



Plan now to join your peers for the primary networking and educational event for those involved with managing compliance at health plans.

Managed Care Compliance Conference

February 15–18, 2015 | Las Vegas, NV

Join your peers:

- Compliance professionals from a health plan (*all levels: officers to consultants*)
- In-house or external counsel for a health plan
- Internal auditors from a health plan
- Regulatory compliance personnel
- Managed care lawyers



Learn more at
www.hcca-info.org/managedcare



SUNDAY, FEBRUARY 15: PRE-CONFERENCE

7:30 AM–5:30 PM	Registration	
8:00–9:30 AM	P1 SIU: Who We Are and What We Do – Robert Cepielik, Partner, Deloitte Financial Advisory Services LLP; Michael Little, Senior Manager, Deloitte Financial Advisory Services LLP; Paul Weller, Head of Provider Litigation, Aetna	
9:30–9:45 AM	Networking Break	
9:45–11:15 AM	P2 When the Whistle Blows! Responding to a Potential Relator – Steven Baruch, Compliance Officer, Sutter Health; Brian Callihan, Director of Special Projects, Sutter Health; Greta Fees, Director Coding Compliance, Sutter Health	
11:15–12:30 PM	Lunch (on own)	
11:30–12:15 PM	Speed Networking (lunch provided) *Separate Registration Required	
12:30–2:00 PM	P3 Using Effective Engagement Strategies and Annual Training to Implement a Successful Compliance Program – Kristen Grenzebach, Learning Program Manager, WellPoint; Jessica Vander Zanden, CHC, Dir. of Medicare Compliance and Star Quality, Network Health	P4 Code of Conduct Investigations – Timshel Tarbet, Director, Ethics & Compliance, Cambia Health Solutions; Candice Kramer, CHPC, Assistant Director, Ethics & Compliance, Cambia Health Solutions, Inc.
	Networking Break	
2:00–2:15 PM	P5 Compliance Executive Communications: What do Business Leaders Really Want to Know? – Alison Green, Director, Compliance Program & Reporting, UnitedHealthcare Medicare & Retirement; Steve Bunde, Vice President, Internal Audit and Integrity and Compliance, HealthPartners; John Tanner, Medicare Compliance Officer, AVP, Molina Healthcare, Inc.	P6 Regulatory Compliance Monitoring – Peggy Fry, Director Regulatory Compliance, BCBST
	Networking Break	
3:45–4:00 PM	P7 Do you Know if Your Compliance and Ethics Program is Effective? Tips and Strategies to Measure and Demonstrate the Effectiveness of your Program – Nabil Istafanous, Principal, Corporate Counsel Solutions PLLC; William Gedman, Vice President of Quality Audit, Fraud & Abuse, Chief Compliance Officer, University of Pittsburgh Medical Center Insurance Services Division	P8 Program Reporting & Bid Submissions - Effective Policies, Processes, and Oversight for the Preparation and Certification of Plan Reports and Bids – Patrick Braley, Partner, Bennett Thrasher LLP; Blair Todt, Chief Strategy and Development Officer, WellCare Health Plans, Inc.
	Networking Reception	
4:00–5:30 PM		
5:30–6:30 PM		

MONDAY, FEBRUARY 16: CONFERENCE FOLLOW THE GOVERNMENT PROGRAMS TRACK: SESSIONS WITH THE BLUE BACKGROUND

7:00 AM–5:30 PM	Registration		
7:00–8:15 AM	Breakfast		
8:15–8:30 AM	Opening Remarks		
8:30–9:30 AM	General Session: The Outer Limits: Understanding When a Compliance Matter Becomes a Legal Matter, and What To Do When It Does – Christopher Bennington, Principal and Senior Consultant, INCompliance Consulting; Mark Chilson, EVP General Counsel, CareSource; Jeffrey McFadden, Partner, Stradley Ronon Stevens & Young, LLP; Kurt Lenhart, Vice President and Corporate Compliance Officer, CareSource		
9:30–10:00 AM	Networking Break		
10:00–11:30 AM	101 FDR Oversight: Turning Theory Into Practice: A systemic, tool-laden approach to meeting CMS expectations. – Ernesto Marrero, Medicare & FIDA Compliance Officer, EmblemHealth; Corinne Sinclair, Director, Medicare Compliance, ConnectiCare; Thomas Wilson, Ph.D., M.H.A., Business Ethics, Integrity & Compliance, Florida Blue	102 Privacy Incident Response & Reporting: Pre and Post HITECH – Erika Riethmiller-Bol, Director, Corporate Privacy-Incident Program, Anthem, Inc.	103 Navigating the complex journey to achieve Health Insurance Exchange (HIX) compliance – Ian Waxman, Health Plans - Regulatory, Deloitte & Touche, LLP; Tom Longar, Health Plans - Regulatory, Deloitte & Touche LLP
	Networking Lunch		
12:45–2:15 PM	201 Implementing a Dual Eligible Program and Compliance Aspects – Richard Merino, Managing Director, FTI Consulting, Inc.; Andrew Toppin, Director, FTI Consulting, Inc	202 The Role of Oversight and Monitoring and the Development of Analytics to Increase Effectiveness of your Compliance Program – David Curé, Vice President and Chief Auditor, WellCare Health Plans, Inc.; Christopher Price, Senior Director, Corporate Audit and Oversight, WellCare Health Plans, Inc.	203 The Federal False Claims Act (FCA) - What Every Managed Care Compliance Department Needs to Know – Matthew Werner, Director, Compliance & Ethics, Blue Shield of California
	Networking Break		
2:15–2:45 PM	301 CMS Audit Readiness / Lessons Learned – Jennifer Del Villar, Dir Compliance, Regence	302 Building a Compliance Department of the Future: Driving growth and managing risk as a strategic advisor – Terry Puchley, Partner, PricewaterhouseCoopers, LLP; Robert Miromonti, VP, Ethics & Compliance, Centene Corporation; Christopher Schroeder, Manager, PricewaterhouseCoopers, LLP	303 Regulatory Compliance When a Health Plan Buys a Physician Practice – Curtis Bernstein, Managing Director, Altegra Health; Kelly C. Loya, Director, Reimbursement and Advisory Services, Altegra Health; Darryl Landahl, Partner, Bryan Cave
	Networking Break		
4:15–4:30 PM	General Session: Audit Readiness and Internal Control, Post Reform – Kelly Lange, Director, Blue Cross Blue Shield of Michigan; Sharon Gipson, Corporate and IT Audit & Advisory Services, Blue Cross Blue Shield of Michigan		
4:30–5:30 PM			
5:30–6:30 PM	Networking Reception		

TUESDAY, FEBRUARY 17: CONFERENCE

7:30–4:00 PM	Registration		
7:30–8:30 AM	Breakfast		
8:30–10:00 AM	General Session: Medicare Parts C & D 2015 Audit Strategy – Gerard Mulcahy, Director, Medicare Part C and D Oversight and Enforcement Group, Centers for Medicare & Medicaid Services		
10:00–10:30 AM	Networking Break		
10:30 AM–12:00 PM	401 The Changing Landscape of Government Operational Compliance Requirements for Managed Care Contracting: Information From the Front Lines – Brenda Tranchida, Of Counsel, Venable LLP; Heidi Arndt, Director of Compliance & Special Projects, Community Health Group	402 What Does the Changing Landscape of Provider Networks Mean for Your Compliance Toolshed? – Deborah Schreiber, Medicare Compliance Officer, Network, UnitedHealthcare	403 Using Analytics to Mitigate Risk and Support Strategic Growth – Rani Radhakrishnan, Director, Health Industries Advisory, PricewaterhouseCoopers, LLP; Semhal Araya, Director, Risk Assurance, PricewaterhouseCoopers, LLP; Rakesh Shah, Executive Director, Commercial Health Plan Compliance, Kaiser Permanente
	Networking Lunch		
12:00–1:00 PM			
1:00–2:00 PM	General Session: Making Decisions Ethically in Managed Care Delivery – Bruce Anderson, Chief Ethics Officer, Health Net, Inc.; Sandy Tutto, Director Health Care Services at HealthNet		
2:00–2:15 PM	Networking Break		
2:15–3:45 PM	501 After the Auditors Leave: Does a CMS Program Audit Really Ever End? – Mary-Paul Borleis, Sr. Medicare Compliance Analyst, CareFirst; Shirl Welch, Regulatory Compliance Officer, Arkansas BCBS	502 Bona Fide Risk Analysis & Risk Management – Bob Chaput, CEO, Clearwater Compliance LLC	503 Breaking Down Program Integrity, What's Required and (More Importantly) What's Needed – Chris Zitzer, JD, CHC, VP, Chief Compliance Officer, UnitedHealthcare Community & State

WEDNESDAY, FEBRUARY 18

8:00–11:00 AM	Certified in Healthcare Compliance (CHC)® Exam (optional)
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Agenda

SUNDAY, FEBRUARY 15

PRE-CONFERENCE

7:30AM – 5:30PM

Registration

8:00 – 9:30AM

P1 SIU: Who We Are and What We Do

Robert Cepielik, Partner, Deloitte Financial Advisory Services LLP

Michael Little, Senior Manager, Deloitte Financial Advisory Services LLP

Paul Weller, Head of Provider Litigation, Aetna

- Ever wonder how your SIU functions? We will discuss the basic operations of a Special Investigations Unit
- We will review the functions that overlap both SIU and Compliance departments and discuss the importance of coordination and collaboration between these units
- Highlight current trends that SIU is currently seeing and how we are responding

9:45 – 11:15AM

P2 When the Whistle Blows! Responding to a Potential Relator

Steven Baruch, Compliance Officer, Sutter Health

Brian Callihan, Director of Special Projects, Sutter Health

Greta Fees, Director Coding Compliance, Sutter Health

- An employee informs you of something very bad that the government might be interested to hear...
- What is your first response? What is the first question you will ask? Who is the first person you will call?
- An overview of a collaborative, multidisciplinary response to a potential whistleblower allegation from three professionals with three very different backgrounds and expertise discuss this case study

11:15AM – 12:30PM

Lunch (on your own if not participating in Speed Networking)

11:30AM – 12:15PM

Speed Networking

Expand your network. Expand your knowledge.

Sign up now to participate in the Speed Networking lunch. Registration is separate from the conference and complimentary. Upon registering, you will be asked some questions and the software will schedule a series of quick introductions to the types of people you've indicated you want to meet with. It's a fun, efficient way to quickly connect with peers who share your challenges and to make new friends at the start of the Managed Care Compliance Conference. Register at: www2.speednetworking.com/ViewEvent/managedcare2015

12:30 – 2:00PM

P3 Using Effective Engagement Strategies and Annual Training to Implement a Successful Compliance Program

Kristen Grenzebach, Learning Program Manager, WellPoint

Jessica Vander Zanden, CHC, Dir. of Medicare Compliance and Star Quality, Network Health

P4 Code of Conduct Investigations

Timshel Tarbet, Director, Ethics & Compliance, Cambia Health Solutions

Candice Kramer, CHPC, Assistant Director, Ethics & Compliance, Cambia Health Solutions, Inc.

- Investigation Protocols
- Outline & Discuss Three (3) Internal Investigations from Intake to Closing
- Round Table: Attendees' Respective Investigative Activity (Successes, Opportunities for Improvement, Best Practices & Tips)

2:15 – 3:45PM

P5 Compliance Executive Communications: What do Business Leaders Really Want to Know?

Alison Green, Director, Compliance Program & Reporting, UnitedHealthcare Medicare & Retirement

Steve Bunde, Vice President, Internal Audit and Integrity and Compliance, HealthPartners

John Tanner, Medicare Compliance Officer, AVP, Molina Healthcare, Inc.

- Ways to evaluate complex detailed compliance operational information and identify pertinent aspects for reporting to leadership
- Integrating business initiatives into compliance reporting: how to get business leaders engaged and understanding the importance of compliance and regulatory activity through reporting
- Reporting in a meaningful and precise manner

Agenda

P6 Regulatory Compliance Monitoring

Peggy Fry, Director Regulatory Compliance, BCBST

- Describe the structure BCBST uses to oversee managed care operations for government programs
- Describe the functions that compliance staff perform in operational arena
- Describe the culture of compliance BCBST has built

4:00 – 5:30PM

P7 Do you Know if Your Compliance and Ethics Program is Effective? Tips and Strategies to Measure and Demonstrate the Effectiveness of your Program

Nabil Istafanous, Principal, Corporate Counsel Solutions PLLC

William Gedman, Vice President of Quality Audit, Fraud & Abuse, Chief Compliance Officer, University of Pittsburgh Medical Center Insurance Services Division

- Regulators are increasingly demanding more than simply having a compliance program that has all the elements of an “effective program” on paper; they are demanding evidence that your program is effective
- First generation compliance(-only) programs focused on activity metrics—e.g., number of hotline calls, number of trainings. Mature compliance and ethics programs have made the shift to performance metrics
- We will provide ideas, tips and strategies to measure performance so you can demonstrate the value and effectiveness of your compliance and ethics program to your executive team, board and to regulators

P8 Program Reporting & Bid Submissions - Effective Policies, Processes, and Oversight for the Preparation and Certification of Plan Reports and Bids

Patrick Braley, Partner, Bennett Thrasher LLP

Blair Todt, Chief Strategy and Development Officer, WellCare Health Plans, Inc.

- Understand how to quarterback program reporting and bid submission processes including the gathering, corroboration, and certification of data from multiple departments
- Define the role of the Compliance Department in report and bid preparation and review
- Review common pitfalls and practical tips for implementing policies, procedures, systems, and controls to help mitigate the risk of audit failures if/when an audit is requested

5:30 – 6:30PM

Networking Reception

MONDAY, FEBRUARY 16

7:00AM – 5:30PM

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7:00 – 8:15AM

Breakfast

8:15 – 8:30AM

Opening Remarks

8:30 – 9:30AM

GENERAL SESSION: The Outer Limits: Understanding When a Compliance Matter Becomes a Legal Matter, and What To Do When It Does

Christopher Bennington, Principal and Senior Consultant, INCompliance Consulting

Mark Chilson, EVP General Counsel, CareSource

Jeffrey McFadden, Partner, Stradley Ronon Stevens & Young, LLP

Kurt Lenhart, Vice President and Corporate Compliance Officer, CareSource

- Identifying and Managing the Roles and Potential Conflicts of Interest Between the Compliance and Legal Departments
- Protecting the Attorney-Client Privilege and Work Product Doctrine, Particularly in the Wake of *Barko v. Halliburton* and Governmental Assaults on the Privilege
- Deciding When to Hire Outside Counsel or Other Consultants

9:30 – 10:00AM

Networking Break (in exhibit hall)



Agenda

10:00 – 11:30AM

101 FDR Oversight: Turning Theory Into Practice: A systemic, tool-laden approach to meeting CMS expectations.

Ernesto Marrero, Medicare & FIDA Compliance Officer, EmblemHealth

Corinne Sinclair, Director, Medicare Compliance, ConnectiCare

Thomas Wilson, Ph.D., M.H.A., Business Ethics, Integrity & Compliance, Florida Blue

- Necessary Steps to take to lay the oversight groundwork
- FDR Selection: Tools You Can Use
- Ensuring Compliance: Practical Approaches for Any Budget

102 Privacy Incident Response & Reporting: Pre and Post HITECH

Erika Riethmiller-Bol, Director, Corporate Privacy-Incident Program, Anthem, Inc.

- Historical look at incident management in healthcare
- Organizing your program for success
- Why it is critical that you get it right

103 Navigating the complex journey to achieve Health Insurance Exchange (HIX) compliance

Ian Waxman, Health Plans - Regulatory, Deloitte & Touche LLP

Tom Longar, Health Plans - Regulatory, Deloitte & Touche LLP

- The advent of Exchanges through the ACA introduces new complexities for health plans, requiring plans to adhere to the myriad of federal and state regulatory requirements that will be emerging and evolving rapidly over the early years of Exchange implementation.
- It is expected that CMS audit and oversight protocols will drive the standard. Building on prior experiences with CMS and other regulators will allow plans to design compliance programs that employ standard principles within a HIX environment.
- Plans must act now by establishing a foundation for HIX compliance, while monitoring government enforcement and oversight activities. Plans should assess HIX compliance readiness and accelerate the process to meet critical regulatory requirements and milestones.

11:30AM – 12:45PM

Lunch

12:45 – 2:15pm

201 Implementing a Dual Eligible Program and Compliance Aspects

Richard Merino, Managing Director, FTI Consulting, Inc

Andrew Toppin, Director, FTI Consulting, Inc

- Implementation of a Dual Eligible Program
- Compliance Aspects of a Dual Eligible Program



Agenda

202 The Role of Oversight and Monitoring and the Development of Analytics to Increase Effectiveness of your Compliance Program

David Curé, Vice President and Chief Auditor, WellCare Health Plans, Inc.

Christopher Price, Senior Director, Corporate Audit and Oversight, WellCare Health Plans, Inc.

- Developing and implementing a comprehensive and diverse oversight and monitoring program that focuses on internal controls and data validation
- Creating a “hands-on” culture of compliance that assists the business to develop compliance data that is measurable and can be tracked and trended more efficiently
- The increasing role of analytics to improve accountability, transparency, and overall compliance effectiveness

203 The Federal False Claims Act (FCA) - What Every Managed Care Compliance Department Needs to Know

Matthew Werner, Director, Compliance & Ethics, Blue Shield of California

- Overview of the FCA key provisions
- Application of the FCA to managed care entities – a case law review
- The intersection of the FCA and the ACA

2:15 – 2:45PM

Networking Break

2:45 – 4:15PM

301 CMS Audit Readiness / Lessons Learned

Jennifer Del Villar, Dir Compliance, Regence

- Universe Preparation
- Mock Audits
- Choosing the Right Team

302 Building a Compliance Department of the Future: Driving growth and managing risk as a strategic advisor

Terry Puchley, Partner, PricewaterhouseCoopers, LLP

Robert Miromonti, VP, Ethics & Compliance, Centene Corporation

Christopher Schroeder, Manager, PricewaterhouseCoopers, LLP

- Increasing focus by boards and senior management is creating expectations for Compliance Departments to shift from the role of an enforcer or lifeguard to that of a trusted advisor
- The Compliance Department of the Future, is seen throughout as a problem solver, insight generator, and a trusted strategic advisor
- During this session we will explore how leading organizations are leveraging compliance to help drive growth and accountability throughout their organizations and gain a competitive advantage in the marketplace

303 Regulatory Compliance When a Health Plan Buys a Physician Practice

Curtis Bernstein, Managing Director, Altegra Health

Kelly C. Loya, Director, Reimbursement and Advisory Services, Altegra Health

Darryl Landahl, Partner, Bryan Cave

- Calculate the fair market value and commercial reasonableness of a physician entity acquisition
- Review professional coding abnormalities prior to acquisition
- Document potential compliance concerns related to practice operations

4:30 – 5:30

GENERAL SESSION: Audit Readiness and Internal Control, Post Reform

Kelly Lange, Director, Blue Cross Blue Shield of Michigan;

Sharon Gipson, Corporate and IT Audit & Advisory Services, Blue Cross Blue Shield of Michigan

- Corporate and IT Audit & Advisory Services
- Model Audit Rule (SOX)
- National Health Care Reform Compliance

5:30 – 6:30PM

Networking Reception

Agenda

TUESDAY, FEBRUARY 17

7:30AM – 4:00PM

Registration

7:30 – 8:30AM

Breakfast

8:30 – 10:00AM

GENERAL SESSION: Medicare Parts C & D 2015 Audit Strategy

Gerard Mulcahy, Director, Medicare Part C and D Oversight and Enforcement Group, Centers for Medicare & Medicaid Services

10:00 – 10:30AM

Networking Break (in exhibit hall)

10:30AM – 12:00PM

401 The Changing Landscape of Government Operational Compliance Requirements for Managed Care Contracting: Information From the Front Lines

Brenda Tranchida, Of Counsel, Venable LLP;

*Heidi Arndt, Director of Compliance & Special Projects,
Community Health Group*

- Critical compliance operational risk areas for Medicare and Medicaid managed care
- CMS measurement and oversight trends and their implications for Medicare and Medicaid managed care contracting
- Government-sponsored health care compliance contracting areas are converging; insights for consolidating compliance controls and oversight mechanisms

402 What Does the Changing Landscape of Provider Networks Mean for Your Compliance Toolshed?

*Deborah Schreiber, Medicare Compliance Officer, Network,
UnitedHealthcare*

- The landscape of managed care provider networks is changing. Do you have the right tools in your compliance toolshed to manage this challenging and evolving risk area?
- What lessons can be learned from media, public and regulator reactions to network narrowing trends?
- Interactive session focused on the emerging risk areas related to how plans manage their provider networks, and business and compliance strategies to help manage those risks

403 Using Analytics to Mitigate Risk and Support Strategic Growth

*Rani Radhakrishnan, Director, Health Industries Advisory,
PricewaterhouseCoopers, LLP;*

*Semhal Araya, Director, Risk Assurance, PricewaterhouseCoopers,
LLP*

*Rakesh Shah, Executive Director, Commercial Health Plan
Compliance, Kaiser Permanente*

- Leverage analytics to prioritize and mitigate risk
- Proactively identify suspicious activity to combat fraud, waste, and abuse
- Build, test and remediate compliance programming

12:00 – 1:00PM

Lunch

1:00 – 2:00PM

GENERAL SESSION: Making Decisions Ethically in Managed Care Delivery

Bruce Anderson, Chief Ethics Officer, Health Net, Inc.;

Sandy Tuttobene, Director Health Care Services at HealthNet

- In this highly interactive session, we will review an ethical framework for managed care
- We will review typical situations that arise in managed care: treatment conflicts, non reimbursed services, and others
- Through case studies and audience involvement, we will review approaches to resolving dilemmas with an eye to creating an optimal outcome

2:00 – 2:15PM

Networking Break

Agenda

2:15 – 3:45PM

501 After the Auditors Leave: Does a CMS Program Audit Really Ever End?

Mary-Paul Borleis, Sr. Medicare Compliance Analyst, CareFirst
Shirl Welch, Regulatory Compliance Officer, Arkansas BCBS

- Follow-up requests, draft reports, final reports – how to manage them and keep your team focused
- Corrective Action Plans – how do you implement, track and document effectiveness of your corrective actions related to CARs?
- Validation – what does CMS expect you to prove, and how do you demonstrate effectiveness to CMS

502 Bona Fide Risk Analysis & Risk Management

Robert Chaput, MA, CISSP, HCISPP, CRISC, CIPP/US, CEO, Clearwater Compliance LLC

- Conducting a comprehensive HIPAA Risk Analysis using HHS/OCR Guidance and the NIST Security Framework
- Guiding organizational Risk Management decisions
- Driving continuous improvement in Risk Management Processes

503 Breaking Down Program Integrity – What’s Required and (More Importantly) What’s Needed

Chris Zitzer, JD, CHC, VP, Chief Compliance Officer, UnitedHealthcare Community & State

- Understanding the extensive array of state and federal Program Integrity requirements impacting Managed Care Organizations.
- The role of the Compliance Officer, working with Legal, SIU and operational leaders, in delivering on a comprehensive Anti-Fraud, Waste & Abuse Plan.
- Anticipating what’s next for the industry – How the regulatory environment is changing and how we can meet and exceed heightened expectations in the area of Program Integrity.

WEDNESDAY, FEBRUARY 18

8:00 – 11:00AM

Certified in Healthcare Compliance (CHC)® Exam

The CHC exam is optional. You must register in advance to sit for the exam. The cost of the exam is not included in the conference registration fee. To register for the exam, complete the date-specific exam application and mail or fax as directed on the application. For a link to the exam application, visit www.hcca-info.org and look for the Managed Care Compliance Conference.

HCCA's Managed Care Compliance Conference would like to thank our 2015 committee:



Catherine King, (Committee Chair) JD, CCEP, Compliance & Ethics Liason, BlueCross BlueShield Association



Harry L. Carstens, Director, Compliance, Molina Healthcare of Washington, Inc.



Jennifer O'Brien, Chief Compliance Officer, UnitedHealthcare – Government Programs



Lori Oleson, Director of Compliance and Quality, Government Programs, Blue Cross Blue Shield of Minnesota

Platinum Sponsor



Speakers



Bruce Anderson, Chief Ethics Officer, Health Net, Inc.



Semhal Araya, Director, Risk Assurance, PricewaterhouseCoopers, LLP

Heidi Arndt, Director of Compliance & Special Projects, Community Health Group



Steven Baruch, Compliance Officer, Sutter Health



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Michael Little, Senior Manager, Deloitte Financial Advisory Services LLP



Tom Longar, Tom Longar, Health Plans - Regulatory, Deloitte & Touche LLP



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Thomas Wilson, PhD, MHA, Business Ethics, Integrity & Compliance, Florida Blue



Chris Zitzer, JD, CHC, VP, Chief Compliance Officer, UnitedHealthcare Community & State

Details

Hotel & Conference Location:

Caesars Palace
3570 S Las Vegas Blvd
Las Vegas, NV 89109
(702) 731-7110
<http://www.caesarspalace.com/>

The room block is currently sold out at the group rate of the \$175 per night rate, single/double occupancy, plus tax. Reservations are still being accepted on a “space available” basis at the prevailing hotel rates. There is a daily resort fee of \$25 per room, per night plus tax. Hotel allows individual cancellations without penalty up to forty-eight (48) hours prior to the attendees’ scheduled arrival date. Check-in time is 4:00 PM and check-out time is 11:00 AM. Any departures after 11:00 AM are subject to the full day charge.

Registration Terms & Conditions:

Please make your check payable to HCCA, enclose payment with your registration, and return it to the HCCA office, or fax your credit card payment to 952-988-0146. If your total is miscalculated, HCCA will charge your card the correct amount. All expenses incurred to maintain or improve skills in your profession may be tax deductible, including tuition, travel, lodging, and meals. Please consult your tax advisor.

Cancellations/Substitutions: You may send a substitute in your place or request a conference credit. Conference credits are issued in the full amount of the registration fees paid and are good for 12 months from the date of the cancelled event. Conference credits may be used towards any HCCA service. If you need to cancel your participation, notify us prior to the start date of the event by email at helpteam@www.hcca-info.org or by fax at 952-988-0146. Please note that if you are sending a substitute, an additional fee may apply.

Group Discounts: Discounts take effect the day a group reaches the discount number of registrants. Please send registration forms together to ensure that the discount is applied. A separate registration form is required for each registrant. 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.

5 or more: \$50 discount for each registrant
10 or more: \$100 discount for each registrant

Special Needs/Concerns: Prior to your arrival, please call HCCA at 888-580-8373 if you have a special need and require accommodation.

Dress Code: Business casual dress is appropriate.

Recording: No unauthorized audio or video recording of HCCA conferences is allowed.

Agreements & Acknowledgements:

I agree and acknowledge that I am undertaking participation in HCCA events and activities as my own free and intentional act, and I am fully aware that possible physical injury might occur to me as a result of my participation in these events. I give this acknowledgement freely and knowingly and assert that I am, as a result, able to participate in HCCA events, and I do hereby assume responsibility for my own well-being. I agree and acknowledge that HCCA plans to take photographs at the HCCA Managed Care Compliance Conference and reproduce them in HCCA educational, news, or promotional material, whether in print, electronic, or other media, including the HCCA website. By participating in the HCCA Managed Care Compliance Conference, I grant HCCA the right to use my name, photograph, and biography for such purposes.

Certified in Healthcare Compliance

(CHC)[®] Exam: The CHC exam will be held on Wednesday, February 12, 9:00–11:00 AM. You must register in advance to sit for the exam. The cost of the exam is not included in the conference registration fee. To register for the exam, complete the date-specific exam application and mail or fax as directed on the application. For a link to the exam application, visit www.hcca-info.org/managedcare.

Continuing Education Units: HCCA is in the process of applying for additional credits. If you do not see information on your specific accreditation and would like to make a request, please contact us at 952 988 0141 or 888 580 8373 or email ccb@compliancecertification.org. Visit HCCA’s website, www.hcca-info.org for up-to-date information.

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 19 hours of pre-approved Category II (non-ACHE) continuing education credit for this program toward advancement, or recertification in the American College of Healthcare Executives. Participants in this program wishing to have the continuing education hours applied toward Category II credit should indicate on their attendance when submitting application to the American College of Healthcare Executives for advancement or recertification.

Compliance Certification Board (CCB):

Compliance Certification Board (CCB): CCB has awarded a maximum of 23.4 CEUs for these certifications: Certified in Healthcare Compliance (CHC)[®], Certified in Healthcare Compliance–Fellow (CHC-F)[™], Certified in Healthcare Privacy Compliance (CHPC)[®], Certified in Healthcare Research Compliance (CHRC)[®], Certified Compliance & Ethics Professional (CCEP)[®], Certified Compliance & Ethics Professional–Fellow (CCEP-F)[®], Certified Compliance & Ethics Professional–International (CCEP-I)[™].

Nursing Credit: The Health Care Compliance Association is preapproved by the California Board of Registered Nursing, Provider Number CEP 12990, for a maximum of 23.4 contact hour(s). The following states will not accept CA Board of Nursing contact hours: Delaware, Florida, New Jersey and Utah. Massachusetts and Mississippi nurses may submit CA Board of 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 CA Nursing Credit (check box or indicate “Nursing” on the CEU form).

CLE: The Health Care Compliance Association is a State Bar of California Approved MCLE provider, a Pennsylvania Accredited Provider, and a Texas Accredited Sponsor. An approximate maximum of 19.5 clock hours of CLE credit will be available to attendees of this conference. The Nevada Board of Continuing Legal Education has approved this event for 19.5 CLE which includes 0.0 ethics or substance abuse credit. The Missouri Bar has approved this event for a maximum of 23.4 CLE. All CLE credits will be awarded based on individual attendance.

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, Sponsor Identification No: 105638. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit and may not accept one-half credits. Complaints regarding registered sponsors may be addressed to the National Registry of CPE Sponsors, 150 Fourth Avenue North, Suite 700, Nashville, TN 37219-2417. Website: www.nasba.org. A recommended maximum of 23.0 credits based on a 50-minute hour will be granted for the entire learning activity. This program addresses topics that are of a current concern in the compliance environment. This is an update, group-live activity. For more information regarding administrative policies such as complaints or refunds, call (888) 580-8373 or (952) 988-0141.

Registration

Managed Care Compliance Conference | February 15–18, 2015 | Las Vegas

CONTACT INFORMATION

Please type or print your information below.

Mr. Mrs. Ms. Dr.

HCCA Member ID

First Name MI Last Name

Credentials (CCEP, CCEP-I, CHC, etc.)

Title

Place of Employment

Address

City State Zip

Phone

Fax

Email (required for registration confirmation)

SESSION SELECTION

Please indicate below which sessions you would like to attend. Your choices will be used to assist us in planning. You are not obligated to attend the sessions you select.

SUNDAY	MONDAY	TUESDAY
8:00 AM–9:30 AM <input type="radio"/> P1	10:00 AM–11:30 PM <input type="radio"/> 101	10:30 AM–12:00 PM <input type="radio"/> 401
9:45 AM–11:15 PM <input type="radio"/> P2	<input type="radio"/> 102	<input type="radio"/> 402
12:30 PM–2:00 PM <input type="radio"/> P3	<input type="radio"/> 103	<input type="radio"/> 403
<input type="radio"/> P4	12:45–2:15 PM <input type="radio"/> 201	2:15–3:45 PM <input type="radio"/> 501
2:15 PM–3:45 PM <input type="radio"/> P5	<input type="radio"/> 202	<input type="radio"/> 502
<input type="radio"/> P6	<input type="radio"/> 203	<input type="radio"/> 503
4:00 PM–5:30 PM <input type="radio"/> P7	2:45–4:15 PM <input type="radio"/> 301	
<input type="radio"/> P8	<input type="radio"/> 302	
	<input type="radio"/> 303	

Speed Networking registration is separate and can be found at: www2.speednetworking.com/ViewEvent/managedcare2015

REGISTRATION OPTIONS

Registration fees are as listed and considered net of any local withholding taxes applicable in your country of residence.

Registration

- HCCA Members \$799
- Non-Members \$899
- HCCA Membership & Registration \$999
NEW MEMBERS ONLY / DUES REGULARLY \$295 ANNUALLY
- Pre-Conference Session Sunday \$125
FREE ONLY WITH PURCHASE OF EARLY BIRD REGISTRATION
- Group Discount: subtract _____ from my total (SEE DETAILS FOR MORE INFO)

TOTAL _____

SPECIAL REQUEST FOR DIETARY ACCOMMODATION

- Gluten Free
- Kosher
- Vegetarian
- Vegan
- Other

PAYMENT OPTIONS

Mail: HCCA, 6500 Barrie Road, Suite 250, Minneapolis, MN 55435

Fax: 952-988-0146

- Invoice me
- Check enclosed
- I authorize HCCA to charge my credit card (choose below)

Due to PCI compliance, please do not provide any credit card information via email. You may email this form (without credit card information) and call HCCA at 888-580-8373 or 952-988-0141 with your credit card information.

Credit Card: American Express MasterCard Visa Discover

Credit Card Account Number

Credit Card Expiration Date

Cardholder's Name

Cardholder's Signature

MC0215

Please fax your completed registration form with payment information to 952-988-0146, or visit www.hcca-info.org/managedcare to register online.

HEALTH CARE COMPLIANCE ASSOCIATION

6500 Barrie Road, Suite 250, Minneapolis, MN 55435

PHONE 888-580-8373 | FAX 952-988-0146

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