



Managed Care Compliance Conference

February 9–11, 2014 | Scottsdale, AZ
Westin Kierland Resort & Spa

Questions? taci.tolzman@corporatecompliance.org

Join us in Scottsdale

for the primary networking and educational event for those involved with managing compliance health plans.

Plan to attend if you are a compliance professional from a health plan (all levels from officers to consultants), in-house or external counsel for a health plan, an internal auditor from a health plan, regulatory compliance personnel, or a managed care lawyer.

Hot topics will include:

- Integration Meets Regulation: Compliance Challenges and Risks for Health Plans When Integrating Physical and Behavioral Health Information
- Managed Care Drug Programs and Health Care Reform: Focus on 340B Drug Program, the Medicaid Rebate Program, and other drug programs
- Lessons Learned from a CMS Part D and Part C Appeals and Grievances Audit: What to Expect and How to Prepare
- Navigating Compliance Program Obligations in the Exchange World
- And much more!



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

Program at a Glance

Managed Care Compliance Conference | February 9–11, 2014

SUNDAY, FEBRUARY 9: PRE-CONFERENCE FOLLOW THE MEDICARE/MEDICAID TRACK: SESSIONS WITH THE BLUE BACKGROUND

7:30 AM–5:30 PM	Registration
8:00–9:30 AM	P1 Risks and Trends in HIPAA Compliance – Tom Bixby, Partner, Thomas D. Bixby Law Office, LLC; Robert Chaput, CEO & Founder, Clearwater Compliance LLC
9:30–9:45 AM	Networking Break
9:45–11:15 AM	P2 Vendor Oversight – Amy Heilman, Compliance Process Manager, Humana Inc; Marla R. Sanders, Director of Corporate Compliance, Humana Inc.; Joyce E. Hall, Delegate Oversight Project Manager, BCBS of TN; Jennifer Verheyden, Director, Medicare Program Compliance, WellPoint Inc.
11:15–12:30 PM	Lunch (on own)
12:30–2:00 PM	P3 CMS Effectiveness Audits Panel – Thomas Wilson, Specialist IIIb, Business Ethics, Integrity and Compliance, Florida Blue; Deborah L. Marine, Compliance Officer, Health Alliance Plan; Tom Longar, Senior Manager, Deloitte & Touche LLP; Steve Bunde, Senior Director Integrity & Compliance & Internal Audit, HealthPartners; Roger Gregg, Medicare Part C and D Compliance Officer, Blue Cross and Blue Shield of Alabama; Anne Crawford, Medicare C & D Compliance Officer, Highmark, Inc.
2:00–2:15 PM	Networking Break
2:15–3:45 PM	P4 Fraud, Waste & Abuse Panel – Adam Rattner, Compliance Director, Aetna; Jack Bevilacqua, Senior Compliance Oversight Specialist, Wellcare Health Plans; Jose Tabuena, Compliance Officer, Concentra Humana Inc.
3:45–4:00 PM	Networking Break
4:00–5:30	P5 Integration Meets Regulation: Compliance Challenges and Risks for Health Plans When Integrating Physical and Behavioral Health Information – Erika Bol, Privacy Officer, Colorado Department of Health Care Policy & Financing; Elizabeth Strammiello, Chief Compliance Officer, Mental Health Partners
5:30–6:30 PM	Welcome Reception

MONDAY, FEBRUARY 10: CONFERENCE

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: General Healthcare Reform & How It Affects Our Industry – Kathy Roe, Principal, The Health Law Consultancy		
9:30–10:00 AM	Networking Break		
10:00–11:30 AM	101 Managed Care Drug Programs and Health Care Reform: Focus on 340B Drug Program, the Medicaid Rebate Program, and Other Drug Programs – Stephen Weiser, Of Counsel, Meade, Roach & Annulis	102 Creative and Effective Compliance Training – Jessica VanderZanden, Director, Medicare Compliance/Star Quality, Network Health; Barry Scurren, DPM, Chief Compliance Officer, The Permanente Medical Group, Inc.	103 PBM Panel – Robert J. Shelley, President, PSRx Advisors; Tom Holden, Vice President Business Development, PSRx Advisors, LLC; Alison M. Green, Director, Medicare Pharmacy Compliance, UnitedHealth Group; Shirley Qual, VP Chief Compliance Audit Officer UnitedHealth
11:30 AM–12:30 PM	Networking Lunch		
12:45–2:15 PM	201 Medicaid Managed Care Integrity, Compliance, and Fraud Surveillance – Timothy Champney, Vice President of Advanced Analytics and Data Science, Integrity Management Services, LLC	202 Lessons Learned from a CMS Part D and Part C Appeals and Grievances Audit: What to Expect and How to Prepare – Ann Kinsella, Operations Compliance Officer, UnitedHealthcare	203 ACA Audit Readiness – Kelly Lange, Director, Blue Cross Blue Shield of Michigan; Reina Navarra, Manager, BCBS of Michigan
2:15–2:45 PM	Networking Break		
2:45–4:15 PM	301 Trends in and Tips for Market Conduct Exams – Elizabeth Tosaris, Partner, Locke Lord LLP	302 Behavioral Health Panel – Mary Thornton, President, MTA, Inc.; Gregory Moore, Clark Hill PLC; Peter J. Domas, Attorney, Clark Hill PLC; Lesa Yawn, PhD, JD, Founder & President, Yawn Consulting Group, Inc.	303 Retail Healthcare and Risks to Providers, Plans, and Retailers – Thomas Delegram, Sr. Manager, Deloitte & Touche LLP; Kelly J. Sauters, Partner, Deloitte & Touche LLP; Matthew W. Hourin, Enterprise Risk Services, Senior Manager, Deloitte & Touche LLP
4:15–4:30 PM	Networking Break		
4:30–5:30 PM	General Session: Turning Compliance into a Competitive Advantage: Lessons Learned from Medicare Medicaid (Duals) Demonstration Program Implementations – Mitchel Harris, Director, PwC; Chris Cameron, VP, Dual Eligible Program Management and Coordination, Health Net; Katherine Kohatsu, Director, Health Industries Advisory, PwC		
5:30–6:30 PM	Networking Reception		

TUESDAY, FEBRUARY 11: CONFERENCE

7:30–4:00 PM	Registration		
7:30–8:30 AM	Breakfast		
8:30–10:00 AM	General Session: CMS Audit Policy, Strategy, and Enforcement – Michael DiBella, Acting Director, Division of Compliance Enforcement, Medicare Parts C & D Oversight and Enforcement Group, Center for Medicare, Centers for Medicare & Medicaid Services; Jennifer M. Smith, Director, Division of Analysis, Policy & Strategy, Medicare Part C & D Oversight and Enforcement Group, Centers for Medicare & Medicaid Services		
10:00–10:30 AM	Networking Break		
10:30 AM–12:00 PM	401 Managed Care Compliance: RAC, RADV, False Claims Act and OIG CMS Initiatives – Danielle Trostorff, Shareholder & Vice Chair Health Law Dept., Baker, Donelson, Bearman, Caldwell & Berkowitz; Mark Chilson, EVP General Counsel, CareSource	402 Risk Assessment Data Validation Audits – Jennifer Del Villar, Director of Compliance, Regence; Deneil Patterson, Part D Compliance Manager, RegenceRx	403 Navigating Compliance Program Obligations in the Exchange World – Lori Oleson, Director of Compliance & Quality, Government Programs, Blue Cross Blue Shield of Minnesota; Yvonne Bloom, Director, Corporate Compliance and Privacy, Medica; David Crawford, Director, Corporate Compliance, Affinity Health Plan; Susan R. Kohler, Sr. Director, Ethics and Compliance, Centene Corporation; Laurie Walters, Corporate Director, Compliance and Advocacy, Excellus BlueCross and BlueShield
12:00–1:00 PM	Networking Lunch		
1:00–2:00 PM	General Session: Hot Topics in Managed Care Compliance – Kimberly Brandt, CHC, Chief Healthcare Investigative Counsel for Senate, US Senate Finance Commission		
2:00–2:15 PM	Networking Break		
2:15–3:45 PM	501 Medicaid Recovery Audit Contractors: Tennessee Experience – Andrea Fitzgerald, SE Region Lead & TN Compliance Officer, UnitedHealthcare Community Plan; Michael A. Wynne, BlueCare Tennessee Compliance Officer, BlueCross BlueShield of Tennessee	502 Making a Meaningful Difference in the Boardroom – Brenda Tranchida, Of Counsel, Venable LLP; Robert Hussar, Counsel, Manatt, Phelps and Phillips	503 Medicaid Managed Care Performance Audit - An emerging challenge for MCOs – Harry L. Carstens, Director, Compliance, Molina Healthcare of Washington, Inc.

WEDNESDAY, FEBRUARY 12

9:00–11:00 AM	Certified in Healthcare Compliance (CHC)® Exam (optional)
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Agenda

SUNDAY, FEBRUARY 9

PRE-CONFERENCE

7:30 AM–5:30 PM

Registration

8:00–9:30 AM

P1 Risks and Trends in HIPAA Compliance

Tom Bixby, Partner, Thomas D. Bixby Law Office, LLC

Robert Chaput, CEO & Founder, Clearwater Compliance LLC

- Trends in Security Rule enforcement
- Conducting an effective security risk assessment
- Trends and risks in Privacy and Breach Notification

9:30–9:45 AM

Networking Break

9:45 AM–11:15 PM

P2 Vendor Oversight

Amy Heilman, Compliance Process Manager, Humana Inc.

Marla R. Sanders, Director of Corporate Compliance, Humana Inc.

Joyce E. Hall, Delegate Oversight Project Manager, BCBS of TN

Jennifer Verheyden, Director, Medicare Program Compliance, WellPoint Inc.

- Accreditation and regulatory requirements for vendor oversight
- Rating vendors to identify risk
- Leveraging technology can reduce financial burden

11:15–12:30 PM

Lunch (on own)

12:30–2:00 PM

P3 CMS Effectiveness Audits Panel

Part 1

12:30 – 1:15 PM

Thomas Wilson, Specialist IIIb, Business Ethics, Integrity and Compliance, Florida Blue

Tom Longar, Senior Manager, Deloitte & Touche LLP

Steve Bunde, Senior Director Integrity & Compliance & Internal Audit, HealthPartners

Part 2

1:15 – 2:00 PM

Deborah L. Marine, Compliance Officer, Health Alliance Plan

Roger Gregg, Medicare Part C and D Compliance Officer, Blue Cross and Blue Shield of Alabama

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

- Preparing for a CMS program audit
- Developing your corrective action plan
- Get ready for validation

2:00–2:15 PM

Networking Break

2:15–3:45 PM

P4 Fraud Waste & Abuse Panel

Adam Rattner, Compliance Director, Aetna

Jack Bevilacqua, Senior Compliance Oversight Specialist, Wellcare Health Plans

Jose Tabuena, Compliance Officer, Concentra | Humana Inc.

- Summary of the requirements to implement a program to control FW&A as part of an effective managed care compliance program
- Current trends and applicable takeaways in today's Fraud, Waste, and Abuse environment
- Applying culture change principles and a proactive approach to FWA prevention through Medicaid contract compliance

3:45–4:00 PM

Networking Break

Agenda

4:00–5:30

P5 Integration Meets Regulation: Compliance Challenges and Risks for Health Plans When Integrating Physical and Behavioral Health Information

Erika Bol, Privacy Officer, Colorado Department of Health Care Policy & Financing

Elizabeth Strammiello, Chief Compliance Officer, Mental Health Partners

- Integration, Collaboration, and Facilitation: How integrated are your providers? What are the options to facilitate data exchange and collaboration?
- The regulatory hurdles: HIPAA, state behavioral health laws, 42 CFR Part 2; strategies and solutions
- The member's perspective: Just because you can do it, doesn't mean you should. How to bring the member onto your team.

5:30–6:30 PM

Welcome Reception



MONDAY, FEBRUARY 10 CONFERENCE

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

General Healthcare Reform & How It Affects Our Industry

Kathy Roe, Principal, The Health Law Consultancy

9:30–10:00 AM

Networking Break

10:00–11:30 AM | BREAKOUT SESSIONS

101 Managed Care Drug Programs and Health Care Reform: Focus on 340B Drug Program, the Medicaid Rebate Program, and Other Drug Programs | MEDICARE/MEDICAID TRACK

Stephen Weiser, Of Counsel, Meade, Roach & Annulis

- Description of Managed Care drug programs impacted by Health Care Reform
- Focus on 340B and Medicaid rebates
- Discussion of Impact on other drug programs, including impact on Medicare Part D Plans, PBM requirements for transparency, biosimilar biological products

Agenda

102 Creative and Effective Compliance Training

Jessica VanderZanden, Director, Medicare Compliance/Star Quality, Network Health

Barry Scurran, DPM, Chief Compliance Officer, The Permanente Medical Group, Inc.

- Learn creative ideas to increase the success of your compliance program through engaging trainings in an environment where expectations are growing and our compliance budgets are shrinking
- Creative methods and out-of-the-box efforts designed to connect with varying levels of the organization (employees—both clinical and non-clinical, management, senior executives, and the board of directors)
- With expectations from regulators changing from a model of “document that it happened” to “prove it is effective,” this session will include ways to measure effectiveness of your training and compliance program, without significantly increasing budget

103 PBM Panel

Robert J. Shelley, President, PSRx Advisors

Tom Holden, Vice President Business Development, PSRx Advisors, LLC

Alison M. Green, Director, Medicare Pharmacy Compliance, UnitedHealth Group

Shirley Qual, VP Chief Compliance Audit Officer, UnitedHealth

11:30 AM–12:30 PM

Networking Lunch

12:45–2:15 PM | BREAKOUT SESSIONS

201 Medicaid Managed Care Integrity, Compliance, and Fraud Surveillance | MEDICARE/MEDICAID TRACK

Timothy Champney, Vice President of Advanced Analytics and Data Science Integrity Management Services, LLC

- Risks and vulnerabilities in Medicaid managed care
- Similarities and differences in risks and compliance issues compared to fee-for-service
- Lessons learned from a decade of Medicaid experience and future trends and vulnerabilities to expect with Medicaid expansion

202 Lessons Learned from a CMS Part D and Part C Appeals and Grievances Audit: What to Expect and How to Prepare

Ann Kinsella, Operations Compliance Officer, UnitedHealthcare

- Lessons learned from experiencing a CMS Part D and Part C audit from an operations compliance officer perspective
- How to prepare using the CMS audit protocols—run sample universes to do detection activities, target and sample as CMS will in their audit before you get the audit letter, find issues, and correct them proactively
- What issues are of particular interest to CMS and how those issues play out during an audit? How is CMS interpreting their protocols in action? What questions will they ask?

Agenda

203 ACA Audit Readiness

Kelly Lange, Director, Blue Cross Blue Shield of Michigan

Reina Navarra, Manager, BCBS of Michigan

- ACA Audit Readiness Approach - The high level strategy for Blue Cross Blue Shield of Michigan
- Integrating compliance into implementation projects
- Establishing the infrastructure for post-implementation, ongoing compliance management, and audit readiness

2:15–2:45 PM

Networking Break

2:45–4:15 PM | BREAKOUT SESSIONS

301 Trends in and Tips for Market Conduct Exams

Elizabeth Tosaris, Partner, Locke Lord LLP

- Operations and issues typically examined for compliance
- Hot topics facing health insurers under examination
- Tips for preparing for and surviving a market conduct exam

302 Behavioral Health Panel

Mary Thornton, President, MTA, Inc.

Gregory Moore, Clark Hill PLC

Peter J. Domas, Attorney, Clark Hill PLC

Lesa Yawn, PhD, JD, Founder & President, Yawn Consulting Group, Inc.

303 Retail Healthcare and Risks to Providers, Plans and Retailers

Thomas Delegram, Sr. Manager, Deloitte

Kelly J. Sauders, Partner, Deloitte & Touche LLP

Matthew W. Hourin, Enterprise Risk Services, Senior Manager, Deloitte & Touche LLP

- The future of Retail Health Care Locations
- What risks and concerns might a retailer face with these relationships?
- What risks and concerns might a provider or health plan face with these relationships?

4:15–4:30 PM

Networking Break

4:30–5:30 PM | GENERAL SESSION

Turning Compliance into a Competitive Advantage: Lessons Learned from Medicare Medicaid (Duals) Demonstration Program Implementations | MEDICARE/MEDICAID TRACK

Mitchel Harris, Director, PwC

Chris Cameron, VP, Dual Eligible Program Management and Coordination, Health Net

Katherine Kohatsu, Director, Health Industries Advisory, PwC

5:30–6:30 PM

Networking Reception



Agenda

TUESDAY, FEBRUARY 11

7:30–4:00 PM

Registration

7:30–8:30 AM

Breakfast

8:30–10:00 AM | GENERAL SESSION

CMS Audit Policy, Strategy, and Enforcement

Jennifer M. Smith, Director, Division of Analysis, Policy & Strategy, Medicare Part C & D Oversight and Enforcement Group, Centers for Medicare & Medicaid Services

Michael DiBella, Acting Director, Division of Compliance Enforcement, Medicare Parts C & D Oversight and Enforcement Group, Center for Medicare, Centers for Medicare & Medicaid Services

10:00–10:30 AM

Networking Break

10:30 AM–12:00 PM | BREAKOUT SESSIONS

401 Managed Care Compliance: RAC, RADV, False Claims Act and OIG CMS Initiatives | MEDICARE/MEDICAID TRACK

Danielle Trostorff, Shareholder & Vice Chair Health Law Dept., Baker, Donelson, Bearman, Caldwell & Berkowitz
Mark Chilson, EVP General Counsel, CareSource

- *Overview OIG Workplan and OIG Report on MAO Identification of Potential Fraud and Abuse and Discuss Proactive Ways to Foster an Effective Compliance Plan and Preventive Compliance Actions*
- *Discussion of Recent False Claims Actions Involving MAOs, RADV Attestation and Audits and RADV Audit Rules and Sampling Methodology and MOA Submission Process*
- *Review CMS Surveillance Summary Report, GAO Report, Compliance and Sanction Actions and RAC and ZPIC Authority*

402 Risk Assessment Data Validation Audits

Jennifer Del Villar, Director of Compliance, Regence

Deneil Patterson, Part D Compliance Manager, RegenceRx

- Risks associated with data submissions and annual data validation audits
- Best practices in data quality review and pre-submission validation

403 Navigating Compliance Program Obligations in the Exchange World

(moderator) *Lori Oleson, Director of Compliance & Quality, Government Programs, Blue Cross Blue Shield of Minnesota*

Yvonne Bloom, Director, Corporate Compliance and Privacy, Medica

David Crawford, Director, Corporate Compliance, Affinity Health Plan

Susan R. Kohler, Sr. Director, Ethics and Compliance, Centene Corporation

Laurie Walters, Corporate Director, Compliance and Advocacy, Excellus BlueCross and BlueShield

- Panelists share how they assessed (and continue to assess) compliance program needs in evolving Exchange regulatory landscape
- Panelists represent a variety of views: large and smaller organizations; FFE and SBM participants; single and multi-state plans
- Hear best practices for anticipating and implementing compliance program needs in the Exchange environment

12:00–1:00 PM

Networking Lunch

1:00–2:00 PM | GENERAL SESSION

Hot Topics in Managed Care Compliance

Kimberly Brandt, Chief Healthcare Investigative Counsel for Senate, U.S. Senate Finance Commission

2:00–2:15 PM

Networking Break

2:15–3:45 PM | BREAKOUT SESSIONS

501 Medicaid Recovery Audit Contractors: Tennessee Experience | MEDICARE/MEDICAID TRACK

*Andrea Fitzgerald, SE Region Lead & TN Compliance
Officer, UnitedHealthcare Community Plan*

*Michael A. Wynne, BlueCare Tennessee Compliance Officer,
BlueCross BlueShield of Tennessee*

- Medicaid Recovery Audit Contractors authority under managed care
- How Tennessee has structured its Medicaid Recovery Audit program
- How Tennessee Managed Care Organizations worked with the state to develop the Medicaid Recovery Audit Contractor program

502 Making a Meaningful Difference in the Boardroom

Brenda Tranchida, Of Counsel, Venable LLP

Robert Hussar, Counsel, Manatt, Phelps and Phillips

- Latest developments in board compliance oversight responsibilities
- How to communicate compliance information in a relevant and powerful way to board members
- Understanding what motivates boards and how to capture their attention and interest in compliance issues

503 Medicaid Managed Care Performance Audit - An emerging challenge for MCOs

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

- What is a “performance audit”?
- Considerations for managed care plans
- How to prepare for the audit

WEDNESDAY, FEBRUARY 12

9:00–11:00 AM

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 2014 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



Jack Bevilacqua, Senior Compliance Oversight Specialist, Wellcare Health Plans



Tom Bixby, Partner, Thomas D. Bixby Law Office, LLC

Yvonne Bloom, Director, Corporate Compliance and Privacy, Medica



Erika Bol, Privacy Officer, Colorado Department of Health Care Policy & Financing



Kimberly Brandt, Chief Healthcare Investigative Counsel for Senate, U.S. Senate Finance Commission



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Stephen Weiser, Of Counsel, Meade, Roach & Annulis



Thomas Wilson, Specialist IIIb, Business Ethics, Integrity and Compliance, Florida Blue



Michael A. Wynne, BlueCare Tennessee Compliance Officer, BlueCross BlueShield of Tennessee

Lesya Yawn, PhD, JD, Founder & President, Yawn Consulting Group, Inc.

Details

Hotel & Conference Location:

The Westin Kierland Resort & Spa
6902 E. Greenway Parkway
Scottsdale, AZ 85254
www.kierlandresort.com

A limited number of rooms are still available at the Westin. See the registration page for more details.

The group rate for this program is \$265.00 single/double occupancy plus applicable state and local taxes, currently 13.27%. A one-time fee of \$15.00 per guest will also be charged and will include: guest room internet, local, long distance (domestic) and 1-800 guest room calls, expanded shuttle service to Kierland Commons and Scottsdale Quarter for individual use, tennis courts and equipment rental. Self-parking is complimentary. Valet parking is complimentary until 11:00pm (\$27.00 overnight). 24-hour access to the fitness center is complimentary. Please make your reservation directly with the hotel's Central Reservations Office at 800-354-5892 and request the group rate for HCCA Managed Care Compliance Conference. Reservations received after 5:00 pm local time on January 9th, 2014 will be accepted at hotel's discretion based on availability. All reservations must be guaranteed and accompanied by a first night's room deposit. The deposit is refundable if notice is received by hotel at least three (3) days prior to arrival and a cancellation number is obtained.

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. Visit HCCA's website, www.hcca-info.org/managedcare, for up-to-date information.

AAPC: This program has the prior approval of the American Academy of Professional Coders (AAPC) for 20.5 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 ACHE Qualified Education credit (non-ACHE) 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 ACHCE Qualified Education credit should indicate their attendance when submitting an application to the American College of Healthcare Executives for advancement or recertification.

AHIMA: This program has been approved for 34 continuing education unit(s), with a maximum of 19 CEU(s) per participant, 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.

Compliance Certification Board (CCB):

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): CCB has awarded a maximum of 23.4 CEUs for these accreditations.

CLE: The Health Care Compliance Association and The Society of Corporate Compliance and Ethics are State Bar of California Approved MCLE providers, Pennsylvania Accredited Providers, and Texas Accredited Sponsors. The Iowa Supreme Court Commission on Continuing Legal Education has approved this event for a total of 19.5 CLE and 0.0 Ethics hours. An approximate maximum of 19.5 clock hours of CLE credit will be available to attendees of this conference. All CLE credits will be awarded based on individual attendance.

NASBA/CPE: The Health Care Compliance Association & Society of Corporate Compliance and Ethics are 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 HCCA & SCCE at (888) 580-8373 or (952) 988-0141.

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).

SoCRA: The Society of Clinical Research Associates (SoCRA - www.SoCRA.org) accepts documentation of candidate participation in continuing education programs for recertification if the program is applicable to clinical research regulations, operations or management, or to the candidate's clinical research therapeutic area. This program offers 19.5 hours of CE credit. SoCRA's requirements for recertification Continuing Education credit are quite general, as they pertain to clinical research regulations, operations and management, and to the therapeutic area of the clinical research in which the candidate participates. We therefore leave it to the candidate to determine whether a course or program would be acceptable for SoCRA's CE requirement. SoCRA does not "validate" individual training courses/workshops.

Registration

Managed Care Compliance Conference | February 9–11, 2014 | Westin Kierland Resort & Spa | Scottsdale, AZ

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

8:00 AM–9:30 AM

P1

9:45 AM–11:15 PM

P2

12:30 PM–2:00 PM

P3

2:15 PM–3:45 PM

P4

4:00 PM–5:30 PM

P5

MONDAY

10:00 AM–11:30 PM

101

102

103

12:45–2:15 PM

201

202

203

2:45–4:15 PM

301

302

303

TUESDAY

10:30 AM–12:00 PM

401

402

403

2:15–3:45 PM

501

502

503

REGISTRATION OPTIONS

HCCA Members \$695

Non-Members \$795

New Membership & Registration \$895

NEW MEMBERS ONLY / DUES REGULARLY \$295 ANNUALLY

Pre-Conference Session Sunday \$100

FREE ONLY WITH PURCHASE OF EARLY BIRD REGISTRATION

Group Discount: subtract _____ from my total (SEE DETAILS FOR MORE INFO)

TOTAL _____

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

Credit Card Account Number

Credit Card Expiration Date

Cardholder's Name

Cardholder's Signature

MC0214

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

A limited number of rooms are still available at the Westin for Sunday, February 9, and Monday, February 10. Additional nights have been sold out. An overflow room block is being held at the Hampton Inn & Suites, Scottsdale at the rate of \$214.

Hampton Inn & Suites Phoenix/Scottsdale
16620 North Scottsdale Road
Scottsdale, Arizona, 85254
Phone: 480.348.9280

http://hamptoninn.hilton.com/en/hp/groups/personalized/S/SCTHSHX-HCA-20140205/index.jhtml?WT.mc_id=POG

Cancellation policy: 14 days prior to arrival. There is a complimentary 24-hour shuttle from the Hampton to the Westin Kierland with scheduled departures during conference peak times.

HEALTH CARE COMPLIANCE ASSOCIATION

6500 Barrie Road, Suite 250, Minneapolis, MN 55435

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

www.hcca-info.org | helpteam@www.hcca-info.org

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