

Healthcare Enforcement Compliance Institute

OCTOBER 25–28, 2015 | WASHINGTON HILTON | WASHINGTON DC

HCCA's Healthcare Enforcement Compliance Institute gives you the opportunity to learn best and leading-edge practices for the compliance lawyer.

Go beyond legal analysis, learn how to implement systems that ensure the law is followed, and gain practical advice from experts in a one-of-a-kind forum where lawyers and compliance officers work together.

- Discover and discuss the latest trends in regulatory changes.
- Hear the latest legal analysis, and learn what you need to do to ensure you're working most efficiently and in compliance with all the regulations.
- Learn from legal experts dedicated to sharing the latest and best practices for implementing an effective compliance program that finds and fixes problems.

Learn more at hcca-info.org/heci



lawyers



SUNDAY, OCTOBER 25: PRE-CONFERENCE

9:00–10:30 AM Pre-Conference Breakout Sessions	P1 Anatomy of False Claims Act Case: Investigation, Negotiation, Resolution – Nancy Brown, Senior Counsel, Administrative and Civil Remedies Branch, Office of Counsel to the Inspector General, HHS; Marlan Wilbanks, Senior Partner, Wilbanks & Bridges, LLP; Rob McAuliffe, Senior Trial Counsel, United States Department of Justice, Civil Fraud Section; Laura Laemmle-Weidenfeld, Partner, Jones Day	P2 Health Information Privacy and Security Standards: Case Examples of Federal Enforcement and Tools for Healthcare Organizations to Reduce the Risks of Unauthorized Disclosure – David Holtzman, VP Compliance, CynergisTek, Inc.; Iliana Peters, Senior Advisor for HIPAA Compliance and Enforcement, HHS Office for Civil Rights; Kevin Moriarty, Esq., Attorney, Federal Trade Commission Division for Privacy and Information Protection	
10:30-10:45 PM	Networking Break		
10:45 – 12:15 PM Pre-Conference Breakout Sessions	P3 Litigating a False Claims Act Case — Laurence Freedman, Member, Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.; John T. Boese, Of Counsel, Fried, Frank, Harris, Shriver & Jacobson LLP; Michael Granston, Director, Commercial Litigation Branch, Fraud Section, Civil Division, U.S. Department of Justice	P4 The Government Enforcement Official and Chief Compliance Officer: Learned Experiences on Pro-Active Initiatives to Mitigate and Minimize Risk — Alec Alexander, Partner, Breazeale, Sachse & Wilson; Bret Bissey, Senior Vice President, Compliance Services, MediTract, Inc.; Edward Crooke, Senior Counsel for Healthcare Fraud, U.S. Department of Justice, Civil Division	
12:15-1:30 PM	Lunch (on your own)		
12:30-1:15 PM	SpeedNetworking — Optional event: separate registration required. Register online at: www2.speednetworking.com/ViewEvent/heci2015		
1:30 – 3:00 PM Pre-Conference Breakout Sessions	P5 Handling a Criminal Healthcare Fraud Case – Michael Clark, of Counsel, Duane Morris LLP; Kirk Ogrosky, Partner, Arnold & Porter LLP; Robert Zink, Assistant Chief, Criminal Division, Fraud Section, U.S. Department of Justice P6 Kickback and Stark Law Developments – Thomas Bei Partner, Faegre Baker Daniels (formerly Senior Counsel, Adminis & Civil Remedies Branch, DHHS Office of Counsel to the Inspection of Counsel (Partner), Partner, Faegre Baker Daniels (formerly Senior Counsel), Daniel Melvin, Partner, McDermott Will & Emery, LLP		
3:00-3:15 PM	Networking Break		
3:15-4:45 PM	P7 Federal Administrative Sanctions: Exclusion and Civil Money Penalties — Katie Fink, Senior Counsel, Administrative and Civil Remedies Branch, Office of Counsel to the Inspector General, HHS; Julie Kass, Principal, Ober Kaler	P8 Managed Care Fraud Enforcement and Compliance – Marc Raspanti, Partner, Pietragallo Gordon Alfano Bosick & Raspanti, LLP; David Leviss, Partner, O'Melveny & Meyers LLP	
4:45-6:00 PM	Welcome Reception		

MONDAY OCTOPED 26. CONCEDENCE

7:15 AM – 8:15 AM	Breakfast			
8:15-8:30 AM	Opening Remarks			
8:30-9:00 AM	General Session 1: OIG-HHS Update – Gary Cantrell, Deputy Inspector General for Investigations			
9:00-9:30 AM	General Session 2: Medicaid Fraud Enforcement Trends — Charlie Hobgood, Director, North Carolina Medicaid Fraud Control Unit, North Carolina Department of Justice			
9:30-10:30 AM	General Session 3: IG and Regulatory Oversight and Enforcement – Michael Horowitz, Inspector General, United States Department of Justice; Greg Demske, Chief Counsel to the Inspector General, HHS-OIG; Cynthia Schnedar, Director, Office of Compliance, FDA's Center for Drug Evaluation and Research			
10:30-11:00 AM	Networking Break			
11:00 AM – 12:00 PM Breakout Sessions	101 Health Care Fraud Enforcement 2015: Is It Really All About Quality? – George Breen, Member of the Firm, Epstein Becker & Green PC; Jeffrey Dickstein, Assistant United States Attorney, Southern District of Florida	102 The Reverse False Claims Act: A Reversal of Fortune: Living with FERA and the 60-day Refund Rule – Zuzana Ikels, Shareholder/Principal, Polsinelli, LLC; Judith Waltz, Partner, Foley & Lardner LLP; Wendy Weiss, Managing Director, Disputes & Investigations Healthcare, Navigant; Robert Kaufman, Office of the General Counsel-CMS Division, U.S. Department of Health & Human Services	103 Perspectives on DOJ Enforcement – Pamela Johnston, Partner, Foley & Lardner LLP (formerly, Deputy Chief, Major Frauds Section, U.S. Attorney's Office, Los Angeles); Consuelo Woodhead, Deputy Chief, Major Frauds Section, U.S. Attorney's Office, Los Angeles; Linda Kontos, Deputy Chief, Civil Fraud Section, U.S. Attorney's Office, Los Angeles	
12:00-1:00 PM	Lunch			
1:00-2:00 PM Breakout Sessions	201 Advice of Counsel: A Case Study – Matthew Tormey, Chief Compliance Officer, TeamHealth; Kevin McAnaney, Attorney, Law Office of Kevin G. McAnaney			
2:00-2:30 PM	Networking Break			
2:30–3:30 PM Breakout Sessions	301 Choose Your Own Adventure: Self-Disclosure Options and Strategy — Tony Maida, Partner, McDermott Will & Emery (formerly Deputy Branch Chief, Administrative and Civil Remedies Branch, Office of Counsel to the Inspector General); Susan Gillin, Deputy Branch Chief, Administrative and Civil Remedies Branch, Office of Counsel to the Inspector General; Gabriel Imperato, Managing Partner, Broad and Cassel	302 CMS Trends and Initiatives Under the Affordable Care Act — Sean McKenna, Partner, Haynes and Boone, LLP; David Wright, Acting Regional Administrator, Consortium for Quality Improvement and Survey and Certification Operations, Centers for Medicare & Medicaid Services-Dallas/ Atlanta	303 Navigating Investigations Involving Multiple Parties — Ken Briggs, Attorney, Polsinelli; Kirk Ogrosky, Partner, Arnold & Porter LLP	



MONDAY, OCTOBER 26: CONFERENCE

3:30-4:00 PM	Networking Break		
4:00–5:00 PM Breakout Sessions	401 Prescription Drug Diversion in Federal Health Programs – Mike Cohen, Inspector, HHS Office of Inspector General, Office of Investigations	402 Do External Evaluations of Compliance Program Effectiveness Matter? — Steven Ortquist, Managing Director, Aegis Compliance & Ethics Center LLP; Benton Curtis, Former Assistant Chief, Criminal Fraud Section, U.S. Department of Justice Carolyn McNiven, Shareholder Litigation, Greenberg Traurig (formerly Criminal Healthcare Fraud Coordinator, U.S. Attorney's Office, NDIL [Chicago])	403 The Changing Landscape of CMS's Anti-Fraud Contractors – James Rose, Director, Navigant Consulting (formerly Chief Audit Officer, Humana and former Director of Performance Audit for the State of Kentucky); Ted Doolittle, Program Director, CGI Federal (formerly Deputy Director of Policy & Enforcement, CMS Center for Program Integrity)
5:00-6:00 PM	Networking Reception		

TUESDAY, OCTOBER 27: CONFERENCE

7:15-8:15 AM	Breakfast (provided)			
8:15-8:30 AM	Opening Remarks			
8:30-9:30 AM	General Session 4: The State of Cyber Risk to the Healthcare Industry – John Riggi, Section Chief, Federal Bureau of Investigation			
9:30-10:00 AM	General Session 5: DOJ Update – Joyce Bra	nda, Deputy Assistant Attorney General, United	States Department of Justice	
10:00-10:30 AM	General Session 6: A Conversation with OCR Director Jocelyn Samuels – Jocelyn Samuels, Director, U.S. Department of Health and Human Services, Office for Civil Rights			
10:30-11:00 AM	Networking Break			
11:00 AM – 12:00 PM Breakout Sessions				
12:00-1:00 PM	Networking Lunch (provided)			
1:00-2:00 PM Breakout Sessions	601 What to Expect When the State Comes Knocking: Insights into Medicaid Fraud Investigations — Jennifer Evans, Shareholder, Polsinelli PC; George Codding, Senior Assistant Attorney General, State of Colorado; Timothy Sokas, First Assistant Attorney General, Director, Medicaid Fraud Control Unit, Criminal Justice Section, Office of the Attorney General of Colorado	General Counsel, United States Sentencing Commission; Joseph Murphy, Senior Advisor, Compliance Strategists — Lester Perling, Partner, Broad and C Kim Brandt, Chief Healthcare Investig Counsel for Senate, US Senate Financ Committee		
2:00-2:15 PM	Networking Break			
2:15–3:15 PM Breakout Sessions	701 Balancing Audit Results and Refunds – Lori Laubach, Principal, Moss Adams; Judith Waltz, Partner, Foley & Lardner LLP	702 Board and Management: Compliance Accountability – Dan Roach, General Counsel and CCO, Optum360; James Sheehan, Chief, Charities Bureau, NY Attorney General; Katie Arnholt, Deputy Branch Chief, Administrative and Civil Remedies Branch, Office of Counsel to the Inspector General, HHS	703 Stark Law: What Have We Learned From Recent Cases and the SRDP? – Robert Wade, Partner, Krieg Devault LLP; Matthew Edgar, Health Insurance Specialist, Division of Technical Payment Policy, Centers for Medicare & Medicaid Services	

WEDNESDAY, OCTOBER 28: POST-CONFERENCE

8:00-8:30 AM	CHC Exam Check-in
8:30-11:00 AM	Certified in Healthcare Compliance (CHC)® exam (optional)



SUNDAY, OCTOBER 25

PRE-CONFERENCE

9:00 - 10:30 AM

P1 Anatomy of False Claims Act Case: Investigation, Negotiation, Resolution

Nancy Brown, Senior Counsel, Administrative and Civil Remedies Branch, Administrative and Civil Remedies Branch, Office of Counsel to the Inspector General, HHS



Marlan Wilbanks, Senior Partner, Wilbanks & Bridges, LLP

Rob McAuliffe, Senior Trial Counsel, United States Department of Justice, Civil Fraud Section

Laura Laemmle-Weidenfeld, Partner, Jones Day

P2 Health Information Privacy and Security Standards: **Case Examples of Federal Enforcement and Tools for Healthcare Organizations** to Reduce the Risks of **Unauthorized Disclosure**



David Holtzman, VP Compliance, CynergisTek, Inc.



Iliana Peters, Senior Advisor for HIPAA Compliance and Enforcement, HHS Office for Civil Rights

Kevin Moriarty, Esq., Attorney, Federal Trade Commission Division for Privacy and Information Protection

- Unauthorized disclosure of health information creates harm through identify theft or insurance fraud. Learn through case examples the strategic approach HHS/OCR takes in enforcement of the HIPAA Privacy, Security and Breach Notification Rules
- The FTC protects consumers from unfair and deceptive trade practices. Two recent consent agreements involving disclosure of health care data demonstrate how company information privacy and security standards set enforceable consumer expectations
- Risk based frameworks that assess health information privacy and security safeguards identify threats and vulnerabilities to data. Learn how compliance pros assess an organization for meeting regulatory standards and industry best practices

10:45 AM - 12:15 PM

P3 Litigating a False Claims Act

Laurence Freedman, Member, Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.



John T. Boese, Of Counsel, Fried, Frank, Harris, Shriver & Jacobson LLP



Michael Granston, Director, Commercial Litigation Branch, Fraud Section, Civil Division, U.S. Department of Justice

P4 The Government Enforcement Official and Chief Compliance Officer: Learned Experiences on **Pro-Active Initiatives to Mitigate** and Minimize Risk

Alec Alexander, Partner, Breazeale, Sachse & Wilson



Bret Bissey, Senior Vice President, Compliance Services, MediTract, Inc.

Edward Crooke, Senior Counsel for Healthcare Fraud, U.S. Department of Justice, Civil Division

- Every Investigation and settlement has a history of something that could or should have been done proactively. Hear of investigations, settlements and other experiences from the speakers about what could have been done different.
- The relationship between the government and the provider. What is the government looking for from a provider? What approach should the provider take in dealing with a government inquiry -DPA or CIA?
- The negotiation activities which surround a Settlement Agreement or CIA can be pressurized and subsequently result in an agreement that may contain flaws or inaccuracies. Who should be negotiating the CIA for providers? What elements is the government looking to have contained in these agreements?
- Board Governance is a critical component of a compliance program. How does the government review a Board's activity and involvement in the program? From a compliance officer perspective, what initiatives can be taken to make sure your Board is "on-spot" with their obligations?

12:15 - 1:30 PM Lunch (on your own) 12:30 - 1:15 PM

SpeedNetworking

HCCA is bringing the popular SpeedNetworking event to the HECI. In just one hour you'll enjoy a series of quick, introductory conversations designed to help you better network with other conference attendees. We'll even provide all pre-registered attendees a box lunch!

Registration for this activity is separate but complimentary with your conference registration. Register online now at:

www2.speednetworking.com/ViewEvent/ heci2015

1:30 - 3:00 PM

P5 Handling a Criminal **Healthcare Fraud Case**

Michael Clark, of Counsel. Duane Morris LLP



Kirk Ogrosky, Partner, Arnold & Porter LLP

Robert Zink, Assistant Chief, Criminal Division, Fraud Section, U.S. Department of Justice

P6 Kickback and Stark Law **Developments**



Thomas Beimers, Partner, Faegre Baker Daniels (formerly Senior Counsel, Administrative & Civil Remedies Branch, DHHS Office of Counsel to the Inspector General)

Daniel Melvin, Partner, McDermott Will & Emery, LLP

- Overview of recent important decisions by the federal and state courts with important implications for enforcement of the Anti-Kickback Statute and False Claims Act
- View from former OIG attorney regarding Anti-Kickback Statute enforcement priorities
- Developing compliance efforts to strengthen your position

3:00 - 3:15 PM **Networking break**



3:15 - 4:45 PM

P7 Federal Administrative Sanctions: Exclusion and **Civil Money Penalties**

Katie Fink, Senior Counsel, Administrative and Civil Remedies Branch, Office of Counsel to the Inspector General, HHS

Julie Kass, Principal, Ober | Kaler

P8 Managed Care Fraud **Enforcement and Compliance**



Marc Raspanti, Partner, Pietragallo Gordon Alfano Bosick & Raspanti, LLP



David Leviss, Partner, O'Melveny & Meyers LLP

4:45 - 6:00 PM **Welcome Reception**

MONDAY, OCTOBER 26

7:15 - 8:15 AM **Breakfast**

8:15 - 8:30 AM **Opening Remarks**

8:30 - 9:00 AM **GENERAL SESSION 1: OIG-HHS Update**



Gary Cantrell, Deputy Inspector General for Investigations

9:00 - 9:30 AM **GENERAL SESSION 2: Medicaid Fraud Enforcement Trends**

> Charlie Hobgood, Director, North Carolina Medicaid Fraud Control Unit. North Carolina Department of Justice

9:30 - 10:30 AM

GENERAL SESSION 3: IG and Regulatory Oversight and Enforcement



Michael Horowitz, Inspector General, United States Department of Justice



Greg Demske, Chief Counsel to the Inspector General, HHS-OIG



Cynthia Schnedar, Director, Office of Compliance, FDA's Center for Drug Evaluation and Research

10:30 - 11:00 AM **Networking Break**

11:00 AM - 12:00 PM

101 Health Care Fraud **Enforcement 2015: Is It Really** All About Quality?



George Breen, Member of the Firm, Epstein Becker & Green PC



Jeffrey Dickstein, Assistant United States Attorney, Southern District of Florida

- CMS is moving to pay providers based on quality of care: We will discuss the legal theories the government pursues in quality of care and medical necessity investigations and the defenses available to providers caught up in this enforcement effort
- Quality reporting requirements—such as the Physician Quality Reporting System (PQRS)—result in both incentive payments and adjustments based on quality. These requirements may result in false claims act exposure. How can providers minimize the risk?
- Quality and medical necessity need to factor into your fraud and abuse analysis: We'll consider how the Electronic Health Record (EHR) offers a new roadmap to the enforcement community and discuss how compliance could intersect with peer review

102 The Reverse False Claims Act: A Reversal of Fortune: Living with FERA and the 60-day **Refund Rule**



Zuzana Ikels, Shareholder/ Principal, Polsinelli, LLC



Judith Waltz, Partner, Foley & Lardner LLP



Wendy Weiss, Managing Director, Disputes & Investigations Healthcare, Navigant

Robert Kaufman, Office of the General Counsel-CMS Division. U.S. Department of Health & **Human Services**

- Enforcement trends: Continuum Health and the [still] pending proposed rulesis the act turning into a strict liability statute?
- Do self-disclosures trigger audits or referrals to OIG or DOJ? What if we refund too much? Too little? Or cannot pay the full amount? To whom should we submit the refund?
- What "footprint" does a refund leave? What about personal liability of the officers and directors?

103 Perspectives on **DOJ Enforcement**



Pamela Johnston, Partner. Foley & Lardner LLP (formerly, Deputy Chief, Major Frauds Section, U.S. Attorney's Office, Los Angeles)

Consuelo Woodhead, Deputy Chief, Major Frauds Section, U.S. Attorney's Office, Los Angeles

Linda Kontos, Deputy Chief, Civil Fraud Section, U.S. Attorney's Office, Los Angeles

- · Compliance: Understanding the importance of maintaining company compliance records
- Parallel Proceedings: Understanding what cooperation means in parallel criminal and civil False Claims Act proceedings
- Healthcare Fraud Trends: Discussion of hospital, home health, hospice and ambulance cases

12:00 - 1:00 PM Lunch

Agenda

1:00 - 2:00 PM

201 Advice of Counsel: A Case Study



Matthew Tormey, Chief Compliance Officer, TeamHealth



Kevin McAnanev. Attornev. Law Office of Kevin G. McAnaney

- Company Counsel: How can you use it and what protection does it really offer?
- Compliance: Are you caught in the middle?
- Enforcement: impact on enforcement decisions

202 Whistleblowers: How to Make Them Friends Not Foes of **Your Compliance Efforts**



Anne Novick Branan, Attorney, **Broad and Cassel**



Lesley Ann Skillen, Attorney, Getnick & Getnick LLP

- Hear from qui tam plaintiff's counsel why employees become qui tam whistleblowers and what they say about how their employers mishandled their internal compliance reports
- Understand how to harness the energy and motivation of the potential whistleblower as an effective compliance strategy in your company
- Learn compliance processes and strategies to implement today to reduce the possibility of your employees filing qui tam actions

203 Update on Privilege **Developments and Challenges** in FCA Litigation and other **Investigations: Are Your Organization's Practices** Adequate?



Sara Kay Wheeler, Partner, King & Spalding



L. LIN WOOD, P.C.

I Lin Wood

- Recent trends in FCA litigation
- Recent cases involving privilege issues and challenges
- Practical approaches to protecting privileged information

2:00 - 2:30 PM **Networking Break** 2:30 - 3:30 PM

301 Choose Your Own Adventure: Self-Disclosure **Options and Strategy**



Tony Maida, Partner, McDermott Will & Emery (formerly Deputy Branch Chief, Administrative and Civil Remedies Branch, Office of Counsel to the Inspector General)



Susan Gillin, Deputy Branch Chief, Administrative and Civil Remedies Branch, Office of Counsel to the Inspector General



Gabriel Imperato, Managing Partner, Broad and Cassel

- Learn about the OIG and CMS self-disclosure protocols
- Best practices and tips in deciding whether an issue is appropriate and ready for disclosure
- Strategic considerations in positioning yourself to obtain a favorable outcome

302 CMS Trends and Initiatives **Under the Affordable Care Act**



Sean McKenna, Partner, Haynes and Boone, LLP



David Wright, Acting Regional Administrator, Consortium for Quality Improvement and Survey and Certification Operations, Centers for Medicare & Medicaid Services-Dallas/Atlanta

- Learn about CMS's expanded authorities and enforcement actions
- Benefit from a current Regional Administrator's observations about CMS's priorities
- Hear from a former federal prosecutor how DOJ, the OIG, and CMS work together in addressing quality concerns

303 Navigating Investigations **Involving Multiple Parties**



Ken Briggs, Attorney, Polsinelli



Kirk Ogrosky, Partner, Arnold & Porter LLP

- Summary of key laws (Stark, Anti-Kickback, HIPAA) and how liabilities can arise from multi-party transactions (e.g., vendors, referral relationships, networks) through contracts or operations
- Discussion of obstacles in investigating and resolving multi-party compliance issues and enforcement priorities
- Tips on addressing those obstacles at the formation of the arrangement and how to minimize conflict in the event of a compliance issue

3:30 - 4:00 PM **Networking Break**

4:00 - 5:00 PM

401 Prescription Drug Diversion in Federal Health Programs

Mike Cohen, Inspector, HHS Office of Inspector General, Office of Investigations

402 Do External Evaluations of Compliance Program **Effectiveness Matter?**



Steven Ortquist, Managing Director, Aegis Compliance & **Ethics Center LLP**

Benton Curtis. Former Assistant Chief, Criminal Fraud Section, U.S. Department of Justice



Carolyn McNiven, Shareholder Litigation, Greenberg Traurig (formerly Criminal Healthcare Fraud Coordinator, U.S. Attorney's Office, NDIL [Chicago])

- How external firms review and evaluate compliance program effectiveness
- What the enforcement community looks for in effectiveness evaluations
- Practical advice from a formal federal. prosecutor for compliance officers. external reviewers and enforcement officials

403 The Changing Landscape of **CMS's Anti-Fraud Contractors**

James Rose, Director, Navigant Consulting (formerly Chief Audit Officer, Humana and former Director of Performance Audit for the State of Kentucky)



Ted Doolittle, Program Director, CGI Federal (formerly Deputy Director of Policy & Enforcement, CMS Center for Program Integrity)

- Understand the shift from MIC/ZPIC to Unified Program Integrity Contractor: How will the new system differ from the old and how will it be the same?
- What actions should you take to prepare for these changes?
- What expectations does CMS have for involved stakeholders UPIC, providers, payers?

5:00 - 6:00

Networking Reception

TUESDAY, OCTOBER 27

7:15 – 8:15 AM **Breakfast**

8:15 – 8:30 AM

Opening Remarks

8:30 - 9:30 AM

GENERAL SESSION 4: The State of Cyber Risk to the Healthcare Industry

John Riggi, Section Chief, Federal Bureau of Investigation

- Why the healthcare industry is targeted
- Schemes and methods used to hack healthcare organizations
- How to protect against such schemes and what to do in the event of a breach

9:30 – 10:00 AM GENERAL SESSION 5: DOJ Update



Joyce Branda, Deputy Assistant Attorney General, United States Department of Justice

10:00 – 10:30 AM
GENERAL SESSION 6:
A Conversation with OCR
Director Jocelyn Samuels



Jocelyn Samuels, Director, U.S. Department of Health and Human Services, Office for Civil Rights

10:30 - 11:00 AM Networking Break 11:00 AM - 12:00 PM

501 Corporate Integrity Agreement Design and Enforcement: How to Mitigate Liability



Greg Radinsky, VP, Chief Corporate Compliance Officer, North Shore-LIJ Health System (formerly Associate Counsel, Office of Counsel to the Inspector General, U.S. Department of Health & Human Services)



Raja Sekaran, VP & Associate General Counsel for Regulatory Affairs, Dignity Health (formerly Senior Counsel, Office of Counsel to the Inspector General, U.S. Department of Health & Human Services)

Nicole Caucci, Senior Counsel, Administrative and Civil Remedies Branch, Office of Counsel to the Inspector General, HHS

- What compliance officers and attorneys can learn from CIAs
- Helpful tips on how to demonstrate compliance effectiveness
- How to effectively manage a CIA

502 Physicians in the Crosshairs: Effective Strategies for Dealing with Recent Enforcement Trends Involving Physician-Related Fraud



Anna Grizzle, Partner, Bass, Berry & Sims PLC



Jerry Williamson, MD, MJ, CHC, Healthcare Consultant

- Analysis of lessons learned from recent enforcement actions and government enforcement priorities involving physicians, including use of compliance audits as basis for potential liability
- Focus on increased use of data analytics by regulators in enforcement activities and how to use the same information in your compliance program to proactively protect against enforcement activities
- Effective strategies and best practices for navigating compliance and enforcement issues involving physicians and dealing with government regulators

503 Surviving a HIPAA Breach Investigation



Celeste Davis, Regional Manager, Office for Civil Rights-Region V



Nicole Waid, Partner, FisherBroyles LLP



Mark Swearingen, Shareholder, Hall Render Killian Heath & Lyman P.C.

- Understand the anatomy of a HIPAA breach investigation
- Learn what OCR looks for and expects when conducting a HIPAA breach investigation
- Understand HIPAA enforcement trends and factors that can aggravate and mitigate enforcement activity

12:00 – 1:00 PM **Lunch**

1:00 - 2:00 PM

601 What to Expect When the State Comes Knocking: Insights into Medicaid Fraud Investigations



Jennifer Evans, Shareholder, Polsinelli PC



George Codding, Senior Assistant Attorney General, State of Colorado



Timothy Sokas, First Assistant Attorney General, Director, Medicaid Fraud Control Unit, Criminal Justice Section, Office of the Attorney General of Colorado

- State-driven Medicaid investigations and priorities of Medicaid Fraud and Control Units (MFCU) on the state level, both generally and in response to Medicaid expansion
- Approaches to and lessons learned during Medicaid audits, fraud investigations and settlements, including multi-state investigations, as well as enforcement officials' expectations during an investigation
- Practical insight into Medicaid overpayment and fraud investigations from the perspectives of health care providers, Medicaid Agency, and the MFCUs, including strategies that enhance cooperation between providers and the government



602 The Hidden Language of the Sentencing Guidelines



Kathleen Grilli, General Counsel, United States Sentencing Commission



Joseph Murphy, Senior Advisor, Compliance Strategists

- What words are there that no one sees?
- Do terms like "minimally" and "incentives" have mysterious meanings?
- How should you actually read the Sentencing Guidelines standards?

603 Responding to Medicare Contractor Audits and Investigations



Lester Perling, Partner, Broad and Cassel



Kim Brandt, Chief Healthcare Investigative Counsel for Senate, US Senate Finance Committee

- The right way and the wrong way to approach contractor audits and investigations—yes, they do investigate
- Strategies for appealing contractor actions—overpayments, revocations, suspensions, etc
- The future: what can we expect (or hope for)?

2:00 – 2:15 PM **Networking Break**

2:15 - 3:15 PM

701 Balancing Audit Results and Refunds



Lori Laubach, Principal, Moss Adams



Judith Waltz, Partner, Foley & Lardner LLP

- Identifying the need for auditing (and refunds)
- Structuring the audit, getting it done, and moving forward (operational concerns)
- Meeting legal obligations while maximizing legal protections

702 Board and Management: Compliance Accountability



Dan Roach, General Counsel and CCO, Optum360



James Sheehan, Chief, Charities Bureau, NY Attorney General



Katie Arnholt, Deputy Branch Chief, Administrative and Civil Remedies Branch, Office of Counsel to the Inspector General, HHS

This session reviews literature and best practices from government agencies, practitioners and thought leaders on the five aspects of compliance for boards and managers:

- Compliance as a risk: the identification and mitigation of key risk areas
- Compliance as a legal duty: roles and duties for directors and officers,
- Compliance as a performance metric: benchmarks and scorecards
- Compliance as remediation: appropriate corrective and follow up actions
- Compliance as communication: culture and messages

703 Stark Law: What Have We Learned From Recent Cases and the SRDP?



Robert Wade, Partner, Krieg Devault LLP

Matthew Edgar, Health Insurance Specialist, Division of Technical Payment Policy, Centers for Medicare & Medicaid Services

- Key cases and settlements, including Halifax Health, Tuomey, and Infirmary
- What does "takes into account" the volume or value of referrals really mean?
- History and regulatory guidance regarding self-reporting Stark issues, and key learning points from the SRDP both from the perspective of the government and private practice

WEDNESDAY, OCTOBER 28

8:00 – 8:30 AM **Exam Check-in**

8:30 - 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 hcca-info.org/heci.

Register

Full name	please	type or print			
	information with HCCA will h ment to fill out the following i		oetter networkir	ng opportuniti	es for you.
DEMOGRAPHIC INFORM	IATION				
What is your functional job title? Please select one.		What is your primary health care entity?			
☐ Academic/Professor	☐ Consultant	☐ Academic		☐ Long-Term	Care
☐ Administration	☐ Controller	☐ Ambulance	/Transportation	☐ Managed C	Care
☐ Asst Compliance Officer	☐ Ethics Officer	☐ Behavioral	Health	☐ Medical De	vice Manufacturer
☐ Attorney (In-House Counsel)	☐ Executive Director	□ Consulting	Firm	☐ Medical/Cl	inical Research
☐ Attorney (Outside Counsel)	☐ General Counsel	☐ Durable Me	dical Equipment	□ Nursing	
☐ Audit Analyst	☐ HIM Professional	☐ Governmer	nt Provider	☐ Other Provi	ider of Services/
☐ Audit Manager/Officer	☐ HIPAA/Privacy Officer	☐ Health Syst	em		Health Care Entitie
☐ Billing Manager/Officer	☐ Human Resources	☐ Health Syst	em/Teaching	☐ Payor/Insu	rance
☐ Charger Master	☐ Medical Director	☐ Home Care	/Hospice	☐ Pharmaceu	itical Manufacturer
☐ Chief Compliance Officer	☐ Nurse	☐ Hospital		☐ Physician F	Practice
☐ CEO/President	☐ Nurse Manager	☐ Hospital/Te	aching	☐ Rehabilitati	on
☐ Chief Financial Officer	☐ Patient Safety Officer	☐ Integrated I	Delivery System	☐ Retail Phar	macy
☐ Chief Information Officer	☐ Pharmacy Director	☐ Integrated I	Health System	☐ Third-Party	Billing
☐ Chief Medical Officer	☐ Physician	☐ Laboratory		☐ Other (plea	se list below)
☐ Chief Operating Officer	☐ Quality Assurance/	☐ Law Firm			
□ Clinical	Quality of Care				
□ Coder	☐ Regulatory Officer	List others not	listed here:		
□ Compliance Analyst	☐ Reimbursement Coordinator				
☐ Compliance Coordinator	☐ Research Analyst				
☐ Compliance Director	☐ Risk Manager				
☐ Compliance Fraud Examiner	☐ Trainer/Educator				
☐ Compliance Officer	☐ Vice President	Miller Land Co.	and a second control of the second		
☐ Compliance Specialist	☐ Other (please list below)		ations do you ho		
		□ BA	□ CHE	☐ FHFMA	□ MSN
List others not listed here:		□ BBA	□ CHP	□ JD	□ MT
		□ BS	☐ CHPC		□ NHA
		□ BSN	☐ CHRC	□ MA	□ PhD
		☐ CCEP ☐ CEM	□ CIA □ CPA	□ MBA □ MHA	□ RHIA □ RHIT
		□ CCS	□ CPC	□ MPA	□ RN
		□ CCS-P	☐ CPHQ	□ MPH	
REGISTRATION CONTINU	IES ON NEXT PAGE (OVER)	□ CFE	□ DDS	□ MS	
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		List others not	listed here:		

Register

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First Name		MI	_
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Credentials (CHC, CC	EP, etc.)		_
Job Title			- \
Name of Employer			REGISTRATION OPTIONS
Street Address			Registration fees are as listed and considered net of any local withholding taxes applicable in your country of residence. HCCA Members\$799
City/Town	St	ate/Province	— □ Non-Members
Country Zip/Postal Code		p/Postal Code	☐ Pre-Conference Registration
Phone			TOTAL \$
Email (required for reg	gistration confirmation & cor	nference information)	 SPECIAL REQUEST FOR DIETARY ACCOMMODATION ○ Gluten Free ○ Kosher ○ Vegetarian ○ Vegan ○ Other
SESSION SEL Please select your sess Select only ONE session	sions to assist us in room plar	nning.	PAYMENT OPTIONS ○ Invoice me ○ Check enclosed (payable to HCCA)
SUN, OCT 25 BREAKOUTS 9:00-10:30 AM	MON, OCT 26 BREAKOUTS 11:00 AM-12 PM	TUE, OCT 27 BREAKOUTS 11:00 AM-12 PM	○ I authorize HCCA to charge my credit card (choose below) CREDIT CARD: ○ American Express ○ Discover ○ MasterCard ○ Visa
○ P1 ○ P2 10:45-12:15 pm	○ 101 ○ 102 ○ 103	○ 501 ○ 502 ○ 503	Due to PCI Compliance, please do not provide any credit card information via email . You may email this form to helpteam@hcca-info.org (without credit card information) and call HCCA at 888-580-8373 or 952-988-0141 with your credit card.
○ P3○ P41:30-3:00 PM	1:00−2:00 PM ○ 201 ○ 202	1:00−2:00 pm ○ 601 ○ 602	Credit Card Account Number
○ P5	_	O 603	Credit Card Expiration Date
3:15–4:45 pm	2:30−3:30 pm ○ 301 ○ 302 ○ 303	2:30−3:30 PM ○ 701 ○ 702 ○ 703	Cardholder's Name
	4:00−5:00 pm ○ 401	<u> </u>	Cardholder's Signature HRI1015
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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

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