

# Healthcare Enforcement Compliance Conference

November 3–6, 2019  
Washington, DC

Learn about emerging issues  
in healthcare regulations,  
compliance, and enforcement  
directly from government  
officials and industry leaders.

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



# About the conference

Hear first-hand from government officials about regulatory changes, expectations, and key priorities at the Healthcare Enforcement Compliance Conference. Gain the knowledge and skills needed to properly address potential violations and improve your organization's compliance program. Connect and share ideas with your industry peers and government officials while earning valuable continuing education units (CEUs).

## Who should attend?

- Compliance officers
- Chief quality officers
- Presidents/CEOs
- Senior internal auditors
- Directors of compliance
- Regulatory/risk officers
- Government employees
- General counsel
- Compliance attorneys

## What will attendees learn?

Attendees will gain valuable insight into current enforcement issues. They also will gain a greater understanding about how to detect problems and properly investigate violations within their organizations. Session topics this year will include:

- Litigating a False Claims Act Case
- The New Focus Arrangements CIA Form
- Enforcement and Compliance for General Counsel and Compliance Officers
- Risk Management for Compliance Officers
- Privacy Breach Response
- The Opioid Crisis and Compliance
- False Claims Act Liability and Post-Acute Care

## Contact us

Please visit us online at [hcca-info.org/hecc](http://hcca-info.org/hecc) to learn more about the conference and HCCA's other programs.



## Showcase your healthcare compliance knowledge by becoming Certified in Healthcare Compliance (CHC)<sup>®</sup>

The CHC exam will be offered on the last day of the Healthcare Enforcement Compliance Conference.

A separate application and fee submitted directly to Compliance Certification Board (CCB)<sup>®</sup> is required.

### DETAILS

Wednesday, November 6, 2019

**Check in:** 12:30 – 1:00 PM

**Exam:** 1:00 – 3:30 PM

**Cost:** HCCA Members: \$275  
Non Members: \$375

Find qualification and application information at

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

## 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.

# Agenda

## Sunday, November 3 PRE-CONFERENCE

9:00–10:30 AM

### P1 Anatomy of a False Claims Act Case

**Moderator: Katherine Lauer**, Partner, Global Co-Chair Healthcare and Life Sciences Practice Group, Latham & Watkins LLP

**Maddie Bainer**, Associate Counsel, Office of Counsel to the Inspector General

**Colin M. Huntley**, Assistant Director, U.S. Department of Justice, Civil Division, Fraud Section

- The Investigation Phase: subpoenas/ CIDs, data analysis, witness interviews and more
- The Negotiation Phase: initiation, ADR, scope of release, monetary and other issues
- The Resolution Phase: settlement agreements, individual liability, CIAs/ OIG and relator issues

### P2 Corporate Integrity Agreements: The Role of an Independent Review Organization (IRO)

**Steven W. Ortquist**, President, Arete Compliance Solutions, LLC

**Glen Moyers**, Partner, Forensic Services, Healthcare Sector, KPMG LLP

**Amanda Copsey**, Senior Counsel, Office of Inspector General

- Why do CIAs include an IRO? Frequently utilized review requirements
- How have the roles and obligations of IRO been modified in recent years? What is behind the modifications?
- Working with your IRO: Keys to a Successful IRO engagement

### P3 Navigating Enforcement Action, Investigations, and Settlements

**Ana-Cristina Navarro**, Chief Compliance Officer, Shasta Community Health Center

**Anne S. Daly**, Chief Compliance and Integrity Officer, Children's Hospital of Chicago Medical Center

**Christina M. Villa**, Compliance Audit Coordinator, Adventist Health

- This session will provide an overview, through a case study, of how an organization can have an adverse event lead them down the path of government surveys and formal enforcement actions on multiple levels, including a 195 item Systems Improvement Agree
- Illustrate how a compliance team can, and should, assist in facilitating the planning and actions needed to not only overhaul a Health Care Organization's (HCO) policies and training, but also to support the change in culture needed to sustain
- Provide tools and methods for supporting the organization wide efforts, as well as lessons learned and mechanisms to help prevent your organization from having to navigate the choppy waters of a formal enforcement action

10:30–10:45 AM

Break

10:45–12:15 PM

### P4 Litigating a False Claims Act Case

**John T. Boese**, Of Counsel, Fried, Frank, Harris, Shriver & Jacobson LLP

**Robert Vogel**, Partner, Vogel, Slade & Goldstein

**Latour "LT" Lafferty**, Partner, Holland & Knight

**Patrick Klein**, Senior Trial Counsel, United States Department of Justice, Civil Division, Commercial Litigation Branch, Fraud Section

- Common motions in FCA litigation
- Proving/disproving falsity, knowledge and damages after Escobar
- Discovery and trial issues in intervened vs. non-intervened cases
- Escobar-related discovery from the government regarding claims payment

### P5 Anti-Kickback Developments

**Tony Maida**, Partner, McDermott Will & Emery

**Sally Molloy**, Chief, Strategy, Policy and Training Unit, U.S. Department of Justice, Criminal Division, Fraud Section

**Geeta Kaveti**, Senior Counsel, Legal Regulatory & Compliance, Abbott Labs

**Jillian Sparks**, Senior Counsel, Industry Guidance Branch, U.S. Department of Health and Human Services, Office of Counsel to the Inspector General

- Discussion of the recent OIG notice of proposed rule-making on value-based payments and regulatory burden reduction
- Overview of recent anti-kickback enforcement actions and settlements
- Review of the new all-payor kickback statute, Eliminating Kickbacks in Recovery Act of 2018 (EKRA)
- Insights on how these developments impact your compliance program and strategies to mitigate risk

### P6 Managed Care Enforcement and Compliance

**Kay Mesia**, CEO/Chief Compliance Officer, Two International

**Rose Dunn**, Chief Operating Officer, First Class Solutions, Inc.

- FDR enforcement in a Medicare Advantage Plan: Compliance process and oversight
- RADV expectations of Medicare Advantage for claims data accuracy
- Deficiency remediation

12:15–1:30 PM

Lunch on Own

# Agenda

1:30–3:00 PM

## P7 Negotiating False Claims Act Settlements and Mediation

**Moderator:** Laura Laemmle-Weidenfeld, Partner, Jones Day

**Jack Wenik**, Partner, Epstein Becker & Green PC

**Hon. Janice M. Symchych (Former)**, Case Manager, JAMS

**Sean O’Connell**, Counsel, Hunton Andrews Kurth

- Latest developments in False Claims Act settlements, including new DOJ policies and the effect of *Universal Health Services v. United States ex rel. Escobar*
- Negotiating False Claims Act settlements including corporate and individual settlements
- Drafting False Claims Act settlement agreements from the defense and government perspectives

## P8 Handling a Criminal Healthcare Fraud Case

**Richard Westling**, Member, Epstein, Becker & Green, P.C.

**Ralph Caccia**, Partner, Wiley Rein LLP

**Amy Markopoulos**, Counsel to the Chief, Healthcare Fraud Unit, U.S. DOJ

- The role of data in criminal cases
- Emerging criminal enforcement trends
- Responding to criminal investigations and prosecutions

## P9 Enforcement and Compliance for General Counsel and Compliance Officers

**John Kelly**, Member, Bass, Berry & Sims PLC

**Lisa Adkins**, Vice President Compliance/Chief Compliance Officer, Children’s National Health

**Shannon Sumner**, Principal/Chief Compliance Officer, PYA

- Enforcement agencies, government regulators, and whistleblowers remain focused on pursuing healthcare fraud and abuse matters, placing compliance programs and legal counsel as the first lines of defense
- With so much at risk, our panelists will provide guidance and advice about what is keeping them up at night from the different perspectives of in-house counsel, compliance officer, and outside counsel
- The panelists will provide advice on best practices to minimize the identified risks and enhance both legal and compliance functions

3:00–3:15 PM

Break

3:15–4:45 PM

## P10 Cyber Security and Health Care Privacy

**Moderator:** Roy Wyman, Attorney, Nelson Mullins Broad and Cassel

**David Kessler**, Public Sector Product Compliance Counsel, Verizon

**Marti Arvin**, VP, Audit Strategy, CynergisTek

**Joseph Dickenson**, Attorney, Smith Anderson

- Assessing current cyber security and privacy legal landscape and enforcement actions
- Emerging technologies: Cyber security and privacy risks for healthcare-related entities
- Addressing risks from supply chain and third-party vendors to help reduce enforcement risks

## P11 Federal Administrative Sanctions: Exclusions, Civil Money Penalties, and Case Update

**Michael Torrisi**, Senior Counsel, Office of Inspector General

**Kristin C. Carter**, Shareholder, Co-Chair Fraud and Abuse Subgroup, Baker, Donelson, Bearman, Caldwell & Berkowitz, PC

- Overview of HHS-OIG and CMS administrative enforcement tools and sanctions, including civil monetary penalties, exclusions, revocations, and suspensions
- Trends, priorities, and updates in HHS-OIG enforcement and CMS program integrity actions
- A review of recent federal administrative healthcare enforcement actions

## P12 Compliance, Repayment and Self-Disclosure

**Moderator:** Brian Bewley, Member, Bass Berry & Sims PLC

**Heather Noughton Bokor**, Senior Director of Compliance Services, University of Florida Health System

**David Fuchs**, Senior Counsel, Office of Inspector General

- Discuss applicable rules and provider obligations to return a known overpayment
- Discuss best practices in identifying, quantifying, and remedying an overpayment
- Discuss options and considerations for remedying an overpayment for simple repayments and voluntary disclosures

4:45–6:15 PM

Welcome Reception

## Monday, November 4 CONFERENCE

7:00–8:00 AM

Breakfast

8:00–8:15 AM

Opening Remarks

8:15–9:30 AM

## General Session 1: Government Enforcement Panel

**Moderator:** Kirk Ogrosky, Partner, Arnold & Porter LLP

**Alec Alexander**, Deputy Administrator, CMS, Director, Center for Program Integrity, Centers for Medicare & Medicaid Services

**Gustav W. Eyler**, Director, Consumer Protection Branch, U.S. Department of Justice

**David Tanay**, Division Chief, Health Care Fraud Division, Michigan Department of Attorney General

**Andy Mao**, Acting Director, Civil Fraud Section, Commercial Litigation Branch, U.S. Department of Justice

**Gregory Demske**, Chief Counsel to the Inspector General, Office of Inspector General

**Allan Medina**, Acting Chief, Health Care Fraud Unit, DOJ, Fraud Section

- Discussion of DOJ Criminal and Civil Enforcement Priorities
- Discussion of OIG and CMS Enforcement Initiatives
- Discussion of Medicaid Fraud Enforcement Priorities

9:30–10:00 AM

Networking Break in Exhibit Hall

# Agenda

10:00–11:00 AM

## 101 Collateral Consequences to Audits and Adverse Enrollment Actions

Richard R. Burris, Shareholder, Polsinelli PC

Andrew B. Wachler, Partner, Wachler & Associates, P.C.

- Discussion of interplay between provider enrollment, claims audits, and False Claims Act liability in today's Medicare landscape
- Description of interplay between claim audits, such as Target Probe and Educate and UPIC, and adverse enrollment actions
- Navigating key risk areas that all revoked or terminated Medicare providers need to be aware of, along with practical tips and proactive compliance measures to avoid common pitfalls, including self-audits under the 60-Day Rule

## 102 What Makes a Compliance Program “Effective”?

Thomas Beimers, Partner, Hogan Lovells

Heather Noughton Bokor, Senior Director of Compliance Services, University of Florida Health System

Felicia Heimer, Senior Counsel, Office of Inspector General

- Discuss new and historical published guidance on compliance programs, measuring effectiveness, and program evaluation
- Discuss benchmarking and the use of industry enforcement activity and Corporate Integrity Agreement requirements in your program
- Discuss tips for achieving effectiveness in your organization and the view from multiple vantage points

## 103 Due Diligence and Compliance

Edgar D. Bueno, Partner, Morris Manning & Martin LLP

Lindsey Lonergan, Deputy General Counsel, Navicent Health

- Learn what is or is not a red flag
- How to access information while the government investigates or when a case is under seal
- Setting expectations as the deal moves forward and how to have productive conversations with the other side

11:00–11:15 AM

Break

11:15–12:15 PM

## 201 Nurse Practitioners and Physician Assistants: Emerging Compliance Issues for Hospitals

Carolyn Buppert, Attorney, Law Office of Carolyn Buppert

Elizabeth Skinner, Regional Corp Responsibility Officer, AdventHealth

- Compliance professionals must understand billing requirements when the rendering clinician is a nurse practitioner or physician assistant and when clinical work is shared with physicians
- Hospitals should not allow their employed nurse practitioners and physician assistants to be utilized by self-employed physicians. It's a Stark Law problem
- New state and CDC guidelines on prescribing opioids have opened up a new line of fraud cases involving nurse practitioners and physician assistants. Compliance professionals should have general knowledge of state and national guidelines for prescribing

## 202 Building an Effective Investigative Team

Tamra L. Smith, Principal Compliance Specialist, Providence St. Joseph Health

Michael D. Sandulak, Director of Investigations, Providence St. Joseph Health

Matt Tormey, Chief Criminal Investigator for Westchester County District Attorney's Office

- Evaluation: Identifying goals, assessing the current program, leveraging internal resources, and defining roles/responsibilities and scope of work. Ensuring investigations are valuable (consistent, high quality), variable (adaptable), and visible
- Investigation program elements: Building the team (identifying the right investigators and partners, and developing the right knowledge and skills), assembling the critical tools for your investigation's program, and developing metrics to monitor progress
- Communicating for success and sustainability: Delivering well-written and complete reports, demonstrating an effective investigations process to reporters and stakeholders, and obtaining buy-in from senior leaders, stakeholders, and your team

## 203 Privacy Breach Response

Blaine A. Kerr, Chief Privacy Officer, Jackson Health System

Gregory V. Kerr, Chief Privacy Officer, Ensemble Health Partners

- A discussion of the importance of being proactive about data security and how information security is a dynamic process that must assess risks to e-PHI on an ongoing basis
- Strategic insights to navigate interaction with the media such that protected health information is not disclosed in an egregious way
- Methods to assess when a Business Associate Agreement is necessary and the obligations of the business associate throughout the life cycle of PHI

12:15–1:15 PM

Networking Lunch

1:15–2:15 PM

## 301 False Claims Act Liability in Post-Acute Care

Claudia E. Reingruber, Shareholder, Saltmarsh, Cleaveland & Gund

Latour “LT” Lafferty, Partner, Holland & Knight

- A review of recent False Claims Act cases, both civil and criminal, and areas of governmental focus on post-acute providers, including nursing homes, home health agencies, and hospice providers
- Challenges facing post-acute providers, including changes in payment systems giving rise to new compliance risks and claim audit initiatives
- Current enforcement trends, including potential liability for both providers and corporate management
- Designing and implementing strategies to minimize compliance risks, understanding the benefits of an effective compliance program, and using data to identify areas of payment vulnerability
- Federal Sentencing Guidelines, recent interpretations and important considerations during a False Claims Act investigation

## 302 Risk Management for Compliance Officers

Steven W. Ortquist, President, Arete Compliance Solutions, LLC

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

- How and when are compliance officers at risk? What guidance, enforcement actions and war stories tell us
- Managing and mitigating risks: How can you protect yourself?
- What to do if you run into a challenge

# Agenda

## 303 Privacy and Compliance, HIPAA, State Law, and GDPR

Iliana Peters, Shareholder, Polsinelli, PC

Uday Ali A. Pabrai, CEO, ecfirst

- Examine the state of federal and state privacy and security priorities that will impact regulated entities in 2020, particularly regarding compliance and enforcement
- Review key HIPAA and GDPR challenges that continue to impact organizations
- Discuss the leveraging cybersecurity frameworks such as NIST CSF and HITRUST enhance entities' compliance programs

2:15–2:45 PM

## Networking Break in Exhibit Hall

2:45– 3:45 PM

## 401 HHS Health Industry Cyber Security Practices: Managing Threats and Protecting Patients

Karen Greenhalgh, HCISPP, CHC, CHPC, Managing Principal Founder, Cyber Tygr

Erik Decker, CISO and Chief Privacy Officer, University of Chicago Hospitals

- HHS convened over 150 cyber security officers, privacy experts, medical professionals, and healthcare industry leaders to strengthen the US Healthcare and Public Health cyber security posture. In January of 2019 this task group released voluntary guidance
- In easy to understand terms, learn the 5 cyber security threat vectors that are most impactful. Understand the 10 Best Practices, supported by HHS/OCR, for suggested mitigation strategies across small, medium, and large organizations
- Ensure your organization is focusing on the highest risk threats with appropriate control techniques, policies, and procedures. Templates and toolkits will quickly integrate this knowledge into effective compliance and risk management programs

## 402 Lessons from Stark Investigations

David M. Glaser, Shareholder, Fredrikson & Byron PA

Matthew Krueger, United States Attorney, Eastern District of Wisconsin

- A U.S. attorney and defense lawyer discuss how cooperation between the government and defendants can lower the cost of an investigation
- Analysis of Stark's complexities, including how regulatory definitions can undermine arguments for both parties
- Exploration of the limitations in salary survey data and why it can be difficult to evaluate fair market value compensation

## 403 A Sensible Approach to Global Security and Data Privacy

Michelle Caswell, Principal, Coalfire

Juan Carlos (JC) Palacio, Associate Privacy Counsel, Stryker

- Learn from a global privacy attorney and a cyber security attorney/consultant on how an organization should approach leveraging enterprise-level reasonable and appropriate safeguards to satisfy a multitude of privacy regulations
- Understand the underlying similarities between various privacy regulations and security requirements and learn how to apply a reasonable and appropriate approach to information security to satisfy regulatory requirements
- Minimize your team's level of effort in implementing appropriate security measures

3:45–4:00 PM

## Networking Break

4:00–4:30 PM

## General Session 2: 2019 Update from CMS

Kim Brandt, Principal Deputy Administrator for Operations, Centers for Medicare & Medicaid Services

- Update on the agency's ongoing burden reduction and regulatory reform efforts
- Recent steps to advance interoperability and data sharing
- CMS efforts to combat the opioid epidemic, including SUPPORT Act initiatives
- Updates on CMS program integrity focus areas and regulatory changes

4:30–5:30 PM

## Networking Reception in Exhibit Hall

## Tuesday, November 5 CONFERENCE

7:15–8:15 AM

## Breakfast

8:15–8:30 AM

## Opening Remarks

8:30–9:30 AM

## General Session 3: OCR Update

Roger Severino, Director, Office for Civil Rights

- Describe recent HIPAA enforcement actions and recognize patterns of noncompliance
- Identify best practices for HIPAA compliance
- Explain the importance of risk analysis and other strategies for an effective HIPAA compliance program

# Agenda

9:30–9:45 AM

## Networking Break in Exhibit Hall

9:45–10:45 AM

## 501 Delegate Oversight and Protecting PHI

Erin Miskell, Consultant, ATTAC  
Consulting Group LLC

- General delegation oversight requirements and how the plan holds ultimate responsibility
- The risk of a HIPAA breach not only within the health plan operations but also through delegate systems, processes, and activities
- Prevention mechanisms plans should employ, including education to delegates and plan representatives who manage delegate relationships, attestations, and contractual provisions. Detection mechanisms including auditing, monitoring

## 502 Root Cause Analysis Workshop

Rosalind Cordini, Senior Vice  
President/Director of Compliance  
Services, Coker Group

Dwight Claustre, CHC-F, CHRCH, CHPC,  
Retired Compliance Professional

- Participants will review and understand the Department of Justice's 2017 guidance pertaining to the performance of root cause analyses
- Participants will understand the root cause analysis structure and purpose
- Participants will perform a root cause analysis pertaining to a [mock] serious compliance issue to learn skills for the performance of a root cause analysis in their institutions/organizations

## 503 Confidentiality of Substance Use Disorder Records

Karolina Austin, HIM Director/  
Privacy Officer, Operation PAR

- To obtain a strong knowledge of the confidentiality and privacy regulations that govern substance abuse facilities and records
- Understand new changes and consent requirements of the final rule established in 2017
- Understand the restrictions and how to explain them to requesters, gain ability to educate other entities and agencies about the privacy regulations of 42 CFR part 2

10:45–11:15 AM

## Networking Break: Last Chance to Network with Exhibitors

11:15– 12:15 PM

## 601 Controlled Substance Crisis: A Holistic Approach for Hospitals

Tamara Mattox, Healthcare Risk  
Consulting Sr. Manager, Crowe Horwath

- Leading practices from a large healthcare system on their holistic approach to controlled substance diversion and abuse monitoring
- Share the key critical fundamentals that every hospital should have
- Share the vision of the future state of hospital controlled substance monitoring through automation through the latest technologies such as blockchain and artificial intelligence

## 602 Compliance and Risk Assessments: Prepared?

Uday Ali A. Pabrai, CEO, ecfirst

- Prepare for 2020 privacy & security mandates including lessons learned from recent settlements and enforcement
- Examine core components necessary to conduct a comprehensive and thorough privacy & security risk assessment
- Walk through key areas for designing & establishing a credible, evidence-based privacy & security risk assessment program

## 603 Quality Payment Program

Raul Ordonez, Director, Compliance  
at Jackson Health System

Michael Marron-Stearns, CEO/Founder,  
Apollo Health Information Technology

- CMS Quality Payment Program (QPP): Identify aspects of the program that have the potential for fraud, waste and abuse and their prospect for enforcement
- Risk adjustment in the QPP – Will we see compliance challenges similar to Medicare Advantage?
- Clinical documentation integrity challenges in the QPP

12:15–1:15 PM

## Lunch

1:15–2:15 PM

## 701 Ask the Stark Law Professionals

Charles Oppenheim, Partner,  
Hooper Lundy Bookman, PC

Lester Perling; Partner, Nelson  
Mullins Broad and Cassel

Robert Wade, Partner, Barnes  
& Thornburg LLP

- General overview of the Stark Law
- Bring your Stark Law questions and the panel will analyze and discuss “real time” potential Stark Law risks
- “Live” answers to your Stark Law operational questions

## 702 The Opioid Crisis and Compliance

Amy Boring, Attorney,  
King & Spalding LLP

Michelle Seegers, Pharmacist  
& Regulatory Compliance  
Consultant, Protiviti

Julia Russell, Associate Director, Protiviti

- Compliance Requirements and Beyond — Evaluating the effectiveness of your compliance program and remedial efforts to implement or improve one in the face of the opioid epidemic
- Systems Controls — Addressing which buttons and levers can be pulled and protected to achieve 100% compliance for each team of stakeholders while retaining individual decision-making authority of the clinicians
- Response Plan — Implementing a response plan in a multidisciplinary project plan to address vulnerabilities and improve the coordinate response of the Compliance Program

## 703 Navigating Parallel Investigations, Criminal, Civil, State, and Federal

Sally Blinken, Counsel, Lupkin PLLC

Edward A. Baker, of Counsel,  
Constantine Cannon LLP

- Government investigations of alleged healthcare fraud are often far more complex and multi-faceted than they may first appear, particularly to the entities or persons under investigation
- Parallel investigations—whether state/federal or civil/criminal/administrative—present significant challenges and pitfalls for all parties
- A global resolution of all aspects of an investigation is generally in the best interest of all parties, but often difficult to achieve

# Agenda

2:15–2:30 PM

## Networking Break

2:30–3:30 PM

### 801 Patient Support Services and False Claims Act Risks

Winston Chan, Partner, Gibson, Dunn & Crutcher LLP

William J. Harrington, Partner, Goodwin Procter LLP

A. Marisa Chun, Partner, Crowell & Moring LLP

- Healthcare providers face increasing scrutiny for patient support services programs. These services range from reimbursement assistance to wellness counseling
- In some instances, the government's focus has turned to services provided to healthcare providers. In all cases, the investigatory focus is whether these services constitute unlawful inducements
- This panel of former prosecutors will provide an overview of the government's recent enforcement actions in this area, and engage in an interactive discussion concerning risk factors and mitigation strategies

### 802 Enforcement and Compliance, Retail Pharmacy

Selina Coleman, Partner, Reed Smith LLP

Daniel P. Fitzgerald, Senior Counsel, Government Litigation, Walgreen Co.

- Compliance strategies related to scrutiny of pharmacy rewards, government audit initiatives, and other hot topics in pharmacy law
- Discount card programs in the wake of lawsuits alleging that club prices are the "usual & customary" charges that should have been passed on to payers
- Practical implications of post-Escobar cases on potential allegations of False Claims Act violations in the retail pharmacy environment

### 803 Clinical Trial Enforcement and Compliance

Toby Boenig, Vice President and Chief Compliance Officer, University of Texas Medical Branch

Craig A. Conway, JD, LLM, Associate Vice President, Office of Institutional Compliance, University of Texas Medical Branch (UTMB)

- This session will outline recent enforcement efforts/cases from the OIG, the FDA, OHRP, the DOJ, and ORI; and
- Based upon recent enforcement cases, the session will detail common high-risk areas for research organizations; and
- This session will then summarize efforts that research compliance professionals should take to address all of the high-risk areas

3:30–3:45 PM

## Networking Break

3:45–4:45 PM

### General Session 4: Operationalizing Compliance Through Data Analytics

Vincent M. Walden, Managing Director, Forensic Technology Services, Alvarez & Marsal Disputes and Investigations, LLC

Jim Passey, Vice President, Chief Audit & Compliance Officer, HonorHealth

Lee Tiedrich, Partner, Covington & Burling LLP

Geoff Hymans, Senior Counsel, Office of Inspector General, U.S. Department of Health and Human Services

- Understand leading frameworks for operationalizing compliance
- Leading analytical techniques and practical case examples
- Analytics considerations and pitfalls to avoid when deploying your program

## Wednesday, November 6 POST-CONFERENCE

8:30–10:00 AM

### W1 SNF Mandatory Compliance is Here: Lessons Learned from CIAs

Tamar Abell, CEO, TBA Consultant

Claudia E. Reingruber, Shareholder, Saltmarsh, Cleaveland & Gund

- Review of the RoP for Skilled Nursing Home mandatory compliance program and how it will affect long-term care facilities
- Lessons learned from corporate integrity agreements and challenges long-term care organizations face in operationalizing including anti-kickback violations and working with IROs and Federal Quality of Care Monitors
- Tools for implementation and risk assessment specific for post-acute providers

### W2 The Parkland Health & Hospital System Story: How We Learned, the Hard Way, What Every Healthcare Organization Must Know

Mary S. Findley, Former Chief Compliance and Ethics Officer, Parkland Health & Hospital System

Robert D. Martinez, Board Member, Parkland Health & Hospital System

Kathleen Murphy, Managing Director, Alvarez & Marsal

Felicia Heimer, Senior Counsel, Office of Inspector General

- Implementing a Systems Improvement Agreement with CMS and a Corporate Integrity Agreement with OIG and monitoring Parkland's transformation: Important perspectives from the Chief Compliance Officer, Board Member, Review Organization and Regulator
- Parkland's governance and cultural overhaul - meaningful board oversight, tone at the top, disclosure/non-retaliation, effective communication, buy-in at all levels
- Using the experiences from Parkland's SIA and CIA to stand up sustainable and effective compliance and quality programs



# Agenda

## W3 Enforcement and the Opioid Crisis

**Gary Cantrell**, Deputy Inspector General for Investigations, Office of Inspector General

**Jill Furman**, Deputy Director, Consumer Protection Branch, U.S. Department of Justice

**Katherine Payerle**, Assistant Chief, Healthcare Fraud Unit, U.S. DOJ

- Latest trends and enforcement strategies in the fight against prescription opioid diversion and fraud
- Use of data to detect and investigate fraud and diversion and to measure impact
- Collaboration and data sharing (public and private sector partnerships)
- Fraud and access concerns in the treatment of substance use disorder

**10:00–10:15 AM**

## Networking Break

**10:15–11:45 AM**

## W4 Privilege and Compliance

**Nicholas Merkin**, CEO, Compliagent

**Anna Grizzle**, Partner, Bass, Berry & Sims PLC

- Compliance programs may produce evidence of regulatory violations against healthcare organizations and their officers/directors. CCOs, however, are required to communicate that data to internal/external stakeholders as part of robust compliance efforts
- In some cases, evidentiary privileges may protect this information from disclosure and, thus, encourage more robust auditing and monitoring activities, thorough internal investigations, and transparent communications concerning compliance matters
- The scope and use of these privileges in the context of compliance programs, however, is often misunderstood. This presentation will explore and clarify the application of different privileges and provide practical advice as to appropriate usage

## W5 21st Century Data and Detection: Implementing a World-Class Global Continuous Monitoring Program to Detect FCPA and Kickback Risks Before They Become Systemic

**Parth Chanda**, CEO, Lextegrity

**Jeff Klink**, CEO, KLINK

- Learn hands-on best practices from former in-house and outside counsel and a cutting-edge technologist about how healthcare companies can manage their data to reduce their risks
- Understand how to get the structured and unstructured data you need, what analytical risk tests to run on that data, and how to action risk flags and use machine learning to improve your risk analyses over time
- Most importantly, learn how companies can operationalize and embed continuous monitoring into existing company processes in a sustainable and cost-effective way without needing an army of new compliance headcount

## W6 Medical Necessity and the False Claims Act

**J.D. Thomas**, Partner, Waller

**Jeffrey Dickstein**, Partner, Phillips & Cohen LLP

**Rob McAuliffe**, Assistant Director, U.S. Department of Justice, Civil Frauds

- Medical necessity cases are very much alive in the FCA world, though the environment is ever-changing. This panel of attorneys, with experience in the government, defense, and relator's bar will examine the evolving landscape
- We will consider legal issues around medical necessity cases, recent rulings, post-Escobar questions of materiality, as well as regulations typically in play in common questions of medical necessity
- We will discuss factual issues that arise in medical necessity cases, including investigating, proving, and defending against allegations of the lack of medical necessity, as well as designing and implementing statistically valid medical reviews

**11:45–12:30 PM**

## Lunch on Own

**12:30–1:00 PM**

## Exam Check-in

**1:00–3:30 PM**

## CHC Exam

# Healthcare Enforcement Compliance Conference

November 3–6, 2019 • Renaissance Washington • Washington, DC

## 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/hecc/tandc](http://hcca-info.org/hecc/tandc).

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## Registration Fees

|                          |                                       |         |
|--------------------------|---------------------------------------|---------|
| <input type="checkbox"/> | Member (Monday & Tuesday)             | \$875   |
| <input type="checkbox"/> | Non-Member (Monday & Tuesday)         | \$1,045 |
| <input type="checkbox"/> | Registration + First-Time Membership* | \$1,095 |
| <input type="checkbox"/> | Pre-Conference (Sunday Morning)       | \$140   |
| <input type="checkbox"/> | Pre-Conference (Sunday Afternoon)     | \$140   |
| <input type="checkbox"/> | Post-Conference (Wednesday)           | \$140   |
| <input type="checkbox"/> | Group Discount for 5–9 Attendees      | (\$50)  |
| <input type="checkbox"/> | Group Discount for 10 or More         | (\$100) |

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

TOTAL \$ \_\_\_\_\_

## Session Selections

Visit [hcca-info.org/hecc](http://hcca-info.org/hecc) to choose your sessions, update your conference badge, and see our on-site attendee networking opportunities. If you do not select your sessions online, please write them in the form below. Your selections will be used to assist us in planning. You are not obligated to attend the sessions you select. Session selection is not available for discussion groups.

| SUNDAY   | MONDAY   | TUESDAY  | WEDNESDAY |
|----------|----------|----------|-----------|
| 9:00 AM  | 10:00 AM | 9:45 AM  | 8:30 AM   |
| 10:45 AM | 11:15 AM | 11:15 AM | 10:15 AM  |
| 1:30 PM  | 1:15 PM  | 1:15 PM  |           |
| 3:15 PM  | 2:45 PM  | 2:30 PM  |           |

## Payment

Online registration at [hcca-info.org/hecc](http://hcca-info.org/hecc)

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](mailto: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

## Hotel & Conference Location

**Renaissance Washington**  
999 9th Street NW  
Washington, DC 20001

**Phone reservations:** Call 800.468.3571 and ask for the Health Care Compliance Association group rate or HCCA.

**Online reservations:** [bit.ly/2019hecc-hotel](http://bit.ly/2019hecc-hotel)

A reduced rate of \$299 for Standard room with single/double occupancy per night, plus applicable taxes (currently 14.5%, subject to change) have been arranged for this program.

All reservations must be guaranteed and accompanied by a first night room deposit or guaranteed with a major credit card. The cutoff date to receive this discounted rate is Friday, October 11, 2019 or once the group block is full, whichever comes first.

**Federal Government Rate:** If you are a federal government employee, you may take advantage of the federal government rate online at [bit.ly/2019hecc-hotelgvt](http://bit.ly/2019hecc-hotelgvt). Please note that you will be required to show government ID at check-in.

**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 on the conference website. If you have concerns or questions, please contact 888.580.8373.

## 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 +1 952.988.0141 or 888.580.8373 or email [ccb@compliancecertification.org](mailto:ccb@compliancecertification.org). To see the most up-to-date CEU information go to HCCA's website, [hcca-info.org/all-conferences-home-page](http://hcca-info.org/all-conferences-home-page). Select your conference, and then select the "Continuing Education" option on the left hand menu.

**AAPC:** This program has the prior approval of the AAPC for 21.0 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 21.0 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 21.0 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.

**Continuing Legal Education (CLE):** The Health Care Compliance Association is a provider/sponsor, approved/accredited by the Alabama State Bar, State Bar of California, the Pennsylvania Bar Association, the Rhode Island MCLE Commission, and the State Bar of Texas. An approximate maximum of 19.75 clock hours of CLE credit will be available to attendees of this conference licensed in these states, along with Illinois. 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. **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.

**Compliance Certification Board (CCB):** CCB has awarded a maximum of 24.9 CEUs for these certifications: Certified in Healthcare Compliance (CHC)<sup>®</sup>, Certified in Healthcare Compliance– Fellow (CHC-F)<sup>®</sup>, Certified in Healthcare Privacy Compliance (CHPC)<sup>®</sup>, Certified in Healthcare Research Compliance (CHRC)<sup>®</sup>, Certified Compliance & Ethics Professional (CCEP)<sup>®</sup>, Certified Compliance & Ethics Professional–Fellow (CCEP-F)<sup>®</sup>, Certified Compliance & Ethics Professional–International (CCEP-I)<sup>®</sup>.

**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](http://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 24.5 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 +1 952.988.0141.

**Nursing Credit:** The Health Care Compliance Association is preapproved by the California Board of Registered Nursing, Provider Number CEP 14593, for a maximum of 24.9 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](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).

# Healthcare Enforcement Compliance Conference

November 3–6, 2019  
Washington, DC

## Healthcare Enforcement Compliance Conference

### 2018 Highlights



**524**  
ATTENDEES



**48**  
SESSIONS



**18**  
GOVERNMENT  
SPEAKERS



**28**  
EXHIBITORS

**Register now**  
[hcca-info.org/hecc](http://hcca-info.org/hecc)