

About

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. Choose from a variety of sessions organized by knowledge levels: basic, intermediate, and advanced. The optional Certified in Healthcare Compliance (CHC)[®] exam is offered on the last day. (Separate application and fee submitted to the Compliance Certification Board (CCB)[®] is required.)

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 & 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

SUNDAY, JANUARY 31: Pre-Conference

| | | | |
|-------------------|---|--|--|
| 7:00 AM–5:15 PM | Registration Open | | |
| 8:00–9:30 AM | P1 Building and Evolving Your Program Integrity Compliance Program | | |
| 9:30–10:00 AM | Networking Break | | |
| 10:00–11:30 AM | P2 Covid-19 and Lessons Learned for Flexible Care Management Approaches | | |
| 11:30 AM–12:45 PM | Lunch (<i>on your own</i>) | | |
| 12:45–2:15 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 | |
| 2:15–2:45 PM | Networking Break | | |
| 2:45–4:15 PM | P5 Risks and Audit Readiness for Non-Quantitative Treatment Limits (NQTLs) of the Mental Health Parity Addiction Equity Act (MHPAEA) | P6 Corrective Action Plans & Root Causes: Why It's Important to Get Both Right | |
| 4:15–6:00 PM | Welcome Reception with Exhibitors | | |

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

| | | | |
|-------------------|---|--|--|
| 7:00 AM–5:30 PM | Registration Open | | |
| 7:00–8:00 AM | Breakfast with Exhibitors | | |
| 8:00–8:15 AM | Welcome & Opening Remarks | | |
| 8:15–9:15 AM | GENERAL SESSION Medicaid Fraud Trends & Best Practices for Reporting and Partnering with State Medicaid Regulators | | |
| 9:15–9:45 AM | Networking Break with Exhibitors | | |
| 9:45–10:45 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 Privacy Compliance Challenges in a Crisis and How to Integrate with SOC2 Requirements |
| 10:45–11:15 AM | Networking Break | | |
| 11:15 AM–12:15 PM | 201 Another Look at Building a DSNP Compliance Program | 202 Successful Regulatory Relationships Post-COVID-19 with Sponsors and FDRs | 203 Digital Transformation Strategies: Risk & Compliance Considerations |
| 12:15–1:15 PM | Lunch (<i>provided</i>) | | |
| 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 |
| 2:15–2:45 PM | Networking Break | | |
| 2:45–3:45 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 |
| 3:45–4:00 PM | Networking Break | | |
| 4:00–5:00 PM | GENERAL SESSION Managed Care Compliance Hot Topics Panel | | |
| 5:00–6:15 PM | Networking Reception with Exhibitors | | |

TUESDAY, FEBRUARY 2: Conference

| | | | |
|-------------------|--|---|---|
| 7:00 AM–4:30 PM | Registration Open | | |
| 7:00–8:00 AM | Breakfast with Exhibitors | | |
| 8:00–8:15 AM | Welcome & Opening Remarks | | |
| 8:15–9:15 AM | GENERAL SESSION Managed Care: OIG Priorities and Identified Risk Areas | | |
| 9:15–9:45 AM | Networking Break with Exhibitors | | |
| 9:45–10:45 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 |
| 10:45–11:15 AM | Networking Break | | |
| 11:15 AM–12:15 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 |
| 12:15–1:15 PM | Lunch & Last Chance to Visit Exhibitors | | |
| 1:15–2:15 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 |
| 2:15–2:45 PM | Networking Break | | |
| 2:45–3:45 PM | 801 Rewards and Incentives Programs: How to Stay on Top of Innovation and the Regulatory Landscape | 802 Managed Care Hot Topic | |

WEDNESDAY, FEBRUARY 3: CHC Exam

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

(agenda and times subject to change)

Agenda

SUNDAY, JANUARY 31

7:00AM – 5:15PM

Registration Open

8:00 – 9:30AM

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

9:30 – 10:00AM

Networking Break

10:00 – 11:30AM

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, Senior Director Internal Audit, WellCare Health Plans

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?

11:30AM – 12:45PM

Lunch (on your own)

12:45 – 2:15PM

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.

2:15 – 2:45 PM

Networking Break

Agenda

2:45 – 4:15PM

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

Erin Heckethorn, Director of Compliance, FirstCarolinaCare Insurance Company

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

4:15 – 6:00PM

Welcome Reception with Exhibitors

MONDAY, FEBRUARY 1

7:00AM – 5:30PM

Registration Open

7:00 – 8:00AM

Breakfast with Exhibitors

8:00 – 8:15AM

Welcome & Opening Remarks

8:15 – 9:15AM

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, Executive Director of 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.

9:15 – 9:45AM

Networking Break with Exhibitors

9:45 – 10:45AM

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.

Agenda

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

103 Privacy Compliance Challenges in a Crisis and How to Integrate with SOC2 Requirements

Greg Vetter, Principal, RSM

Doug Underwood, Principal, RSM

- Learn about trends and best practices in privacy compliance during the current crisis and how to apply them for future events
- Understand the Service Organization Control (SOC2) audit framework and trends
- Utilize SOC2 and other frameworks to ensure your organization identifies, monitors, and reports on the key and shifting compliance risks within the changing environment

10:45 – 11:15AM

Networking Break

11:15AM – 12:15PM

LEVEL: INTERMEDIATE

201 Another Look at Building a DSNP Compliance Program

Kimulet Winzer, Director Sunhawk Consulting, LLC

Nicole Larson, Chief Compliance Officer, Steward Health Choice Arizona

- 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: 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 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

12:15 – 1:15PM

Lunch (provided)

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 Mosely, 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.

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 – 2:45PM

Networking Break

Agenda

2:45 – 3:45PM

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

- 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

3:45 – 4:00PM

Networking Break

4:00 – 5:00PM

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:

TBA

5:00 – 6:15PM

Networking Reception with Exhibitors

TUESDAY, FEBRUARY 2

7:00AM – 4:30PM

Registration Open

7:00 – 8:00AM

Breakfast with Exhibitors

8:00 – 8:15AM

Welcome & Opening Remarks

8:15 – 9:15AM

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

9:15 – 9:45AM

Networking Break with Exhibitors

9:45 – 10:45AM

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

Agenda

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

- 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

10:45 – 11:15AM

Networking Break

11:15AM – 12:15PM

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.

12:15 – 1:15PM

Lunch & Last Chance to Visit Exhibitors

Agenda

1:15 – 2:15PM

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.

Rebecca Welling, Senior Director- Coding Compliance, Providence Health Plan

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.

2:15 – 2:45PM

Networking Break

2:45 – 3:45PM

LEVEL: INTERMEDIATE

801 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: TBA

802 Managed Care Hot Topic

Speakers TBA

WEDNESDAY, FEBRUARY 3

8:00 – 8:15AM

Exam Check-In

8:15 – 10:45AM

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

The CHC exam is optional. You must apply in advance to sit for the exam. The cost is not included in the conference registration fee. To apply, complete the application found at hcca-info.org/2021managedcare.

Details

HOTEL & CONFERENCE LOCATION

SHERATON GRAND AT WILD HORSE PASS
5594 WEST WILD HORSE PASS BLVD., PHOENIX, AZ 85226

A reduced rate of \$255 per night (plus a \$15 resort fee and applicable taxes, currently 13%, subject to change) for a Standard room with single/double occupancy has been arranged for this conference. To make a reservation, visit bit.ly/hotel2021mc or call **602.225.0100** and ask for the HCCA Managed Care group rate.

The cutoff date to receive the reduced rate is Monday, January 4, 2021 or when the group block is full, whichever comes first. Confirmation of rooms after the cutoff date will only be accepted based on availability and at the Hotel's prevailing rates.

For those who wish to extend their stay, sleeping room rates are available three days before and three days after the conference, based on availability. These extended reservation requests must be called in, as not all pre-and-post conference date rates are available online.

PLEASE NOTE: Neither HCCA nor any hotel it is affiliated with will ever contact you to make a hotel reservation. If you receive a call soliciting reservations on behalf of HCCA or the event, it is likely from a room poacher and may be fraudulent. We recommend you make reservations directly with the hotel using the phone number or web link provided by HCCA. If you have concerns or questions, please contact 888.580.8373.

TERMS & 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.

GROUP DISCOUNTS

5 or more: \$50 discount for each registrant

10 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.

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 our Privacy Statement (hcca-info.org/privacy.aspx).

AGREEMENTS & ACKNOWLEDGMENTS: 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 acknowledgment 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 and/or video 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, video, and biography for such purposes.

ADDITIONAL DETAILS

SPECIAL NEEDS/CONCERNS: If you have a special need and require accommodation, please call HCCA at 888.580.8373 prior to your arrival.

RECORDING: Unauthorized audio or video recording of the conference is not allowed.

DRESS CODE: Business casual dress is appropriate.

CONTINUING EDUCATION UNITS

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. To see the most up-to-date CEU information go to HCCA's website, hcca-info.org/all-conferences-home-page. Select your conference, and then select the "Continuing Education" option on the left hand menu.

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 subject to change

Managed Care Compliance Conference

January 31–February 3, 2021 • Sheraton Grand at Wild Horse Pass • Phoenix, AZ

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)

Dietary Needs Request

Dairy Free Gluten Free Kosher Vegetarian Vegan

Other _____

Acknowledgements

By submitting this registration, you agree to the full Terms and Conditions, including the use of your information, viewable at hcca-info.org/2021managedcare.

Your information (postal address) may be shared with conference exhibitors, attendees, speakers, affiliates, and partners for marketing and/or networking purposes. To see the full use of your information or if you wish to opt-out, visit hcca-info.org/privacy.

By participating in an HCCA conference, you grant HCCA, or anyone authorized by HCCA, the right to use or publish in print or electronic medium any photograph or video containing your image or likeness for educational, news, or promotional purposes without compensation.

Registration Fees

| | Register through 11/3/20 | after 11/3/20 |
|--|--------------------------|---------------|
| <input type="checkbox"/> Member (Monday & Tuesday) | \$825 | \$875 |
| <input type="checkbox"/> Non-Member (Monday & Tuesday) | \$995 | \$1045 |
| <input type="checkbox"/> Registration + First-Time Membership* | \$1045 | \$1095 |
| <input type="checkbox"/> Pre-Conference (Sunday) | FREE | \$275 |
| <input type="checkbox"/> Group Discount for 5–9 Attendees | (\$50) | (\$50) |
| <input type="checkbox"/> Group Discount for 10 or More | (\$100) | (\$100) |

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

TOTAL \$ _____

Payment

Online registration at hcca-info.org/2021managedcare

Mail this form to HCCA, 6500 Barrie Road, Suite 250, Minneapolis, MN 55435-2358

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