HCCA
HEALTH CARE COMPLIANCE ASSOCIATION

Platinum Sponsor:

FTI

Managed Care Compliance Conference

February 12–14, 2012

Scottsdale, AZ | DoubleTree Resort

HCCA'S MANAGED CARE COMPLIANCE CONFERENCE provides essential information for individuals involved with the management of compliance at health plans. Plan to attend if you are a compliance professional from a health plan (all levels from officers to consultants), in-house and external counsel for a health plan, internal auditor from a health plan, regulatory compliance personnel, or managed care lawyer.

Learn more at www.hcca-managedcare-conference.org

Agenda

Sunday, February 12

PRE-CONFERENCE

7:00 AM–6:30 PM

Registration

8:00–10:00 AM

P1 Compliance Monitoring: Effective Communication and Documentation Practices

Kelsey Brodsho, Attorney/Consultant, Halleland Habicht

Rebecca Fuller, Compliance Officer, PrimeWest Health

- Learn how to capture and document routine monitoring that demonstrates compliance effectiveness
- Learn how to engage operational managers in compliance monitoring
- Learn how to communicate with operational units to improve prevention and detection efforts

10:00–10:15 AM

Break

10:15 AM–12:15 PM

P2 Truth or Consequences—Auditing and Monitoring for Positive Results

Davina C. Lane, Executive Consultant, Sinaiko Healthcare Consulting, Inc.

- Specific material provided for practical applications
- Description of audit and monitoring techniques
- Dos and don'ts to avoid negative outcomes

12:15–1:15 PM

Lunch on your own

1:15–3:15 PM

P3 Managed Care Compliance 101

Ellen M. Hunt, Director, Ethics & Compliance, Office of General Counsel, AARP

- Developing a relationship with your regulators
- Setting the standard: determining scope and an effective format of a code of conduct—one that conveys the organization's commitment, provides guidance to employees on an ongoing basis for dealing with potential compliance issues, its communication and enforcement
- Managing compliance officer role versus compliance committee versus general/legal counsel
- Compliance function monitoring versus business unit self-monitoring and how they work together for an effective compliance program

3:15–3:30 PM

Break

3:30–5:30 PM

P4 Fraud & Abuse

Darrell S. Langlois, Vice President, Compliance, Privacy, Fraud, Blue Cross and Blue Shield of Louisiana

Louis Sacoccio, CEO, National Health Care Anti-Fraud Association

Monday, February 13

CONFERENCE

7:00 AM–6:30 PM

Registration

7:30–8:15 AM

Continental Breakfast

8:15–9:00 AM

General Session: MA and Part D Compliance Programs: Implementing Compliance Plans to Ensure a Culture of Accountability

Judith A. Geisler, R.Ph., CHC, Director, Division of Formulary and Benefit Operations, Centers for Medicare & Medicaid Services

Jerry Mulcahy, Acting Director, Program Compliance and Oversight Group

Philip Sherfey, Health Insurance Specialist, Program Compliance and Oversight Group

9:00–9:45 AM

General Session: Sales and Marketing, Broker Oversight

Susan Anderson, Associate General Counsel, United Healthcare

- Challenges of broker oversight
- Tools to help with broker oversight
- Lessons learned with broker oversight

9:45–10:15 AM

Break: EXHIBIT HALL

Agenda

10:15–11:15 AM

BREAKOUT SESSIONS

101 Best Practices in Training the Board of Directors

Sharon Fahlberg, CCP, Senior Manager, Corporate Compliance, Health Care Service Corporation

Mark Hill, Esq., Compliance Officer, Wellmark Blue Cross and Blue Shield

Deborah Ziegler, CCEP, Director, Compliance & Ethics, Compliance & Ethics Department, Capital Blue Cross

- The various methods we use to conduct Board training
- Pros and cons, and lessons learned, of utilizing computer based training

102 The Internal Process to Prepare for a Government Audit

James Cottos, Vice President, Chief Responsibility Officer, St. Joseph Medical Center, Towson, MD

- Specific steps to prepare for a government audit
- Itemized list of required documents to have available
- How to demonstrate your compliance program's effectiveness

103 What's Your Best Guesstimate: Making Decision Frameworks for Subjective Standards in Medicare Advantage and Medicare Part D

Dorothy Deangelis, Sr. Managing Director, FTI

- Tips for developing a risk assessment strategy
- Using CMS policy statements to glean insight into the Agency's expectations
- Case studies of creating objective standards from subjective requirements

11:15 AM–12:00 PM

Networking Lunch

12:15–1:15 PM

BREAKOUT SESSIONS

201 HIPAA/HITECH for Health Plans: Sifting Through New Requirements to Achieve Compliance

Erika Bol, Privacy Officer, State of CO Dept of Health Care Policy & Financing

- What to do now to get compliant with the new regulations
- Make sure you're headed towards effective compliance
- Tools and templates to make the journey easier

202 Effective Specialized Training

Kristen Grenzebach, Ethics & Compliance Manager, WellPoint Inc.

203 Managing Medicare Advantage HCCs through Auditing and Education

Gloryanne Bryant, Managing Director HIM Rev Cycle, Kaiser Permanente Rev Cycle NCAL

- Gain knowledge of a hospital HCC auditing process
- Learn how to provide quality education on HCC compliance
- Understanding the documentation and coding issues and learn some best practices
- Computer Assisted Coding (CAC) technology for retrospective hospital auditing
- Benefits of CAC to gain accuracy and compliance
- Documentation improvement and revenue opportunities

1:15–1:45 PM

Break: EXHIBIT HALL

1:45–2:45 PM

BREAKOUT SESSIONS

301 Practical Tips for Assessing a Payor Compliance Program: Approach, Preparations, and Strategies for Remediation

Tom Bixby, Thomas D. Bixby Law Office LLC

Sheila Herringdon, Director Audit/Compliance, Blue Cross and Blue Shield of Alabama

302 Managing, Planning, and Mitigating Breaches

Sharon A. Anolik, Esq., Global Privacy Risk and Strategy Leader, McKesson

Deborah Ziegler, CCEP, Director, Compliance & Ethics, Compliance & Ethics Department, Capital Blue Cross

303 Eat, Drink, & Pray—Reflections from a "Seasoned" Medicare C & D Compliance Officer

Anne Crawford, Medicare C & D Compliance Officer, Highmark Inc.

- Lessons learned from recent CMS performance audit
- Ways to improve compliance monitoring & auditing strategies
- Maintaining balance as internal and external demands continue to rise

Agenda

3:00–4:00 PM

BREAKOUT SESSIONS

401 Beyond RADV: Does Your Plan's Risk Adjustment Strategy Run Afoul of the False Claims Act

Mary A. Inman, Partner, Phillips & Cohen LLP

Tim McCormack, Partner, Phillips & Cohen LLP

- Understand recent trends in federal enforcement of risk adjustment fraud
- Discuss the False Claims Act and how it applies to risk adjustment
- Examine the problematic approaches to risk adjustment and how to avoid them

402 Internal Investigations

Gabriel Imperato, CHC, Managing Partner, Broad & Cassel

- Determining scope and roles of those overseeing and conducting an investigation
- When and how to apply attorney-client and other privileges during an internal investigation
- Investigation methodology, including interview techniques, document review, organizational cooperation

403 Building Effective, Collaborative Relationships between the Medicare Compliance Officer and the FWA Program/SIU

D. Derek Jones, CHC, The Health Care Investigations Group, Practice Management Alternatives, LLC

Holly Robinson, Director, Medicare Compliance, The Regence Group

- Tips on aligning the lingo and goals of the Medicare Compliance Program and the FWA Program/SIU
- Different approaches to use with different FWA Program/SIU organizational configurations
- Share best practices on communication tools and collaborative approaches

4:00–4:30 PM

Break: EXHIBIT HALL

4:30–5:30 PM

BREAKOUT SESSIONS

501 Building an Effective FDR Oversight Program

Sandra Kimmel, Senior Compliance Analyst, BlueCross BlueShield South Carolina

- Understanding regulatory expectations for an effective FDR oversight program
- Identifying FDR oversight deficiencies
- Creating and supporting an effective, sustainable FDR oversight program

502 Office of Inspector General: An Overview of Recent Work on Managed Care

Russell Hereford, Deputy Regional Inspector General for Evaluation and Inspections, US Department of Health and Human Services

- Overview of the Office of Inspector General
- Discussion of OIG report on "Medicaid Managed Care: Fraud And Abuse Concerns Remain Despite Safeguards" (Dec 2011)
- Discussion of OIG report on "Medicare Prescription Drug Sponsors' Training To Prevent Fraud, Waste, and Abuse" (Jul 2011)

503 Maximizing and Measuring the Effectiveness of Medicare Advantage and Part D Compliance Training

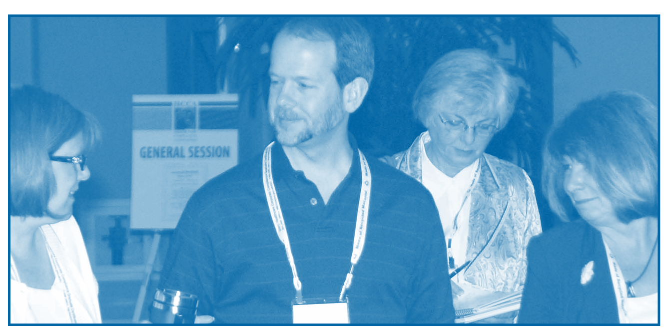
Elizabeth Lippincott, Managing Member, Lippincott Law Firm PLLC

Holly Robinson, Director, Medicare Compliance, The Regence Group

- Integrating operational procedures into specialized compliance training
- Ensuring that compliance training is in line not only with CMS requirements, but also with principles of adult learning
- Evaluating the effectiveness of training as part of the overall compliance program

5:30–6:30 PM

Networking Reception: EXHIBIT HALL



Agenda

Tuesday, February 14

7:00 AM–6:30 PM

Registration

7:15–8:15 AM

Continental Breakfast

8:15–9:15 AM

General Session: Healthcare Reform

Frank Sheeder, Partner, DLA Piper

9:15–10:30 AM

General Session: Part C Compliance

Christine M. Reinhard, Part C Compliance Lead, Medicare Drug & Health Plan Contract Administration Group, Division of Surveillance, Compliance, and Marketing, Centers for Medicare & Medicaid Services

10:30–11:00 AM

Break: EXHIBIT HALL

11:00 AM–12:00 PM

BREAKOUT SESSIONS

601 Compliance Training: High Impact Strategies

Lori Oleson, Compliance Director, UCare

- Promoting effective learning
- Creating and executing training plans
- Measuring training effectiveness

602 Information Overload— How to Manage Medicare Requirements

Wendy Reynolds, CHIE, Sr. Director, Regulatory Compliance, WellCare Health Plans, Inc.

- Identify critical metrics (i.e. Stars)
- Use reports and dashboards to monitor compliance
- Increase accountability and visibility

12:00–1:00

Networking Lunch

1:00–2:00 PM

BREAKOUT SESSIONS

701 Preparing Your Organization for a Medicare Advantage/Part D Compliance Audit

Jack Scott, Director, Enterprise Risk Services, Deloitte

- Discuss what to expect from a CMS Compliance Program Effectiveness Audit
- Learn steps to prepare your organization before CMS notifies you of a pending compliance audit
- Learn ways to improve your compliance program to incorporate CMS standards and expectations

702 Navigating the Affordable Care Act: Focus on Special Challenges for Managed Care Organizations

Stephen Weiser, Of Counsel, Meade & Roach LLP

- Understand Affordable Care Act provisions that present the greatest challenges to MCOs
- Understand the major compliance issues facing MCOs in Affordable Care Act implementation
- Strategies for effective implementation and compliance with Affordable Care Act mandates

2:00–2:15

Break

2:15–3:15 PM

BREAKOUT SESSIONS

801 The Changing Landscape for Medicaid Compliance

Chris Zitzer, VP, Chief Medicaid Compliance Officer, UnitedHealthcare Community & State

- Lessons learned from recent audits in 25 states
- Recent developments in Medicaid compliance
- Tips for proactively addressing the compliance challenges associated with Medicaid expansion and PPACA

802 MCO and Provider Perspectives: The Debate Over Pre-Payment Fraud Programs

Regina Gurvich, Chief Compliance Officer, University Physician Associates of New Jersey

Kathy Runkle, Associate Vice-President Corporate Investigations Department, Amerigroup Corp

- The advantages and limitations of pre-pay and post-payment approaches, impact of technology
- Highlight a high-performing approach for FWA detection and teaming up with provider community
- ROI analysis with each approach

Registration

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SESSION SELECTION: Please indicate below which breakout sessions you would like to attend. This information will be used in room planning. You are not obligated to attend selected sessions.

Sunday, February 12

8:00–10:00 AM	10:15 AM–12:15 PM	1:15–3:15 PM	3:30–5:30 PM
☐ P1	☐ P2	☐ P3	☐ P4

Monday, February 13

10:15–11:15 AM	12:15–1:15 PM	1:45–2:45 PM
☐ 101	☐ 201	☐ 301
☐ 102	☐ 202	☐ 302
☐ 103	☐ 203	☐ 303

3:00–4:00 PM	4:30–5:30 PM
☐ 401	☐ 501
☐ 402	☐ 502
☐ 403	☐ 503

Tuesday, February 14

11:00 AM–12:00 PM	1:00–2:00 PM	2:15–3:15 PM
☐ 601	☐ 701	☐ 801
☐ 602	☐ 702	☐ 802

Contact Information

○ Mr ○ Mrs ○ Ms ○ Dr

HCCA Member ID

First Name MI Last Name

Credentials *(CHC®, CHRC®, CHPC®, etc.)*

Title

Place of Employment

Address

City State Zip

Phone

Fax

Email *(required for registration confirmation & conference information)*

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

Registration

- ☐ HCCA Members $695
- ☐ Non-Members $795
- ☐ HCCA Membership & Registration $895
  New members only / Dues regularly $295 annually
- ☐ Membership Renewal & Registration $990
- ☐ Pre-Conference Session Sunday $100
- ☐ Conference Binder $45
  Available as a pre-sale only and for registered conference attendees only

TOTAL ____________

Payment

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

Fax to: 952-988-0146

○ Invoice me | Purchase Order # ____________

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Details

CONFERENCE OBJECTIVES

HCCA's Managed Care Compliance Conference provides essential information for individuals involved with the management of compliance at health plans. Plan to attend if you are a compliance professional from a health plan (all levels from officers to consultants), in-house and external counsel for a health plan, internal auditor from a health plan, regulatory compliance personnel, or managed care lawyer.

HOTEL & CONFERENCE LOCATION

DoubleTree Resort
by Hilton Paradise Valley-Scottsdale
5401 N Scottsdale Rd
Scottsdale, AZ 85250

Hotel accommodations are not included in your registration fee. When making your reservations, please indicate that you are with the Health Care Compliance Association. The room block may sell out prior to the hotel cut-off date of Friday, January 27, 2012; please plan accordingly.

Room Rates

$169.00 single or double occupancy

Reservation Options

1) Call the toll-free reservation number
1-800-222-TREE (8733)

2) Click on the website link below
www.hcca-info.org/2012ManagedCareHotel

NO AUDIO OR VIDEO RECORDING OF HCCA CONFERENCES IS ALLOWED.

REGISTRATION TERMS

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. For information on group discounts, please see below. The cost of any exams and the hotel accomodations are not included in the registration fee.

Cancellations and Substitutions

No refunds will be given for no-shows or cancellations. You may send a substitute or receive a conference credit. If you have questions, please call HCCA at 888-580-8373. Additional charges may apply. Cancellation by telephone is NOT valid. Please fax written cancellations to 952-988-0146 or e-mail helpteam@hcca-info.org.

Group Discounts

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

Discounts take effect the day a group reaches the discount number of registrants. Please send registration forms together to ensure the discount is applied. A separate registration form is required for each registrant. Note the discounts will NOT be applied retroactively if more registration are added at a later date, but new registrants will receive the group discount.

Tax Deductibility

All expenses incurred during training to maintain or improve skills in your profession (including tuition, travel, lodging, and meals) may be tax deductible. Please consult your tax advisor. (Federal Tax ID 23-2882664.)

CONTINUING EDUCATION CREDITS

HCCA is in the process of applying for certification for continuing education credits. For updates, please visit www.hcca-managedcare-conference.org, contact ccb@hcca-info.org, or call 888-580-8373.

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 America 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.

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 23.7 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@hcca-info.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/Society of Corporate Compliance and Ethics is a State Bar of California Approved MCLE provider, a Pennsylvania Accredited Provider, a Rhode Island Accredited Provider, and a Texas Accredited Sponsor. An approximate maximum of 19.75 clock hours of CLE credit will be available to attendees of this conference. All CLE credits will be awarded based on individual attendance.

Compliance Certification Board (CCB): Certified in Healthcare Compliance (CHC), Certified Compliance & Ethics Professional (CCEP), Certified in Healthcare Research Compliance (CHRC), Certified in Healthcare Privacy Compliance (CHPC): CCB has awarded a maximum of 23.7 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.

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. To verify if your state board of accountancy has adopted one-half credits, please visit our website at www.hcca-info.org/accountancycredits. 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 23.5 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 the HCCA at 888-580-8373 or 952-988-0141.

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