VIRTUAL CONFERENCE

Compliance Institute

March 30—April 1, 2020

Gain insights into emerging healthcare compliance risks and develop strategies to address them.

Register now

HCCA
Health Care Compliance Association

MONDAY, MARCH 30

8:50–9:00 AM CDT		Opening Remarks
9:00–9:40 AM CDT	ROOM 1	GENERAL SESSION: CMS Update
9:40–10:00 AM CDT		GENERAL SESSION: OIG Update

	ROOM 1	ROOM 2	ROOM 3	ROOM 4
10:15–11:15 AM CDT	**101** HIPAA Update & Enforcement	**201** Rethinking the Code of Conduct: Building Effectiveness through Simplification	**301** Breaking Down the Walls: 3 Proven Ways to Decrease Compliance Risk in the Revenue Cycle	**401** What Compliance Officers Need to Know about Board Responsibilities
11:30 AM–12:30 PM CDT	**102** The Relationship between In-House Counsel and the Compliance Officer	**202** Metrics that Matter: Demonstrating Your Program Effectiveness	**302** Part 2 Compliance: Where Nobody Knows Your Name	**402** Compliance Policies and Procedures 101: How to Develop and Manage Your Compliance Policies
1:00–2:00 PM CDT	**103** The Patient Record Scorecard: Get Into Compliance with the HIPAA Individual Right of Access before OCR Comes Knocking	**203** EHR/Documentation Risks and Impacts on Care/Quality and Payments: 2021 Changes	**303** A Changing Landscape: Kickback and Self-Referral Developments	**403** A New Trend: OIG Mandated Six-Year Lookback Audits and Voluntary Refunds
2:15–3:15 PM CDT	**104** You Have the Right to Remain Compliant: Considerations for Handling Requests for Information from Law Enforcement	**204** Building a Physician Practice Audit Program (That Your Physicians Will Appreciate!)	**304** Practical Guidance and Strategies for Skilled Nursing Facility Compliance & Ethics Programs	**404** How to Prepare and Respond under the New DOJ Corporate Compliance Programs Criteria Using Real Case Examples
3:30–4:30 PM CDT	**105** OIG Developments	**205** Telehealth Views from the Friendly Physician, the Friendly Coder, and (Believe It or Not) the Friendly Attorney	**305** The HHS Health Industry Cybersecurity Practices: Managing Threats and Protecting Patients	**405** Create the Village: The Compliance/Revenue Cycle/Quality Partnership

4:45–5:45 PM CDT	ROOM 1	GENERAL SESSION: Fraud Is Not a Trade Secret: A Conversation with Tyler Shultz

TUESDAY, MARCH 31

8:50–9:00 AM CDT		Opening Remarks
9:00–10:00 AM CDT	ROOM 1	GENERAL SESSION: Integrity

	ROOM 1	ROOM 2	ROOM 3	ROOM 4
10:15–11:15 AM CDT	**106** The New Kids on the HIPAA Block: States' Attorneys Generals Join the Party	**206** Merger and Acquisition: Compliance Due Diligence	**306** Opioid Crisis: Big Pharma Got Us Here—Can Compliance Get Us Out?	**406** Beyond Checking the Box: Best Practices for Compliance Training Design, Delivery, and Evaluation
11:30 AM–12:30 PM CDT	**107** Managed Care Enforcement Trends and Compliance Risks	**207** Auditing Ahead of the Auditors: A RAC, CERT, and TPE Prevention Program	**307** Auditing the Trifecta: Compliance, Privacy, Security	**407** We Cannot Make This Stuff Up: Tales of Non-compliance and Risk Management
1:00–2:00 PM CDT	**108** Medical Necessity & The False Claims Act: An Ever-Moving Target	**208** Compliance and the Board: Challenges and Best Practices	**308** How to Understand Information Security Risk for the Non-IT Professional	**408** Auditing Compliance Effectiveness through a Lean Lens
2:15–3:15 PM CDT	**109** Think Big. Think Small. Managing Conflict of Interest	**209** Remotely Speaking: Strategies for Effective Remote Employees and Their Employers	**309** Top IT and Cyber Risks to Include in Your Audit Plan–2020 Update	**409** The Laboratory Risk Assessment: The Process, the Top Risks, and What to Audit
3:30–4:30 PM CDT	**110** Boot Scootin' Compliance Boot Camp: How to Lasso Your Leaders into Becoming Compliance Champions	**210** Compliance Essentials: Internal Investigations and Self-Disclosures	**310** Privacy Readiness: Do You Know Where Your PHI Lives with Medical Device Companies	**410** 60-Day Repayment Rule: Discussion of Examples, Sampling Methods, and Strategies

4:45–5:45 PM CDT	ROOM 1	GENERAL SESSION: Artificial Intelligence Compliance Risks and Applications in Healthcare

WEDNESDAY, APRIL 1

	ROOM 1	ROOM 2	ROOM 3	ROOM 4
9:00–10:30 AM CDT	**111** Privacy Officer Round Table	**211** Government Enforcement	**311** Surviving as a Compliance Officer Wearing Multiple Hats	**411** Health System Transformation, Fraud and Abuse Regulation, and Value-Based Purchasing: Rethinking Boundaries
10:45 AM– 12:15 PM CDT	**112** The 340B Program: Perspectives on How to Promote Compliance in Your Covered Entity	**212** Managing Your Conflicts of Interest Process: Lessons from the IRS 990, Maryland Health System, Memorial Sloan Kettering, Michigan State, and the Physician Sunshine Act	**312** Cybersecurity & Incident Response: The Nuts & Bolts of Avoiding and/or Responding to a Security Incident.	**412** The Role of Compliance in Government Enforcement: An Exploration of Recent Enforcement Activities, Evolution of Settlement Agreements, and Insights from a Corporate Monitorship
12:45 – 2:15 PM CDT	**113** Be a HIPAA ACE: Awareness, Collaborate, and Educate	**213** Measuring the Effectiveness of a Compliance Program Using the DOJ Guidance	**313** Compliance Program Development: What Are the Basics from Infrastructure to Risk Assessment?	**413** If They Can't Understand Them, They Won't Follow Them: The Art of Drafting Effective Compliance Program Policies
2:30–4:00 PM CDT	**114** Tips for Conducting Interviews during Internal Investigations	**214** Focus on Compliance Officer Skills: Navigating Enforcement Actions, Investigations, and Settlements	**314** Developing, Implementing, and Delivering Physician Audits	**414** The Evolving Kickback from a Prosecutor's Perspective: Novel and Unique Arrangements Catching the Government's Attention

How does this virtual conference work?

This virtual conference is a live conference with slide decks hosted on HCCA's Virtual Compliance Institute platform. You can access scheduled sessions through a computer or mobile device with internet access. Attendees can ask questions live, just as they do at our in-person events.

Benefits of a virtual conference

Participating in the virtual conference will provide you with a great educational experience, and you will earn "live" CCB CEUs at an affordable price and from the convenience of your home or office.

Attendance monitoring

We will be actively monitoring attendance for the purposes of continuing education throughout each session and to be able to offer various external credit types. Approximately every 13–15 minutes you will be given an on-screen prompt asking you to confirm that you are still actively participating in this virtual conference. Following the event you will be provided the Application for Continuing Education Units (CEUs) form to request your earned CEUs.

CONTINUING EDUCATION

NOTE: 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.

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. To see the most up-to-date CEU information go to HCCA's website, hcca-info.org/all-conferences. 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 **20.0** 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 **20.0** 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.

Compliance Certification Board (CCB)®: CCB has awarded a maximum of **24.0** 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:
Monday | 8.4 CCB CEUs
Tuesday | 8.4 CCB CEUs
Wednesday | 7.2 CCB CEUs
Totals subject to change

Continuing Legal Education (CLE): The Health Care Compliance Association is a provider/sponsor, approved/accredited by the State Bar of California and the State Bar of Texas. An approximate maximum of **17.0** clock hours of CLE credit for qualifying sessions will be available to attendees of this conference licensed in these states. 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 conferences with qualifying sessions 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.

NAB: This program has been approved for Continuing Education for **18.0** total participant hours by NAB/NCERS— Approval #20210328-116-A66121-DL.

Nursing Credit: The Health Care Compliance Association is preapproved by the California Board of Registered Nursing, Provider Number CEP 14593, for a maximum of **24.0** 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).

ROOM 1

8:50–9:00 AM CDT

Opening Remarks

9:00–9:40 AM CDT

GENERAL SESSION: CMS Update

KIMBERLY BRANDT, Principal Deputy Administrator for Operations and Policy, CMS

9:40–10:00 AM CDT

GENERAL SESSION: OIG Update

CHRISTI GRIMM, Principal Deputy Inspector General, OIG

10:15–11:15 AM CDT BREAKOUTS

ROOM 1

101 **HIPAA Update & Enforcement**

TIMOTHY NOONAN, Deputy Director, Health Information Privacy Division, U.S. Department of Health and Human Services Office for Civil Rights

- Describe recent HIPAA enforcement actions and recognize patterns of noncompliance
- Identify best practices for HIPAA compliance
- Identity key strategies for managing cybersecurity threats

ROOM 2

ADVANCED SESSION: developed for the compliance professional with 10+ years of experience

201 **Rethinking the Code of Conduct: Building Effectiveness through Simplification**

DARRELL W. CONTRERAS, Chief Compliance Officer, Millennium Health

- Review the existing guidance on the Code of Conduct, this session will evaluate what is required for an "effective" code of conduct. This will set the stage for simplifying to a 1-page code of conduct
- Evaluate the goals and realities of the existing code of conduct to facilitate discussion on designing a new, 1-page version of the code of conduct
- Discuss and consider roll-out strategies that include selling the concept of a 1-page code of conduct to the Board and leadership, increased use of the code of conduct, and increased ownership and reliance on the code of conduct to drive decision-making

ROOM 3

301 **Breaking Down the Walls: 3 Proven Ways to Decrease Compliance Risk in the Revenue Cycle**

EMILIE STURM, Sr. Revenue Management Consultant, Trinity Health

DAWN CRUMP, Sr. Director Revenue Cycle, MRO Corp

- Identify the top three compliance risks in the revenue cycle: how to manage disclosure of PHI within revenue cycle departments, how to evaluate levels of direct payer access to EHR systems, and how to effectively unite revenue cycle departments
- Assess new ways for compliance officers to work collaboratively with revenue cycle leaders to reduce risk, bridge communication gaps, and promote teamwork while also supporting billing integrity, revenue recovery for the organization
- Offer real-world guidance to improve compliance in centralized revenue cycle environment with focus on shoring up specific business office processes that may lead to inadvertent PHI disclosures during payer conversations, audits, and disputes

ROOM 4

401 **What Compliance Officers Need to Know about Board Responsibilities**

LAURA ELLIS, Senior Counsel, HHS OIG

MARGARET J. HAMBLETON, President, Hambleton Compliance, LLC; SCCE & HCCA Board Member

DANIEL R. ROACH, Chief Compliance Officer, Optum 360; SCCE & HCCA Board Member

- Provide practical understanding of Board responsibilities
- Strategic approaches to Board oversight
- Partnering with legal, audit, and others to provide sufficient information to the Board

11:30 AM–12:30 PM CDT   BREAKOUTS

ROOM 1

102 The Relationship between In-House Counsel and the Compliance Officer

MICHELLE O'NEILL, Vice President, Corporate Compliance & Privacy, Summit Medical Group, PA

GABRIEL IMPERATO, Managing Partner, Nelson Mullins Broad and Cassel; SCCE & HCCA Board Member

ISAI SENTHIL, VP Associate General Counsel, Summit Medical Group

- Discuss the roles and responsibilities of inhouse counsel and the compliance officer
- Review how each role has expanded and evolved over the recent years, in response to regulatory challenges
- Learn how to create an ideal partnership that fosters respect, trust, teamwork, and an effective compliance program

ROOM 2

202 Metrics that Matter: Demonstrating Your Program Effectiveness

RUTH KRUEGER, Principal, Compliance Coach Co LLC

- Review newest DOJ guidance for evaluating compliance programs
- Discuss elements that demonstrate program effectiveness
- Provide tools to highlight the metrics that support DOJ recommendations

ROOM 3

302 Part 2 Compliance: Where Nobody Knows Your Name

MARY L. LEGERSKI, Director Corporate Compliance, Cleveland Clinic

VICKI BOKAR, Senior Director, Corporate Compliance, Cleveland Clinic

- Learn how to operationalize key provisions of 42 CFR part 2 Confidentiality of Substance Use Disorder Patient Records including the following: Obtaining patient consent, sharing information for health information exchanges, etc.
- Identify substance abuse records that may be accessible in your electronic health record system that you haven't even thought about
- Learn how to engage information technology staff and business associates to assist the compliance team in implementing necessary controls and processes for Part 2 compliance which may differ from the controls and processes already in place for HIPAA

ROOM 4

402 Compliance Policies and Procedures 101: How to Develop and Manage Your Compliance Policies

GLENA JARBOE, Director, Ankura Consulting

LITANY WEBSTER, Regulatory Compliance Manager, Kroger Health

- Policy management: Administration of your organizations policies
- Policy development: What compliance policies should you have and how to develop them
- Policy implementation: Communication, accountability, and ongoing assessment/review

1:00–2:00 PM CDT   BREAKOUTS

ROOM 1

103 The Patient Record Scorecard: Get Into Compliance with the HIPAA Individual Right of Access before OCR Comes Knocking

DEVEN MCGRAW, Chief Regulatory Officer, Ciitizen

- An August 2019 published survey and scorecard of more than 3,400 hospitals show that 60 percent are out of compliance with the HIPAA Right of Individual Access
- Federal regulators are increasingly focusing on the right of patients to access their data, and complaints about access are now the top category of HIPAA complaints filed with OCR, which recently announced its intent to more robustly enforce access rules
- Learn the common ways many hospitals fail to comply with the HIPAA Right of Access and how to get your Right of Access processes into compliance before a potential OCR investigation

ROOM 2

203 EHR/Documentation Risks and Impacts on Care/Quality and Payments: 2021 Changes

COLLEEN A. DENNIS, Compliance Analyst, Children's Hospital–Colorado Springs

KENNETH M. JENKINS, Hospital Compliance Officer, Vanderbilt University Medical Center

- Risks associated with Templates/Copy/ Paste, etc.
- 2021 A Brave New World
- Impacts to compliance and audit function

ROOM 3

303 A Changing Landscape: Kickback and Self-Referral Developments

TONY MAIDA, Partner, McDermott Will & Emery

KATHERINE BOWLES, Attorney, Registered Nurse, Nelson Hardiman

- Learn about the changes CMS and OIG proposed to the Physician Self-Referral Law and Anti-Kickback Statute and insights on what the final rule will say
- Understand the newest kickback law— Eliminating Kickbacks in the Recovery Act of 2018 (EKRA)—and how it impacts your organization
- Review the latest government enforcement efforts for lessons to apply in your compliance program

ROOM 4

403 A New Trend: OIG Mandated Six-Year Lookback Audits and Voluntary Refunds

DENISE LEARD, Attorney, Brown & Fortunato, P.C.

WAYNE VAN HALEM, President, The van Halem Group

- While not a new requirement, this presentation will discuss the new trend of OIG mandating providers perform a six-year lookback audit once they have completed and published an audit of their own
- We will discuss the requirements of providers who find themselves in this situation and what actions they should take in order to reduce risk and mitigate the impact of such a review
- Lastly, it will discuss the legal implications for providers who may be found to be noncompliant with the six-year lookback rule

2:15–3:15 PM CDT   BREAKOUTS

ROOM 1

104 You Have the Right to Remain Compliant: Considerations for Handling Requests for Information from Law Enforcement

CATIE HEINDEL, Managing Senior Consultant, Strategic Management

ASHLEY HUNTINGTON, Privacy Officer, Cook County Health

- Provide an overview of the HIPAA requirements and unique state law considerations for sharing patient information with law enforcement

- Explore and examine emerging issues and trends with release of information and the authority of law enforcement oversight agencies

- Identify the roles and responsibilities of compliance, legal, health information management, and clinic staff in working with law enforcement while protecting patient privacy and provide tips for communication and collaboration

ROOM 2

204 Building a Physician Practice Audit Program (That Your Physicians Will Appreciate!)

MARY CURRY, Healthcare Compliance Officer, SIU School of Medicine

SARAH M. COUTURE, Senior Director, Ankura Consulting Group

- Risk assessment: The foundation of your audit plan

- Structuring a best practice physician practice audit plan

- Engaging physicians and reporting audit results

ROOM 3

304 Practical Guidance and Strategies for Skilled Nursing Facility Compliance & Ethics Programs

JACQUELINE M. ANDERSON, Partner, Rolf Goffman Martin Lang LLP

- Identify and evaluate key compliance risk areas for nursing facilities, including billing compliance, HIPAA, contracting, and quality of care

- Identify strategies for preventative compliance and avoidance relating to significant risk areas and evaluate opportunities to decrease costs associated with compliance risks

- Understand the government investigation process and learn practical strategies to prepare your organization in advance for response

ROOM 4

ADVANCED SESSION: developed for the compliance professional with 10+ years of experience

404 How to Prepare and Respond under the New DOJ Corporate Compliance Programs Criteria Using Real Case Examples

SHAWN Y. DEGROOT, Managing Director, SunHawk Consulting

BRIAN FLOOD, Partner-Attorney, Husch Blackwell LLP

- Review the new 2019 DOJ Corporate Compliance Programs guidance

- Discuss and compare the new criteria or emphasis in the new 2019 DOJ guidance with prior and related guidance from DOJ and HHS

- Discuss methods to prepare your organization, leadership and compliance program to pass a review under the new guidance using real case examples

3:30–4:30 PM CDT   BREAKOUTS

ROOM 1

105 OIG Developments

GREG DEMSKE, Chief Counsel to the Inspector General, HHS-OIG

ROOM 2

205 Telehealth Views from the Friendly Physician, the Friendly Coder, and (Believe It or Not) the Friendly Attorney

CHRISTOPHER A. MORRISON, Mgroup Healthcare Strategies

MICHAEL IGEL, Esquire, Johnson Pope Bokor Ruppel & Burns LLP

MAGGIE M. MAC, President, Maggie Mac-MPC Inc.

- Analysis of CMS regulations surrounding Telehealth including remote patient evaluations, inter-professional consultations and the expansion of telehealth within Medicare Advantage plans

- Discuss clinical services and their respective codes that are currently included in the expansion of Medicare Telehealth Services and private payor relationships. Understand the current E/M components when providing telehealth patient care

- Structuring a telehealth business: Discuss important considerations for the organization and operation of a national, telemedicine-based services organization

ROOM 2

305 The HHS Health Industry Cybersecurity Practices: Managing Threats and Protecting Patients

TY GREENHALGH, Managing Member, Cyber Tygr

JULIE CHUA, Director, Governance, Risk and Compliance, United States Department of Health and Human Services

- Join this session and learn CMS's "Top 5 Threats" and "10 Best Practices" targeted to mitigate specific cybersecurity threats in easy to understand terms providing templates and toolkits: PnPs, Self-Assessment, Roadmaps, and Best Practices

- The Lower Health Care Cost Act recommends basing section 502 "Recognition of Security Practices" on this HHS publication which under HITECH can reduce fines, decrease the length of audits, and limit remedies within agreements like Corrective Action Plans

- The Congressionally mandated 405(d) Task Group, supported by HHS/OCR, comprised of 150 cybersecurity experts has determined the 10 Best Mitigation Practices for small, medium, and large organizations. 2019 FedHealthIT Award Winner! Come join us

ROOM 4

405 Create the Village: The Compliance/Revenue Cycle/Quality Partnership

BARBARA J. PIASCIK, VP/Chief Compliance Officer, New Bridge Medical Center

KERRI MCCUTCHIN, Compliance Manager, Cooper University Healthcare

- Demonstrate how successful engagement of revenue cycle and quality in the compliance journey can maximize the effectiveness of all three areas

- Identify real-world examples of risk based data analytics impacting all three areas

- Improve understanding of regulatory and data requirements for each area

4:45–5:45 PM CDT

GENERAL SESSION: Fraud Is Not a Trade Secret: A Conversation with Tyler Shultz

TYLER SHULTZ, Theranos Whistleblower & Entrepreneur

ADAM TURTELTAUB, CCEP, CHC, Vice President, Strategic Initiatives and International Programs, SCCE & HCCA

- How can a company acquire a $10 billion valuation built on fraud? How does a 20-something Stanford dropout deceive esteemed statesmen and titans of the industry? What leads someone to defraud hundreds of employees, thousands of investors, and millions of patients on an unprecedented scale?

- Tyler Shultz, the man most responsible for bringing down Theranos, answers these questions and more. In a compelling conversation, Shultz takes audiences through his time as an employee at Theranos, discussing everything from his relationship with Elizabeth Holmes, to the faulty blood testing technology, to his efforts to expose the truth about Theranos

- With humility and candor, Shultz addresses the importance of corporate governance, modern-day business ethics, Silicon Valley culture, and the lessons the corporate world can learn from Theranos' historic fraud

ROOM 1

8:50–9:00 AM CDT

Opening Remarks

9:00–10:00 AM CDT

GENERAL SESSION: Integrity

FACILITATOR: JENNY O'BRIEN, CHC, CHPC, Chief Compliance Officer, UnitedHealthcare

ROY SNELL, CHC, CCEP-F, Strategic Advisor, SCCE & HCCA

Join us for a discussion with HCCA co-founder and long-time CEO Roy Snell as he tackles questions focused on integrity, one of the most important but unstated elements of a compliance & ethics program.

- Can integrity be taught and measured?
- What, if anything, can compliance officers do to improve integrity?
- What are the factors that erode integrity that compliance teams should watch for?

10:15–11:15 AM CDT   BREAKOUTS

ROOM 1

106 The New Kids on the HIPAA Block: States' Attorneys Generals Join the Party

THORA A. JOHNSON, Partner, Venable LLP

DEBRA M. LIGHTNER, Chief Compliance Officer, EmblemHealth, Inc.

JAIME PEGO, Managing Director, Healthcare Advisory, KPMG

- In recent years, States' Attorneys General have begun to exercise their authority to enforce HIPAA. In 2018, the total number of state settlements exceeded the total number of federal settlements
- We will provide an overview of the life cycle of a State Attorney General action, along with recommendations for navigating the process and avoiding potential pitfalls
- We will also discuss how to leverage such a challenging situation and use it as an opportunity to improve your organization's overall privacy program and controls

ROOM 2

206 Merger and Acquisition: Compliance Due Diligence

ISAAC M WILLETT, Partner, Faegre Baker Daniels

STEVE LOKENSGARD, Partner, Faegre Baker Daniels

- This session will briefly review the federal sentencing guidelines and help a small company understand whether a compliance program is voluntary or mandatory for your company
- Understand options for implementing an effective compliance program in a small company, and that one size does not fit all
- Understand some of the minimum expectations a large company will have with respect to compliance when acquiring a small, startup company

ROOM 3

306 Opioid Crisis: Big Pharma Got Us Here— Can Compliance Get Us Out?

CINDY W. HART, Compliance Professional

JACKIE ROBERTSON-GUTSHALL, Compliance Officer, Advanced Regional Center for Ankle and Foot Care

CHRIS COVINGTON, Assistant Special Agent in Charge, HHS-Inspector General

- Discuss when Big Pharma execs became aware of opioid abuses and what actions they took (or did not take). Let's talk about Project Tango
- Learn how various government agencies are working to combat the opioid crisis through litigation, education, and a host of government and state regulations
- Explore the role of compliance in the opioid crisis: From ethical sales campaigns, to PhRMA code adherence, to effective monitoring and auditing

ROOM 4

406 Beyond Checking the Box: Best Practices for Compliance Training Design, Delivery, and Evaluation

GREGORY S. RIDER, Director, Corporate Compliance, EmblemHealth

CJ WOLF, Director, Conflict of Interest, Intermountain Healthcare

- Learn how a large healthcare entity has applied the principles of adult learning and technology to advance their training efforts
- Identify instructional design strategies and differences between in-person and online training approaches
- Explore methods for evaluating the effectiveness of training

11:30 AM–12:30 PM CDT   BREAKOUTS

ROOM 1

107 Managed Care Enforcement Trends and Compliance Risks

JOHN KELLY, Member, Bass, Berry & Sims PLC

SARAH KESSLER, Senior Counsel, HHS-OIG

BENJAMIN D. SINGER, Partner, O'Melveny & Myers LLP

- Review enforcement trends against Medicare and Medicaid managed care organizations and providers
- Key risk areas and best practices for minimizing exposure will be discussed to help identify and remediate compliance concerns
- Explain how compliance deficiencies in managed care processes and risk adjustment data create exposure under the false

ROOM 2

207 Auditing Ahead of the Auditors: A RAC, CERT, and TPE Prevention Program

D. SCOTT JONES, Chief Compliance Officer, Augusta Health

- Audit ahead of the RAC, CERT, and TPE audits and denials! Learn how to develop a pre-audit program designed to identify risks and improve processes before denials take place
- CMS and their contractors send signals about their audit targets. Learn how to identify the next wave of audits before they appear
- Turn compliance into a revenue center. Successful preparation leads to successful RAC, CERT, and TPE audits and appeals that retain or regain lost revenue

ROOM 3

307 Auditing the Trifecta: Compliance, Privacy, Security

DEBI WEATHERFORD, Executive Director Internal Audit, Piedmont Healthcare

DEBRA A. MUSCIO, SVP, Chief Audit, ERM, Privacy, Security, Ethics & Compliance Officer, Community Medical Centers

- Rapid expansion and overlapping responsibilities in the trifecta of compliance, privacy, and security have impacted the risks and opportunities for collaboration. These area leaders will discuss risks that have an overarching role
- Provide updates on key regulations affecting the trifecta areas. Review key trends and risks associated with the areas and expanded opportunities for collaboration
- Discuss strategies for monitoring/auditing and effective governance and control processes. Evaluate self-monitoring and audit programs and strategies to perform self-reviews or independent audits

ROOM 4

407 We Cannot Make This Stuff Up: Tales of Non-compliance and Risk Management

SUSAN PRIOR, President, VantagePoint HealthCare Advisors

REGINA K. ALEXANDER, Senior Consultant & Director, IRO Services, VantagePoint Healthcare Advisors

- Through a series of sometimes extreme and other times humorous stories of good employees making poor decisions, costly errors, near misses, squabbles, and scandals, the presenters will discuss a variety of "hot" healthcare regulatory compliance and risk management challenges, as well as some new twists on some perennial favorites
- Risk mitigation strategies associated with the cases discussed, practical tips for surviving and thriving in a busy healthcare environment, and lessons learned will be shared with attendees
- Presenters will interact with the attendees and solicit input and questions to provide attendees with takeaways they can apply to their own tactical response to compliance and risk management challenges in their own organizations

1:00–2:00 PM CDT   BREAKOUTS

ROOM 1

108 Medical Necessity & The False Claims Act: An Ever-Moving Target

CHRISTOPHER A. MELTON, Partner, Wyatt, Tarrant & Combs LLP

ROSALIND CORDINI, Senior Vice President/ Director of Coding & Compliance Services, Coker Group

- The current way the False Claims Act is being used in litigation, with a focus on whether a doctor's certification that a procedure is reasonable and necessary matches up with the government's definition of the phrase

- Understand current False Claims Act case law for what must be alleged in order to deem medical necessity of a procedure/ service false, and learn from examples of recent FCA cases that are being filed

- Gain insight on various court decisions regarding the government's burden in these cases, along with tangible advice on how to make sure that medical necessity is justified

ROOM 2

208 Compliance and the Board: Challenges and Best Practices

BRIAN D. ANNULIS, Senior Managing Director, Ankura Consulting Group

- Challenges to effective Board engagement

- Communicating with the Board: Education and reporting

- Continuing improvement: Further developing the compliance-Board connection

ROOM 3

308 How to Understand Information Security Risk for the Non-IT Professional

KEN SATKUNAM, President, DueNorth Secure Healthcare

MARK SCHLADER, Director of Consulting Services, DueNorth Secure Healthcare

DEANNA ALLEN, Compliance, Privacy & Security Officer, Ivinson Memorial Hospital

- Understand how to prioritize information security risks that have been identified through a risk analysis

- Learn how to work cohesively with IT to develop a risk management plan that everyone can understand, accept, and realistically accomplish

- Learn how to more effectively communicate information security risk and HIPAA security rule compliance to executive management and board members

ROOM 4

408 Auditing Compliance Effectiveness through a Lean Lens

LAQUENTA CLARKE, Corporate Compliance Education Manager, Shriners Hospitals for Children International Headquarters

- Establish two methodologies for developing an audit program for a compliance effectiveness review. Attendees will review programs for a well-established compliance program and a compliance program in its infancy stages

- Discuss the requirements for an effective compliance program and provide best practices for mitigating key risks in high areas of vulnerability based upon the compliance program's maturity level

- Provide practical advice and tangible resources for incorporating lean methodologies into your compliance program practices

2:15–3:15 PM CDT   BREAKOUTS

ROOM 1

109 Think Big. Think Small. Managing Conflict of Interest

NATHAN PERUMAL, Compliance Officer, Sutter Health

- How do you manage potential COI for your organization? A discussion
- How to identify various potential COI scenarios for your organization? And for yourself?
- A roadmap to managing COI. Keep it simple for starters

ROOM 2

209 Remotely Speaking: Strategies for Effective Remote Employees and Their Employers

NIURKA I. ADORNO, AVP Compliance, Molina Healthcare of South Carolina & Molina Healthcare of Puerto Rico

TOMI K. HAGAN, Chief Compliance Officer, Great River Health System

KYM J. CREEKMORE, Compliance Officer, National Service Center-Eurofins

- Oh so far, yet still so close: Optimizing the opportunities that remote employment provides
- Going the distance: Avoiding the pitfalls and compliance concerns with remote employment
- You don't have to be there, to be there: Tools, tips, and tricks to keep everyone connected

ROOM 3

309 Top IT and Cyber Risks to Include in Your Audit Plan—2020 Update

JOHAN LIDROS, President, Eminere Group

- The use and deployment of information technology (IT) is a critical success factor for healthcare organizations. The speed of change, complexity and new requirements in the technology arena impact the ability to manage risk and ensure compliance
- In this session, participants will learn about the latest IT and cyber threats that can challenge their ability to deliver quality outcomes. They will learn how to best protect their data, ensure compliance and effectively monitor IT & cyber risks
- We will discuss best practices in IT Governance and help participants become better prepared for the latest IT audit challenges. This will include references to excepted industry standards

ROOM 4

409 The Laboratory Risk Assessment: The Process, the Top Risks, and What to Audit

ANDREA TREESE BERLIN, Senior Counsel, OIG-U.S. Department of HHS

BARBARA L. SENTERS, Chief Compliance & Ethics Officer, Sonic Healthcare USA, Inc.

- Review risk assessment best practices to create multi-disciplinary teams to provide insight to vulnerabilities and to foster operational acceptance and implementation of compliance protocols into functional processes
- Discuss a deep dive of top laboratory fraud and abuse risks
- Discuss and receive suggested audit protocols to address lab risks as a basis for any laboratory compliance plan

3:30–4:30 PM CDT   BREAKOUTS

ROOM 1

110 Boot Scootin' Compliance Boot Camp: How to Lasso Your Leaders into Becoming Compliance Champions

SHANNA LUKE, Compliance Programs Manager, Intermountain Healthcare

JORDAN B. MUHLESTEIN, Compliance & Ethics Director, Intermountain Healthcare

- Acquire a tool kit for creating a plan to engage leaders to become champions for addressing high-risk compliance issues
- Discuss practical methods to deliver education to executives and physicians
- Identify pitfalls inherent in education in a healthcare setting and suggestions of how to minimize them

ROOM 2

210 Compliance Essentials: Internal Investigations and Self-Disclosures

LEIA C. OLSEN, Practice Area Lead Attorney–Compliance, Ascension Health

TAMAR TERZIAN, Senior Counsel, OIG/HHS

LORI A. WINK, Attorney, Hall Render Killian Heath & Lyman P.C.

- Understand the legal and practical considerations when deciding how and when to report compliance issues
- Learn the anatomy of a compliance investigation, including when to perform an audit, the goals of the review, the steps in conducting the investigation, corrective action and follow-up
- Identify key strategies for successfully coordinating investigations between the compliance department, in-house legal department, consultants and outside counsel

ROOM 3

310 Privacy Readiness: Do You Know Where Your PHI Lives with Medical Device Companies

KAY KAY CHAN, Director, PricewaterhouseCoopers

ALISON BRUNELLE, Director, PwC

JASON VENDEL, Senior Manager, Compliance Investigations & Global Privacy, Arthrex, Inc.

- Privacy regulations and enforcement continue to rise. With the new California Consumer Privacy Act (CCPA), General Data Protection Regulation (GDPR), and HIPAA, scrutiny is placed on entities to create effective privacy programs
- This session will discuss a real life case study with a client who is a downstream privacy business associate of healthcare systems and provider groups
- Do you know what happens to the data? How do medical devices develop controls to support downstream HIPAA compliant regulations? What privacy efforts are put in place when medical devices are operating across different countries?

ROOM 4

ADVANCED SESSION: developed for the compliance professional with 10+ years of experience

410 60-Day Repayment Rule: Discussion of Examples, Sampling Methods, and Strategies

TRACY M. FIELD, Partner, Parker Hudson Rainer & Dobbs LLP

- Developments in 60 day rule process— including new statistical sampling guidelines
- Review of hypotheticals for which no voluntary repayment indicated
- Review of hypotheticals, including sampling analysis/consideration where voluntary refund may be appropriate

4:45–5:45 PM CDT

ROOM 1

GENERAL SESSION: Artificial Intelligence Compliance Risks and Applications in Healthcare

MODERATOR: VINCENT WALDEN, CFE, CPA, Managing Director, Alvarez & Marsal Disputes and Investigations LLC

CARYL N. BRZYMIALKIEWICZ, PhD, Chief Data and Analytics Officer, HHS OIG

JIM PASSEY, MPH, FACHE, CHC, CHPC, Vice President, Chief Audit & Compliance Officer, HonorHealth

JULIE WARD, CHC, VP, Revenue Cycle Quality and Compliance, Optum 360

- Improving Compliance: Demystifying artificial intelligence (AI) into practical compliance monitoring applications
- Managing Risk: Avoiding unintentional biases and outcomes with AI initiatives within your organization
- Case Examples: Regulatory and organizational uses of advanced data analytical techniques, including AI

9:00–10:30 AM CDT   BREAKOUTS

ROOM 1

111 Privacy Officer Round Table

ADAM GREENE, Partner, Davis Wright Tremaine, LLP

JOAN M. PODLESKI, Chief Privacy Officer, Children's Health

MARTI ARVIN, Executive Advisor, CynergisTek, Inc.

- Highly interactive discussion of the most challenging privacy issues facing privacy officers and other privacy counsel and staff

- Audience members will select the privacy issues they would like to discuss, and will have the opportunity to learn from each other's experience

- Obtain practical solutions from experts and peers on some of the toughest day-to-day health information privacy challenges

ROOM 2

211 Government Enforcement

KIRK OGROSKY, Partner, Arnold & Porter LLP

BRANDON MOSS, Attorney, Wiley Rein

AMANDA P. STRACHAN, Chief, Health Care Fraud Unit, United States Attorney's Office

MIRANDA HOOKER, Partner, Pepper Hamilton

- Learn what investigative tools are used by DOJ and HHS-OIG to initiate different types of investigations

- Best practices for addressing governmental investigations from hold notices, document collection and production, internal investigations, and resolution

- Understand the obligations of legal and compliance officers throughout an investigation

ROOM 3

311 Surviving as a Compliance Officer Wearing Multiple Hats

LISA L. BOSTON, Director of Compliance, Quorum Health Resources

- Per OIG Guidance, compliance programs should be scalable to the entity's size, but wearing multiple hats can be successful

- Different role scenarios and how to mitigate conflict of role

- Building relationships to make it work

ROOM 4

411 Health System Transformation, Fraud and Abuse Regulation, and Value-Based Purchasing: Rethinking Boundaries

JANE HYATT THORPE, Associate Professor, George Washington University

ELIZABETH A. GRAY, Research Scientist, The George Washington University Milken Institute School of Public Health

- Understand opportunities and challenges posed by the current legal framework governing healthcare fraud and abuse as applied to new delivery and payment models that rely on financial incentives to encourage cross-sector collaboration and integration

- Explore recent proposed changes to the existing healthcare fraud and abuse legal framework and evaluate whether and how these changes would better align the framework to the goals of a value-based payment system

- Identify themes and trends across proposed changes to the fraud and abuse framework and discover the next steps for compliance professionals navigating an uncertain environment

10:45 AM–12:15 PM CDT   BREAKOUTS

ROOM 1

112 The 340B Program: Perspectives on How to Promote Compliance in Your Covered Entity

SUE VEER, President and CEO, Carolina Health Centers, Inc.

MICHAEL B. GLOMB, Partner, Feldesman Tucker Leifer Fidell LLP

COLEY DEAL, 340B Program Manager, Bon Secours Mercy Health System, Inc.

- A CEO, a 340B program manager, a compliance officer, and an attorney will discuss how to address the Real-World compliance issues in the hospital and FQHC settings, including, applying the 340B patient definition across the continuum of care
- Responding to challenges in dispensing 340B drugs to Medicaid beneficiaries and in managed care in particular
- Monitoring for compliance, be ready for an audit 24/7, responding to new developments and OPA and other regulatory initiatives including current "hot topics"

ROOM 2

ADVANCED SESSION: developed for the compliance professional with 10+ years of experience

212 Managing Your Conflicts of Interest Process: Lessons from the IRS 990, Maryland Health System, Memorial Sloan Kettering, Michigan State, and the Physician Sunshine Act

JAMES G. SHEEHAN, Chief, Charities Bureau, NY Attorney General

ROY SNELL, Strategic Advisor, SCCE & HCCA

- Conflict of Interest management-risks, disclosures, confidentiality, reputation
- Who should be responsible for managing conflicts of interest reporting and evaluation? What systems and processes should your organization have in place? How can you tell if they are working?
- Coming attractions in conflicts of interest: industry academic partnerships, IRS 990 data crawlers, Physician Sunshine Act, research integrity

ROOM 3

312 Cybersecurity & Incident Response: The Nuts & Bolts of Avoiding and/or Responding to a Security Incident.

SCOTT WROBEL, N1 Discovery

DEBRA A. GEROUX, Shareholder, Butzel Long

- Cyber risk in healthcare: Presenters will provide an update on what is trending in cyberattacks, how they are getting in, why they are targeting healthcare, what they are doing and what they are looking for
- Incident response: Real-world examples of how to handle incident response, including the steps to take for notification, remediation, and mitigation, and what to expect when the government starts their investigations
- Lessons learned from a major breach and best practices for healthcare providers to avoid becoming the victim of a cyberattack

ROOM 4

412 The Role of Compliance in Government Enforcement: An Exploration of Recent Enforcement Activities, Evolution of Settlement Agreements, and Insights from a Corporate Monitorship

TAMARA FORYS, Deputy Branch Chief, Office of Inspector General

DAVID OGDEN, Partner, Wilmer Cutler Pickering Hale and Dorr LLP

SHANNON N. SUMNER, Principal/Chief Compliance Officer, PYA

- Recent policy changes demonstrating the DOJ's increased focus on compliance and a more pragmatic and common sense approach to enforcement will be explored and discussed, recognizing the value of an effective compliance program
- From the perspective of a former US Deputy Attorney General and corporate monitor, recent DOJ policy activities will be explored including their impact on corporation credit in False Claims Act cases
- This session will explore the evolution of settlement agreements, such as Corporate Integrity Agreements and Deferred Prosecution Agreements and the DOJ's and OIG's expectations for compliance with the terms of these agreements

12:45–2:15 PM CDT   BREAKOUTS

ROOM 1

113 Be a HIPAA ACE: Awareness, Collaborate, and Educate

JOSEPH A. PICCOLO, VP Corporate Compliance, Inspira Health

DOLORES (DEE) BAUGHMAN, Compliance Privacy Manager, Inspira Health Network

- Awareness begins at the top. Engage your senior leadership through accountability, audits and your annual workplan

- Collaborate with IT security, risk management, human resources, and legal to develop a strong focused infrastructure to support your efforts

- Educate using varied platforms to meet the needs of your workforce

ROOM 2

213 Measuring the Effectiveness of a Compliance Program Using the DOJ Guidance

JOSEPH F. ZIELINSKI, Senior Counsel, Wooden McLaughlin LLP

- Discussion and analysis of the three "fundamental questions" that according to the DOJ guidance should be asked to determine the effectiveness of a compliance program

- Attendees will see how the DOJ's guidance specifically calls out various elements associated with a compliance program and what questions are asked to further assess how well these elements are contributing to the effectiveness of a compliance program

- Attendees will have the opportunity to see and receive a tool that they can use to apply a data driven approach to assess how effectively their compliance programs align with the DOJ's guidance on the effectiveness of a compliance program

ROOM 3

313 Compliance Program Development: What Are the Basics from Infrastructure to Risk Assessment?

SHERYL VACCA, SVP/Chief Risk Officer, Providence St Joseph Health; SCCE & HCCA Board Member

- Describe the fundamental elements

- Discuss the importance of structure and risk assessment

- Identify ways to leverage current resources

ROOM 4

413 If They Can't Understand Them, They Won't Follow Them: The Art of Drafting Effective Compliance Program Policies

TOMI K. HAGAN, Chief Compliance Officer, Great River Health System

GARY JONES, Attorney, Midwest Compliance Associates, LLC

- Well-drafted policies are the infrastructure of an effective compliance program

- If employees and volunteers can't understand compliance policies because they are too "legal," the likelihood of them following the policies is greatly reduced

- Well-drafted, easy to understand policies will enhance the overall effectiveness of the compliance program

2:30–4:00 PM CDT   BREAKOUTS

ROOM 1

114 Tips for Conducting Interviews during Internal Investigations

DAVID M. GLASER, Shareholder, Fredrikson & Byron PA

- Who should do interviews and how should you document them?
- Recognize how some unconventional strategies, including telephone interviews, can be surprisingly effective
- Learn how to properly educate witnesses while avoiding acts that may be considered obstruction of justice

ROOM 2

214 Focus on Compliance Officer Skills: Navigating Enforcement Actions, Investigations, and Settlements

ANA-CRISTINA NAVARRO, Chief Compliance Officer, Shasta Community Health Center

- Through case studies, speakers will review and seek attendee points of view on how adverse events, ranging from system failures to Privacy, HIPAA, or GDPR concerns, can lead organizations down the path of government surveys to formal enforcement actions
- Speakers will illustrate how a privacy/ compliance/ integrity team can assist and facilitate action planning and implementation to overhaul pertinent areas through policy development or revision, training, and careful support of needed culture change.
- Speakers will describe, and solicit input from attendees about, lessons learned and tools and methods for supporting organization wide efforts to navigate response to enforcement actions and build preventive activities

ROOM 3

314 Developing, Implementing, and Delivering Physician Audits

KIMBERLY G. HUEY, President, KGG Coding & Reimbursement Consulting

SANDRA K. GIANGRECO BROWN, Director of Coding & Revenue Integrity, CliftonLarsonAllen, LLC

- You know you need to audit, but you want to make the most of your limited resources—how do you focus on what's most important and structure your audits for the most impact? How do you present the results so that they will make a difference?
- Why physician practices don't audit, the benefits of an audit program, what areas should be audited, the benefits of an internal auditor versus and external auditor, the protection provided by attorney-client privilege, and more
- From timing of the audit to choosing the auditor and the audit sample to delivering the results for the most impact and educating the physicians, this session walks you through every aspect of the physician audit process

ROOM 4

414 The Evolving Kickback from a Prosecutor's Perspective: Novel and Unique Arrangements Catching the Government's Attention

JON FERRY, Partner, Government Enforcement & Investigations, Bradley Arant Boult Cummings

JASON MEHTA, Partner, Bradley Arant Boult Cummings

- Attendees will learn about how the basics of the kickback statute and will understand some of the emerging financial arrangements that have been scrutinized as running afoul of the anti-kickback statute (AKS)
- Attendees will develop a better sense for how the government evaluates alternative financial structures and how the government assesses such arrangements for purposes of determining possible impermissible intent
- Attendees will leave with key compliance strategies and 5-10 tips for structuring arrangements to avoid AKS scrutiny

Compliance Institute

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Contact Information

○ Mr ○ Mrs ○ Ms ○ Dr

_____
Member/Account ID (if known)

_____ _____ _____
First Name   MI   Last Name

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Credentials (CHC, CCEP, etc.)

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Organization (Name of Employer)

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Street Address

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