



Managed Care Compliance Conference

February 21–23, 2010

Scottsdale, AZ | Hotel Valley Ho

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

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Agenda

Sunday, February 21

7:30 AM–5:00 PM

Registration

8:00–10:00 AM

P1 Building a Successful Compliance Program for Health Plans

Thomas Figurski, Manager, Special Investigations\Internal Audit, Gateway Health Plan; Melissa Hooks, Gateway Health Plan

- Building a comprehensive compliance plan
- Centralizing your organizations compliance efforts
- Adapting to changing compliance environment

10:00–10:15 AM

Break

10:15 AM–12:15 PM

P2 Tackling Health Care Fraud, Waste, and Abuse—Where Do You Start?

William Gedman, CPA, Vice President, Quality Audit, Fraud & Abuse, UPMC Insurance Services Division; Matthew Weber, Holland & Hart LLP

- Explore current theories regarding the magnitude of Health Care FWA
- Identify best practices in establishing a strong FWA unit
- Discuss various plan experiences in dealing with the challenges of FWA

12:15–1:15 PM

Lunch on your own

1:15–3:15 PM

P3 Medicare Managed Care: Compliance in an Era of Health Care Reform

Anne Hance, Partner, McDermott Will & Emery LLP; Robert Slavkin, Senior Counsel, Foley & Lardner LLP

- Overview of health care reform and impact on the Medicare Advantage and Part D Programs
- Analysis of new regulations and agency guidance affecting the Programs' participants
- Discussion of industry best practices for key issues, including such as marketing and risk adjusters

3:15–3:30 PM

Break

3:30–5:30 PM

P4 Medicaid Managed Care and State Compliance

Dave Mosley, Principal and Assistant Director, Government Services, Clifton Gunderson LLP; Selvadas Govind, Senior Manager, Assurance Services, Clifton Gunderson LLP

- What states look for from their Medicaid Managed Care Organizations and other Medicaid Contractors
- Identify key risk areas in providing Medicaid managed care services
- Learn what to expect from an audit of the performance of service delivery and accountability

Monday, February 22

7:30 AM–5:30 PM

Registration

7:30–8:15 AM

Continental Breakfast

8:15–9:00 AM

General Session: Hot Topics from CMS

Brenda Tranchida, Director of the Program Compliance and Oversight Group, CMS; Danielle Moon, Director of the Medicare Drug & Health Plan Contract Administration Group, CMS; Cynthia Moreno, Director, Division of Medicare Modernization Act Integrity, Program Integrity Group; Jennifer Smith, Division of Compliance Enforcement, CMS

9:00–9:45 AM

General Session: Data Mining

James G. Sheehan, Medicaid Inspector General, NYS Office of the Medicaid Inspector General

9:45–10:15 AM

Break

10:15–11:15 AM

BREAKOUT SESSIONS

101 The Interrelationship among the Compliance Officer, Legal Counsel and the Board of Directors

Cliff Barnes, Partner, Epstein Becker & Green; Marcia Handler, Epstein Becker & Green

- Discuss the individual roles of the three key players and why coordination is necessary
- Review when the roles do and do not work and the consequences of ill conceived roles
- Provide action items that should be considered in developing effective roles among the key players

Agenda

102 Vendor Oversight

Alan Brandon, CHC, Corporate Compliance and Privacy Officer, Director of Compliance, Community Health Plan, Seattle, Washington

- Vendor oversight: know how your dollars are being spent
- Delegated vendor oversight
- Vendor oversight: ensuring quality and compliance

Monday, February 22 (cont'd)

11:15 AM–12:00 PM

Lunch

12:15–1:15 PM

Breakout Sessions

201 Part D: Compliance Considerations—4 Years Later!

Caron R. Cullen, CHC, Vice President, Compliance & Regulatory Affairs, Affinity Health Plan; Kara Curtis, Director, Regulatory Affairs & Compliance, Commonwealth Care Alliance

- Review Corrective Action Plans for Part D by CMS: what can you do to eliminate the risks?
- Evaluate your PBM or internal operations performance for Part D: what are the measures to review?
- Share best practices for Part D oversight: what are the critical key indicators and should you rotate them annually?
- Discuss the integration of Medicare Advantage Part C and Part D Compliance Programs: should you have a separate Fraud, Waste, and Abuse Program for Part D?

202 Current Antitrust Issues for Managed Care Plans

John J. Miles, Principal and Shareholder, Ober/Kaler

- The Administration's approach toward managed care antitrust issues
- Issues, including mergers, exclusionary contracts, most-favored-nations, and all-products provisions
- Minimizing antitrust risk

1:15–1:45 PM

Break

1:45–2:45 PM

BREAKOUT SESSIONS

301 The 8th Element of an Effective Compliance Program

Kevin C. Bennett, Partner, StoneTurn Group, LLP; Kenneth L. Blickenstaff, Principal, BlickenWolf LLC

302 Guidelines for Reporting Compliance Risks: “Who Ya Gonna Call?”

Holly Robinson, Assistant Director, Medicare Compliance, The Regence Group

2:45–3:00 PM

Break

3:00–4:00 PM

BREAKOUT SESSIONS

401 Hot Topics from CMS

Scott Nelson, Senior Advisor in the Medicare Drug Benefit Group, CMS

402 Innovative Strategies to Measure, Report and Improve the Efficiency of a Compliance Program

Robert Miromonti, Vice President, Ethics & Compliance, Centene Corporation

- How Centene ensures regulatory and contract compliance and measures compliance risks
- How Centene uses compliance effectiveness measures to improve its culture of compliance
- How Centene integrates compliance into its overall Enterprise Risk Management Strategy

4:00–4:30 PM

Break

4:30–5:30 PM

BREAKOUT SESSIONS

501 Medicare Audit Experiences

Kimberly Green, Compliance Officer, Blue Cross Blue Shield Northern Plains Alliances

502 Doing More with Less: Taking a Small Health Plan's Compliance Program to the Next Level

Lori Oleson, Compliance Director, UCare; Teresa Julkowski, Compliance Manager and Privacy Officer, UCare

- Small health plan discusses how its compliance program meets big scope
- These colleagues share tools that helped them accomplish more with less
- Best practices and lessons learned fostering an “audit readiness” culture across an organization

5:30–6:30 PM

Networking Reception

Agenda

Tuesday, February 23

7:30 AM–2:00 PM

Registration

7:30–8:15 AM

Continental Breakfast

8:15–9:15 AM

General Session: Fraud from the Trenches

Jeffrey Sterling, Esq., Senior Investigator, WellPoint, Inc. Special Investigations Unit

9:15–10:30 AM

General Session: ARRA and HITECH Panel

Kathryn Roe, Principal, The Health Law Consultancy; Jeannette Frey, Privacy Officer, Fallon Community Health Plan; Sharon Anolik, Director, Corporate Compliance and Ethics, Blue Shield California

10:30–11:00 AM

Break

Tuesday, February 23 (cont'd)

11:00 AM–12:00 PM

BREAKOUT SESSIONS

601 CMS Compliance Plan Audit: How Ready Are You? Get Ready, Get Set, Go For a Perfect Score!

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

- Provide plan-tested approach for preparing for an compliance plan audit
- Successful strategies for securing supporting documentation
- Review validation approach for ensuring compliance with audit elements

602 A Tale of Training in the 21st Century

Kelly Wittmeyer, BS, CHC, CCS, CCS-P, Manager of Compliance Education and Reimbursement Data Quality, Sutter Health; Sally Gibbs, MA, RHIA, CCS, Sutter Health

- Learn from real world experiences to help energize your education and training program
- Take-aways include tips, tricks, pitfalls and our personal journal for you to learn from
- Gain knowledge of the latest e-learning technology

12:00–12:45 PM

Lunch

1:00–2:00 PM

BREAKOUT SESSIONS

701 Special Investigation Units

Dr. Donald Jones, VP-Audit and Regulatory Services, Practice Management Alternatives, LLC

- Compliance, Audit, and Investigations together to create a more effective plan
- Special investigations and the context of contact with providers
- SIU: Detection, Assessment and Investigative Strategy for resolution

702 Office of Inspector General Work on Managed Care

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

2:00–2:15 PM

Break

2:15–3:15 PM

BREAKOUT SESSIONS

801 RAT-STATS and Sampling: Strategies for Auditing and Government Enforcement Activity

Cornelia M. Dorfschmid, PhD, Executive Vice President, Strategic Management

- Sampling strategies for auditing, responding to government audits, preparing for disclosures
- Learn about two fundamental but different sampling concepts to get it right
- Understand and apply OIG Financial Error Rates, Error Rates, Probe Samples, and Discovery Samples

802 Medicare Advantage and Prescription Drug Plans Assessing Your Plan's Risks and Prioritizing Compliance Resources

Elizabeth Lippincott, Elizabeth Barrett Lippincott, PLLC; Tom Bixby, Thomas D. Bixby Law Office

- Forecasting auditing trends: Tools you can use to predict what auditors will be looking for
- Targeting internal compliance audits to reduce your plan's compliance risk
- Strategies for creation and deployment of monitoring tools

Speakers



Sharon Anolik
Director, Corporate Compliance and Ethics, Blue Shield California

Cliff Barnes
Partner, Epstein Becker & Green

Kevin C. Bennett,
Partner, StoneTurn Group, LLP

Kenneth L. Blickenstaff
Principal, BlickenWolf LLC



Tom Bixby
Thomas D. Bixby Law Office



Alan Brandon, CHC
Corporate Compliance and Privacy Officer, Director of Compliance, Community Health Plan, Seattle, Washington



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



Caron R. Cullen, CHC
Vice President
Compliance & Regulatory Affairs
Affinity Health Plan



Kara Curtis
Director, Regulatory Affairs & Compliance, Commonwealth Care Alliance



Cornelia M. Dorfschmid, PhD
Executive Vice President,
Strategic Management

Thomas Figurski
Manager, Special Investigations\Internal Audit,
Gateway Health Plan

Jeannette Frey
Privacy Officer, Fallon
Community Health Plan



William Gedman, CPA
Vice President, Quality Audit,
Fraud & Abuse, UPMC Insurance
Services Division



Sally Gibbs, MA, RHIA, CCS
Sutter Health



Selvadas Govind
Senior Manager, Assurance
Services, Clifton Gunderson LLP

Kimberly Green
Compliance Officer, Blue Cross
Blue Shield, Northern Plains
Alliances



Anne Hance
Partner, McDermott
Will & Emery LP



Marcia Handler
Epstein Becker & Green

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

Melissa Hooks
Gateway Health Plan

Dr. Donald Jones
Vice President–Audit and
Regulatory Services, Practice
Management Alternatives, LLC



Teresa Julkowski
Compliance Manager and
Privacy Officer, UCare



Elizabeth Lippincott
Elizabeth Barrett Lippincott, PLLC



John J. Miles
Principal and Shareholder,
Ober/Kaler

Robert Miromonti
Vice President,
Ethics & Compliance,
Centene Corporation

Danielle Moon
Director of the Medicare
Drug & Health Plan Contract
Administration Group, CMS

Cynthia Moreno
Director, Division of Medicare
Modernization Act Integrity,
Program Integrity Group



Dave Mosley
Principal and Assistant
Director, Government Services,
Clifton Gunderson LLP

Scott Nelson
Senior Advisor in the Medicare
Drug Benefit Group, CMS



Lori Oleson
Compliance Director, UCare

Holly L. Robinson
Assistant Director, Medicare
Compliance, The Regence Group



Kathryn Roe
Principal, The Health Law
Consultancy



James G. Sheehan
Medicaid Inspector General,
NYS Office of the Medicaid
Inspector General

Robert Slavkin
Senior Counsel, Foley &
Lardner LLP

Jennifer Smith
Division of Compliance
Enforcement, CMS

Jeffrey Sterling, Esq.
Senior Investigator, WellPoint,
Inc., Special Investigations Unit



Brenda Tranchida
Director of the Program
Compliance and Oversight
Group, CMS



Matthew Weber
Holland & Hart LLP



**Kelly Wittmeyer,
BS, CHC, CCS, CCS-P**
Manager of Compliance,
Education and Reimbursement
Data Quality, Sutter Health

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Registration

Managed Care Compliance Conference | February 21–23, 2010

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

Sunday, February 21

- P1 P3
 P2 P4

Monday, February 22

- 10:15–11:15 AM 12:15–1:15 PM 1:45–2:45 PM
 101 201 301
 102 202 302
- 3:00–4:00 PM 4:30–5:30 PM
 401 501
 402 502

Tuesday, February 23

- 11:00–NOON 1:00–2:00 PM 2:15–3:15 PM
 601 701 801
 602 702 802

REGISTRATION (please type or print)

Mr. Mrs. Ms. Dr.

Member ID _____

First Name M.I. Last Name

Title _____

Place of Employment _____

Address _____

City State Zip

Telephone Fax

E-mail (required for confirmation notice) _____

- HCCA Members.....\$645
 Non-Members.....\$745
 HCCA Membership & Registration.....\$845
(new members only)
 Membership Renewal & Registration.....\$940
 Pre-Conference Session Sunday.....\$100
 Conference Binder\$45

TOTAL _____

Please note: should your total be miscalculated, HCCA will charge your card the correct amount. Pre-conferences and/or post-conferences are free with a paid main conference registration through the date indicated. If you wish to participate only in the pre- or post-conferences, fees will apply. (Federal Tax ID No. 23-2882664 / Code: MC0210)

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

FAX to: 952-988-0146 (including completed registration
form with necessary billing information)

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 Invoice me Purchase Order # _____

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Attend two of these HCCA 2009/2010 Conferences and receive an additional \$300 discount

- Physician Practice/Quality of Care Compliance Conference | October 11–13, 2009 | Philadelphia, PA
- Research Compliance Conference | October 18–20, 2009 | Minneapolis, MN
- Managed Care Compliance Conference | February 21–23, 2010 | Scottsdale, AZ

Online registration will not be accepted for this discount. The Fraud & Compliance Forum and the HCCA Compliance Institute are not included in this offer. For more information, please contact our registration department at 888-580-8373 or registration@hcca-info.org. Pre-conference registration discounts may be combined with this offer.

REGISTER ONLINE AT www.hcca-info.org

OBJECTIVES

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

HOTEL

Hotel Valley Ho
6850 East Main St, Scottsdale, AZ 85251
Phone: 480-421-7740 or 866-882-4484
Web: www.hotelvalleyho.com

A discounted group rate of \$219 single/double occupancy (\$15 more per person for triple and quadruple occupancy) has been arranged for Managed Care Compliance Conference attendees. Reservations can be made directly with the hotel. The discounted group rate is available until Friday, February 5, 2010, or until the group block is sold out, whichever comes first. The room block may sell out prior to the hotel cut-off date, so please be sure to book your rooms early! Upgraded rooms are available at an additional cost. Reservations received after the cut-off date or after the group block is filled will be accepted based on space and rate availability.

Airline Discount

Conference attendees receive a 5% discount on American Airlines. Your Authorization Code for this conference is: 4620AF. Go to www.aa.com and after you have selected your flight(s), under the "Enter Passenger Details" tab, go to the "AA.com Promotion Code" field and enter your Authorization Code.

REGISTRATION

Group Discounts

Five or more individuals from the same company receive a \$100 conference registration discount per person, based on membership status. Please complete a registration form for each attendee and fax or mail in simultaneously.

Tax Deductibility

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

Cancellations/Substitution

No refunds will be given for no-shows or cancellations. You may send a substitute or use as a conference credit. Cancellation by telephone is NOT valid. Please fax written cancellations to 952-988-0146 or e-mail patti.hoskin@hcca-info.org.

HCCA Is Going Green

HCCA conference attendees will NOT automatically receive conference binders. Attendees will receive electronic access to course materials prior to the conference and a CD on-site with all the conference materials. If you would like to purchase a binder for \$45, please check "Conference Binder" on your registration form.



CONTINUING EDUCATION CREDITS

HCCA is in the process of applying for additional certification for continuing education credits. Please visit www.hcca-info.org for updates or contact the certification department for further information at ccb@hcca-info.org or 888-580-8373.

AAPC: This program has the prior approval of the American Academy of Professional Coders (AAPC) for 19.5 continuing education hours. Granting of prior approval in no way constitutes endorsement by AAPC of the program content or the program sponsor.

ACHE: This program has prior approval from the American College of Healthcare Executives (ACHE) for 19 category II continuing education credits.

AHIMA: This program has been approved for 19 Continuing Education Units (CEUs) for use in fulfilling the continuing education requirements of the American Health Information Management Association (AHIMA). Granting prior approval from AHIMA does not constitute endorsement of the program content or its program sponsor.

Compliance Certification Board (CCB): Certified in Healthcare Compliance (CHC), Certified Compliance & Ethics Professional (CCEP), Certified in Healthcare Research Compliance (CHRC): CCB has awarded a maximum of 23.4 CEUs for these accreditations in the following subject areas: Application of Management Practices for the Compliance Professional / Application of Personal and Business Ethics in Compliance / Written Compliance Policies and Procedures / Designation of Compliance Officers and Committees / Compliance Training and Education / Communication and Reporting Mechanisms in Compliance Enforcement of Compliance Standards and Discipline / Auditing and Monitoring for Compliance / Response to Compliance Violations and Corrective Actions / HIPAA Privacy Implementation and/or Complying with Government Regulations.

CLE: The Health Care Compliance Association/Society of Corporate Compliance and Ethics is a State Bar of California Approved MCLE provider, a Rhode Island Accredited Provider, and a Texas Accredited Sponsor. The Supreme Court of Minnesota Board of Continuing Legal Education has approved a maximum of 19.5 Standard CLE credits; Pennsylvania Continuing Legal Education Board has approved a maximum of 19.5 Standard CLE credits. 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. To verify if your state board of accountancy has adopted one-half credits, please visit our website at www.hcca-info.org/accountancycredits. Complaints regarding registered sponsors may be addressed to the National Registry of CPE Sponsors, 150 Fourth Avenue North, Suite 700, Nashville, TN 37219-2417. Website: www.nasba.org. A recommended maximum of 23 credits based on a 50-minute hour will be granted for the entire learning activity. This program addresses topics that are of a current concern in the compliance environment. This is an update, group-live activity. For more information regarding administrative policies such as complaints or refunds, call the HCCA at 888-580-8373 or 952-988-0141.

PLEASE NOTE: The number of CEUs awarded is subject to change, pending the clinical review of the final content.

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HCCA



HEALTH CARE
COMPLIANCE
ASSOCIATION

6500 Barrie Road, Suite 250
Minneapolis, MN 55435
www.hcca-info.org

**REGISTER BY
JANUARY 28
AND
SAVE \$150**



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