

21st Annual
**Compliance
Institute**

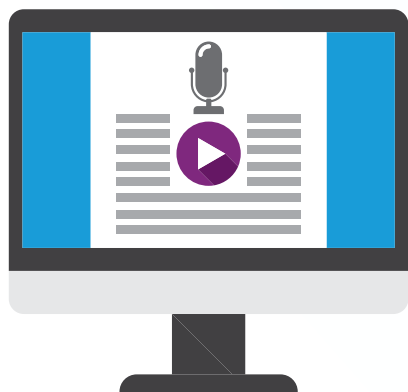
MARCH 26–29, 2017

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If you are ordering individual sessions, please check the box by each session you wish to purchase.

PRE-CONFERENCE

- P1** Large Hospital Systems
- P2** Compliance Program Start Up: What Are the Basics Needed for Your Infrastructure?
- P3** Keep Them Talking to You: A Culture of Trust & Integrity Improves Quality, Safety, and Organizational Outcomes!
- P4** HIPAA Compliance That Addresses the Risks of Today and Will Grow with You in the Future
- P5** Navigating the Physician Acquisition Experience
- P6** False Claims Act Developments
- P7** Immediately Address IT Access Compliance Challenges with These Techniques, Using Tools You Already Have
- P8** EMR, CTMS and Clinical Trial Billing Audits: How These Tools Can Help You As An Internal Auditor
- P9** Strategies to Build An Effective Compliance and Ethics Program
- P10** Drug Diversion Enforcement Trends, Investigation, and Prevention
- P11** Minimizing Stark Law Execution Risks
- P12** A Case Study: How to Conduct an Effective and Compliant Internal Investigation
- P13** Laboratory Compliance: Maintaining Compliance in an Uncertain and Changing Environment
- P14** Discover How Managed Care Plans are Responding to Their Obligation in Detecting, Investigating, and Preventing Fraud and Abuse in the Health Care System
- P15** Leveraging DMAIC and Active Management for Sustainable Quality Improvements
- P16** Compliance Investigations 101: CO Toolbox Essentials
- P17** CMS Final Rule: Reform of Requirements for Long Term Care Facilities
- P18** Is Your Security Incident a Data Breach? Uncle Sam Wants to Know
- P19** Compliant Physician Documentation and Coding in an Electronic Medical Record
- P20** Anatomy of a False Claims Act Case: Investigation, Litigation, Negotiation, Resolution
- P21** Achieving 340B Program Integrity
- P22** Auditing Emerging Compliance Risk Areas
- P23** Enabling Compliance Across the Organization: Toolkits for Operational Compliance
- P24** Swords into Plowshares: Leveraging Clinical Data Quality Excellence and Data Mining Tools for Promoting Quality of Care
- P25** Whistle While You Work: How to Prevent Activity Leading to Whistleblower Actions and Protect Health Organizations and Medical Practices from Whistleblower Threats
- P26** Fighting for Survival: DMEPOS
- P27** Academic Medical Center Compliance: Tips, Traps, and Emerging Best Practices
- P28** Research Law and Compliance: 2016-2017 Year In Review

CONFERENCE

- 101** 340B Compliance: Life after a HRSA Audit and Implementing a Corrective Action Plan
- 102** Latest Policy & Regulatory Changes to the Medicare Appeals Process
- 103** Highlights of the CMS Final Rule: Reform of Requirements for Long Term Care Facilities—The Impact on Compliance
- 104** OCR Enforcement Update
- 105** The Best Approach to Design Effective Corrective Action Plans (CAP)
- 106** Telehealth: Legal and Compliance Issues
- 107** Elements of a Successful Corporate Integrity Agreement
- 108** Leveraging Internal Audit to Improve Quality of Care Metrics
- 109** Top 10 Things a Compliance Professional Needs to Know About Coding
- 110** Behavioral Health Compliance: It Doesn't Need to be a Mystery
- 111** The Former Ameritox Whistleblower and the Ameritox Compliance Officer, Together

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- 201** Compliance Today, Effectiveness Tomorrow: The Necessary Steps to Success
- 202** The OIG's New CIA Form: How Your Compliance Program Can Benefit
- 203** Dealing with a Worthless Services Allegation
- 204** Successfully Resolving a Multi-Year OCR Investigation
- 205** Cleaning Up the Low Hanging Fruit to Protect Your Physician Practices
- 206** "Random" is Not Necessarily "Valid": Managing and Defending Against Statistics in Audits and FCA Claims
- 207** Implementing Drug Diversion Risk Rounds
- 208** Sampling 101: A Primer for Conducting Self Disclosure and Internal Audits
- 209** Yeah, but What's in It for Me? Making Training and Communications Impactful, Relevant, and Fun!
- 210** Conflicts of Interest and Big Data: What Can We Learn from Large Databases of Provider Disclosures?
- 211** Audit Log Demands During Litigation: Response Conundrums from a Compliance Perspective

- 301** Compliance Challenges in the Yates Memo Era
- 302** The Blame Game: Accountability in Healthcare Compliance
- 303** Making the Most of a CIA
- 304** Managing the Business Associate Relationship: From Onboarding to Breaches
- 305** Split Shared/Consulting Services...to Split Share or Consult Is the Question
- 306** Advice of Counsel and Good Faith Reliance: Best Practices in a Risky Environment
- 307** Physician Arrangements: Conducting the Audit & Ensuring a Resolution
- 308** Auditing Compliance for Clinical Documentation and Coding: Collaboration Is Key!
- 309** Risk: A Fundamental 4-Letter Word for Compliance Professionals
- 310** You Don't Need to Be a Wizard to Solve Today's Compliance Challenges: Seven Steps to Ensure Your Compliance Program Follows the Yellow Brick Road
- 311** Overlapping Surgery Developments

- 401** Down the Rabbit Hole: Compliance Investigations, Corrective Action Planning, and Self-Disclosure
- 402** Congratulations on that New Hospital/Provider Practice Acquisition! Compliance Lessons Learned the Hard Way
- 403** Mitigating Hot Button Risk Areas in Home Health & Hospice
- 404** Mobile Health (mHealth) Applications in a Healthcare Environment
- 405** Making Compliance Work in Physician Practices
- 406** Federal Administrative Sanctions: Exclusion and Civil Money Penalties
- 407** Research Risks Assessments: What Must be Considered and Why
- 408** Dynamic Board Reports: What Do They Really Want to Know?
- 409** How to Get More LinkedIn Views than Roy: Practical Tips for Improving Your LinkedIn Profile & Getting Employers to Seek You Out
- 410** Medicare FDRs and Compliance Programs: What the Feds Expect and Tips for Ensuring Your Organization Satisfies the Requirements
- 411** The Business of Health Care Fraud Enforcement: A Pragmatic Discussion and Assessment

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CONFERENCE (continued)

- 501** Data Dashboards: What Should You be Tracking
 - 502** Navigating Medical Necessity Denials Management for All Payers
 - 503** Bundled Payments and Other Risk Arrangements for Post-Acute Care Providers
 - 504** Medical Device Security: The Transition from Patient Privacy to Patient Safety
 - 505** Physician Engagement in the Compliance Process
 - 506** Managed Care Fraud: Enforcement and Compliance
 - 507** Sampling and Statistical Methods for Compliance Professionals
 - 508** The How and When of Leveraging Internal Audit
 - 509** How to Keep Your Head Above Water in a Sea of Change
 - 510** Join the JV (Joint Venture) Team! Best Practices for Providers, Payers and Vendors to Align Business Development, Legal Affairs and Corporate Compliance and Control Compliance Risk Before and After a Joint Venture Go-Live
 - 511** Investigative Interviewing: What Researchers Have Found Works and Doesn't Work
-
- 601** Compliance, The C-Suite, and The Board Of Directors: What To Report And How?
 - 602** How to Use and Not Abuse MGMA and Other Survey Data in FMV Compliance Programs: Why Flawed Data Usage Leads to Increased Compliance Risk
 - 603** Are You Billing the New PT and OT Evaluation Codes Properly?
 - 604** Study of 1000 Vendor Security Practices
 - 605** How to Develop Benchmarking Scorecards to Transition to Risk-Based Physician Auditing/Monitoring
 - 606** Self-Disclosure: Obligations, Options, Outcomes
 - 607** CMS Provider Network Accuracy: Risk Assessment and Monitoring Strategies for Medicare Advantage Plans
 - 608** How to Get Audit-Ready in 7 Steps
 - 609** Building Your Healthcare Compliance Resume
 - 610** What's Next in Washington?
 - 611** Compliance Is Ruff: A Dog's Approach

- 701** Helpful Tips for Value Based Payment (VBP) Compliance Programs
- 702** Strategic Considerations in Resolving Voluntary Disclosures to CMS, OIG, and DOJ
- 703** Cybersecurity in the Post-Acute Arena
- 704** Bored with Your Board's Lack of Interest?
- 705** Physician Training on Medical Necessity: What Is Important for Clinical Trials and How Does It Impact Revenue Integrity?
- 706** Kickback and Stark Law Developments
- 707** Risk Assessments and Work Plans: Key Spokes in the Circle of Compliance
- 708** Conducting an Internal Compliance Investigation When the Government Claims You Have False Claims
- 709** Strategies for Professionalism When Tantrums Aren't an Option
- 710** Challenges for Academic Medical Centers
- 711** OIG Panel

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POST-CONFERENCE

- W1** Decrypting a Ransomware Strategy
- W2** How the "Three Amigos" of a Compliance Program—Compliance Officer, Legal, and Human Resources—Can Work Together to Support and Advance an Effective Compliance Program
- W3** 340B Drug Pricing Self-Disclosures and Repayments: Success Stories and Lessons Learned
- W4** How to Navigate and Survive a Mega Breach
- W5** Lessons Learned: How Recent Enforcement Cases Provide Insight into Effective Compliance Programs for FMV and Commercial Reasonableness
- W6** Government Investigations and Compliance Matters: Roadmap for In-House Counsel and Compliance Professionals
- W7** Designing a Successful Analytics-Based Hospital Compliance Program and Securing Cross-Department Endorsement
- W8** Monitoring and Auditing HIPAA Compliance
- W9** STRESS Makes You Distracted, Distraught, Dumb & Dead!
- W10** Driving Quality of Care Through Culture Change Strategies: Identifying Culture Challenges, Collecting Data to Show Value for Change, and Creating Culture Change by Demonstrating What's in It for Me?
- W11** Building Your Toolbox to Manage Conflict of Interest: Sunshine, Open Payments, and Investigations
- W12** Criminal and Civil Enforcement Trends: Focus on Federal Enforcement of Fraud and Abuse Involving Hospice Programs and Opioid Abuse
- W13** Medicare Overpayment 60-Day Rule: What Your Compliance and Auditing Departments Need to Know
- W14** How to Overcome Growing Pains by Maturing your Compliance Program from the Wonder Years to the Golden Years: Physician-Hospital Arrangements
- W15** Privacy Officer Roundtable
- W16** Pay for Performance 2017: Meeting New Physician Quality Reporting and Payment Requirements
- W18** Effective Auditing Program for Managed Care Plans
- W19** MIPS, APMS, QRUR, and CMS Data: How Do Your Physicians Compare?
- W20** Mergers and Acquisitions for Compliance Professionals
- W21** Don't Let Your Quality Program Face the Risk Apocalypse: Practical Approaches to Implementing and Integrating ERM and Compliance with Quality
- W22** Do You Know What Your Business Associates' Subcontractors & Vendors are Doing with Your PHI & ePHI?