250, Minneapolis, MN 55435

PHONE 888.580.8373 | FAX 952.988.0146

[hcca-info.org](http://hcca-info.org) | [helpteam@hcca-info.org](mailto:helpteam@hcca-info.org)

# Managed Care *Compliance Conference*

January 27–30, 2019 | Lake Buena Vista, FL

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