

Managed Care Compliance Conference

Feb 1–3, 2021

VIRTUAL CONFERENCE

The first-ever virtual Managed Care Compliance Conference will have the great speakers and content that you have come to expect from the in-person event. Delve into compliance hot topics and issues, including: risk adjustment, CMS compliance, program integrity, enforcement trends, audits, and future impacts of the COVID-19 pandemic. You'll learn the latest practices, share strategies, and connect with peers and mentors who work in the industry. ■ ■ ■ ■ ■

**Still time
to
register!**

Knowledge levels ■ ■ ■ ■ ■

Mix or match **basic**, **intermediate** or **advanced** sessions that best fit your educational needs.

Register online
hcca-info.org/2021managedcare

About

Explore compliance hot topics and issues, including: risk adjustment, CMS compliance, program integrity, enforcement trends, audits, and future impacts of the COVID-19 pandemic. You'll learn the latest practices, share strategies, and connect with peers and mentors who work in the industry. Choose from a variety of sessions organized by knowledge levels: basic, intermediate, and advanced.

Who should attend?

- Compliance officers
- Managers of compliance
- Internal auditors
- Fraud examiners
- Human resource managers
- Privacy officers
- Medicare compliance officers
- Inside and outside counsel

What will attendees learn?

Explore issues that are pertinent to industry professionals like you.

This year's agenda includes these trending topics:

- Building and Evolving Your Program Integrity Compliance Program
- Medicaid Fraud Trends and Best Practices for Reporting and Partnering with State Medicaid Regulators
- Managed Care:
OIG Priorities and Identified Risk Areas
- Social Determinants of Health:
Minimizing Compliance Challenges While Implementing a Data-Driven and Collaborative Approach to Improve Community Health
- What You Don't Know Will Hurt You:
Managed Care Enforcement Trends and Key Risk Areas

HCCA's mission

HCCA exists to champion ethical practice and compliance standards in all organizations and to provide the necessary resources for compliance professionals and others who share these principles.

Contact us

Please visit us online at hcca-info.org/2021managedcare to learn more about the conference and HCCA's other offerings.

Program at a glance ALL TIMES LISTED ARE IN CENTRAL STANDARD TIME (CST)

MONDAY, FEBRUARY 1 (MEDICARE/MEDICAID TRACK = sessions with blue background)

9:20–9:30 AM	Opening Remarks	Opening Remarks
9:30–11:00 AM	P1 Building and Evolving Your Program Integrity Compliance Program	P2 Covid-19 and Lessons Learned for Flexible Care Management Approaches
11:00–11:15 AM	Coffee Break	
11:15 AM–12:45 PM	P3 Building a Cybersecurity Auditing and Monitoring Plan	P4 How to Build a CPE Tracer: Best Practices to Focus on Prevention, Detection, and Correction Using Misclassified Grievances
12:45–1:30 PM	Mid-Conference Break	
12:45–1:10 PM	Break Networking Activity — Trivia	
1:30–3:00 PM	P5 Risks and Audit Readiness for Non-Quantitative Treatment Limits (NQTs) of the Mental Health Parity Addiction Equity Act (MHPAEA)	P6 Corrective Action Plans & Root Causes: Why It's Important to Get Both Right
3:00–3:15 PM	Coffee Break	
3:15–4:45 PM	P7 Another Look at Building a DSNP Compliance Program	P8 The Ever-Evolving Landscape of Privacy and Security Compliance

TUESDAY, FEBRUARY 2

8:00–8:45 AM	Networking & Discussion Groups (Optional)		
8:50–9:00 AM	Opening Remarks		
9:00–10:00 AM	GENERAL SESSION Medicaid Fraud Trends & Best Practices for Reporting and Partnering with State Medicaid Regulators		
10:00–10:15 AM	Coffee Break		
10:15–11:15 AM	101 Integrated Appeals and Grievances: A Roadmap for D-SNPs	102 What You Don't Know Will Hurt You: Managed Care Enforcement Trends and Key Risk Areas	103 CANCELLED The Workplace of the Future Is Now
11:15–11:30 AM	Coffee Break		
11:30 AM–12:30 PM	201 Rewards and Incentives Programs: How to Stay on Top of Innovation and the Regulatory Landscape	202 Successful Regulatory Relationships Post-COVID-19 with Sponsors and FDRs	203 Digital Transformation Strategies: Risk & Compliance Considerations
12:30–1:15 PM	Mid-Conference Break		
12:30–12:55 PM	Break Networking Activity — Trivia		
1:15–2:15 PM	301 Preparing for the Era of Provider Network Transparency	302 Preparing Effective Corrective Action Plans: Get to the Root!	303 Best Practices in Board, Compliance Committee, and CEO Reporting
2:15–2:30 PM	Coffee Break		
2:30–3:30 PM	401 Not for the Faint of Heart: The Path to Compliance amid Medicaid Expansion	402 Social Determinants of Health: Minimizing Compliance Challenges While Implementing a Data-Driven and Collaborative Approach to Improve Community Health	403 Virtual Health Care: Oversight and Opportunities in This New World
3:30–3:45 PM	Coffee Break		
3:45–4:45 PM	GENERAL SESSION Managed Care Compliance Hot Topics Panel		
4:45–5:45 PM	Virtual Social Event — Live Piano Show		

WEDNESDAY, FEBRUARY 3

8:55–9:00 AM	Opening Remarks		
9:00–10:00 AM	GENERAL SESSION Managed Care: OIG Priorities and Identified Risk Areas		
10:00–10:15 AM	Coffee Break		
10:15–11:15 AM	501 CMS Universes: Using Regulatory Data Sets to Provide Monitoring and Oversight to Inform Decision Making	502 Compliance Organizational Design	503 Federal and State-Based Exchanges: Risk Reduction Strategies
11:15–11:30 AM	Coffee Break		
11:30 AM–12:30 PM	601 Building an Audit-Ready Pharmacy Compliance Program	602 The Risks of Risk Adjustment Reviews: Enforcement Trends and Litigation Involving Medicare Advantage Risk Adjustment Practices	603 Implementing Regulatory Changes: A "How-To Guide" for Any Organization of Any Size
12:30–1:30 PM	Mid-Conference Break		
12:30–1:15 PM	SpeedNetworking (Optional)		
1:30–2:30 PM	701 The Auditors Are Coming: Is Your Medicaid Managed Care Health Plan Ready?	702 Compliant Coding Review Project Management: From Project Concept to Analyzing Review Results and Everything In Between!	703 Cyber Risk = Disruptive Business Risk
2:30–2:45 PM	Coffee Break		
2:45–3:45 PM	GENERAL SESSION Getting to Effective: What is Your Compliance Value Proposition?		

(Agenda and times subject to change.)

MONDAY, FEBRUARY 1

9:20 – 9:30AM

Opening Remarks

9:30 – 11:00AM

LEVEL: INTERMEDIATE

P1 Building and Evolving Your Program Integrity Compliance Program

Rick Munson, Program Integrity Chief Compliance Officer & Vice President of Investigations, UnitedHealthcare

Mike Jurmu, Associate Director of Compliance, Program Integrity, UnitedHealthcare

Matthew Berls, Senior Director of Investigations, UnitedHealthcare

- Program Framework – Aligning Payment Integrity, SIU, relationships with Government Agencies and Program Integrity Efforts
- Program Governance – Prevention, Detection and Correction Strategies
- Program Value Proposition – Innovation and Use of Data

LEVEL: INTERMEDIATE

P2 Covid-19 and Lessons Learned for Flexible Care Management Approaches

(Panel discussion with Humana, WellCare, and Molina; facilitated by PwC)

MODERATOR:

Robert Parker, Director, PricewaterhouseCoopers

PANELISTS:

Valerie DeBoe, Vice President Ethics & Compliance, Centene

Gretchen Wagner, Risk Management Director, Humana

Rohit Gupta, VP Enterprise Compliance & Medicare Compliance Officer, Molina Healthcare

- A panel discussion on lessons learned from the Coronavirus pandemic and how health plans redeployed staff, adjusted processes, prioritized member outreach, and lessons learned for future emergencies and disruptions.
- How were plans able to successfully deploy employees, including FDR staff, to provide remote care management services while proactively providing accommodations to high risk members?
- What processes and organizational responses will your organization retain for future national or local emergencies (e.g., natural disasters)? What areas of improvement have been highlighted throughout this experience?

11:00 – 11:15AM

Coffee Break

11:15AM – 12:45PM

LEVEL: BASIC

P3 Building a Cybersecurity Auditing and Monitoring Plan

Michael Gray, Vice President of Information Technology & Compliance Officer, Eliza Jennings Senior Care Network

Jennifer Griveas, Chief Human Resources Officer & General Counsel, Eliza Jennings Senior Care Network

- Upon completion, participants will be able to understand the biggest security threats to health care organizations and highlight most vulnerable systems and populations.
- Learn to assess compliance risk related to common technologies and equipment, with focus on developing an auditing and monitoring plan for meeting the mandates of the HIPAA Security Rule and other applicable substantive cybersecurity requirements.
- Speakers will review how to take results of auditing and monitoring activity to build a strong work plan to mitigate risks associated with technology.

LEVEL: INTERMEDIATE

P4 How to Build a CPE Tracer: Best Practices to Focus on Prevention, Detection, and Correction Using Misclassified Grievances

Michelle Larson, Senior Consultant, Cody Consulting Group

Milly Koranteng, Sr. Director, Compliance and Vendor Oversight, Medica

Hannah LaMere, Director, Special Projects, Cody Consulting Group, Inc.

- Prevention: Apply prevention methods to avoid misclassified grievances, identify training needs, review of regulations, guidance and audit protocols, updating policies and procedures.
- Detection: Provide suggestions on how to add rigor to compliance staff oversight of call routing and classification of inquiries, grievances, organization determinations, coverage determinations
- Correction: Learn the critical questions to consider when building Corrective Action Plans. A template will be reviewed.

12:45 – 1:30 PM

Mid-Conference Break

12:45 – 1:10 PM

Break Networking Activity— Trivia

sponsored by ProviderTrust

- Join in on an interactive, live trivia game to test your knowledge. See live player rankings and win prizes!

1:30 – 3:00PM

LEVEL: INTERMEDIATE

P5 Risks and Audit Readiness for Non-Quantitative Treatment Limits (NQTLs) of the Mental Health Parity Addiction Equity Act (MHPAEA)

Jon Swanson, LCSW, MBA, Senior Compliance Practice Leader, Ethics and Compliance Program, Kaiser Foundation Health Plan

Maggie Russillo, CHC, Senior Director Health Plan Compliance, Washington, Ethics and Compliance Program, Kaiser Foundation Health Plan of Washington

- Understand the unique health plan challenges posed by MHPAEA non-quantitative treatment limits (NQTLs) in order to facilitate operational engagement
- Address regulator, purchaser, and member expectations of NQTLs
- Learn to build a toolkit to complete meaningful assessments and evaluate compliance for audit readiness

LEVEL: INTERMEDIATE

P6 Corrective Action Plans & Root Causes: Why It's Important to Get Both Right

Alexander Henrichs, Consultant, Aon

- Best Practices and Unique Perspectives on Root Causes and Developing Corrective Action Plans
- Why CAPS rely so heavily on Root Causes, and how to help ensure, as Compliance, that you get it right the first time through
- After the CAP: Measuring and Monitoring results to ensure the Corrective Action is truly Corrective

3:00 – 3:15PM

Coffee Break

3:15 – 4:45PM

LEVEL: INTERMEDIATE

P7 Another Look at Building a DSNP Compliance Program

Kimulet Winzer, Director Sunhawk Consulting, LLC

Nicole Larson, Chief Compliance Officer, Steward Health Choice Arizona

Thomas Tutaj, Director of Compliance, WPS Health Solutions

- How to move from building to implementing a DSNP Compliance program—compliance professionals will share pitfalls and best practices
- Components and concepts to create an effective program
- How compliance professionals engage stakeholders as partners in building and creating an effective DSNP program

LEVEL: INTERMEDIATE

P8 The Ever-Evolving Landscape of Privacy and Security Compliance

Adam Greene, Partner, Davis Wright Tremaine, LLP

Jonathan Friesen, Chief Privacy Officer, Geisinger

- Update on recent changes to health information privacy laws
- Recent privacy and security enforcement trends
- Third party risk assessment

TUESDAY, FEBRUARY 2

8:00 – 8:45AM

Networking & Discussion Groups (Optional)

- Engage with like-minded compliance professionals for hot-topic discussion groups. Topics to choose from are:
 - 1) Privacy and Data Security
 - 2) General Compliance
 - 3) Medicare/Medicaid

8:50 – 9:00AM

Opening Remarks

9:00 – 10:00AM

GENERAL SESSION Medicaid Fraud Trends & Best Practices for Reporting and Partnering with State Medicaid Regulators

Gary Cantrell, Deputy Inspector General for Investigations, Office of Inspector General, U.S. Department of Health & Human Services

Marita Janiga, Vice President, Ethics & Compliance, Investigations, Kaiser Permanente

- Emerging Medicaid fraud risks and areas of interest to Managed Care Professionals.
- Partnering with your Medicaid fraud control teams and best practices for reporting suspected fraud.
- Preparing for Medicaid audits to achieve successful outcomes.

10:00 – 10:15AM

Coffee Break

10:15 – 11:15AM

LEVEL: INTERMEDIATE

101 Integrated Appeals and Grievances: A Roadmap for D-SNPs

Sarah Swank, Counsel, Nixon Peabody

Justin Frazer, Director, Regulatory Compliance, Mazars USA LLP

- Per CMS requirements, by 2021, D-SNPs must be prepared to deliver to its beneficiaries a fully integrated (Medicaid and Medicare) appeals and grievance model.
- State agencies have already proposed various models of integration to CMS that D-SNPs are or will be required to implement, operationalize and monitor to ensure that mandated benchmarks meet the revised regulatory standards.
- As most integrated models are similar in scope and delivery, this presentation will offer common suggestions on how D-SNPs can update their operational models, member notifications and materials, corporate policies as well as other assurances of compliance.

LEVEL: INTERMEDIATE

102 What You Don't Know Will Hurt You: Managed Care Enforcement Trends and Key Risk Areas

John Kelly, Member, Bass, Berry & Sims PLC

Benjamin Singer, Partner, O'Melveny & Myers LLP

Megan Tinker, Senior Advisor for Legal Affairs, HHS-OIG

- The panel will review in detail and discuss lessons learned from past cases and current enforcement trends against Medicare and Medicaid Managed Care organizations and providers.
- The panel will identify key risk areas and best practices to minimize exposure.
- The panel will discuss how compliance program deficiencies in the risk adjustment space can create enforcement risk.

LEVEL: INTERMEDIATE **CANCELLED**

103 The Workplace of the Future Is Now

Suzanne Adams, Vice President, Analyst, Gartner

- ← Learn ways to re-create a flexible work policy
- ← Consider concepts to rethink functions and redefine expectations
- ← Identify and manage challenges related to the new work model

11:15 – 11:30AM

Coffee Break

11:30AM – 12:30PM

LEVEL: INTERMEDIATE

201 Rewards and Incentives Programs: How to Stay on Top of Innovation and the Regulatory Landscape

Vincent Naccarato, Regulatory Compliance Counsel, WellCare Health Plans/Centene Corporation

Tricia Beckmann, JD, Director, Faegre Drinker Consulting

Tracy Tracy, VP-Compliance and Legal, CCPO, NovuHealth

- Understand the evolution of rewards and incentives programs in managed care, with a focus on Medicare Advantage and Part D programs and regulatory landscape.
- Gain insights into common and innovative approaches to rewards and incentives offerings in practice today, including CMS demonstration projects.
- Identify how to spot and resolve potential compliance risks before and during implementation through practical tips and best practices.

LEVEL: ADVANCED

202 Successful Regulatory Relationships Post-COVID-19 with Sponsors and FDRs

Robert Alfano, Director of Compliance Services, Prime Therapeutics LLC

Kenneth Nuñez, Chief Compliance Officer, Provider Partners Management Services

- Changes from COVID-19 on the regulatory relationship: more virtual, government has less resources, more expectations on Health Plans to comply and step up, more regulator sensitivity to CTMs due to beneficiary financial issues
- Changes to Health Plan workforce: More remote- how to reach, teach, and enforce compliance in virtual settings, privacy issues, and security of data/workspaces in the "new normal"
- Impacts to daily work and operations: FDRs impacted by shifting supply chain dynamics, applicability of COVID-19 additional and evolving regulations, and how to operationalize them in this new dynamic

LEVEL: INTERMEDIATE

203 Digital Transformation Strategies: Risk & Compliance Considerations

Jaime Pego Curcio, Managing Director, KPMG

Joe Ravas, Director, KPMG

- How to design a healthcare digital experience strategy
- Where to start on a digital experience transformation
- How to avoid potential compliance pitfalls along the way

12:30 – 1:15 PM

Mid-Conference Break

12:30 – 12:55 PM

Break Networking Activity— Trivia

sponsored by ProviderTrust

- Join in on an interactive, live trivia game to test your knowledge. See live player rankings and win prizes!

1:15 – 2:15PM

LEVEL: INTERMEDIATE

301 Preparing for the Era of Provider Network Transparency

John Weis, President and Co-Founder, Quest Analytics

Michael Adelberg, Principal, Faegre Baker Daniels

- Across health care there is a growing need to measure, manage, and improve provider directories—a need driven by regulators and market driven innovations.
- Find out how regulators and members depend on provider directories, why directories are frequently inaccurate, and what new tools and approaches exist to improve their accuracy.
- Gain an understanding of why provider directories are increasingly used to measure network adequacy in real time and for determining network capacity and stability.

LEVEL: BASIC

302 Preparing Effective Corrective Action Plans: Get to the Root!

Thomas Wilson, VP, Chief Compliance Officer, HealthTeam Advantage

Tammy Hall, Senior Compliance Manager, HealthTeam Advantage

- CMS expects health plans to develop corrective action plans in response to noncompliance or fraud, waste and abuse issues. Developing effective corrective action plans generally includes root cause and impact analyses. What does this really mean?
- The presentation will cover CMS expectations - Resolve, Prevent, Monitor. Root Cause Analysis - Why? Impact Analysis - Who? Corrective Action Plan (CAP) - What do we do? *Actions Taken *Testing *Implementation *Monitoring.
- The presentation will explore the end-to-end process with an interactive case study to demonstrate critical steps. Polling questions will be used.
- Tools and resources will be provided to develop CAPs that can withstand CMS scrutiny.

Agenda

ALL TIMES LISTED ARE IN CENTRAL STANDARD TIME (CST)

LEVEL: INTERMEDIATE

303 Best Practices in Board, Compliance Committee, and CEO Reporting

Laurena Lockner, Sr Mgr Monitoring & Compliance, HealthPartners

Steve Bunde, VP Integrity & Compliance & Internal Audit, HealthPartners

- Learn about Board and Compliance Committee Oversight Responsibilities
- Understand Best Practices in Reporting
- Develop Agendas, Tools, and Templates for Reporting

2:15 – 2:30PM

Coffee Break

2:30 – 3:30PM

LEVEL: INTERMEDIATE

401 Not for the Faint of Heart: The Path to Compliance amid Medicaid Expansion

Chris Zitzer, JD, CHC, Vice President, Chief Compliance & Ethics Officer, UCare

Susan Anderson, JD, Vice President, Corporate Compliance Officer, CareSource

- From Medicaid expansion to COVID-19, expectations of state Medicaid agencies continue to evolve at a rapid pace.
- Top compliance issues facing Medicaid Compliance Officers.
- How to adjust your Medicaid Compliance Program in light of the rapidly changing environment.

LEVEL: INTERMEDIATE

402 Social Determinants of Health: Minimizing Compliance Challenges While Implementing a Data-Driven and Collaborative Approach to Improve Community Health

Maureen Hydok, Healthcare Sr. Director, Huron Consulting Group

Marcie Rohleder, Director, Huron Consulting Group

- Understand Social Determinants of Health (SDoH) & how addressing these factors can improve health/wellness and reduce medical costs
- Learn how organizations/communities are working together to positively impact overall community and population health with collaborative SDoH solutions
- Recognize regulatory and compliance challenges when leveraging SDoH data in your strategy

LEVEL: INTERMEDIATE

403 Virtual Health Care: Oversight and Opportunities in This New World

Anne Crawford, Senior Vice President, ATTAC Consulting Group

Jennifer (Jen) Del Villar, CHC, Director of Government Programs Compliance / Medicare Compliance Officer, Cambia Health Solutions, Inc.

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

- Emerging regulatory landscape and impact on health plan operations and compliance
- Risks and rewards from health plan, member and provider perspectives
- Strategies for effective due diligence

3:30 – 3:45PM

Coffee Break

3:45 – 4:45PM

GENERAL SESSION Managed Care Compliance Hot Topics Panel

MODERATOR:

Carolyn Barton, VP Compliance & Regional Compliance Officer, Ethics and Compliance Office, Kaiser Foundation Health Plan of Washington

PANELISTS:

Pamela Cleveland, LSW, JD, CHC, SVP and Chief Compliance Officer, Henry Ford Health System

Michelle Turano, VP and Medicare Compliance Officer, Anthem

Dave Nessler-Cass, CCO and Director Regulatory Affairs, Moda Health

4:45 – 5:45PM

Virtual Social Event—Live Piano Show

- Interact and engage with your fellow attendees at this request-driven piano show. Bring your song requests and favorite beverage for this musical variety show with thousands of songs to choose from, spanning many decades and genres.

WEDNESDAY, FEBRUARY 3

8:55 – 9:00AM

Opening Remarks

9:00 – 10:00AM

GENERAL SESSION Managed Care: OIG Priorities and Identified Risk Areas

Megan Tinker, Senior Advisor for Legal Affairs, HHS-OIG

- Risks areas and enforcement trends
- OIG priorities and up-coming work in managed care
- Flexibilities and changes as a result of COVID-19

10:00 – 10:15AM

Coffee Break

10:15 – 11:15AM

LEVEL: INTERMEDIATE

501 CMS Universes: Using Regulatory Data Sets to Provide Monitoring and Oversight to Inform Decision Making

Melissa Hecht, AVP, Operations & Business Continuity Director, Healthfirst, Inc.

Adam Zeldin, Manager, PricewaterhouseCoopers

- Implement a universe monitoring program to identify key risks related to operational inefficiencies (e.g. lack of provider outreach) and adjust staffing and processes to meet compliance and operational needs
- Proactively improve operational and compliance performance to save cost
- Leverage data quality monitoring program to identify third-party vendors with quality and process gaps needing remedial actions

LEVEL: INTERMEDIATE

502 Compliance Organizational Design

Veronica Moore, Director, Corporate and Medicare Compliance, BCBS of AZ

James Rose, Managing Director, SunHawk Consulting

- What considerations should be made for organization design of the compliance program?
- How does my organization's internal audit, enterprise risk management, privacy, cyber security, ethics, human resources areas impact the compliance organization design?
- What is organizational design and how it is important to compliance program effectiveness?

LEVEL: INTERMEDIATE

503 Federal and State-Based Exchanges: Risk Reduction Strategies

Steve Bunde, VP Integrity & Compliance & Internal Audit, HealthPartners

Stephanie Moscetti, Senior Manager, Integrity & Compliance, HealthPartners

- Understand key compliance requirements for exchange-based products
- Identify key risks areas for your exchange-based products
- Develop a risk assessment and proactive monitoring plans to reduce compliance risks

11:15 – 11:30AM

Coffee Break

11:30AM – 12:30PM

LEVEL: INTERMEDIATE

601 Building an Audit-Ready Pharmacy Compliance Program

Katherine Tarvestad, VP, Chief Medicare Compliance Officer, UnitedHealthcare

Niki Jo Kurtis, Pharmacy Compliance Officer, UnitedHealthcare

- How can business owners and Compliance partner to achieve greater outcomes?
- Practical tips for assessing key Compliance risks in your Pharmacy program
- Building a Regulatory Audit Readiness Strategy

LEVEL: INTERMEDIATE

602 The Risks of Risk Adjustment Reviews: Enforcement Trends and Litigation Involving Medicare Advantage Risk Adjustment Practices

Rachel Alexander, Partner, Wiley

Brandon Moss, Attorney, Wiley Rein

- In the last year, DOJ has proclaimed Medicare Advantage to be a prime enforcement target.
- While DOJ has suffered setbacks, they are primed to attack Medicare Advantage providers' practices with respect to auditing or reviewing risk adjustment scoring—both civilly and criminally.
- This panel will discuss recent enforcement trends, where courts are lining up on interpreting key regulations, and what all this means for Medicare Advantage providers looking to navigate this high-stakes and ever-changing landscape.

LEVEL: BASIC

603 Implementing Regulatory Changes: A “How-To Guide” for Any Organization of Any Size

Jessica Vander Zanden, VP Compliance & Audit, Network Health

Angela Keenan, Director, Compliance & Privacy, Network Health

- In a world of constantly changing regulations, learn best practices regarding interpretation, breaking down and facilitating required actions.
- Discuss tips, tricks and tools for partnering with business areas on regulatory changes while keeping on track with complicated regulations that span long periods of time.
- Once changes are implemented, explore ways of ensuring continued compliance and effectiveness with the changes.

12:30 – 1:30PM

Mid-Conference Break

12:30 – 1:15PM

SpeedNetworking (Optional)

- Connect one-on-one with your Managed Care peers in this virtual SpeedNetworking event. It is a great way to build your network efficiently with meetings specifically matched to you! Pre-registration is required and open to conference attendees only. Visit the Attendee Opportunities page of the event website to sign up before Wednesday, February 3 and secure your spot.

Agenda

ALL TIMES LISTED ARE IN CENTRAL STANDARD TIME (CST)

1:30 – 2:30PM

LEVEL: INTERMEDIATE

701 The Auditors Are Coming: Is Your Medicaid Managed Care Health Plan Ready?

Holly Dolgaard, Principal, Mercer

Scott Banken, Principal, Mercer

Chris Babcock, Senior Associate, Mercer

- The Medicaid Managed Care Final Rule requires state Medicaid agencies to complete an independent audit of the accuracy, truthfulness, and completeness of the encounter and financial data submitted by each MCO every 3 years.
- Learn key financial concepts that drive rate setting, risk adjustment, and medical loss ratio processes and their connection to financial and encounter data. Review tools and resources that encounter data validation auditors utilize.
- The COVID-19 pandemic response included special procedure codes, diagnoses, and modifiers for testing, treatment, and other healthcare impacted by COVID-19. Learn steps to ensure your encounters accurately reflect the impact of COVID-19.

LEVEL: INTERMEDIATE

702 Compliant Coding Review Project Management: From Project Concept to Analyzing Review Results and Everything In Between!

Dott Campo, Manager, Risk Adjustment Division, Reimbursement Mgmt Consultants, Inc.

Dana Brown, President, Reimbursement Mgmt Consultants, Inc.

- Project Management is Key in overall success of a Coding Review Project. This presentation will review the key steps one should take to ensure the review performed will garner useful information once completed.
- Compliance is a necessity in performance of any coding review. Risk Adjustment poses compliance/privacy/security risks not seen in other reviews. This presentation will highlight common issues and best practices.
- Staff, Talent and Tools are critical to any project success. This presentation will address best advice and practices in these areas.

LEVEL: BASIC

703 Cyber Risk = Disruptive Business Risk

Uday Ali Pabrai, CEO, ecfirst

- Examine how to establish an audit-ready compliance program.
- Analyze critical areas to address in an enterprise security plan.
- Check ransomware, phishing, DoS, DDoS that can seriously disrupt business processes and priorities.

2:30 – 2:45PM

Coffee Break

2:45 – 3:45PM

GENERAL SESSION Getting to Effective: What is Your Compliance Value Proposition?

Jenny O'Brien, Chief Compliance Officer, UnitedHealthcare; SCCE & HCCA Board Member

- Developing your compliance program guiding principles
- Communicating your value proposition
- Operationalizing your strategy

Details

EVENT TERMS AND CONDITIONS

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.

TERMS OF USE: Your mailing address may be disseminated to sponsors, exhibitors, affiliates, and partners for promotional purposes. To see the full use of your information or if you wish to opt-out, visit hcca-info.org/privacy.

PRE-ATTENDEE LISTING: A listing with your name, title, company, city, state, and country will be provided to attendees and speakers for networking purposes. To see the full use of your information or if you wish to opt-out, visit hcca-info.org/privacy.

VIRTUAL CONFERENCE PLATFORM "CUSTOMIZED": HCCA has partnered with DAHLIA+Agency/Soliman Productions to deliver its platform for facilitating the virtual conference. First name, last name, and email address will be provided to the platform partner for login access. Your information will not be shared or sold by DAHLIA+Agency/Soliman Productions to any other third party and will be removed from their system 30 days post-conference.

REGISTRATION: This virtual conference registration form allows only the registered attendee to stream, participate, and earn live CEUs for the conference. If a second person would like to join, they must register themselves and have their own unique login to participate.

PAYMENT: If your total is miscalculated, HCCA will charge your card the correct amount.

GROUP DISCOUNTS

3 or More: \$100 discount for each registrant

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. The group discount is NOT available through online registration. 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.

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 toward any HCCA service or product. If a credit is applied toward 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, sent to help@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.

TAX DEDUCTIBILITY: 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.

SESSION RECORDINGS: Registered attendees have the option to purchase all session recordings for an additional fee. Purchased recordings are for individual use only and may not be rebroadcast, shared, or disseminated. Only registered attendees have access to earn live CEUs. Only purchasers of the recordings have access to listen and earn non-live CCB CEUs.

Session availability is subject to change. Not all sessions are being recorded. If a session does not appear on the session recording form, a recording of it may not be available. Please call 888.580.8373 with any questions.

Cancellations: There are no refunds for session recordings once they have been posted.

PHOTO/VIDEO RELEASE: By registering for this event, I grant HCCA, or anyone authorized by HCCA, the right to use or publish in print or electronic format, any photographs or video containing my image or likeness for educational, news, or promotional purposes, without compensation.

SESSIONS AND SPEAKERS: HCCA reserves the right to make changes to the program at any time as circumstances dictate. Every effort will be made to ensure a program of equivalent standard and value should unavoidable changes occur. HCCA does not accept liability for advice given, or views expressed, by any speaker at the conference or in any material provided to attendees.

SPECIAL NEEDS/CONCERNS: Prior to the conference, please call HCCA at 888.580.8373 or 952.988.0141 if you have a special need and require accommodation to participate in the Managed Care Compliance Conference.

CONTINUING EDUCATION

Credits are assessed based on actual attendance and credit type requested. Should the overall number of education hours decrease or increase, the maximum number of continuing education units (CEUs) available will be changed accordingly. Only registered attendees are eligible to request CEUs for participation. Attendees must participate in the virtual conference using the online virtual conference format (not just using the dial-in) for attendance monitoring purposes.

AAPC: This program has the prior approval of the AAPC for 17.0 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 17.0 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 17.0 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 20.4 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: Sunday = 7.2 CEUs; Monday = 7.2 CEUs; Tuesday = 6.0 CEUs (Totals are subject to change.)

CLE: 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 10.5 clock hours of Continuing Legal Education (CLE) credit for qualifying sessions will be available to attendees of this conference licensed in these states. Upon request, if there is sufficient time and if we are able to meet their CLE requirements, HCCA may submit conferences with qualifying sessions to state CLE authorities for consideration. This includes meeting state requirements for sessions being offered virtually or via telecast. Only requests from registered attendees will be considered. 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. 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. Sponsor Identification No: 105638. 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 20.4 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. 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 20.4 contact hour(s). 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 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).

HCCA is in the process of applying for additional external continuing education units (CEUs). 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. Only requests from registered attendees will be considered. If you would like to make a request, please contact us at 952.988.0141 or 888.580.8373 or email ccb@compliancecertification.org. To see the most up-to-date CEU information go to HCCA's website, hcca-info.org/all-conferences. Select your conference, then select "Continuing Education" from the left-hand menu.

Managed Care Compliance Conference

February 1–3, 2021 • Virtual Conference

Contact Information

Mr Mrs Ms Dr

Member/Account ID (if known)

First Name MI Last Name

Credentials (CHC, CCEP, etc.)

Job Title

Organization (Name of Employer)

Street Address

City/Town State/Province

Zip/Postal Code Country

Work Phone

Email (required)

Acknowledgements

By submitting this registration, you agree to the full Terms and Conditions, including the use of your information, viewable at <https://hcca-info.org/conferences/national/2021-managed-care-compliance-conference/terms-conditions>.

Your information may be received by exhibitors and sponsors, as well as our affiliates and partners (with whom we may share for marketing purposes). Please note that we only share postal address information. If you wish to opt out, please follow the process set out in our Privacy Statement (hcca-info.org/privacy.aspx).

If you visit a booth, you may be asked to provide your email address and contact information which will be provided to the exhibitor, sponsor, or partner.

This virtual conference registration form allows only the registered attendee to stream, participate, and earn CEUs for the conference. If a second person would like to join, they must register themselves and have their own unique login to participate.

Photo/Video Release: By registering for this event, I grant HCCA, or anyone authorized by HCCA, the right to use or publish in print or electronic format, any photographs or video containing my image or likeness for educational, news, or promotional purposes, without compensation.

Registration Fees

<input type="checkbox"/>	Member (Tuesday & Wednesday)	\$695
<input type="checkbox"/>	Non-Member (Tuesday & Wednesday)	\$845
<input type="checkbox"/>	Registration + First-Time Membership*	\$915
<input type="checkbox"/>	Group Discount for 3 or More**	(\$100)

*Save by joining today (first-time members only). Dues renew at \$325.

**See "Group Discounts" under "Event Terms and Conditions" for details.

TOTAL \$ _____

Payment

Online registration at hcca-info.org/2021managedcare

Mail this form to Health Care Compliance Association, 6462 City West Parkway, Eden Prairie, MN 55344 USA

Fax this form to 952.988.0146

Email this form to helpteam@hcca-info.org — Due to PCI compliance, do not provide credit card information via email. You may email this form (without credit card information), then call HCCA at 888.580.8373 with payment information.

- Invoice me
- Check enclosed (payable to HCCA)
- Wire transfer requested
- Credit card: I authorize HCCA to charge my:
- Visa
 - MasterCard
 - Discover
 - American Express

Credit Card Account Number

Credit Card Expiration Date

Cardholder Name

Cardholder Signature