

FRAUD & COMPLIANCE FORUM

September 26–28, 2010

Renaissance Harborplace Hotel | Baltimore, MD

The Fraud and Compliance Forum is jointly sponsored by the Health Care Compliance Association (HCCA) and the American Health Lawyers Association (AHLA). It will include an explicit designation of a session as “compliance focused” or “legal focused.” The Planning Committee has included enough sessions in each designation that an individual could attend all “compliance” sessions or all “legal” sessions for the entire program. Yet an attendee also has the option of selecting a diversity of sessions and networking with an expanded group of individuals. The Fraud and Compliance Forum has the benefit of combining the quality of HCCA and AHLA sessions with the expanded networking power of a combined program.



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Program Agenda

PROGRAM MISSION

The AHLA/HCCA Fraud and Compliance Forum will provide practical guidance on the pressing legal and compliance issues that have arisen in the last twelve months. The program's uniqueness stems not only from the important content for health lawyers and compliance officers, but also from the additional value of bringing together legal counsel and compliance officers in one educational arena. The Fraud and Compliance Forum is jointly sponsored by the Health Care Compliance Association (HCCA) and the American Health Lawyers Association (AHLA). It includes an explicit designation of each session as "compliance focused" or "legal focused." The Planning Committee has included enough sessions in each designation that an individual could attend all "compliance" sessions or all "legal" sessions for the entire program. Yet an attendee also has the option of selecting a diversity of sessions and networking with an expanded group of individuals.

PROGRAM GOALS AND OBJECTIVES

- Gain a greater understanding of the full nature of the various regulations governing the delivery of healthcare (Stark, False Claims Act)
- Recognize emerging regulatory trends that will affect legal and compliance practices in healthcare
- Network with peers and learn about the challenges and risk areas faced by a wide variety of healthcare settings (hospitals, academic medical centers, physician practices, long-term care providers, pharmaceutical manufacturers)
- Recognize the common issues faced by compliance and legal professionals, the roles each play in ensuring compliance and ways in which they can effectively work together

WHO SHOULD ATTEND

Health Law Attorneys / Compliance Professionals / Billing and Coding Professionals / Third-Party Billing Professionals / Chief Executive Officers / Chief Operating Officers / Chief Technology Officers / Chief Financial Officers / Medical Directors / Physicians / Managed Care Professionals / Medical Group Managers / Data Managers / Ethics Officers / Health Insurance Executives / Consultants / Government Agency Employees / Health Administration Faculty / Risk Managers / Pharmacists / Quality Assurance Professionals / Registered Nurses / Long-Term Care Professionals

SUNDAY, SEPTEMBER 26, 2010

12:00–5:30 PM

Registration and Information

1:00 – 2:30 PM (EXTENDED SESSIONS)

I. Fraud and Abuse Primer (not repeated)

James G. Sheehan

- Fraud, abuse, and improper payments-definition and identification
- Significant fraud and abuse risk areas for compliance officers and in-house counsel in healthcare organizations (a top ten list for 2011)
- The fraud and abuse investigative process (public and private)-how is it initiated, how it develops (including video demo)
- Role of effective compliance programs and counsel in preventing fraud and abuse, and minimizing adverse outcomes from investigations
- Bad outcomes for organizations from compliance failures (the good ones are seldom public)

II. Compliance Officer Roundtable (not repeated)

Kimberly A. Lansford / Alana Sullivan / Sara Kay Wheeler

- The complex regulatory framework and significant compliance issues currently facing organizations
- The elements of an effective compliance program and overcoming obstacles in operationalizing your program
- Techniques used to assess risk, audit and monitor vulnerabilities, develop work plans and corrective actions, and establish program metrics

III. Compliance 101 (not repeated)

Jenny O'Brien / Margaret Hambleton

- Factors to consider when developing and implementing a compliance program
- Elements of an effective compliance program
- Keys to maintaining an effective compliance program
- Techniques used to assess risk, audit and monitor vulnerabilities, develop work plans and corrective actions, and establish program metrics

2:45 – 4:15 PM (EXTENDED SESSIONS)

IV. Anti-Kickback and Stark Primer (not repeated)

Joan P. Dailey / Robert A. Wade

- The Anti-Kickback Statute and Safe Harbors
- Financial arrangements, designated health services, entity, and physicians under Stark
- Frequently used Stark exceptions explained
- Overcoming operational Stark challenges

V. Advanced Stark

Robert G. Homchick / Kevin G. McAnaney

- Gainsharing, bundled payments & the risk sharing exception
- The definition of "entity" and "under arrangements" structures
- Pay for Performance and Quality Incentives
- Indirect Compensation definition and practice support payments
- Overlooked Exceptions: Payment by physicians and Payments Unrelated to DHS

VI. Compliance 201 (not repeated)

Julene Brown / Lynda Hilliard

- Operational steps to the maturation of your compliance program to the next level
- High-level objectives and operational steps needed to efficiently measure the effectiveness of your compliance program
- The steps in the identification and resolution of internal and external obstacles to the growth of your program

Program Agenda

4:30 – 5:30 PM (*CONCURRENT SESSIONS*)

VII. Investigations and Voluntary Disclosure

Gabriel L. Imperato / Enu Mainigi

- Determining the scope and methodology of the internal investigation and reporting between the law firm and consultants directing and conducting the investigation and the organization
- Application of the attorney-client, work product and self-evaluative privileges especially when taking into consideration parallel criminal and/or civil litigation or mandatory disclosure by public companies
- Issues in the management of the investigation and the expectations of the client, including compliance professionals, upper level management and the Board of the organization
- The methodology for the investigation, including interview techniques, document review and cooperation of the client organization and alternatives for documenting the results of the investigation
- The pros and cons of the options for “voluntary disclosure” of overpayment liability and/or misconduct

VIII. Healthcare Reform's Fraud-Fighting Provisions (not repeated)

Thomas S. Crane / Frank E. Sheeder

- Increased fraud enforcement and program integrity resources
- Changes to the Anti-Kickback Statute and the False Claims Act
- Changes to the Stark Law
- Transparency provisions
- Required reporting and repayment of overpayments

IX. Health Information Privacy by Buzz Lightyear: To Infinity [or at least HITECH] and Beyond (not repeated)

Marti Arvin

- How have enforcement trends change both state and federal?
- What issues are still outstanding from HITECH?
- Where do we go from here?

5:30 – 6:30 PM

Welcome Reception (attendees, speakers, and registered companions and guests are welcome)

MONDAY, SEPTEMBER 27, 2010

7:00 AM – 6:00 PM

Registration and Information

7:00 – 8:00 AM

Continental Breakfast (attendees, speakers, and registered companions and guests are welcome)

7:45 – 8:00 AM (*GENERAL SESSION*)

Welcome and Introductions

8:00 – 8:45 AM (*GENERAL SESSION*)

Mandatory Compliance Programs

Frank E. Sheeder / Shawn Y. DeGroot / Kimberly Brandt

8:45 – 9:15 AM

Coffee Break

9:15 – 10:15 AM (*CONCURRENT SESSIONS*)

101. Observation and Related Services (not repeated)

Timothy P. Blanchard / Bernice Hecker

- Compliance challenges for outpatient observation services
- Medicare patient admission status assignment issues and approaches
- Physician supervision policy implications
- Use and misuse of proprietary screening criteria

102. How the Government Proves and How a Provider Can Defend Medical Necessity Claims

Jamie M. Bennett / Robert S. Salcido

- Elements the government needs to satisfy to prove a medical necessity claim
- How the government investigates the facts to prove its case
- Legal defenses the healthcare provider may raise
- Actions that healthcare entities can undertake to minimize their exposure to liability

103. Fair Market Value: Practical Tips for Handling Regulatory Issues in Transactions and Litigation

Sandy L.W. Miller / Daniel Mulholland

- The crucial role of fair market value analysis in evaluating compliance with the Stark law, Anti-kickback statute and IRS rules governing tax exempt organizations
- Methods for establishing compliance with fair market value, commercial reasonableness, and the “volume or value” standard
- Effective use of expert opinions
- The interplay between legal counsel and fair market value experts in advising clients

104. Delegated Entity Compliance: Activities and Best Practices (not repeated)

Paul Barringer / Robert Guenther

- MA organizations must comply with their CMS contracts whether they perform the service directly or delegate it
- Indications suggest that MAO oversight of relationships with delegated entities may come under scrutiny
- Real world information about delegated entity compliance activities and best practices

105. Medicare and Medicaid HIT

Johanna Barraza-Cannon

- Brief background on the Medicare and Medicaid EHR incentive payments in ARRA and discussion of most recent CMS guidance and rules
- Methods for identifying, monitoring, and addressing fraud and abuse for state and Federal agencies will be addressed
- Oversight and auditing examples from proposed State Medicaid HIT Plans

10:25 – 11:25 AM (*CONCURRENT SESSIONS*)

201. Legal Ethics—Advising Clients on Novel Legal Issues: Lessons from the DOJ Interrogation Memos (not repeated)

Jesse A. Witten

- Ethical rules on advising clients regarding novel legal issues
- What does the model rule duty to “exercise independent professional judgment and render candid advice” require
- Recent guidance arising from the DOJ’s self-evaluation of its advice regarding detainee interrogation
- Healthcare case studies

Program Agenda

202. Stark in the Dark and Out of the Closet: The Discovery of Unintentional Violations and the New Potential for Voluntary Disclosure

Steven E. Clifton / Julie E. Kass

- Stark violations that occur without providers even realizing they have a violation
- How these situations occur and steps that can be taken to prevent violations
- Various remedies to a Stark violation
- Specifics of the new CMS voluntary disclosure authority: what we know to date

203. Research Compliance Programs and How They Fit with General Compliance Programs (not repeated)

Angelique P. Dorsey / Leah B. Guidry

- What is a research compliance program and how do I know if I need one?
- How is a research compliance program different from a compliance program (compare and contrast)?
- Various models for a research compliance program with pros and cons for each model

204. Quality and Compliance and Legal: Steps to Take Now to Address the Patient Protection and Affordable Care Act (not repeated)

Cheryl Wagonhurst

- Nuts and Bolts of integrating quality of care into your compliance program and the important role of legal counsel and the compliance officer
- Effective ways to break through the political barriers and silos
- How to conduct a review of the legal risks associated with quality of care
- Short term and long term plans for ensuring quality of care compliance

205. Physician Supervision in Hospital Outpatient Departments: What Went Wrong and How to Fix It (not repeated)

Edwin D. Rauzi

- How we got where we are
- Ongoing efforts to clarify the clarification
- The two fundamental questions that each hospital must answer
- A finite list of potential outcomes

11:35 AM – 12:35 PM (CONCURRENT SESSIONS)

301. Hot Compliance Issues for Post-Acute Care Providers (not repeated)

Ari J. Markenson

- Mandatory compliance programs for nursing homes
- The 36-Month Rule for HHAs
- Transparency disclosures for nursing homes
- RAC audits
- Elder Justice Act reporting

302. Hospital/Physician Integration Strategies

William T. Mathias / Rachel A. Seifert

- The healthcare industry is experiencing a wave of interest in integration between hospitals and physicians
- The range of integration models: Employment, independent contractor, physician recruitment, call coverage, gainsharing, pay-for-performance, electronic medical records, etc.
- Accountable care organizations (ACOs), bundling, and efforts to link payment to quality
- The Stark, anti-kickback, antitrust and compliance issues

303. Private Sector Activity and Public Sector Enforcement Priorities in the Accountable Care Era (not repeated)

Gregory Demske / Douglas A. Hastings

- Application of the fraud and abuse laws to accountable care organization financial relationships
- Guidance from HHS/CMS to date on compliance with the Stark, Anti-kickback and CMP statutes in the context of Section 3022 of the PPACA
- Will ACOs under contract with CMS be able to operate in the same way in private pay arrangements?
- OIG enforcement perspectives on ACOs and distinguishing appropriate collaboration from improper payments
- ACO governance and structural considerations and their relation to compliance

304. Putting the Medical in Medical Necessity (not repeated)

C. J. Wolf

- How physicians and other clinicians may view medical necessity in the compliance context
- Scenarios involving medical decision making (E/M codes), LCD's and "medically unnecessary" allegations from clinicians
- Methods for engaging physicians as champions of medical necessity compliance efforts

305. Medicare Advantage and Part D Plans: Getting Your House in Order

Dorothy DeAngelis / Lauren Haley

- MIPPA, FERA, PPACA: new categories of risk for MA and Part D plans
- Developing an effective compliance program for your organization
- Medicare Part C & Part D reporting requirements and getting it right
- Practical oversight strategies to monitor first tier, downstream and related entities
- RADV audits, compliance audits, financial audits: how to prepare and respond when the government knocks

12:35 – 1:50 PM

Lunch on your own or attend the AHLA Fraud and Abuse Practice Group Luncheon (additional fee; limited attendance; pre-registration required)

2:00 – 3:00 PM (CONCURRENT SESSIONS)

401. Fraud and Abuse in Ancillary Services (not repeated)

Julie Burns / Martha J. Talley / Donna K. Thiel

Program Agenda

402. Exclusions and Administrative Sanctions (not repeated)

Catherine Hess / Howard J. Young

- OIG exclusion authorities: Statutes, regulations, and OIG guidance materials
- Recent enforcement efforts involving excluded individuals and entities
- Screening for excluded persons: Risk avoidance and best practices
- Hospitals and healthcare providers contracting with excluded individuals: Practical do's and don'ts

403. How to Challenge an Investigation by Submitting Evidence of a Robust Compliance Program

Anthea R. Daniels / Mary L. Legerski

- How to respond to initial OIG inquiries related to billing errors
- What to do if OIG alleges false claims issues
- How to pull together materials related to your compliance program to put your best foot forward and show that you have a robust program
- How to argue against fines, interest claims, etc.

404. Retrospective Review of an OIG Self Disclosure: Problem Detection through Completion of a CCA

Joseph Campbell / Maureen Weaver

- Case study of hospital self-disclosure submitted under the OIG's Self-Disclosure Protocol
- Lessons learned from the perspectives of compliance officer and counsel about the OIG's Self-Disclosure process
- Steps involved from initial problem identification and disclosure decision to settlement and certification of compliance agreement

405. ZPICS (not repeated)

Curtis Watkins

- The current CMS Program Integrity contracting plan for Medicare
- Current trends and priorities related to Medicare fraud, waste, and abuse
- The processes and procedures followed during program integrity audits

3:15 – 4:45 PM (EXTENDED SESSIONS)

501. Medicaid (not repeated)

Mark G. Bodner / Robert Hussar / Craig H. Smith / Raymond C. Winter

502. Repayments and Disclosures/RACs, MICs

Katherine A. Lauer / Robert L. Roth

- Overpayment repayment requirements under Medicare and Medicaid, including the obligations enacted in the PPACA
- How False Claims Act ("FCA") liability was heightened by the mandatory repayment amendments of the PPACA
- Practical steps to take in response to the PPACA and the 2009 changes to the FCA
- How far back do you go/how far back can the government go
- To which agency should you report and what should you tell them, including the effect of the Medicare Self-Referral Disclosure Protocol in the PPACA
- Special repayment and disclosure issues from RAC/MIC Audits

503. Fraud and Compliance in the New World: Anti-Kickback, Stark, and Related Issues under Healthcare Reform

Vicki L. Robinson / Beth Schermer / Michael L. Silhol

- The fraud, self referral, and enforcement provisions in healthcare reform
- Potential regulatory benefits and barriers for new payment methodologies and delivery models
- Practical application of Anti-kickback and Stark Law to specific situations

504. Effectiveness and How to Assess Your Program (not repeated)

Catherine M. Boerner

- The essential framework that can lead to an effective compliance program
- Effectiveness measures to consider in preparing for an external independent review
- How to measure organizational culture and determine how mature your compliance program really is

505. Hidden Liabilities in EMR (not repeated)

Marie C. Moseley

- Meaningful Use under HITECH (brief synopsis)
- E-iatrogenesis: The "New" Unintended Patient Harm
- Embedded data and e-discovery
- Electronic security breaches
- Electronic documentation and fraud

5:00 – 6:00 PM (CONCURRENT SESSIONS)

601. Government Enforcement for Research Fraud and Misconduct (not repeated)

Paul W. Shaw / Jeremy M. Sternberg

- Research misconduct and the harm that results to physicians and patients from bogus research
- The involvement of drug companies in writing articles for medical journals, including ghostwriting
- The federal Office of Research Integrity and its Policies on Research Misconduct
- Civil and administrative sanctions and criminal prosecution for research misconduct/fraud

602. The Truth about False Claims Post-US ex rel Hopper vs. Solvay Pharmaceuticals (not repeated)

Jack E. Fernandez / Marc S. Raspanti

603. Investigations and Voluntary Disclosure (repeat of VII)

604. Fraud Risk Control as a Compliance Mandate (not repeated)

Bill Fox / Marjorie J. Scott

- Implement a new model of fraud risk control at the front end of the business workflow
- Incorporate identity management and predictive analytics into a prepayment compliance model
- Analyze and understand the business case and ROI for implementing front end fraud risk control

605. Retrospective Review of an OIG Self Disclosure: Problem Detection through Completion of a CCA (repeat of 404)

6:00 – 7:00 PM

Reception (attendees, speakers, and registered companions and guests are welcome)

TUESDAY, SEPTEMBER 28, 2010

7:00 AM – 4:00 PM

Registration and Information

Program Agenda

7:00 – 8:00 AM

Continental Breakfast (attendees, speakers, and registered companions and guests are welcome)

8:00 – 9:00 AM (*GENERAL SESSION*)

Keynote

John P. Sarbanes

9:00 – 9:30 AM

Coffee Break

9:30 – 10:30 AM (*CONCURRENT SESSIONS*)

701. Legal and Practical Issues in Settlement of FCA Investigations and Litigation (not repeated)

Gregory M. Luce / Daniel Spiro

- Settlement strategies and terms
- Considerations of timing, scope and terms of settlement, including issues regarding parallel criminal/civil cases, role of relators and post-settlement implications for the defendant
- Settlement terms relating to CIAs, releases, “cold comfort” letters and DPAs
- Misdemeanor pleas and implications for program exclusion

702. Hot Topics in False Claims Act Litigation

Patric Hooper / Robert McAuliffe

- Intent issues
- Implied certification issues
- Qui tam jurisdiction issues
- Trial and settlement strategies

703. Legal Ethics—The Mandatory Reporter Obligation under State and Federal Law: The Compliance Conundrum? (not repeated)

Philip L. Pomerance / Harvey M. Tettlebaum

- Tension between the Ethical Rules governing the confidentiality of attorney/client privileged material versus the statutory and regulatory obligation of licensed professionals as “mandatory reporters” to report what they suspect is abuse of a patient/resident in a health care institution or recipient of home health care services
- What is the ethical obligation of counsel receiving information from nurse paralegals or healthcare consultants used to investigate allegations of abuse or neglect of a person by a provider client?
- What is the statutory duty of the licensed healthcare professional when he or she, in connection with an attorney supervised investigation, sees suspected abuse or neglect?
- How does counsel resolve the ethical dilemma presented by this situation?
- What methods exist within the ethical rules for counsel to comply with the statutory requirements while maintaining the attorney/client relationship?

704. Preparing your Health Plan for a CMS Risk Adjustment Data Validation [RADV] Audit

David B. Orbuch / Valerie H. Ruttenberg

- What are CMS RADV Audits, and now that the pilot is over, what’s next?
- Legal, compliance and financial implications of these Audits?
- Best practices in preparing for and responding to these Audits?

705. Medicare and Medicaid HIT (repeat of 105)

10:45 AM – 12:15 PM (*EXTENDED SESSIONS*)

801. Advanced Stark (repeat of V)

802. Repayments and Disclosures/RACs, MICs (repeat of 502)

803. Anti-Kickback, Stark and Related Issues under Healthcare Reform (repeat of 503)

804. Getting Boards on Board (not repeated)

Jolee Hancock Bollinger / John Markus

- Compliance oversight obligations of healthcare organization Boards—case law and regulatory guidance
- Role of the Board in setting the tone for organizational compliance
- Structural and functional strategies for enhancing the effectiveness of Board oversight
- Case studies illustrating specific compliance-related governance strategies

805. Recent Changes to the False Claims Act: The Impacts of FERA and the FCA Provisions of PPACA on Health Care Entities (not repeated)

Richard L. Shackelford / Michael A. Sullivan

- Has FERA’s attempt at “retroactivity” been successful?
- Is “retention of overpayments” liability as bad as predicted?
- How else do FERA and PPACA create expanded liability for healthcare entities?
- What changes in the government’s tactics have the amendments caused?
- Effective defense tactics untouched by the amendments

12:15 – 1:30 PM

Lunch on your own or attend the HCCA Membership Luncheon (additional fee; limited attendance; pre-registration required)

1:45 – 2:45 PM (*CONCURRENT SESSIONS*)

901. Stark in the Dark and Out of the Closet: The Discovery of Unintentional Violations and the New Potential for Voluntary Disclosure (repeat of 202)

902. How to Challenge an Investigation by Submitting Evidence of a Robust Compliance Program (repeat of 403)

903. Hot Topics in False Claims Act Litigation (repeat of 702)

904. RAF-V Audits, Payor Side (repeat of 704)

3:00 – 4:00 PM (*CONCURRENT SESSIONS*)

1001. How the Government Proves and How a Provider Can Defend Medical Necessity Claims (repeat of 102)

1002. Fair Market Value: Practical Tips for Handling Regulatory Issues in Transactions and Litigation (repeat of 103)

1003. Hospital/Physician Integration Strategies (repeat of 302)

1004. Medicare Advantage and Part D Plans: Getting Your House in Order (repeat of 305)

Speakers

COMMITTEE

Julene Brown, RN, MSN, CHC, CPC, Director of Corporate Compliance, Innovis Health, Fargo, ND

Joan P. Dailey, Esq., Senior Attorney, U.S. Department of Health and Human Services, Office of the General Counsel, Washington, DC

S. Craig Holden, Esq., OBER | KALER, Baltimore, MD

Kevin G. McAnaney, Esq., Law Offices of Kevin McAnaney, Washington, DC

Jenny O'Brien, Esq., CHC, Medicare Compliance Officer, Ovations | UnitedHealth Group, Minnetonka, MN

Sara Kay Wheeler, Esq., King & Spalding LLP, Atlanta, GA

SPEAKERS

Marti Arvin, Esq. CHC-F CCEP-F CHRC , Chief Compliance Officer, UCLA Health System, Los Angeles, CA

Johanna Barraza-Cannon, Navigant Consulting, Washington, DC

Paul J. Barringer III, UnitedHealth Group, Washington, DC

Jamie M. Bennett, Esq., Assistant US Attorney, US Attorney's Office for the District of Maryland, Baltimore, MD

Timothy P. Blanchard, Esq., Blanchard | Manning LLP, Orcas, WA

Mark G. Bodner, Bureau Chief, Complex Civil Enforcement Bureau, Medicaid Fraud Control Unit, Office of the Attorney General, State of Florida, Tallahassee, FL

Catherine M. Boerner, Esq., CHC, President, Boerner Consulting, LLC, New Berlin, WI

Kimberly Brandt, Former Director, Medicare Program Integrity, CMS, Baltimore, MD

Julie Burns, Esq., Office of the General Counsel, U.S. Department of Health and Human Services, Washington, DC

Joseph A. Campbell, Chief Risk and Compliance Officer, Danbury Health Systems, Danbury, CT

Steven E. Clifton, Vice President, Legal Operations, HCA, Inc., Nashville, TN

Thomas S. Crane, Esq., Mintz Levin Cohn Ferris Glovsky & Popeo PC, Boston, MA

Anthea R. Daniels, Esq., Calfee Halter & Griswold LLP, Cleveland, OH

Dorothy DeAngelis, Senior Managing Director\Forensic and Litigation Consulting, F T I , Charlotte, NC

Shawn Y. DeGroot, CHC-F, CCEP, CHRC , Vice President of Corporate Responsibility, Regional Health, Rapid City, SD

Gregory Demske, Esq., Office of Inspector General, U.S. Department of Health and Human Services, Washington, DC

Angelique P. Dorsey, Esq. CHRC, Research Compliance Director, MedStar Health, Inc., Columbia, MD

Jack E. Fernandez, Esq., Zuckerman Spaeder LLP, Tampa, FL

Bill Fox, Esq., Senior Director Healthcare, LexisNexis Risk Solutions, Voorhees, NJ

Robert Guenther, Esq., Sonnenschein Nath & Rosenthal LLP, Chicago, IL

Leah B. Guidry, Huron Consulting Group, Inc., Washington, DC

Lauren N. Haley, Esq., Mintz Levin Cohn Ferris Glovsky & Popeo PC, Washington, DC

Margaret Hambleton, CHC , Senior VP, Ministry Integrity, Chief Compliance Officer, St. Joseph Health System, Orange, CA

Jolee Hancock Bollinger, Esq., General Counsel, Franciscan Missionaries of Our Lady Health System, Baton Rouge, LA

Douglas A. Hastings, Esq., Epstein Becker & Green PC, Washington, DC

Bernice Hecker, MD, MHA, FACC, Contractor Medical Director, Noridian Administrative Services LLC, Kent, WA

Catherine Hess, Esq., Senior Counsel, Office of the Inspector General, US Department of Health and Human Services, Washington, DC

Lynda Hilliard, CCEP, CHC , Deputy Compliance Officer, University of California, Oakland, CA

Robert G. Homchick, Esq., Davis Wright Tremaine LLP, Seattle, WA

Patric Hooper, Esq., Hooper Lundy & Bookman, Inc., Los Angeles, CA

Robert A. Hussar, First Deputy Medicaid Inspector General, NY State Office of the Medicaid Inspector General, Albany, NY

Gabriel L. Imperato, Esq., Broad & Cassel, Fort Lauderdale, FL

Julie E. Kass, Esq., OBER | KALER, Baltimore, MD

Kimberly A. Lansford, Vice President, Compliance & Internal Audit, Catholic Health East, Newtown Square, PA

Katherine A. Lauer, Esq., Latham & Watkins, LLP, San Diego, CA

Mary L. Legerski, Esq., Compliance/Risk Officer, The MetroHealth System, Cleveland, OH

Gregory M. Luze, Esq., Skadden Arps Slate Meagher & Flom LLP, Washington, DC

John Markus, Esq., Balch & Bingham LLP, Birmingham, AL

Enu Mainigi, Esq., Williams & Connolly, Washington, DC

Ari J. Markenson, JD, MPH, Benesch Friedlander Coplan & Aronoff LLP, White Plains, NY

William T. Mathias, Esq., OBER | KALER, Baltimore, MD

Robert McAuliffe, Esq., Civil Division, US Department of Justice , Washington, DC

Sandy L. W. Miller, Esq., Womble Carlyle Sandridge & Rice PLLC, Greenville, SC

Marie C. Moseley, JD, MPH, NNP-C, CHC, UHS Regulatory Specialist/Privacy Officer, University Health Systems of Eastern Carolina Inc, Greenville, NC

Daniel Mulholland, Esq., Horty Springer & Mattern PC, Pittsburgh, PA

David B. Orbuch, Chief Compliance Officer, Ovations, Hopkins, MN

Philip L. Pomerance, Esq., COO and General Counsel, Best Practices Inpatient Care, Inc., Long Grove, IL

Marc S. Raspanti, Esq., Pietragallo Gordon Alfano Bosick & Raspanti, LLP, Philadelphia, PA

Edwin D. Rauzi, Esq., Davis Wright Tremaine LLP, Seattle, WA

Vicki L. Robinson, Esq., Chief, Industry Guidance Branch, Office of Inspector General, US Department of Health and Human Services, Washington, DC

Robert L. Roth, Esq., Hooper Lundy & Bookman, LLP, Washington, DC

Valerie H. Ruttenberg, Chief Counsel, Ovations; Deputy General Counsel PSMG/ UnitedHealth Group, Minnetonka, MN

Robert S. Salcido, Esq., Akin Gump Strauss Hauer & Feld LLP, Washington, DC

The Honorable John P. Sarbanes , US Congress, Maryland, Washington, DC

Beth Schermer, Esq., Coppersmith Schermer & Brockelman PLC, Phoenix, AZ

Marjorie J. Scott, MBA, CHC, Chief Compliance Officer, Chief RAC Officer, West Georgia Health, LaGrange, GA

Rachel A. Seifert, Esq., Senior Vice President, Secretary and General Counsel, Community Health Systems, Inc., Franklin, TN

Richard L. Shackelford, Esq., King & Spalding LLP, Atlanta, GA

Paul W. Shaw, Esq., K & L Gates LLP, Boston, MA

Frank E. Sheeder, III, Esq., CCEP, Jones Day, Dallas, TX

James G. Sheehan, Esq., Office of the Medicaid Inspector General, Albany, NY

Michael L. Silhol, Esq., Senior Vice President and General Counsel, Parkland Health & Hospital System, Dallas, TX

Craig H. Smith, Esq., Hogan & Lovells LLP, Miami, FL

Daniel Spiro, Esq., Senior Trial Counsel, Department Of Justice, Washington, DC

Jeremy M. Sternberg, Esq., Assistant U.S. Attorney, US Attorney's Office, Boston, MA

Alana Sullivan, CHC, Senior Vice President and Chief Compliance Officer, Erlanger Health System, Chattanooga, TN

Michael A. Sullivan, Esq., Finch McCranie, LLP, Atlanta, GA

Martha J. Talley, Esq., Senior Counsel, Office of the Inspector General, U.S. Department of Health and Human Services, Washington, DC

Harvey M. Tettlebaum, Esq., Husch Blackwell Sanders LLP, Jefferson City, MO

Donna K. Thiel, Esq., Baker Donelson Bearman Caldwell & Berkowitz PC, Washington, DC

Robert A. Wade, Esq., Baker & Daniels LLP, South Bend, IN

Cheryl Wagonhurst, Esq. CCEP, Law Office of Cheryl Wagonhurst, Santa Barbara, CA

Curtis Watkins, Benefit Integrity Manager, AdvanceMed Corporation, Nashville, TN

Maureen Weaver, Esq., Wiggin and Dana LLP, New Haven, CT

Raymond C. Winter, Assistant Attorney General, Chief, Civil Medicaid Fraud Division, Austin, TX

Jesse A. Witten, Esq., Drinker Biddle & Reath LLP, Washington, DC

C.J. Wolf, MD, Assistant Systemwide Compliance Officer, University of Texas System, Austin, TX

Howard J. Young, Esq., Morgan Lewis & Bockius LLP, Washington, DC

Program at a Glance

SUNDAY, SEPTEMBER 26, 2010

12:00–5:30 PM	Registration and Information		
1:00–2:30 PM EXTENDED CONCURRENT SESSIONS	LEGAL FOCUSED		COMPLIANCE FOCUSED
	I. Fraud and Abuse Primer (not repeated) <i>Sheehan</i>	II. Compliance Officer Roundtable (not repeated) <i>Lansford / Sullivan / Wheeler</i>	III. Compliance 101 (not repeated) <i>O'Brien / Hambleton</i>
2:45–4:15 PM EXTENDED CONCURRENT SESSIONS	IV. Anti-Kickback and Stark Primer (not repeated) <i>Dailey / Wade</i>	V. Advanced Stark <i>Homchick / McAnaney</i>	VI. Compliance 201 (not repeated) <i>Brown / Hilliard</i>
4:30–5:30 PM CONCURRENT SESSIONS	VII. Investigations and Voluntary Disclosure <i>Imperato / Mainigi</i>	VIII. Healthcare Reform's Fraud-Fighting Provisions (not repeated) <i>Crane / Sheeder</i>	IX. Health Information Privacy by Buzz Lightyear: To Infinity [or at least HITECH] and Beyond (not repeated) <i>Arvin</i>
5:30–6:30 PM	Welcome Reception (attendees, speakers, and registered companions and guests are welcome)		

MONDAY, SEPTEMBER 27, 2010

7:00 AM–6:00 PM	Registration and Information					
7:00–8:00 AM	Continental Breakfast (attendees, speakers, and registered companions and guests are welcome)					
7:45–8:00 AM	Welcome and Introductions					
8:00–8:45 AM	General Session: Mandatory Compliance Programs <i>DeGroot, Sheeder</i>					
8:45–9:15 AM	Coffee Break					
9:15–10:15 AM CONCURRENT SESSIONS 1	LEGAL FOCUSED		LEGAL/COMPLIANCE	COMPLIANCE FOCUSED		
	101. Observation and Related Services (not repeated) <i>Blanchard / Hecker</i>	102. How the Government Proves and How a Provider Can Defend Medical Necessity Claims <i>Bennett / Salcido</i>	103. Fair Market Value: Practical Tips for Handling Regulatory Issues in Transactions and Litigation <i>Miller / Mulholland</i>	104. Delegated Entity Compliance: Activities and Best Practices (not repeated) <i>Barringer / Guenther</i>	105. Medicare and Medicaid HIT <i>Barraza-Cannon</i>	
10:25–11:25 AM CONCURRENT SESSIONS 2	201. Legal Ethics—Advising Clients on Novel Legal Issues: Lessons from the DOJ Interrogation Memos (not repeated) <i>Witten</i>	202. Stark in the Dark and Out of the Closet: The Discovery of Unintentional Violations and the New Potential for Voluntary Disclosure <i>Clifton / Kass</i>	203. Research Compliance Programs and How They Fit with General Compliance Programs (not repeated) <i>Dorsey / Guidry</i>	204. Quality and Compliance and Legal: Steps to Take Now to Address the Patient Protection and Affordable Care Act (not repeated) <i>Wagonhurst</i>	205. Physician Supervision in Hospital Outpatient Departments: What Went Wrong and How to Fix It (not repeated) <i>Rauzi</i>	
11:35 AM–12:35 PM CONCURRENT SESSIONS 3	301. Hot Compliance Issues for Post-Acute Care Providers (not repeated) <i>Markenson</i>	302. Hospital/Physician Integration Strategies <i>Mathias / Seifert</i>	303. Private Sector Activity and Public Sector Enforcement Priorities in the Accountable Care Era (not repeated) <i>Demske / Hastings</i>	304. Putting the Medical in Medical Necessity (not repeated) <i>Wolf</i>	305. Medicare Advantage and Part D Plans: Getting Your House in Order <i>DeAngelis / Haley</i>	
12:35–1:50 PM	Lunch on your own, or attend AHLA's Fraud and Abuse Practice Group Luncheon (Additional fee and limited attendance: pre-registration required: see page 11)					
2:00–3:00 PM CONCURRENT SESSIONS 4	LEGAL FOCUSED		LEGAL/COMPLIANCE	COMPLIANCE FOCUSED		
	401. Fraud and Abuse in Ancillary Services (not repeated) <i>Burns / Talley / Thiel</i>	402. Exclusions and Administrative Sanctions (not repeated) <i>Hess / Young</i>	403. How to Challenge an Investigation by Submitting Evidence of a Robust Compliance Program <i>Daniels / Legerski</i>	404. Retrospective Review of an OIG Self Disclosure: Problem Detection through Completion of a CCA <i>Campbell / Weaver</i>	405. ZPICS (not repeated) <i>Watkins</i>	
3:15–4:45 PM EXTENDED CONCURRENT SESSIONS 5	501. Medicaid (not repeated) <i>Bodner / Hussar / Smith / Winter</i>	502. Repayments and Disclosures/RACs, MICs <i>Lauer / Roth</i>	503. Fraud and Compliance in the New World: Anti-Kickback, Stark, and Related Issues under Healthcare Reform <i>Robinson / Schermer / Silhol</i>	504. Effectiveness and How to Assess Your Program (not repeated) <i>Boerner</i>	505. Hidden Liabilities in EMR (not repeated) <i>Moseley</i>	

Program at a Glance

MONDAY, SEPTEMBER 27, 2010 (CONTINUED)

5:00–6:00 PM CONCURRENT SESSION 6	601. Government Enforcement for Research Fraud and Misconduct (not repeated) <i>Shaw / Sternberg</i>	602. The Truth about False Claims Post-US ex rel Hopper vs. Solvay Pharmaceuticals (not repeated) <i>Fernandez / Raspanti</i>	603. Investigations and Voluntary Disclosure (repeat of VII) <i>Imperato / Mainigi</i>	604. Fraud Risk Control as a Compliance Mandate (not repeated) <i>Fox / Scott</i>	605. Retrospective Review of an OIG Self Disclosure: Problem Detection through Completion of a CCA (repeat of 404) <i>Campbell / Weaver</i>
6:00–7:00 PM	Reception (attendees, speakers, and registered companions and guests are welcome)				

TUESDAY, SEPTEMBER 28, 2010

7:00 AM–4:00 PM	Registration and Information				
7:00–8:00 AM	Continental Breakfast (attendees, speakers, and registered companions and guests are welcome)				
8:00–9:00 AM	General Session: TBA				
9:00–9:30 AM	Coffee Break				
9:30–10:30 AM CONCURRENT SESSIONS 7	LEGAL FOCUSED		LEGAL/COMPLIANCE	COMPLIANCE FOCUSED	
	701. Legal and Practical Issues in Settlement of FCA Investigations and Litigation (not repeated) <i>Luce / Spiro</i>	702. Hot Topics in False Claims Act Litigation <i>Hooper / McAuliffe</i>	703. Legal Ethics—The Mandatory Reporter Obligation under State and Federal Law: The Compliance Conundrum? (not repeated) <i>Pomerance / Tettlebaum</i>	704. Preparing your Health Plan for a CMS Risk Adjustment Data Validation [RADV] Audit <i>Orbuch / Ruttenberg</i>	705. Medicare and Medicaid HIT (repeat of 105) <i>Barraza-Cannon</i>
10:45 AM–12:15 PM EXTENDED CONCURRENT SESSIONS 8	801. Advanced Stark (repeat of V) <i>Homchick / McAnaney</i>	802. Repayments and Disclosures/RACs, MICs (repeat of 502) <i>Lauer / Roth</i>	803. Anti-Kickback, Stark and Related Issues under Healthcare Reform (repeat of 503) <i>Robinson / Schermer / Silhol</i>	804. Getting Boards on Board (not repeated) <i>Hancock Bollinger / Markus</i>	805. Recent Changes to the False Claims Act: The Impacts of FERA and the FCA Provisions of PPACA on Health Care Entities (not repeated) <i>Shackelford / Sullivan</i>
12:15–1:30 PM	Lunch on your own or attend the HCCA Membership Luncheon (additional fee; limited attendance; pre-registration required)				
1:45–2:45 PM CONCURRENT SESSIONS 9	LEGAL FOCUSED		LEGAL/COMPLIANCE	COMPLIANCE FOCUSED	
	901. Stark in the Dark and Out of the Closet: The Discovery of Unintentional Violations and the New Potential for Voluntary Disclosure (repeat of 202) <i>Clifton / Kass</i>	902. How to Challenge an Investigation by Submitting Evidence of a Robust Compliance Program (repeat of 403) <i>Daniels / Legerski</i>	903. Hot Topics in False Claims Act Litigation (repeat of 702) <i>Hooper / McAuliffe</i>	904. Preparing your Health Plan for a CMS Risk Adjustment Data Validation [RADV] Audit (repeat of 704) <i>Orbuch / Ruttenberg</i>	
3:00–4:00 PM CONCURRENT SESSIONS 10	1001. How the Government Proves and How a Provider Can Defend Medical Necessity Claims (repeat of 102) <i>Bennett / Salcido</i>	1002. Fair Market Value: Practical Tips for Handling Regulatory Issues in Transactions and Litigation (repeat of 103) <i>Miller / Mulholland</i>	1003. Hospital/Physician Integration Strategies (repeat of 302) <i>Mathias / Seifert</i>	1004. Medicare Advantage and Part D Plans: Getting Your House in Order (repeat of 305) <i>DeAngelis / Haley</i>	



Details

Dates: September 26–28, 2010

Place: Renaissance Baltimore Harborplace Hotel
202 East Pratt Street, Baltimore, MD 21202

Phone: (410) 547-1200

Toll-Free Reservations: (800) 535-1201

Registration Fees:

Postmarked and paid by September 8, 2010

AHLA/HCCA Members.....\$820
AHLA/HCCA Member Group..... \$745*
Non-Members.....\$1,045

Postmarked and paid between September 9 and September 22, 2010

AHLA/HCCA Members.....\$945
AHLA/HCCA Member Group..... \$870*
Non-Member\$1,170

Printed Course Materials..... \$55

**When an AHLA or HCCA member registers for this program, each additional AHLA or HCCA member registered from his/her organization at the same time is eligible for a discounted registration fee.*

Pre-registration accepted through September 22, 2010. After this date, registrations will be taken on-site on a space available basis, and an on-site fee of \$100 will be added to the applicable registration fee. If you have indicated an incorrect amount due to errors in addition or are not eligible for a specific rate, AHLA/HCCA will charge the correct amount to the credit card you have supplied.

Companion Fee: For an additional \$30, spouses and adult guests can register to attend the Sunday and Monday receptions and the continental breakfasts on Monday and Tuesday. Please sign up on the registration form. Children are welcome to attend these events at no additional charges.

Hotel Reservations:

Renaissance Baltimore Harborplace Hotel
202 East Pratt Street, Baltimore, MD 21202

Hotel accommodations are not included in the registration fee. Call the Renaissance Harborplace Hotel at (410) 547-1200. When making reservations, please indicate that you are with the American Health Lawyers Association/Health Care Compliance Association; the room block may sell out prior to the hotel cut-off date, Wednesday, September 8, 2010. Room Rates: \$229 single or double occupancy.

Cancellations/Substitutions: Cancellations must be in writing and must be received no later than September 20, 2010. Refunds will not be issued for cancellations received after this date. Registrations, less a \$125 administrative fee, will be refunded following the program. If you wish to send a substitute, please call the Member Service Center at (202) 833-1100 (prompt 5). Please note that the registration fee will be based on the membership status of the person who actually attends the program.

Airline Reservations: AHLA and HCCA have selected Association Travel Concepts (ATC) as the official event travel agency.

Airline Discounts: ATC has negotiated discounts with United and American and with Avis and Hertz to bring you special airfare and car rental rates. Discounts of 5–15% apply to travel for the dates of September 23—October 1, 2010. ATC will also search for the lowest available fare on ANY airline. Direct access to ATC online booking tools and live agents for discounted meeting travel. Go to www.atcmeetings.com and click on MEETINGS to Air – Meetings and Leisure (TravelASP). When you register using the online booking tool please enter AHLA in the Company or Organization or Association field.

Reservations: Make your reservation from one of the following options:

- Phone: 800-458-9383
- Web: www.atcmeetings.com
- Email: reservations@atcmeetings.com
- Fax: 858-362-3153

ATC is available for reservations from 8:30 AM until 8:00 PM Eastern Time, Monday through Friday. Some restrictions may apply. Service fees apply.

Special Needs: If you have needs requiring special assistance or accommodations, including special dietary needs, or have questions about accessibility issues at the program, contact our special needs coordinator, Valerie Eshleman at (202) 833-0784 or veshleman@healthlawyers.org.

AHLA Membership: Non-members wishing to join AHLA for one full year can do so by adding \$200 to the member registration fee. Members receive monthly mailings and discounts on AHLA publications and programs.

HCCA Membership: Non-members wishing to join HCCA for one full year can do so by adding \$200 to the member conference registration fee. Members receive monthly mailings and discounts on HCCA publications and programs.

Continuing Education Credits: AHLA/HCCA are in the process of applying for additional certification for continuing education credits. Please visit www.hcca-info.org for updates or contact the certification department for further information at ccb@hcca-info.org or (888) 580-8373. Please note that the continuing education credits listed may be subject to change.

AAPC: This program has the prior approval of the American Academy of Professional Coders (AAPC) for 15 continuing education hours. Granting of prior approval in no way constitutes endorsement by AAPC of the program content or the program sponsor.

ACHE: This program has prior approval from the American College of Healthcare Executives (ACHE) for a recommended maximum of 15.0 category II continuing education credits.

AHIMA: This program has been approved for 15 continuing education units (CEUs) for use in fulfilling the continuing education requirements of the American Health Information Management Association (AHIMA). Granting prior approval from AHIMA does not constitute endorsement of the program content or its program sponsor.

CA Nursing Credit: The Health Care Compliance Association is preapproved by the California Board of Registered Nursing: Provider Number CEP 12990, for a maximum of 18.0 contact hour(s). The following states will accept CA Board of Nursing Contact Hours: Alabama, Alaska, Arkansas, Iowa, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Nebraska, Nevada, New Mexico, North Carolina, North Dakota, Ohio, Oregon, Texas, West Virginia and Wyoming. The following states do not have continuing education requirements: Arizona, Colorado, Connecticut, Georgia, Hawaii, Indiana, Maine, Missouri, Montana, New York, Oklahoma, Pennsylvania, South Dakota, Tennessee, Vermont, Virginia, Washington and Wisconsin. 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@hcca-info.org with any questions you may have.

Compliance Certification Board (CCB): Certified in Healthcare Compliance (CHC), Certified Compliance & Ethics Professional (CCEP), Certified in Healthcare Research Compliance (CHRC): CCB has awarded a maximum of 20.1 CEUs for these accreditations in the following subject areas: Application of Management Practices for the Compliance Professional / Application of Personal and Business Ethics in Compliance / Written Compliance Policies and Procedures / Designation of Compliance Officers and Committees / Compliance Training and Education / Communication and Reporting Mechanisms in Compliance / Enforcement of Compliance Standards and Discipline / Auditing and Monitoring for Compliance / Response to Compliance Violations and Corrective Actions / HIPAA Privacy Implementation and/or Complying with Government Regulations.

CPE: AHLA is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be addressed to the National Registry of CPE Sponsors, 150 Fourth Avenue North, Suite 700, Nashville, TN 37219-2417. Website: www.nasba.org. This seminar will be worth approximately 20 CPE credits.

This program is designed to be an update on developments in the area of fraud and compliance. There are no prerequisites or advanced preparations required to register for this group live program. Those seeking accounting credits should be familiar with the basic concepts of law and terminology associated with the area of fraud and compliance in order to obtain the full educational benefit of this program.

MCLE/CLE: Participants will be given continuing education forms at the program. Forms must be completed and returned to AHLA staff to receive credit. AHLA is an approved sponsor of continuing legal education credits in most states. This seminar will be worth approximately 16.75 continuing education credits (including 1.0 ethics credit) based on a 60-minute hour and 20.1 credits (including 1.2 ethics credits) based on a 50-minute hour.



1025 Connecticut Avenue NW, Suite 600
Washington, DC 20036-5405

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