

Register Today!

Managed Care Compliance Conference

Jan 30 – Feb 1, 2022 | Phoenix, AZ

HCCA's Annual Managed Care Compliance Conference is the perfect event for those who manage compliance at health plan providers. Hear from experienced compliance leaders and explore topics and issues that are pertinent to industry professionals like you.

- Learn the latest practices and share strategies
- Connect with peers and mentors facing similar challenges
- Earn live Compliance Certification Board (CCB)[®] continuing education units (CEUs)

Register by December 8 to save!

Learn more and register
hcca-info.org/2022managedcare



Attend the annual education and networking event for those who manage compliance for health plan providers. Learn the latest practices, share strategies, and connect with peers and mentors who work in the industry.

This conference offers live Compliance Certification Board (CCB)[®] continuing education units (CEUs) for participation. Please visit the event page for the latest details.

Who should attend?

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

What will attendees learn?

Explore issues that are pertinent to industry professionals like you.

This year's agenda includes these trending topics:

- Diversity Equity and Inclusion in the Compliance Space
- Mental Health Parity and Addiction Equity Act (MHPAEA) Compliance in Action
- Managed Care: OIG Update on Priorities and Risk Areas in Managed Care
- The Dos and Don't of Medicare Advantage: Lessons from Recent Enforcement Activity in Medicare Advantage Programs
- Why me? Compliance officers' personal risks in Managed Care investigations: Liaison, Witness, Subject, defendant, whistleblower
- Managed Care Hot Topics Panel Discussion

Join the healthcare compliance community

Health Care Compliance Association (HCCA) members receive exclusive educational resources and discounts on conferences, publications, and Compliance Certification Board (CCB)[®] exams to help support them in their compliance roles. Join today to build your network and continue the growth and success of your compliance program. Learn more at hcca-info.org/membership.

Members save on conference registration!

Program at a Glance

Managed Care Compliance Conference | Jan 30 – Feb 1, 2022

Sunday, January 30 (Pre-Conference)

8:00–9:30 AM	P1 Diversity, Equity, and Inclusion in the Compliance Space		
9:30–9:45 AM	Networking Break		
9:45–11:15 AM	P2 Mental Health Parity and Addiction Equity Act (MHPAEA): Compliance in Action		
11:15 AM–12:45 PM	Lunch (on your own)		
11:30 AM–12:30 PM	SpeedNetworking (Lunch provided only for pre-registered participants)		
12:45–2:15 PM	P3 Applying the Seven Elements of an Effective Compliance Program for Best Practices in Regulatory Audits	P4 CMS Program Audit: What to Do Before and After Your Organization Receives an Audit Notice	
2:15–2:30 PM	Networking Break		
2:30–4:00 PM	P5 Creativity in Compliance: A Case Study in Developing Impactful and Action-Oriented Compliance Activities and Trainings	P6 Back to the Future: Leveraging Knowledge and Experiences to Accommodate 2022 CMS Program Audit Protocols	
4:00–5:30 PM	Welcome Reception		

Monday, January 31

SUBJECT AREA: MEDICARE/MEDICAID

7:00–8:00 AM	Breakfast		
8:00–8:15 AM	Opening Remarks		
8:15–9:15 AM	GENERAL SESSION: Managed Care: OIG Update on Priorities and Risk Areas in Managed Care		
9:15–9:45 AM	Networking Break		
9:45–10:45 AM	101 Effective and Compliance HCC Capture Auditing	102 Surprises in the No Surprises Act: New Requirements for Plans and Providers Regarding Provider Directory Information	103 The Impact of HIPAA Regulatory Changes on Managed Care Organizations
10:45–11:00 AM	Networking Break		
11:00 AM–12:00 PM	201 Best Practices in Establishing a Medicare Drug Management Program to Ensure Quality and Compliance	202 Compliance Considerations in Mergers and Acquisitions	203 Applying Principles of Continuous Quality Improvement (CQI) to Your Compliance Program Using Root Cause Analysis (RCA)
12:00–1:15 PM	Lunch (Dessert in exhibit hall)		
1:15–2:15 PM	301 How to Improve Your Medicare Data Validation Audit Process to Enhance Oversight of FDRs and Internal Operations	302 OCR Updates	303 The Lifecycle of a CMS Part D Memo from Analysis to CMS Audit
2:15–2:30 PM	Networking Break		
2:30–3:30 PM	401 Compliance Issues Under the Purview of Payment Integrity and Fraud, Waste, and Abuse	402 The Next Big Thing! Maintaining Compliance and Managing Risk with Healthcare Startup Vendors and Providers	403 OIG Audits of Diagnosis Codes at High Risk for Being Miscalculated: A Discussion of How We Identify Diagnosis Codes to Audit and What You Can Do to Enhance Your Compliance Procedures
3:30–3:45 PM	Networking Break		
3:45–4:45 PM	GENERAL SESSION: The Dos and Don't of Medicare Advantage and Medicaid Managed Care: Lessons from Recent Enforcement Activity		
4:45–6:00 PM	Networking Reception		

Tuesday, February 1

SUBJECT AREA: MEDICARE/MEDICAID

7:00–7:55 AM	Breakfast		
7:55–8:00 AM	Opening Remarks		
8:00–9:00 AM	GENERAL SESSION: Why Me? Compliance Officer's Personal Risks in Managed Care Investigations: Liaison, Witness, Subject, Defendant, Whistleblower		
9:00–9:30 AM	Networking Break		
9:30–10:30 AM	501 The Magic of Universes: Beyond the CMS Audit	502 A Deep Dive: Enforcement Trends and Risk Areas in Managed Care	503 Federal Exchanges
10:30–10:45 AM	Networking Break		
10:45–11:45 AM	601 Preparing MCOs for the IDD Carve-In	602 HITRUST CSF: A Framework of Frameworks	603 Parity Compliance
11:45 AM–12:45 PM	Lunch		
12:45–1:45 PM	701 Building an Effective Medicare Compliance Risk Assessment	702 Audit Readiness: To Infinity and Beyond	703 TBA
1:45–2:00 PM	Networking Break		
2:00–3:00 PM	801 De-Delegation: Compliance and Operational Considerations	802 Automate Your Compliance Process to Impress Regulators	803 Looking Around the Corner: How to Navigate the Shifting Drug Contracting Landscape
3:00–3:15 PM	Networking Break		
3:15–4:15 PM	GENERAL SESSION: Hot Topics Panel		

Wednesday, February 2

8:00–8:15 AM	Exam Check-in
8:15–10:15 AM	Certified in Healthcare Compliance (CHC) [®] Exam (optional)

Sunday, January 30

(Pre-Conference)

8:00 – 9:30 AM

P1 Diversity, Equity, and Inclusion in the Compliance Space

Level: Intermediate

Cheyenne Ross, Arizona VP of Compliance & Regulatory Affairs, Arizona Complete Health

Kimulet Winzer, Director, SunHawk Consulting

Wendella Howell-Bell, Director, SunHawk Consulting

- Increase compliance program engagement by intentionally creating an inclusive environment
- Expand leadership skills by leveraging inclusive language to foster ethical decisions
- Learn to infuse courageous conversations and ongoing training to strengthen your compliance program

9:30 – 9:45 AM

Networking Break

9:45 – 11:15 AM

P2 Mental Health Parity and Addiction Equity Act (MHPAEA): Compliance in Action

Level: Intermediate

Noreen Vergara, Senior Counsel, Husch Blackwell LLP

Zach Davis, Senior Consulting Actuary, Wakely Consulting Group, LLC

Amanda Brown, Vice President, Compliance Solutions, ATTAC Consulting Group LLC

- Quantitative treatment limitations (QTL) and Non-quantitative treatment limitations (NQTL) 101
- Creating a QTL annual testing process, NQTL comparative analysis, and compliance oversight program
- The latest MHPAEA-related regulatory updates and their impact on compliance and the industry

11:15 AM – 12:45 PM

Lunch (on your own)

11:30 AM – 12:30 PM

SpeedNetworking

(Lunch provided only for pre-registered participants)

12:45 – 2:15 PM

P3 Applying the Seven Elements of an Effective Compliance Program for Best Practices in Regulatory Audits

Level: Intermediate

Kenneth Nuñez, Chief Compliance Officer, Provider Partners Health Plan

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

Robert Alfano, U.S. Regulatory Lead, Babylon

- Apply the seven elements into regulatory audit planning to manage toward successful results
- Discuss key regulatory audit prep best practices using the seven elements to guide successful planning, ensure cohesiveness, and organization in audit prep
- This presentation will present best practices from a plan, PBM, and TPA oversight perspective and discuss how this effective planning can help better organize your regulatory audits

P4 CMS Program Audit: What to Do Before and After Your Organization Receives an Audit Notice

Level: Intermediate

Laurena Lockner, Director, Monitoring and Compliance, HealthPartners

Stephanie Moscetti, Senior Manager, HealthPartners

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

- Learn about steps to take before you get the announcement letter
- Understand how to prepare CPE questionnaires, universes, and tracers
- Identify ways to be successful in CDAG, ODAG, and FA

2:15 – 2:30 PM

Networking Break

2:30 – 4:00 PM

P5 Creativity in Compliance: A Case Study in Developing Impactful and Action-Oriented Compliance Activities and Trainings

Level: Basic

Jessica VanderZanden, VP, Compliance & Audit, Network Health

Angela M. Keenan, Director, Compliance & Privacy, Network Health

- Learn effective methods to develop trainings and activities utilizing internal partnerships and resources, leading to greater success of your compliance program without adding significant budget
- Acquire techniques for getting your organization excited about compliance trainings and collaboration
- Spend time discussing successful training metrics and collaborative efforts

P6 Back to the Future: Leveraging Knowledge and Experiences to Accommodate 2022 CMS Program Audit Protocols

Level: Intermediate

Philip Masser, Medicare Compliance Officer, Geisinger Health Plan

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

Anne Crawford, SVP Compliance Solutions, ATTAC Consulting Group LL

- Hear how recent audit experiences combined with revised CMS program audit protocols can be leveraged
- Key considerations when determining if 2022 protocols require modifications to monitoring activities
- Applying best practices to ensure audit readiness

4:00 – 5:30 PM

Welcome Reception

Monday January 31

7:00 – 8:00 AM

Breakfast

8:00 – 8:15 AM

Opening Remarks

8:15 – 9:15 AM

GENERAL SESSION:

Managed Care: OIG Update on Priorities and Risk Areas in Managed Care

Megan Tinker, Assistant Inspector General, U.S. Department of Health and Human Services, Office of the Inspector General

- Discussion of recent OIG work in managed care
- Risk areas and enforcement trends
- Upcoming OIG work and priorities in managed care

9:15 – 9:45 AM

Networking Break

9:45 – 10:45 AM

SUBJECT AREA: MEDICARE/MEDICAID

101 Effective and Compliance HCC Capture Auditing

Level: Intermediate

Allison Ritchie, Senior Consultant, Protiviti

Kim Pardini-Kiely, Clinical and Operational Excellence Lead, Protiviti

Bryan Beaudoin, Health Information Management Solution Lead, Protiviti

- Receive an overview of hierarchical condition category (HCCs) capture's importance and use
- Learn how to use data analytics to effectively audit HCC capture for accuracy and compliance
- Understand how to oversee a risk-based HCC capture audit as well as integrating internal controls

102 Surprises in the No Surprises Act: New Requirements for Plans and Providers Regarding Provider Directory Information

Level: Intermediate

Scott Westover, SVP Network and Regulatory Strategy, Quest Analytics

Michael Adelberg, Principal, Faegre Drinker Consulting

- In order to improve the accuracy of provider directories, Congress passed the No Surprises Act
- The No Surprises Act puts new requirements on new health plans and providers
- Health plans and providers have to come into compliance with the law and new regulation

103 The Impact of HIPAA Regulatory Changes on Managed Care Organizations

Level: Intermediate

Elizabeth Kastner, Attorney at Law, Bricker & Eckler

Chris Bennington, Principal and Senior Consultant, INCompliance Consulting

- Define the aspects of the HIPAA regulatory changes that are applicable to managed care organizations
- Understand the policy and procedure changes that may be required to remain fully compliant
- Identify the regulatory changes that will require workforce re-training

10:45 – 11:00 AM Networking Break

11:00 AM – 12:00 PM

SUBJECT AREA: MEDICARE/MEDICAID

201 Best Practices in Establishing a Medicare Drug Management Program to Ensure Quality and Compliance

Level: Basic

Dawn Becker-Ellison, Sr Clinical Pharmacist, Blue Shield of California

Amy Togonon PharmD, Clinical Pharmacist, Blue Shield of California

- Review Medicare Part D requirements for a Drug Management Program
- Describe case review team membership and process
- Describe how the team and processes ensure compliance with Medicare DMP requirements

202 Compliance Considerations in Mergers and Acquisitions

Level: Intermediate

Jenny O'Brien, SCCE & HCCA Board Member

Steve Lokensgard, Partner, Faegre Drinker Biddle & Reath

- Reviewing pre-delegation and contracting requirements
- Role in due diligence reviews
- Integration strategies

203 Applying Principles of Continuous Quality Improvement (CQI) to Your Compliance Program Using Root Cause Analysis (RCA)

Level: Basic

Maggie Perritt, Compliance Officer

- Continuous quality improvement (CQI) is consistent with maintaining a culture of compliance
- CQI and RCA are not about individuals and blame, they're about processes and cause and effect
- CQI and RCA can help demonstrate an effective compliance program

12:00 – 1:15 PM

Lunch (Dessert in exhibit hall)

1:15 – 2:15 PM

SUBJECT AREA: MEDICARE/MEDICAID

301 How to Improve Your Medicare Data Validation Audit Process to Enhance Oversight of FDRs and Internal Operations

Level: Intermediate

Derek Frye, Audit & Technology Leader, The Burchfield Group, an Aon Company

Kathryn Patterson, Audit Manager, Commonwealth Care Alliance

Jason Hoyme, Audit and Compliance Manager, The Burchfield Group, an Aon Company

- Use the annual data validation audit to more broadly understand organizational risks
- Build your oversight tools by learning how to internally validate vendor data and documentation
- Use data validation to assess your performance and readiness for other CMS reviews

302 OCR Updates

Level: Basic

Alicia Brown, Supervisory Equal Opportunity Specialist, DHHS/OCR Pacific Region

- OCR policy updates: Proposed modifications to the HIPAA Privacy Rule; HIPAA and COVID-19 updates; notification of enforcement discretion on telehealth remote communications; guidance on disclosures to law enforcement, other first responders, etc.
- Breach highlights and recent enforcement activity
- General HIPAA enforcement update

303 The Lifecycle of a CMS Part D Memo from Analysis to CMS Audit

Level: Intermediate

Mark Horowitz, Senior Manager, National Special Investigations Unit, Kaiser Permanente

Tamara Neiman, Executive Director, Nat'l Special Investigations Unit, Kaiser Permanente

- We will describe the process from cradle to grave using an actual I-MEDIC referral that was initiated from a CMS Quarterly Drug Trend Analysis Memo
- We will present how data visualization identified the issue, how clinical review confirmed the issue, and the role played by the SIU in referring the matter to the I-MEDIC
- During a recent CMS audit this case was selected as the Tracer. During the presentation, we will outline our documentation process for the Tracer and discuss the outcome

2:15 – 2:30 PM

Networking Break

2:30 – 3:30 PM

SUBJECT AREA: MEDICARE/MEDICAID

401 Compliance Issues Under the Purview of Payment Integrity and Fraud, Waste, and Abuse

Level: Intermediate

Karen Weintraub, Executive Vice President, Healthcare Fraud Shield

- How to quickly identify providers and beneficiaries improperly enrolled
- Utilizing analytics to capture providers billing multiple products for the same beneficiaries
- Using public record data in your PI/FWA program to identify exclusions, adverse actions, and more

402 The Next Big Thing! Maintaining Compliance and Managing Risk with Healthcare Startup Vendors and Providers

Level: Intermediate

Sandra Durkin, Member Attorney, Strategic Health law

Elizabeth Lippincott, Managing Member, Strategic Health Law

- Legal risks of contracting with startup and private equity-backed companies, which can help health plans stay competitive with their innovation but may also pose risks to compliance and overtax your plans legal and compliance resources
- Handling vendor negotiations with a company that lacks expertise in the healthcare legal and regulatory environment, including anti-fraud laws, such as the Anti-Kickback Statute, that can be violated during the negotiation process
- Practical strategies for counseling internal business clients on challenges unique to dealing with healthcare startups, including ongoing compliance monitoring of organizations with limited internal legal and compliance resources

403 OIG Audits of Diagnosis Codes at High Risk for Being Miscalculated: A Discussion of How We Identify Diagnosis Codes to Audit and What You Can Do to Enhance Your Compliance Procedures

Level: Intermediate

Chris Bresette – Director, Medicare Part C Audits, U.S. Department of Health and Human Services, Office of Counsel to the Inspector General

Nicole Hackenmiller, Senior Auditor, U.S. Department of Health and Human Services, Office of Counsel to the Inspector General

- The panel will talk about how the OIG combines data-mining techniques and discussions with medical professionals to identify diagnosis codes to audit
- The panel will discuss how the OIG's audits have evolved
- The panel will discuss how MA organizations can increase their compliance program's effectiveness when detecting and correcting inaccurate diagnosis codes

3:30 – 3:45 PM

Networking Break

3:45 – 4:45 PM

GENERAL SESSION:

The Dos and Don't of Medicare Advantage and Medicaid Managed Care: Lessons from Recent Enforcement Activity

Katherine Armstrong, Assistant United States Attorney, United States Attorney's Office

Pamela Brecht, Attorney/Partner, Pietragallo Gordon Alfano Bosick & Raspanti, LLP

Jonathan Ferry, Partner, Government Enforcement & Investigations, Bradley Arant Boult Cummings

- Participants will gain understanding of Medicare Programs and the Risk Adjustment Process
- Participants will gain understanding of Medicaid Managed Care Program Risk
- Participants will gain understanding of the current enforcement environment in Medicare Advantage and Medicaid Managed Care
- Participants will get takeaways from recent enforcement activity to help improve compliance programs

4:45 – 6:00 PM

Networking Reception

Tuesday, February 1

7:00 – 7:55 AM

Breakfast

7:55 – 8:00 AM

Opening Remarks

8:00 – 9:00 AM

GENERAL SESSION:

Why Me? Compliance Officer's Personal Risks in Managed Care Investigations: Liaison, Witness, Subject, Defendant, Whistleblower

James Sheehan, Chief, Charities Bureau, NY Attorney General

Lisa Estrada, Senior Vice President and Chief Ethics and Compliance Officer, LifePoint Health

- Understand your potential personal involvement as a compliance officer in government investigations
- Evaluate compliance officer's rights and risks as witness, subject, defendant, or whistleblower
- Learn best practices for addressing involvement in government and whistleblower cases

9:00 – 9:30 AM

Networking Break

9:30 – 10:30 AM

SUBJECT AREA: MEDICARE/MEDICAID

501 The Magic of Universes: Beyond the CMS Audit

Level: Intermediate

Gabriel Viola, SVP Customer Relationship, Inovaare Corporation

Brenda Wade, Chief Compliance Officer, Inovaare

Julie Mason, President, Integritas Medicare

- Leverage universes for operational performance analysis, not merely for CMS Program Audits
- Monitor universes regularly to proactively address and mitigate issues
- Avoid penalties and delays by sustaining continuous compliance, not reacting to audits

502 A Deep Dive: Enforcement Trends and Risk Areas in Managed Care

Level: Advanced

Megan Tinker, Assistant Inspector General, HHS-OIG

Benjamin Singer, Partner, O'Melveny & Myers LLP

John Kelly, Member, Bass, Berry & Sims PLC

- The panel will discuss in detail lessons learned from past and current enforcement actions
- The panel will identify key risk areas for Medicare managed care organizations and providers
- The panel will discuss compliance program best practices to minimize risk in Medicare Advantage

503 Compliance Organization Design

Level: Intermediate

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

James Rose, Managing Director, SunHawk Consulting, LLC

- What is organizational design and how it is important to compliance program effectiveness?
- How does my organization's other governance groups impact the compliance organization design?
- What considerations should be made for organization design of the compliance program?

10:30 – 10:45 AM

Networking Break

10:45 – 11:45 AM

SUBJECT AREA: MEDICARE/MEDICAID

601 Preparing MCOs for the IDD Carve-In

Level: Intermediate

Antony Fiori, Senior Managing Director, Manatt Health

Justin Frazer, JD, MBA, Director, Healthcare Consulting, Mazars USA LLP

- States are increasingly moving individuals with I/DD needs and LTSS services to MCOs
- Some states are creating specialized MCOs, others are relying on existing MCOs
- I/DD needs must be met: CM, waiver service management, network adequacy, and quality measurement

602 HITRUST CSF: A Framework of Frameworks

Level: Basic

Uday Ali Pabrai, CEO, ecfirst

- Walk through how HITRUST CSF maps to and addresses CMMC, ISO 27001, HIPAA, and NIST standards
- Evaluate establishing a compliance program on HITRUST CSF
- Examine the prescriptive and scalable requirements of HITRUST CSF

603 Parity Compliance

Level: Intermediate

Sabrina Coleman, Corporate Compliance and Privacy Officer, Pacific Source Health Plans

- MH parity regulations and compliance
- Comparative analysis report
- Beyond the comparative analysis: Ongoing MHPEA compliance

11:45 AM – 12:45 PM

Lunch

12:45 – 1:45 PM

SUBJECT AREA: MEDICARE/MEDICAID

701 Building an Effective Medicare Compliance Risk Assessment

Level: Intermediate

Michelle Turano, Vice President Medicare Compliance, Anthem

Melissa Whitley, Vice President Client Services, BluePeak Advisors

- Develop effective tools to make tracking and scoring your risks an easier task
- How to collaborate with internal teams to fully identify Medicare risks
- Ensuring effective processes are in place for identifying risks with delegates

702 Audit Readiness: To Infinity and Beyond

Level: Intermediate

Kim Gray, Manager, Corporate Compliance, Blue Cross Blue Shield of North Carolina

Elenor Haith, Director and Corporate Compliance Official, Blue Cross Blue Shield of NC

- Integrate an effective compliance risk assessment to reinforce your organization's audit readiness
- Establish compliance mock audits and assessments that align with regulatory requirements
- Evaluate audit preparedness through readiness checklist activities

703 TBA

Level: Intermediate

1:45 – 2:00 PM

Networking Break

2:00 – 3:00 PM

SUBJECT AREA: MEDICARE/MEDICAID

801 De-Delegation: Compliance and Operational Considerations

Level: Intermediate

Hannah LaMere, Director, Special Projects, Cody Consulting Group

Julie Hughes, Chief Compliance Officer, Cody Consulting Group

- Discuss why plans decide to delegate functions to another entity
- Review scenarios where plans may consider de-delegation and related operational and compliance considerations
- Identify factors to consider when moving a delegated function to another entity or bringing the function in-house

802 Automate Your Compliance Process to Impress Regulators

Level: Intermediate

John Tanner, Chief Compliance Officer, Beacon Healthcare Systems

- Learn how automation can improve your ability to distribute and track HPSM memos
- Understand how automated auditing and monitoring helps you see compliance patterns across your plan
- Apply automation to strengthen compliance oversight and compliance program effectiveness in RADV

803 Looking Around the Corner: How to Navigate the Shifting Drug Contracting Landscape

Level: Advanced

Rachel Alexander, Partner, Wiley Rein

Dorthula Powell-Woodson, Partner, Wiley Rein

- Prepare for the changing legal landscape of drug contracting from a regulatory and compliance standpoint
- Understand the unique risks of purchasing drugs for Medicare Advantage/PDP programs
- Analyze trends in federal and state regulation of PBMs, drug pricing, and reimbursement

3:00 – 3:15 PM

Networking Break

3:15 – 4:15 PM

GENERAL SESSION:

Hot Topics Panel

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

Panelists TBA

Wednesday, February 2

8:00 – 8:15 AM

Exam Check-In

8:15 – 10:15 AM

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

You must apply in advance to sit for the exam. The cost is not included in the conference registration fee

Managed Care Compliance Conference

Jan 30 – Feb 1, 2022 • Phoenix, AZ



SECTION 1 Attendee Information

Mr Mrs Ms Dr Other _____ Member/Account ID (if known/applicable) _____

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) _____

SECTION 2 Registration

Options

	On/Before 12/8/21	After 12/8/21
<input type="checkbox"/> Member (Monday & Tuesday)	\$780	\$820
<input type="checkbox"/> Member Pre-conference (Sunday)	FREE	\$220
<input type="checkbox"/> Non-Member (Monday & Tuesday)	\$1045	\$1095
<input type="checkbox"/> Non-Member Pre-conference (Sunday)	FREE	\$295
<input type="checkbox"/> Registration + First-Time Membership Offer*	\$1000	\$1040

*Save by joining today (first-time members only). Dues renew at \$325. See "Acknowledgements" below for details.

Group Discount

<input type="checkbox"/> Group Discount for 3 or More**	(\$50)
<input type="checkbox"/> Group Discount for 10 or More**	(\$100)

**See "Group Discount Policy" under "Acknowledgments" below for details.

TOTAL \$ _____

Dietary Needs Request

Dairy Free Gluten Free Kosher Vegetarian Vegan Other _____

HCCA Membership: By selecting the Registration + First-Time Membership Offer, you agree to the full membership Terms and Conditions, including the use of your information, viewable at hcca-info.org/membership/tandc. To see the full use of your information or if you wish to opt-out, visit hcca-info.org/privacy.

Opt-Out: Select if you would like to opt-out of the following:

- Member Magazine Listing: HCCA lists all new members (first and last name, organization, and state or country) in our monthly magazine, *Compliance Today*.
- Online Member Directory: HCCA's member directory lists first and last name, organization, title, address, and phone number.

SECTION 3 Payment

Online registration at hcca-info.org/2022managedcare

Mail to HCCA, 6462 City West Parkway, Eden Prairie, MN 55344 USA Fax to 952.988.0146

Email to helpteam@hcca-info.org — Due to PCI compliance, do not provide credit card information via email. Email this form without credit card information, then call HCCA at 888.580.8373 or 952.988.0141 with your payment.

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

Credit Card Account Number _____ Expiration Date _____

Cardholder Name _____ Cardholder Signature _____

SECTION 4 Acknowledgements

By submitting this registration, you agree to the full event Terms and Conditions, viewable at hcca-info.org/conference/tandc, including the use of your information that may be shared with conference exhibitors, attendees, speakers, affiliates, and partners for promotional and/or networking purposes. To see the full use of your information or if you wish to opt-out, visit hcca-info.org/privacy.

By registering for this event, you also agree that you have read and agree to the Personal Accountability Commitment, the Assumption of Risk, and the Liability Waiver and Release viewable at hcca-info.org/conference/tandc.

Group Discount Policy: Registration forms must be sent together to ensure that the discount is applied. The group discount is not available through online registration. Note that discounts will not be applied retroactively if more registrants are added at a later date, but new registrants will receive the group discount.

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

New Members: By selecting the Registration + First-Time Membership Offer, you agree to the full membership Terms and Conditions, including the use of your information, viewable at hcca-info.org/conference/tandc.

Questions? Call 888.580.8373 or 952.988.0141 or email helpteam@hcca-info.org

Frequently Asked Questions

Where will the conference take place?

Sheraton Grand at Wild Horse Pass, 5594 West Wild Horse Pass Blvd., Phoenix, AZ 85226

Online Reservations: <https://book.passkey.com/event/50207934/owner/24587/home>

A reduced rate of \$255 for Standard room with single/double occupancy per night, plus a \$15 daily resort fee and applicable taxes (currently 13%, subject to change) have been arranged for this program.

Make reservations online or call 602.225.0100 and ask for the HCCA Managed Care Compliance Conference group rate or HCCA. 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 event rate is 5:00 PM MST on Monday, January 3, 2022.

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 may be fraudulent. We recommend you make reservations directly with the hotel using the phone number or web link in this brochure. If you have concerns or questions, please contact HCCA at 952.988.0141 or 888.580.8373.

What is included in the cost of my attendance?

Access to sessions, supplemental conference materials, networking opportunities, exhibitor booths, breakfast and lunch on Monday and Tuesday along with refreshment breaks.

What COVID-19 safety precautions will be implemented?

HCCA considers the health and safety of all those at in-person programs a top priority. Although participants should recognize that there is risk involved in attending, HCCA will follow the safety recommendations/guidelines provided by the CDC and other state and local government agencies in place at the time of the event. Additionally, HCCA will follow the venue requirements and work with the venue to provide a safe and enjoyable environment for all participants.

Can I see what sessions will be presented before I arrive on-site?

Yes, program information is posted on the conference website.

Will I receive a recording of this conference?

No. Registered attendees must participate in this event in real time as recordings are not available for any missed sessions. No audio or video recording by attendees is allowed.

Is there a group discount—if so, what is it?

Yes, we offer discounts for groups of three or more from the same organization for all our live in-person and virtual events (excluding webinars). Please send all group registration forms together to helpteam@hcca-info.org for processing. A separate registration form is required for each registrant. The group discount is NOT available through online registration. Note that discounts will not be applied retroactively if more registrants are added at a later date, but new registrants will receive the group discount. For groups of 10 or more, please call +1 952.988.0141 or 888.580.8373 or email helpteam@hcca-info.org.

What do I get with “Registration + First Time Membership?”

If you've never been an HCCA member, you can register as a First-Time Member. This gives you HCCA membership at a discounted rate for your first year. You also receive the member rate for the conference. As a member you receive all HCCA member benefits (discounts, *Compliance Today*® magazine, *Ethikos*® digital quarterly newsletter, member-exclusive webinars, and more). A full list of benefits can be viewed at hcca-info.org/membership. Your membership will begin once payment is received.

How do I use the credit on my account for this event?

You can complete the registration online and select the “Invoice Me” payment option at check out. Once you receive your confirmation, email helpteam@hcca-info.org or call at +1 952.988.0141 or 888.580.8373 to request your credit be applied toward the registration fee.

Can I get the member rate if I am an SCCE member instead of HCCA or vice versa?

Yes. As a member of SCCE or HCCA, you can receive the membership discount for both organizations' conferences, but this cannot be done online. Please send your registration form via email to helpteam@hcca-info.org to complete your registration.

How can I cancel my registration?

If you need to cancel your participation (or send a substitute), your request must be submitted by email to helpteam@hcca-info.org. A conference credit will be issued for all registration fees paid (minus any cancellation fee) and will expire 12 months from the date of the original canceled event. Conference credits will not be issued if you do not attend the event and have not requested cancellation prior to the event start date. If sending a substitute, an additional fee may apply depending upon the membership status of the substitute.

Who can I notify of special needs or concerns prior to the conference?

Please call HCCA at +1 952.988.0141 or 888.580.8373 or email helpteam@hcca-info.org if you have a special need and/or require an accommodation to participate.

Continuing Education

Can I earn continuing education units (CEUs) for attending this conference?

Yes. This conference offers live Compliance Certification Board (CCB)® continuing education units (CEUs) for participation as well as other external credit types.

To see the most up-to-date CEU approval information, go to hcca-info.org/2022managedcare and choose the Continuing Education option on the left-hand menu.

How many CEUs will I learn from attending?

CEUs are assessed based on actual attendance and credit type requested. Should the overall number of education hours you attend or that the conference offers decrease or increase, the maximum number of CEUs available will be changed accordingly.

How do I request CEUs following this conference?

Following this conference, you will be provided the Application for Continuing Education Units (CEUs). To receive CEUs, you must submit this completed application following the conference to ccb@compliancecertification.org. Only registered attendees are eligible to request CEUs for participation.

When will I receive my CEU certificate for participation?

Once your completed Application for Continuing Education Units (CEUs) has been received by our staff, your CEU account will be updated within 2–4 weeks. To view your CCB CEUs and access your certificate, you can login to your online hcca-info.org account, go to your Account Dashboard, and scroll down to View My CEUs.

I would like to sit for one of the Compliance Certification Board (CCB)® exams following this conference; will I qualify?

While this conference, if attended in full, can provide you with all the CEUs needed to meet the continuing education requirement, you will also need to review the applicable candidate handbook found at hcca-info.org/candidate-handbooks to ensure you meet the work experience requirement.

I have reviewed the Candidate Handbook and want to sit for the exam as soon as the conference concludes; what's next?

An optional Certified in Healthcare Compliance (CHC)® exam will be offered immediately following the conclusion of the conference. A separate application and fee submitted directly to the CCB is required. You apply online for your exam at hcca-info.org/apply-exam.

Can I take my exam remotely?

Yes, CCB offers the flexibility for candidates to take their exam remotely, at a local testing site, or following certain HCCA conferences. To learn more about our various testing options, visit HCCA's website, hcca-info.org/certification/become-certified/exam-information.

I have more questions about exams and seeking certification; who can help me?

For more questions about CCB certifications, call to speak to a Certification Specialist at +1 952.988.0141 or 888.580.8373 or email ccb@compliancecertification.org.