

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

Managed Care Compliance Conference

Jan 31–Feb 3, 2016 | Las Vegas, NV

Join your peers:

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



LEARN MORE AT
www.hcca-info.org/managedcare



SUNDAY, JANUARY 31: PRE-CONFERENCE

7:30 AM–5:30 PM	Registration	
8:00–9:30 AM	P1 Industry Perspectives: The Compliance Office of the Future – Terry Puchley, Partner, PricewaterhouseCoopers LLP; Ernesto Marrero, Medicare Compliance Officer, EmblemHealth; David Curé, Vice President & Chief Audit Executive, WellCare Health Plans, Inc.; Pat Murphy, VP, Internal Audit & Chief Risk Officer, Anthem, Inc.	
9:30–9:45 AM	Networking Break	
9:45–11:15 AM	P2 10 Ways to Cultivate a Compliance Culture – Cara Merski, Chief Compliance Officer and Director of Internal Audit, Tufts Medical Center; Meghan Colozzo, Compliance, Audit & Privacy Manager, Tufts Medical Center	
11:15–12:30 PM	Lunch (on your own if not participating in Speed Networking)	
11:30–12:15 PM	Speed Networking (optional event; separate registration required; lunch provided for pre-registered)	
12:30–2:00 PM	P3 The ABCs of FDRs – Cathy Bodnar, Chief Compliance and Privacy Officer, Cook County Health and Hospitals System; Catie Heindel, Vice President, Strategic Management Services; Angela Keenan, Manager of Compliance, Network Health; Jessica VanderZanden, Director Medicare Compliance/Star Quality, Network Health	P4 The Intersection Between Fraud & Abuse and Managed Care – A Crash Course on Compliance – J.D. Thomas, Partner, Waller Lansden Dortch & Davis; Elisa Harris, Senior Counsel, Tenet Healthcare Corporation; Sarah Bogni, Assistant United States Attorney, United States Attorney's Office for the Middle District of Tennessee
2:00–2:15 PM	Networking Break	
2:15–3:45 PM	P5 Effective Collaboration Between Compliance Officers and State and Federal Law Enforcement – Ryan Lipinski, County Care Compliance Officer, Cook County Health & Hospitals System; Kathleen McGinty, Deputy of Operations & Chief Legal Counsel, Office of the Inspector General, Illinois Department of Healthcare and Family Services; Elizabeth Lepic, Chief Counsel with the Illinois State Police, Medicaid Fraud Control Unit (MFCU)	P6 Creating and Implementing a System of Controls Program (Government Programs Compliance and Oversight) – Melissa Lupella, Director, Government Programs Compliance, HCSC; Michaela Monaghan, Senior Manager Legislative/Regulatory Oversight, HCSC
3:45–4:00 PM	Networking Break	
4:00–5:30 PM	P7 A Deep Dive – Risk Assessment and Monitoring Plans – Steve Bunde, VP Integrity & Compliance & Internal Audit, HealthPartners; Laurena Lockner, Senior Manager Monitoring & Compliance, HealthPartners; Stephanie Moscetti, Program Manager Integrity & Compliance, HealthPartners	P8 Growing Pains: Compliance Challenges and Best Practices for Health Plan Mergers & Acquisitions – Anthony Choe, Attorney, Morgan, Lewis & Bockius, LLP; Annie Hsu Shieh, Senior Compliance Counsel, Central Health Plan of California
5:30–6:30 PM	Welcome Reception	

MONDAY, FEBRUARY 1: CONFERENCE (GOVERNMENT PROGRAMS TRACK = sessions with blue background)

7:15 AM–5:30 PM	Registration		
7:15–8:15 AM	Breakfast		
8:15–8:30 AM	Opening Remarks		
8:30–9:30 AM	GENERAL SESSION: Prescription for Change: Congressional Actions Impacting Managed Care Providers – Kim Brandt, Chief Healthcare Investigative Counsel for Senate, US Senate Finance Committee		
9:30–10:00 AM	Networking Break		
10:00–11:00 AM	101 Providing Meaningful Oversight of Risk Adjustment Programs – Richard Lieberman, Chief Data Scientist, Mile High Healthcare Analytics, LLC	102 Beyond HIPAA Compliance: Managing Privacy and Security in the Reform Era – Kathy Roe, Managing Attorney & Co-Founder, The Health Law Consultancy	103 Building Preventative Measures Into Your Compliance Plan – Jennifer Del Villar, CHC, Director of Medicare Compliance / Compliance Officer, Regence
11:00–11:30 AM	Networking Break		
11:30 AM–12:30 PM	201 Spotlight on Special Needs Plan (SNP) Model of Care (MOC) Audit Readiness: Strategies for Consistent CMS Audit Readiness – Gayle Pryde, Medicare Clinical Compliance Officer, UnitedHealthcare; Erin Wessling, Senior Associate General Counsel, UnitedHealthcare	202 Quality Bonus Programs and Compliance's Role – Mitchel Harris, Principal, PricewaterhouseCoopers; Nancy Monk, Chief Administrative Officer, SCAN Health Plan; Holly Michaels Fisher, Managing Director, Government Programs, PricewaterhouseCoopers	203 The US Foreign Corrupt Practices Act (FCPA) – What Every Managed Care Compliance Department Needs to Know – Matt Werner, Chief Compliance Officer, Bio-Rad Laboratories, Inc.
12:30–1:30 PM	Lunch		
1:30–2:30 PM	301 After Good Faith Compliance: Incorporating Exchange Compliance into Your Overall Government Program Compliance Structure – Ann Kinsella, Medicare Operations Compliance Officer and Exchange Compliance Lead, UnitedHealthcare; Michael Adelberg, Senior Director, FaegreBD Consulting	302 Achieving and Maintaining a State of Readiness: Efforts Taken by a PBM to Establish Readiness – Renee Treberg, VP / GP Compliance Officer, Prime Therapeutics; Denise McCabe, Senior Director, Government Programs Compliance, Prime Therapeutics	303 The Care & Feeding of a Compliance Newbie – Kevin Gillogly, Regulatory Compliance Manager, Medicare Mandated & Benefit Communications, Anthem, Inc.
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3:00–4:00 PM	401 ACO Compliance Planning: Navigating the Briar Patch – Erin Roberts, Partner, Smith Moore Leatherwood LLP; Barry Herrin, Partner, Smith Moore Leatherwood LLP; Greg Radinsky, Vice President & Chief Corporate Compliance Officer, North Shore - LIJ Health System	402 Compliance with the Telephone Consumer Protection Act – Ron Price, Chief Compliance and Privacy Officer, DentaQuest, Inc.; Tom Bixby, Principal, Thomas D. Bixby Law Office LLC	403 Assessing Your Compliance Program: Tips from Internal and External Assessors and a Health Plan Compliance Officer – Steve Bunde, VP Integrity & Compliance & Internal Audit, HealthPartners; Laurena Lockner, Senior Manager Monitoring & Compliance, HealthPartners; Nabil Istaifanos, Principal, Corporate Counsel Solutions, PLLC
4:00–4:30 PM	Networking Break		
4:30–5:30 PM	GENERAL SESSION: The Seven Habits of an Effective Compliance and Ethics Professional – Dan Roach, General Counsel and CCO, Optum360		
5:30–6:30 PM	Networking Reception		



Agenda

TUESDAY, FEBRUARY 2: CONFERENCE

7:15–4:00 PM	Registration		
7:15–8:15 AM	Breakfast		
8:15–8:30 AM	Opening Remarks		
8:30–9:30 AM	GENERAL SESSION: CMS Compliance Reviews on ACA Compliance – Jason Fleming, HCR/Exchange Compliance Manager, BCBS of Tennessee; Jackie McCurdy, Senior Director, Commercial Programs and Product Compliance, Florida Blue; Debra M. Lightner, Director, Regulatory Compliance and Medicare Compliance Officer, Horizon Blue Cross Blue Shield of New Jersey		
9:30–10:00 AM	Networking Break		
10:00–11:00 AM	501 Medicare Program Audit, Lessons Learned – Lori Oleson, (Moderator), Director of Compliance and Quality, Government Programs, Blue Cross Blue Shield of Minnesota; John Wells, Chief Medicare Compliance Officer, Medicare Compliance, Aetna; Diana Kobus, Government Compliance Consultant, Highmark; Mitchell Goldberg, Director of Compliance and Privacy & Medicare Compliance Officer, Independence	502 Tackling Compliance in a New Health Plan: Integration of Compliance and Quality via Audit – Vanessa Skawski, Regulatory Affairs Compliance Manager, ArchCare Community Life	503 Designing an effective regulatory change management program – Judith Nelson, Director, Medicare Advantage Strategy, DST Health Solutions; Jackie Crews, Plan Manager, Government Programs, AvMed Health Plan
11:00–11:15 AM	Networking Break		
11:15 AM–12:15 PM	601 Implementing Compliant Managed Care Program Integrity Requirements Across Medicaid, Medicare and Dual Eligibles Lines of Business – Brenda Tranchida, VP and Associate General Counsel, Compliance and Risk Management, Connolly iHealth Technologies, Inc.; Elizabeth Lippincott, Managing Member, Lippincott Law Firm PLLC	602 The Impact of Retail Health and Wellness on Managed Care Organizations – Thomas Delegram, Director, Deloitte & Touche LLP; Matthew Hourin, Principle, Deloitte & Touche LLP; Chris Anusbigan, Special Leader, Deloitte & Touche LLP	603 Evaluating Government Contractors' Risks and Obligations Under the Proposed OMB Cybersecurity Guidance – Jon Burd, Partner, Wiley Rein LLP; Matthew Gardner, Of Counsel, Wiley Rein LLP
12:15–1:30 PM	Lunch		
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2:30–2:45 PM	Networking Break		
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WEDNESDAY, FEBRUARY 3: CHC EXAM

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

Expand your network. Expand your knowledge.

Sign up now to participate in the Speed Networking lunch.

Registration is separate from the conference and complimentary. Upon registering, you will be asked some questions and the software will schedule a series of quick introductions to the types of people you've indicated you want to meet with. It's a fun, efficient way to quickly connect with peers who share your challenges and to make new friends at the start of the Managed Care Compliance Conference. Register at: www2.speednetworking.com/ViewEvent/managedcare2016



SUNDAY, JANUARY 31

7:30AM – 5:30PM

Registration

8:00 – 9:30AM

P1 Industry Perspectives: The Compliance Office of the Future

Terry Puchley, Partner, PricewaterhouseCoopers LLP
Ernesto Marrero, Medicare Compliance Officer, EmblemHealth
David Curé, Vice President & Chief Audit Executive, WellCare Health Plans, Inc.
Pat Murphy, VP, Internal Audit & Chief Risk Officer, Anthem, Inc.

- A rapidly changing regulatory environment, the shift to a consumer-centric health economy, and growth in new products has mandated the evolution of the compliance program and created the need to build a Compliance Office of the Future.
- The Compliance Office of the Future is seen as a problem solver, insight generator, and a trusted advisor. They are at the forefront of strategic planning and seen as essential to achieving organizational strategies while balancing compliance risk.
- This will be a panel discussion of compliance executives facilitated by PwC. It will provide insight and examples into how Compliance Departments are evolving to provide their organizations greater value and help use compliance as a competitive advantage

9:30 – 9:45AM

Networking Break

9:45 – 11:15AM

P2 10 Ways to Cultivate a Compliance Culture

Cara Merski, Chief Compliance Officer and Director of Internal Audit, Tufts Medical Center

Meghan Colozzo, Compliance, Audit & Privacy Manager, Tufts Medical Center

- Focus on 10 simple but effective steps to ground your efforts at your organization towards cultivating a culture of compliance. Go beyond the seven elements of an effective compliance program to effective leadership.
- These 10 easy steps help the Compliance Professional organize and prioritize their vision to ensure growth in leadership. Key leadership actions are to Challenge, Rewire, Write out, Stop, Develop, Focus, Create, Seek Reinforcement, Find, and Read.
- If you are entering a new environment of compliance or if you have spent several years in the same organization, these steps will challenge you and guide you to evaluate where you are and where you want to be.

Agenda

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Lunch

(on your own if not participating in Speed Networking)

11:30AM – 12:15PM

Speed Networking

(optional event, separate registration required)

12:30 – 2:00PM

P3 The ABCs of FDRs

*Cathy Bodnar, Chief Compliance and Privacy Officer,
Cook County Health and Hospitals System*

Catie Heindel, Vice President, Strategic Management Services

Angela Keenan, Manager of Compliance, Network Health

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

- Acquire strategies to increase oversight of FDRs while meeting the high expectations of regulators, without significantly impacting organizational expense;
- Learn how to develop work plans to monitor and audit the scope of functions with particular emphasis on regulatory requirements; this will include tips on how to engage key stakeholders in the oversight process; and
- Take home ideas and tools for maintaining adequate documentation of your FDR oversight program; we'll show you it's as easy as A-B-C (through Attestations and Audits, BAAs and Contracts).

P4 The Intersection Between Fraud & Abuse and Managed Care — A Crash Course on Compliance

J.D. Thomas, Partner, Waller Lansden Dortch & Davis

Elisa Harris, Senior Counsel, Tenet Healthcare Corporation

Sarah Bogni, Assistant United States Attorney, United States Attorney's Office for the Middle District of Tennessee

2:00 – 2:15PM

Networking Break

2:15 – 3:45PM

P5 Effective Collaboration Between Compliance Officers and State and Federal Law Enforcement

*Ryan Lipinski, County Care Compliance Officer,
Cook County Health & Hospitals System*

*Kathleen McGinty, Deputy of Operations & Chief Legal Counsel,
Office of the Inspector General, Illinois Department of Healthcare
and Family Services*

*Elizabeth Lepic, Chief Counsel with the Illinois State Police,
Medicaid Fraud Control Unit (MFCU)*

- Learn effective strategies and best practices for collaboration between your Managed Care Compliance team, State Medicaid Inspector General's Office, and state/federal law enforcement partners
- Identify key metrics for your Investigations Unit to ensure effective investigations, audits, recoupments and referrals to law enforcement
- Discuss the impact of CMS Medicaid Managed Care proposed rulemaking on program integrity efforts and your Investigation Units

P6 Creating and Implementing a System of Controls Program (Government Programs Compliance and Oversight)

Melissa Lupella, Director, Government Programs Compliance, HCSC

*Michaela Monaghan, Senior Manager Legislative/Regulatory Oversight,
HCSC*

- We will provide an overview of the goals of the HCSC System of Controls project that is in place to help us ensure that we are operating in compliance with federal and state rules, regulations and contracts, as well as other key operating requirements
- We will explain the importance of putting this system into place, and the process for a successful implementation. We are hoping to provide a HCSC perspective as well as collaborate with a BCBS plan to provide a multi-plan perspective.
- We will also include a collaborative discussion to learn from other session attendees, such as the challenges, best practices, and other lessons learned from those that have undertaken a project of this scale.

3:45 – 4:00PM

Networking Break

4:00 – 5:30PM

P7 A Deep Dive — Risk Assessment and Monitoring Plans

*Steve Bunde, VP Integrity & Compliance & Internal Audit,
HealthPartners*

*Laurena Lockner, Senior Manager Monitoring & Compliance,
HealthPartners*

*Stephanie Moscetti, Program Manager Integrity & Compliance,
HealthPartners*

- Develop and Communicate your Commercial and Government Programs Risk Assessment
- Align your Commercial and Government Programs Monitoring Plans to your Risk Assessment
- Understand Commercial and Government Programs Significant Risk Areas

P8 Growing Pains: Compliance Challenges and Best Practices for Health Plan Mergers & Acquisitions

Anthony Choe, Attorney, Morgan, Lewis & Bockius, LLP

Annie Hsu Shieh, Senior Compliance Counsel, Central Health Plan of California

- Identify the challenges that consolidation in the managed care industry poses to corporate compliance programs
- Understand key issues associated with integrating compliance programs (e.g., risk areas, compliance cultures)
- Best practices and pitfalls to avoid

5:30 – 6:30PM

Welcome Reception

Agenda

MONDAY, FEBRUARY 1

7:15AM – 5:30PM

Registration

7:15 – 8:15AM

Breakfast

8:15 – 8:30AM

Opening Remarks

8:30 – 9:30AM

GENERAL SESSION Prescription for Change: Congressional Actions Impacting Managed Care Providers

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

9:30 – 10:00AM

Networking Break

10:00 – 11:00AM

101 Providing Meaningful Oversight of Risk Adjustment Programs

Richard Lieberman, Chief Data Scientist, Mile High Healthcare Analytics, LLC

- Learn what risk adjustment systems are measuring and how they measure it
- How to develop oversight programs that speak the language of clinicians, financial managers, and compliance officers
- Maximizing risk scores with delegated relationships without incurring liability

102 Beyond HIPAA Compliance: Managing Privacy and Security in the Reform Era

Kathy Roe, Managing Attorney & Co-Founder, The Health Law Consultancy

- Discuss the collection, use and disclosure of consumer health information that health organizations want or need to undertake in the current reform era
- Review options for effecting those uses and disclosures within and without application of the HIPAA Privacy Rule
- Experience the HIPAA Privacy Rule's flexibility in meeting changing demands for use and disclosure of consumer health information
- Recognize the HIPAA Security Rule's expectations for securing consumer health information in the cyber environment of the current reform era

103 Building Preventative Measures Into Your Compliance Plan

Jennifer Del Villar, CHC, Director of Medicare Compliance / Compliance Officer, Regence

- Proactive measures to prevent issues from occurring
- Utilizing data, metrics, training and partnering with business owners
- Best practices to create a robust prevention plan

11:00 – 11:30AM

Networking Break

11:30AM – 12:30PM

201 Spotlight on Special Needs Plan (SNP) Model of Care (MOC) Audit Readiness: Strategies for Consistent CMS Audit Readiness

Gayle Pryde, Medicare Clinical Compliance Officer, UnitedHealthcare

Erin Wessling, Senior Associate General Counsel, UnitedHealthcare

- CMS continues to indicate in the audit protocols that Special Needs Plan Model of Care audits are forthcoming. Health Plans must establish a foundation for SNP MOC audit readiness, while monitoring CMS audit enforcement and audit program activities.
- Partner with regulatory adherence and legal counsel to ensure CMS audit readiness with an eye towards CMS SNP MOC audit protocols and regulatory requirements ensuring consistent and practical application to execution.
- Practical approaches to develop and implement an effective compliance SNP MOC audit readiness program that focuses on CMS Audit Protocols, business monitoring, internal audits, remediation, validation and reporting.

202 Quality Bonus Programs and Compliance's Role

Mitchel Harris, Principal, PricewaterhouseCoopers

Nancy Monk, Chief Administrative Officer, SCAN Health Plan

Holly Michaels Fisher, Managing Director, Government Programs, PricewaterhouseCoopers

- CMS continues to evolve the Star Rating Program. With this evolution, the program has become critical to Medicare Advantage and Part D plan sponsors ability to deliver quality outcomes for their members and drive a competitive advantage in the market
- Although many health plans have dedicated resources to manage and monitor Star performance, Compliance typically does not have a role. Given the numerous compliance measures in the program, Compliance needs to proactively participate in the Star strategy
- This session will highlight how Compliance can play a role in improving Star Ratings by leveraging existing activities, developing complementary activities, and partnering with the business to drive member quality and a competitive advantage in the market

203 The US Foreign Corrupt Practices Act (FCPA) — What Every Managed Care Compliance Department Needs to Know

Matt Werner, Chief Compliance Officer, Bio-Rad Laboratories, Inc.

- Overview of the FCPA's key provisions
- Application of the FCPA to managed care entities — a case law review
- The intersection of the FCPA with other fraud and abuse laws that impact managed care operations

12:30 – 1:30PM

Lunch



Agenda

1:30 – 2:30PM

301 After Good Faith Compliance: Incorporating Exchange Compliance into Your Overall Government Program Compliance Structure

Ann Kinsella, Medicare Operations Compliance Officer and Exchange Compliance Lead, UnitedHealthcare

Michael Adelberg, Senior Director, FaegreBD Consulting

- In 2016, CMS FFM audits will no longer have the “good faith” consideration, so health plans need to understand Exchange requirements and implement compliance strategies now
- Explore how to integrate Exchange requirements into your existing Compliance Program, with an eye toward aligning with existing practices, streamlining workflow, and creating nimbleness to adapt for the future
- Engage your leaders in strategy for a strong relationship with CMS on Exchange business – premised on understanding the different regulatory structures for Medicare, Medicaid and Exchange markets

302 Achieving and Maintaining a State of Readiness: Efforts Taken by a PBM to Establish Readiness

Renee Treberg, VP / GP Compliance Officer, Prime Therapeutics

Denise McCabe, Senior Director, Government Programs Compliance, Prime Therapeutics

- Operational Compliance Continuous Improvement: Setting up core operational compliance elements in the operations
- Applying Operational Compliance in advancing Vendor Management Oversight
- CMS Audit Readiness: Defining and Establishing Standard Audit Protocols in the operations

303 The Care & Feeding of a Compliance Newbie

Kevin Gillogly, Regulatory Compliance Manager,

Medicare Mandated & Benefit Communications, Anthem, Inc.

- Boot camp? Trial by fire? What Compliance newbies really want and need at the outset of their careers.
- If Compliance stars-to-be are to become the Swiss Army knives of your organization, what’s the best way to sharpen their focus — and their skills?
- Training to retain — what are the building blocks for a solid Compliance department structure.

2:30 – 3:00PM

Networking Break

3:00 – 4:00PM

401 ACO Compliance Planning: Navigating the Briar Patch

Erin Roberts, Partner, Smith Moore Leatherwood LLP

Barry Herrin, Partner, Smith Moore Leatherwood LLP

Greg Radinsky, Vice President & Chief Corporate Compliance Officer, North Shore - LIJ Health System

- Accountable Care Organizations (ACOs) face the conundrum of compliance planning in an evolving and emerging regulatory environment
- For this reason, it is critical for commercial and Medicare Shared Savings Program (MSSP)-participating ACOs to be mindful of several considerations when conducting compliance planning, including: developing a robust compliance plan that incorporates critical elements and is adaptable; allocating appropriate authority and oversight to the ACO’s compliance officer; and fostering a culture of compliance.

402 Compliance with the Telephone Consumer Protection Act

Ron Price, Chief Compliance and Privacy Officer, DentaQuest, Inc.

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

- A TCPA lawsuit—or how not to learn about the TCPA
- TCPA requirements for calling Mobile Phones
- How to obtain prior express consent and limits of consent
- Implementing strategies to reduce exposure to TCPA

403 Assessing Your Compliance Program: Tips from Internal and External Assessors and a Health Plan Compliance Officer

Steve Bunde, VP Integrity & Compliance & Internal Audit, HealthPartners

Laurena Lockner, Senior Manager Monitoring & Compliance, HealthPartners

Nabil Istafanous, Principal, Corporate Counsel Solutions, PLLC

- A refresher on CMS’ expectations for an annual independent assessment of the effectiveness of your Compliance Program
- A Plan’s perspective on pros and cons of an internal assessor vs. an external assessor
- Tips and Best Practices from the assessor’s and Plan’s perspective on how to effectively scope, plan, execute, report results and remediate findings as a result of an assessment of your Program

4:00 – 4:30PM

Networking Break

4:30 – 5:30PM

GENERAL SESSION The Seven Habits of an Effective Compliance and Ethics Professional

Dan Roach, General Counsel and CCO, Optum360

This session is intended to help compliance and ethics professionals be more effective by helping them:

- Better understand the compliance and ethics challenge
- Position themselves for success
- Solve the difficult problems that all compliance and ethics professionals encounter

5:30 – 6:30PM

Networking Reception

Agenda

TUESDAY, FEBRUARY 2

7:15AM – 4:00PM

Registration

7:15 – 8:15AM

Breakfast

8:15 – 8:30AM

Opening Remarks

8:30 – 9:30AM

GENERAL SESSION CMS Compliance Reviews on ACA Compliance

Jason Fleming, HCR/Exchange Compliance Manager, BCBS of Tennessee

Jackie McCurdy, Senior Director, Commercial Programs and Product Compliance, Florida Blue

Debra M. Lightner, Director, Regulatory Compliance and Medicare Compliance Officer, Horizon Blue Cross Blue Shield of New Jersey

- Experiences and best practices from three health plans
- Findings, and Results and Recommendations
- Potential Risks in 2016 with Safe Harbor Expiration

9:30 – 10:00AM

Networking Break

10:00 – 11:00AM

501 Medicare Program Audit, Lessons Learned

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

John Wells, Chief Medicare Compliance Officer, Medicare Compliance, Aetna

Diana Kobus, Government Compliance Consultant, Highmark

Mitchell Goldberg, Director of Compliance and Privacy & Medicare Compliance Officer, Independence

502 Tackling Compliance in a New Health Plan: Integration of Compliance and Quality via Audit

Vanessa Skawski, Regulatory Affairs Compliance Manager, ArchCare Community Life

- States across the country are facing new managed care regulatory structures, leading to the creation of new health plans. Many of these plans face common compliance challenges.
- Learn how one new health plan approached compliance by embedding a compliance auditor on the quality team.
- Review the systems and strategies used to implement the compliance/quality audit process and understand the benefits of compliance/quality integration.

503 Designing an effective regulatory change management program

Judith Nelson, Director, Medicare Advantage Strategy, DST Health Solutions

Jackie Crews, Plan Manager, Government Programs, AvMed Health Plan

- Discuss alternative models & processes
- Understand Roles and Responsibilities (Legal, Compliance & Operations)
- Confirm Effective Implementation & Documentation

11:00 – 11:15AM

Networking Break

11:15AM – 12:15PM

601 Implementing Compliant Managed Care Program Integrity Requirements Across Medicaid, Medicare, and Dual Eligibles Lines of Business

Brenda Tranchida, VP and Associate General Counsel, Compliance and Risk Management, Connolly iHealth Technologies, Inc.

Elizabeth Lippincott, Managing Member, Lippincott Law Firm PLLC

- Review of the evolution and growing importance of program integrity requirements for participation in Medicare and Medicaid managed care
- Review of applicability, similarities and differences in these requirements and emerging developments for managed care entities and subcontractors
- Highlights will include several areas of importance for managed care entities and subcontractors (e.g., ownership and control disclosures, exclusions and sanctions checks, background checks, etc.)

602 The Impact of Retail Health and Wellness on Managed Care Organizations

Thomas Delegram, Director, Deloitte & Touche LLP

Matthew Hourin, Principle, Deloitte & Touche LLP

Chris Anusbigian, Special Leader, Deloitte & Touche LLP

- Consider various benefits for managed care organizations collaborating with wellness providers, including care coordination, reduced healthcare delivery costs, better patient outcomes and reduced long-term costs
- Outline measures taken by health plans, employers and retailers to engage customers to take active part in their personal health decisions through a variety of means including financial incentives
- Discuss trends around i) retail clinics and wellness promotion and ii) the ever-increasing scope of services at retail clinics that can lead to greater operational, financial and compliance risks and the impact for managed care organizations

603 Evaluating Government Contractors' Risks and Obligations Under the Proposed OMB Cybersecurity Guidance

Jon Burd, Partner, Wiley Rein LLP

Matthew Gardner, Of Counsel, Wiley Rein LLP

12:15 – 1:30PM

Lunch

1:30 – 2:30PM

GENERAL SESSION How to Wow (Your Board of Directors)

Lisa White, Chief Compliance Officer, Lifetime Healthcare Companies

Matt Weber, VP, Regional Counsel, Kaiser

Quentin Powers, Compliance Officer; Vice President, Internal Audit, Compliance & Ethics, Premera

Shari Flowers, Chief Compliance Officer; VP - Compliance & Ethics, Blue Cross and Blue Shield of Nebraska

Agenda

2:30 – 2:45PM

Networking Break

2:45 – 3:45PM

701 Trends in CMS Audits and Enforcement Actions Against Medicare Advantage and Part D Plans

Anne Crawford, Deputy Director, ATTAC Consulting Group LLC

Elizabeth Lippincott, Managing Member, Lippincott Law Firm PLLC

Emily Moseley, Of-Counsel, Lippincott Law Firm PLLC

- 2015 CMS Program Audit Tracer Sample Methodology and Implications for Plans and First Tier, Downstream and Related Entities (FDRs)
- Effective Self-Disclosure
- Analysis of Recent Enforcement Actions

702 An Overview of Current and Proposed OFCCP Requirements

Cara Crotty, Partner - Affirmative Action Practice Group Co-Chair,

Constangy, Brooks, Smith & Prophete, LLP

- Are you complying with the OFCCP regulations for federal contractors? We will provide a broad overview of the existing requirements to help you ensure compliance.
- Are you prepared for the new OFCCP regulations for federal contractors? Even with substantial regulatory changes implemented in 2014, the OFCCP continues to charge forward with more new complex initiatives. We will discuss the new and proposed changes in store for federal contractors.
- Our discussion topics will include Executive Order 11246 (including the LGBT amendment), Section 503 of the Rehabilitation Act, the Vietnam Era Veterans' Readjustment Assistance Act, the Equal Pay Report, and the Fair Pay and Safe Workplaces Executive Order.

703 No Good Deed Goes Unpunished: When a Compliance Professional's Relationship with Regulators Transforms from Collaboration to Enforcement

Chris Bennington, Principal and Senior Consultant, INCompliance Consulting

Mark Chilson, EVP General Counsel, CareSource

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

- With alarming, increasing frequency, regulators are no longer viewing compliance professionals as part of the solution, but as part of the problem. We will review the regulatory changes that have prompted this shift from collaboration to enforcement.
- Investigations, enforcement, and prosecutions are now being brought directly against compliance professionals. We will analyze recent examples in order to pinpoint what those compliance officers might have done differently to avoid those actions.
- There are practical steps that can be taken to mitigate the risk of a collaborative relationship shifting to an enforcement action. We will share risk mitigation strategies that can be applied in each attendee's own organization.



WEDNESDAY, FEBRUARY 3

8:00 – 8:30AM

Exam Check-in

8:30 – 11:00AM

Certified in Healthcare Compliance (CHC)[®] Exam *(optional)*

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



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



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



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 Sponsors:

















NAVIGANT



Speakers

-  **Michael Adelberg**, Senior Director, FaegreBD Consulting
-  **Chris Anusbigan**, Special Leader, Deloitte & Touche LLP
-  **Chris Bennington**, Principal and Senior Consultant, INCompliance Consulting
-  **Tom Bixby**, Principal, Thomas D. Bixby Law Office LLC
-  **Cathy Bodnar**, Chief Compliance and Privacy Officer, Cook County Health and Hospitals System
- Sarah Bogni**, Assistant United States Attorney, United States Attorney's Office for the Middle District of Tennessee
-  **Kim Brandt**, Chief Healthcare Investigative Counsel for Senate, US Senate Finance Committee
-  **Steve Bunde**, VP Integrity & Compliance & Internal Audit, HealthPartners
- Jon Burd**, Partner, Wiley Rein LLP
-  **Mark Chilson**, EVP General Counsel, CareSource
- Anthony Choe**, Attorney, Morgan, Lewis & Bockius, LLP
- Meghan Colozzo**, Compliance, Audit & Privacy Manager, Tufts Medical Center
-  **Anne Crawford**, Deputy Director, ATTAC Consulting Group LLC
- Jackie Crews**, Plan Manager, Government Programs, AvMed Health Plan
-  **Cara Crotty**, Partner - Affirmative Action Practice Group Co-Chair, Constangy, Brooks, Smith & Prophete, LLP
-  **David Curé**, Vice President and Chief Audit Executive, WellCare Health Plans, Inc.
-  **Thomas Delegram**, Director, Deloitte & Touche LLP
- Jennifer Del Villar**, CHC, Director of Medicare Compliance / Compliance Officer, Regence
- Holly Michaels Fisher**, Managing Director, Government Programs, PricewaterhouseCoopers
-  **Jason Fleming**, HCR/Exchange Compliance Manager, BCBS of Tennessee
-  **Shari Flowers**, Chief Compliance Officer; VP - Compliance & Ethics, Blue Cross and Blue Shield of Nebraska
- Matthew Gardner**, Of Counsel, Wiley Rein LLP
-  **Kevin Gillogly**, Regulatory Compliance Manager, Medicare Mandated & Benefit Communications, Anthem, Inc.
- Mitchell Goldberg**, Director of Compliance and Privacy & Medicare Compliance Officer, Independence

- Elisa Harris**, Senior Counsel, Tenet Healthcare Corporation
-  **Mitchel Harris**, Principal, PricewaterhouseCoopers
-  **Catie Heindel**, Vice President, Strategic Management Services; Angela Keenan, Manager of Compliance, Network Health
- Barry Herrin**, Partner, Smith Moore Leatherwood LLP
- Matthew Hourin**, Principle, Deloitte & Touche LLP
-  **Nabil Istafanous**, Principal, Corporate Counsel Solutions PLLC
- Angela Keenan**, Manager of Compliance, Network Health
- Kaz Kikkawa**, Senior Counsel, Cigna Corporation
-  **Ann Kinsella**, Medicare Operations Compliance Officer and Exchange Compliance Lead, UnitedHealthcare
- Elizabeth Lepic**, Chief Counsel with the Illinois State Police, Medicaid Fraud Control Unit (MFCU)
- Richard Lieberman**, Chief Data Scientist, Mile High Healthcare Analytics, LLC
-  **Debra M. Lightner**, Director, Regulatory Compliance and Medicare Compliance Officer, Horizon Blue Cross Blue Shield of New Jersey
- Ryan Lipinski**, County Care Compliance Officer, Cook County Health & Hospitals System
-  **Elizabeth Lippincott**, Managing Member, Lippincott Law Firm PLLC
-  **Laurena Lockner**, Senior Manager Monitoring & Compliance, HealthPartners
- Melissa Lupella**, Director, Government Programs Compliance, HCSC
-  **Ernesto Marrero**, Medicare Compliance Officer, EmblemHealth
-  **Denise McCabe**, Senior Director, Government Programs Compliance, Prime Therapeutics
-  **Jackie McCurdy**, Senior Director, Commercial Programs and Product Compliance, Florida Blue
-  **Jeffrey McFadden**, Partner, Stradley Ronon Stevens & Young, LLP
- Kathleen McGinty**, Deputy of Operations & Chief Legal Counsel, Office of the Inspector General, Illinois Department of Healthcare and Family Services
-  **Cara Merski**, Chief Compliance Officer and Director of Internal Audit, Tufts Medical Center
- Michaela Monaghan**, Senior Manager Legislative/Regulatory Oversight, HCSC

-  **Nancy Monk**, Chief Administrative Officer, SCAN Health Plan
- Stephanie Moscetti**, Program Manager Integrity & Compliance, HealthPartners
- Emily Moseley**, Of-Counsel, Lippincott Law Firm PLLC
- Pat Murphy**, VP, Internal Audit & Chief Risk Officer, Anthem, Inc.
- Judith Nelson**, Director, Medicare Advantage Strategy, DST Health Solutions
-  **Lori Oleson**, Director of Compliance and Quality, Government Programs, Blue Cross Blue Shield of Minnesota
- Quentin Powers**, Compliance Officer; Vice President, Internal Audit, Compliance & Ethics, Premera
- Ron Price**, Chief Compliance and Privacy Officer, DentaQuest, Inc.
-  **Gayle Pryde**, Medicare Clinical Compliance Officer, UnitedHealthcare
-  **Terry Puchley**, Partner, PricewaterhouseCoopers LLP
-  **Greg Radinsky**, Vice President & Chief Corporate Compliance Officer, North Shore - LIJ Health System
-  **Dan Roach**, General Counsel and CCO, Optum360
- Erin Roberts**, Partner, Smith Moore Leatherwood LLP
-  **Kathy Roe**, Managing Attorney & Co-Founder The Health Law Consultancy
-  **Vanessa Skawski**, Regulatory Affairs Compliance Manager, ArchCare Community Life
- Melissa Stephens**, Government Compliance Officer, Highmark Inc.
- J.D. Thomas**, Partner, Waller Lansden Dortch & Davis
-  **Brenda Tranchida**, VP and Associate General Counsel, Compliance and Risk Management, Connolly iHealth Technologies, Inc.
-  **Renee Treberg**, VP / GP Compliance Officer, Prime Therapeutics
-  **Jessica Vander Zanden**, Director Medicare Compliance/Star Quality, Network Health
-  **Matt Weber**, VP, Regional Counsel, Kaiser
-  **John Wells**, Chief Medicare Compliance Officer, Medicare Compliance, Aetna
-  **Matt Werner**, Chief Compliance Officer, Bio-Rad Laboratories, Inc.
-  **Erin Wessling**, Senior Associate General Counsel, UnitedHealthcare
-  **Lisa White**, Chief Compliance Officer, Lifetime Healthcare Companies

Details

Hotel & Conference Location:

The Mirage

3400 South Las Vegas Blvd
Las Vegas, NV 89109, US
Reservations: 1-800-627-6667
www.mirage.com

Visit www.hcca-info.org/managedcare for online reservations

HCCA has set up a block of rooms at a discounted rate of \$135/night plus tax. A daily Resort Fee of \$29 plus tax will be added to each room's account upon check-in. This fee includes wireless in-room and property wide internet access, access to the Fitness Center, daily newspaper available, notary services, printing of boarding pass and unlimited local and toll-free calls. A deposit of the first night's room and tax is required at the time of booking to guarantee your room. Reservations must be made by the Wednesday, January 6 cut-off date. Reservations received after the cut-off date will be accepted by Hotel at a space and rate availability basis only. The Mirage utilizes a 48 hour cancellation policy. A deposit of the first night's room and tax will be required to guarantee each reservation. Any reservation that is cancelled within 48 hours prior to arrival or does not arrive on the check-in date without prior cancellation will forfeit the deposit to the hotel.

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 to helpteam@www.hcca-info.org or by fax to 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 3, 8:30-11:00 am. You must register in advance to sit for the exam. The cost of the exam is not included in the conference registration fee. To register for the exam, complete the date-specific exam application and mail or fax as directed on the application. For a link to the exam application, visit www.hcca-info.org/managedcare.

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

ACHE: The Health Care Compliance Association is authorized to award 18 hours of pre-approved Category II (non-ACHE) continuing education credit for this program toward advancement, or recertification in the American College of Healthcare Executives. Participants in this program wishing to have the continuing education hours applied toward Category II credit should indicate on their attendance when submitting application to the American College of Healthcare Executives for advancement or recertification.

Compliance Certification Board (CCB): Compliance Certification Board (CCB): CCB has awarded a maximum of 22.2 CEUs for these certifications: Certified in Healthcare Compliance (CHC)[®], Certified in Healthcare Compliance-Fellow (CHC-F)[™], Certified in Healthcare Privacy Compliance (CHPC)[®], Certified in Healthcare Research Compliance (CHRC)[®], Certified Compliance & Ethics Professional (CCEP)[®], Certified Compliance & Ethics Professional-Fellow (CCEP-F)[®], Certified Compliance & Ethics Professional-International (CCEP-I)[™].
Daily Breakdown of CCB CEUs:
Sunday = 9.0 CEUs (maximum)
Monday = 7.2 CEUs (maximum)
Tuesday = 6.0 CEUs (maximum)

CLE: The Health Care Compliance Association is a State Bar of California Approved MCLE provider, a Pennsylvania Accredited Provider, and a Texas Accredited Sponsor. An approximate maximum of 18.5 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 is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE sponsors, Sponsor Identification No: 105638. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit and may not accept one-half credits. Complaints regarding registered sponsors may be addressed to the National Registry of CPE Sponsors, 150 Fourth Avenue North, Suite 700, Nashville, TN 37219-2417. Website: www.nasba.org. A recommended maximum of 22.0 credits based on a 50-minute hour will be granted for the entire learning activity. This program addresses topics that are of a current concern in the compliance environment. This is an update, group-live activity. For more information regarding administrative policies such as complaints or refunds, call 888-580-8373 or 952-988-0141.

Nursing Credit: The Health Care Compliance Association is preapproved by the California Board of Registered Nursing, Provider Number CEP 12990, for a maximum of 22.2 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).

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

8:00–9:30 AM

P1

9:45–11:15 AM

P2

12:30–2:00 PM

P3

P4

2:15–3:45 PM

P5

P6

4:00–5:30 PM

P7

P8

MONDAY

10:00–11:00 AM

101

102

103

11:30 AM–12:30 PM

201

202

203

1:30–2:30 PM

301

302

303

3:00–4:00 PM

401

402

403

TUESDAY

10:00–11:00 AM

501

502

503

11:30 AM–12:30 PM

601

602

603

2:45–3:45 PM

701

702

703

Speed Networking registration is separate and can be found at: www2.speednetworking.com/ViewEvent/managedcare2016

HEALTH CARE COMPLIANCE ASSOCIATION

6500 Barrie Road, Suite 250, Minneapolis, MN 55435

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

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

REGISTRATION OPTIONS

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

AFTER 12/22/15

HCCA Members\$799

Non-Members\$899

HCCA Membership & Registration\$999

NEW MEMBERS ONLY / DUES REGULARLY \$295 ANNUALLY

Pre-Conference Session Sunday\$125

FREE ONLY WITH PURCHASE OF EARLY BIRD REGISTRATION

Group Discount: subtract _____ from my total (see Details page for info)

TOTAL _____

SPECIAL REQUEST FOR DIETARY ACCOMMODATION

Gluten Free

Kosher

Vegetarian

Vegan

Other _____

PAYMENT OPTIONS

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Fax: 952-988-0146

Invoice me

Check enclosed

I authorize HCCA to charge my credit card (choose below)

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

Credit Card: American Express MasterCard Visa Discover

Credit Card Account Number

Credit Card Expiration Date

Cardholder's Name

Cardholder's Signature

MC0216

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

