

# Managed Care Compliance Conference

February 11–14, 2018 | Scottsdale, AZ

*Join your peers* at HCCA's primary networking and educational event for those involved with managing compliance at health plans.



**REGISTER  
TODAY!**

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



[hcca-info.org/managedcare](http://hcca-info.org/managedcare)

Questions? [taci.tolzman@corporatecompliance.org](mailto:taci.tolzman@corporatecompliance.org)

Want to become *Certified in Healthcare Compliance (CHC)®*? Register in advance to sit for the optional CHC exam, being administered on Wednesday, February 14. *(see details enclosed)*

## SUNDAY, FEBRUARY 11: PRE-CONFERENCE

7:15 AM–6:00 PM	Registration Open	
8:00–9:30 AM	<b>P1 Reduce Your ACA 1557 Risks by Understanding How Cultural Sensitivity Can Add Value</b> – Eric Christensen, Medicare Compliance Consultant, SelectHealth; Andrea Share, Compliance Director, Kaiser Permanente	
9:30–9:45 AM	Networking Break	
9:45–11:15 AM	<b>P2 Creating an Effective Vendor Management and Oversight Program</b> – Kay Mesia, CEO/Chief Compliance Officer, Two International; Andre Smith, Director of Vendor Compliance Oversight, Blue Cross Blue Shield of Michigan	
11:15 AM–12:30 PM	Lunch (on your own if not participating in Speed Networking)	
11:30 AM–12:15 PM	Speed Networking (optional event; separate registration required; lunch provided for pre-registered)	
12:30–2:00 PM	<b>P3 Communicating Effectively with Your Key Stakeholders</b> – Steve Bunde, Vice President of Integrity & Compliance and Internal Audit, HealthPartners; Laurena Lockner, Senior Manager of Monitoring & Compliance, HealthPartners; Cathy Bodnar, Chief Compliance and Privacy Officer, Cook County Health & Hospitals System	<b>P4 Independent Auditor Validation Survival Guide: How to Prepare For and Manage Your IAV Vendor and Process — Lessons Learned from the Trenches</b> – Mitchel Harris, Partner, PricewaterhouseCoopers; David Curé, Chief Audit Executive, WellCare Health Plans; Renee Treberg, VP, Government Programs Compliance, Prime Therapeutics; Melissa Koellner, VP, Compliance & Risk Management, Healthcare Services, Humana
2:00–2:15 PM	Networking Break	
2:15–3:45 PM	<b>P5 Risk, Ransomware, and Resilience: The Next Generation of Patient Safety</b> – Reg Harnish, Chief Executive Officer, GreyCastle Security; Sheetal Sood, Senior Executive Corporate Compliance Officer, New York City Health + Hospitals	<b>P6 Finding and Fighting Fraud, Waste, and Abuse within Managed Care Programs: Strategies to Develop an Effective and Robust FWA Program within Your Health Plan while Ensuring Compliance with Federal and State Regulations</b> – Ryan Lipinski, Compliance Officer, Cook County Health & Hospitals System, CountyCare; Lynn O’Dea, Director of Government Programs, Health Care Service Corporation; Catie Heindel, Vice President, Strategic Management Services
3:45–4:00 PM	Networking Break	
4:00–5:30 PM	<b>P7 It’s Risky Business: Medicare Risk Adjustment</b> – Lauren Haley, Member, Strategic Health Law; Dorothy DeAngelis, Managing Director, Navigant	<b>P8 MACRA: Not Just for Providers</b> – Todd Gower, Advisory Senior Manager, Healthcare & Risk, Ernst & Young; Lisa Alfieri, Manager, Risk and Compliance, Ernst and Young
5:30–6:30 PM	Welcome Reception (in exhibit area)	

## MONDAY, FEBRUARY 12: CONFERENCE (GOVERNMENT PROGRAMS TRACK = sessions with blue background)

7:00 AM–5:30 PM	Registration Open		
7:00–8:00 AM	Breakfast (in exhibit area)		
8:00–8:15 AM	Opening Remarks		
8:15–9:15 AM	<b>GENERAL SESSION Ethics and Compliance: Do You Need Both in Order to Operate an Effective Compliance Program? Yes!</b> – Mark Chilson, Executive Vice President and General Counsel, CareSource; Jeffrey McFadden, Partner, Stradley Ronon Stevens & Young, LLP; Courtney Thiele, Instructor, Division of Bioethics, The Ohio State University College of Medicine		
9:15–9:45 AM	Networking Break with Exhibitors (in exhibit area)		
9:45–10:45 AM	<b>101 Mental Health Parity: Managing Compliance Across Commercial, Medicaid, and Duals Products</b> – Helaine Fingold, Senior Counsel, Epstein Becker Green	<b>102 Provider Networks: Renewed Scrutiny on Adequacy and Accurate Directories</b> – Renee Kimm, Assistant Compliance Counsel, Central Health Plan of California; Ryan Morgan, Attorney, Polsinelli PC	<b>103 Compliance Training: Exploring New Frontiers for Better Learning Transfer</b> – S. Leah Yoder, Ed.D., MSN, RN, Senior Advisor, UL
10:45–11:00 AM	Networking Break (in exhibit area)		
11:00 AM–12:00 PM	<b>201 “Gimme a C, Gimme an A, Gimme a P... What’s That Spell? CAP!” — Does It Work for You? Effective Strategies for Managing Corrective Action Plan Process After Surviving a CMS Program Audit</b> – Anne Crawford, Director, ATTAC Consulting Group LLC; Clifton Schmidt, Medicare Compliance Officer, SelectHealth	<b>202 How to Effectively Work with Your PBM During a CMS Audit</b> – Robert Thieling, Vice President of Internal Audit, MedImpact Healthcare	<b>203 Culture of Compliance: Why is Transparency the Best Medicine for Your Compliance Program?</b> – Maria Phelps, Manager, Enterprise Risk, CareSource; Margaux Frazee, Director of Corporate Compliance, CareSource
12:00–1:15 PM	Networking Lunch (dessert in exhibit area)		
1:15–2:15 PM	<b>301 Applying New Department of Justice Compliance Standards to the Managed Care Context</b> – Ralph Caccia, Partner, Wiley Rein LLP; Randolph S. Sergeant, Vice President & Deputy General Counsel, CareFirst, Inc	<b>302 “Hear Ye! Hear Ye! Here Come the Regulators — Managed Care Organizations Getting Audit Ready!”</b> – Deborah Johnson, Senior Director of Compliance and Internal Audit, Peach State Health Plan; Nicole Huff, Chief Compliance & Privacy Officer, St. Luke’s University Health Network	<b>303 MRA Compliance: Navigating a Sea of Change</b> – Tri MacDonald, President, Berkeley Research Group; Stephen Sullivan, Partner, O’Melveny & Myers
2:15–2:30 PM	Networking Break (in exhibit area)		
2:30–3:30 PM	<b>401 Top Proven Tips for Communicating with CMS to Improve Your Day-to-Day</b> – Derek Frye, Audit & Technology Leader, Burchfield Group; Wendy Richey, Chief Compliance Officer, Clover Health	<b>402 Role of Ethical Leadership</b> – Timshel Tarbet, Director, Ethics & Integrated Strategy Management, Cambia Health Solutions; Jory Chase, Ethics Consultant, Cambia Health Solutions	<b>403 Beyond the BAA: Don’t Forget About the White Elephant in the Room — Understand the Compliance Requirements of a Data Use Agreement</b> – Aaron Lund, Director of Compliance and Privacy Officer, Northwell Health
3:30–3:45 PM	Networking Break (in exhibit area)		
3:45–4:45 PM	<b>GENERAL SESSION Health Policy Update from Washington</b> – Jonathan Morse, Deputy Director for the Center for Program Integrity, Centers for Medicare & Medicaid Services		
4:45–6:00 PM	Networking Reception (in exhibit area)		

(agenda and times subject to change)

## TUESDAY, FEBRUARY 13: CONFERENCE

7:00–4:30 PM	Registration		
7:00–8:00 AM	Breakfast (in exhibit area)		
8:00–8:15 AM	Opening Remarks		
8:15–9:15 AM	<b>GENERAL SESSION Insights from CMS on Program Audits and Oversight</b> – Vikki Ahern, Medicare Parts C and D Oversight and Enforcement Group, Centers for Medicare & Medicaid Services		
9:15–10:15 AM	<b>GENERAL SESSION OIG Update</b> – Megan Tinker, Senior Advisor for Legal Review, U.S. Department of Health and Human Services, Office of Counsel to the Inspector General		
10:15–10:45 AM	Networking Break with Exhibitors (in exhibit area)		
10:45–11:45 AM	<b>501 Compliance Audit Transformation (from a Sponsor’s Perspective)</b> – Vikki Ahern, Medicare Parts C and D Oversight and Enforcement Group, Centers for Medicare & Medicaid Services; Peggy Fry, Director of Regulatory Compliance, Medicare Compliance Officer, BlueCross BlueShield of Tennessee; Milagros Yzquierdo, Chief Compliance Officer, Healthsun Health Plans; Kate Mihalevich, Vice President and Chief Compliance Officer, Express Scripts, Inc.	<b>502 Effective Compliance Oversight: The Role of Compliance vs. The Role of Operations</b> – Richard Merino, Managing Director, PricewaterhouseCoopers; Jennifer Scalise, Compliance Director, Visiant Health	<b>503 Credentialing and Oversight of a Non-Clinical Provider: A Non-Emergency Medical Transportation Case Study</b> – Mike Sawyer, Director of Corporate Compliance, Veyo Healthcare Logistics; Cheyenne Ross, Vice President of Compliance & Regulatory Affairs, Centene Corp
11:45 AM–12:45 PM	Lunch		
12:45–1:45 PM	<b>601 Medicare-Medicaid InteGREATion: Compliance for Dual-Eligible Products</b> – Anjenette Fenske, MMP Compliance Officer, UnitedHealthcare Community & State; Deanna Simonds, Compliance Officer, UnitedHealthcare Community Plan of MA, UnitedHealthcare Community & State; Alison Green, Director of Medicare Compliance, UnitedHealthcare Medicare & Retirement	<b>602 Managing a SIU in a Managed Care World</b> – Christopher Horan, Vice President of Corporate Compliance Investigations, WellCare	<b>603 Healing the Healer: How to Find Happiness in a High-Stress Profession</b> – Saud Juman, President & CEO, PolicyMedical Inc; Shawn DeGroot, President, Compliance Vitals
1:45–2:00 PM	Networking Break		
2:00–3:00 PM	<b>701 Medicare Advantage and Medicaid Managed Care Compliance from the First Tier or Downstream Entity’s Perspective</b> – Elizabeth Lippincott, Managing Member, Strategic Health Law; Bruce Tavel, Senior Vice President, General Counsel, Chief Compliance Officer, Superior Vision	<b>702 Where the Rubber Hits the Road: Expert Tips and Techniques to Proactively Assess Your Organization’s Compliance with the New Encounter Data Reporting Requirements</b> – Jennifer Tryder, Senior Program Manager, Integrity Management Services, Inc; John Hapchuk, Consultant, Integrity Management Services, Inc	<b>703 The Art of Accelerating Change</b> – Vicki Nolen, Director, Project Deployment Office, Methodist Health System; Katie Garms, Manager, The Improvement Academy, Methodist Health System
3:00–3:15 PM	Networking Break		
3:15–4:15 PM	<b>801 CMS Appeals Timeliness Monitoring: How to Prepare for the New Annual Reviews</b> – Richard Merino, Managing Director, PricewaterhouseCoopers; Jeffrey Smagula, Chief Compliance and Ethics Officer, Tufts Health Plan; Chris Schroeder, Compliance Director, Cedars-Sinai	<b>802 Compliance Readiness: Beyond the CMS Compliance Program Effectiveness Audit</b> – Ann U. Greenberg, Director of Compliance, Medicare Compliance Officer, Presbyterian Health Plan, Inc; Keith McRee, Chief Compliance Officer, Geisinger Health; John Wells, Vice President of Medicare Compliance, Chief Medicare Compliance Officer, Aetna	

## WEDNESDAY, FEBRUARY 14: CHC EXAM

8:00–8:15 AM	Exam Check-in
8:15–10:45 AM	Certified in Healthcare Compliance (CHC) <sup>®</sup> Exam (optional)

(agenda and times subject to change)

## 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: [bit.ly/hcca-mc2018-speednetworking](http://bit.ly/hcca-mc2018-speednetworking)



## SUNDAY, FEBRUARY 11

7:15AM – 6:00PM

### Registration Open

8:00 – 9:30AM

### P1 Reduce Your ACA 1557 Risks by Understanding How Cultural Sensitivity Can Add Value



**Eric Christensen**, Medicare Compliance Consultant, SelectHealth



**Andrea Share**, Compliance Director, Kaiser Permanente

- Learn about the requirements of ACA 1557 and how health plans are complying with the rule
- Identify the risk areas of ACA 1557 and understand how to triage and respond to ACA 1557 complaints
- Understand diversity and what it means to be culturally sensitive
- Graduate from competency to humility

9:30 – 9:45AM

### Networking Break

9:45 – 11:15AM

### P2 Creating an Effective Vendor Management and Oversight Program



**Kay Mesia**, CEO/Chief Compliance Officer, Two International



**Andre Smith**, Director of Vendor Compliance Oversight, Blue Cross Blue Shield of Michigan

- Basic steps in creating an effective Vendor Management Program — where to begin
- Implementing an active Vendor Monitoring Program — making it work
- Best practices — once you have established a program, what's next?

11:15AM – 12:30PM

### Lunch (on your own if not participating in Speed Networking)

11:30AM – 12:15PM

### Speed Networking (Separate registration form is required. See website for more information and to sign up.)

12:30 – 2:00PM

### P3 Communicating Effectively with Your Key Stakeholders



**Steve Bunde**, Vice President of Integrity & Compliance and Internal Audit, HealthPartners



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



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

- Understand who your key stakeholders are and why effective communication is important
- Identify key measures/metrics to engage your key stakeholders
- Exchange insights into reporting best practices through an interactive discussion with participants

### P4 Independent Auditor Validation Survival Guide: How to Prepare For and Manage Your IAV Vendor and Process — Lessons Learned from the Trenches



**Mitchel Harris**, Partner, PricewaterhouseCoopers



**David Curé**, Chief Audit Executive, WellCare Health Plans



**Renee Treberg**, Vice President, Government Programs Compliance, Prime Therapeutics



**Melissa Koellner**, Vice President, Compliance & Risk Management, Healthcare Services, Humana

- What to expect — changes since requirements have been implemented; what you “control” and don’t; must-dos; timing challenges; what does and doesn’t go into the report
- Selecting and working with your IAV — how to manage (and tailor) the workplan; what criteria to use; how to determine “fit”; managing discussions with CMS
- Key lessons learned — monitoring and managing your clean period; preparing the FDR; preparing for case review; addressing exceptions and observations; what could have been done differently

2:00 – 2:15PM

### Networking Break

2:15 – 3:45PM

### P5 Risk, Ransomware, and Resilience: The Next Generation of Patient Safety



**Reg Harnish**, Chief Executive Officer, GreyCastle Security



**Sheetal Sood**, Senior Executive Corporate Compliance Officer, New York City Health + Hospitals

- How do I identify key internal and external risks? Once risks are identified, how do I go about prioritizing them? How do I devise action plans to mitigate risks? How do I measure the effectiveness of internal controls?
- From crippling ransomware attacks to sophisticated social engineering schemes, healthcare has been devastated by wave after wave of criminal activity. The very same issues that make our hospitals, clinics, and networks vulnerable may also be our greatest assets — but only if you know how to respond effectively.
- Code Blue Clear: How one hospital survived the largest ransomware attack in history

## P6 Finding and Fighting Fraud, Waste, and Abuse within Managed Care Programs: Strategies to Develop an Effective and Robust FWA Program within Your Health Plan while Ensuring Compliance with Federal and State Regulations



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

**Lynn O'Dea**, Director of Government Programs,  
Health Care Service Corporation



**Catie Heindel**, Vice President,  
Strategic Management Services

- Compare and contrast different models of special investigations units
- Discuss methods of proactively identifying FWA while being in compliance with federal and state compliance and reporting requirements
- Discuss the need for collaboration with internal and external partners

3:45 – 4:00PM

### Networking Break

4:00 – 5:30PM

## P7 It's Risky Business: Medicare Risk Adjustment

**Lauren Haley**, Member,  
Strategic Health Law



**Dorothy DeAngelis**, Managing Director,  
Navigant

- Brief summary of CMS risk adjustment requirements and government concerns
- Compliance program considerations, including policies and procedures
- Internal audit strategies to review risk adjustment processes and risk score reporting

## P8 MACRA: Not Just for Providers

**Todd Gower**, Advisory Senior Manager,  
Healthcare & Risk, Ernst & Young

**Lisa Alfieri**, Manager, Risk and Compliance, Ernst and Young

- Gain an understanding of MACRA to realign provider reimbursement to reward for value over volume and implications if you're not a provider
- Why it is important for compliance officers to understand MACRA
- The potential compliance considerations and impact, as a result of providers looking to payers and health systems to support and collaborate to achieve MACRA objectives

5:30 – 6:30PM

### Welcome Reception (in exhibit area)

## MONDAY, FEBRUARY 12

7:00AM – 5:30PM

### Registration Open

7:00 – 8:00AM

### Breakfast (in exhibit area)

8:00 – 8:15AM

### Opening Remarks

8:15 – 9:15AM

## GENERAL SESSION Ethics and Compliance: Do You Need Both in Order to Operate an Effective Compliance Program? Yes!



**Mark Chilson**, Executive Vice President and General Counsel,  
CareSource



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



**Courtney Thiele**, Instructor, Division of Bioethics,  
The Ohio State University College of Medicine

- What does your board of directors need to hear about how you have integrated ethics and compliance into your effective compliance program?
- Why do ethics and compliance go hand in hand to strengthen your compliance program and fundamentally root employees' trust in your organization?
- How will your compliance program benefit from talking about ethics on a regular basis when compliance is also always front and center in your organization?

9:15 – 9:45AM

### Networking Break with Exhibitors (in exhibit area)

9:45 – 10:45AM

## 101 Mental Health Parity: Managing Compliance Across Commercial, Medicaid, and Duals Products

**Helaine Fingold**, Senior Counsel, Epstein Becker Green

- Hear an explanation of—and contrast between—the commercial and Medicaid Mental Health Parity final rules, as well as selected states' Parity requirements
- Discover how Parity compliance differs from general program compliance
- Gain insight into the range of enforcement initiatives by state and federal entities
- Learn about other key issues, such as: who is responsible for assessing parity, how to address behavioral health carve-outs, correctly identifying and analyzing non-quantitative treatment limits, and steps to ensure ongoing parity compliance

## 102 Provider Networks: Renewed Scrutiny on Adequacy and Accurate Directories

**Renee Kimm**, Assistant Compliance Counsel,  
Central Health Plan of California

**Ryan Morgan**, Attorney,  
Polsinelli PC

- Where we are today and how we got here
- Federal and state oversight and enforcement
- Practical solutions and best practices

## 103 Compliance Training: Exploring New Frontiers for Better Learning Transfer



**S. Leah Yoder**, Ed.D., MSN, RN,  
Senior Advisor, UL

- Microlearning: What is it and how does it work to improve learning?
- Practice makes permanent: What type of practice and when?
- Performance support: How is it different from training?

10:45 – 11:00AM

### Networking Break (in exhibit area)

11:00AM – 12:00PM

## 201 “Gimme a C, Gimme an A, Gimme a P... What’s That Spell? CAP!” — Does It Work for You? Effective Strategies for Managing Corrective Action Plan Process After Surviving a CMS Program Audit



**Anne Crawford**, Director,  
ATTAC Consulting Group LLC

**Clifton Schmidt**, Medicare Compliance Officer,  
SelectHealth

- Learn strategies for drafting a corrective action plan that includes decision-making elements used in the selection of most effective remediation outcome
- Discuss strategies for securing middle management and vendor involvement in the CAP process
- Examine how a Plan ensures their CAP is working properly

## 202 How to Effectively Work with Your PBM During a CMS Audit

**Robert Thieling**, Vice President of Internal Audit,  
MedImpact Healthcare

- Understand the unique Covered Entity—PBM compliance challenges
- Learn strategies that you and your PBM can employ to make a CMS audit less cumbersome
- Hear about the latest major Federal/State compliance changes that you and your PBM need to be aware of

## 203 Culture of Compliance: Why is Transparency the Best Medicine for Your Compliance Program?



**Maria Phelps**, Manager, Enterprise Risk,  
CareSource



**Margaux Frazee**, Director of Corporate Compliance,  
CareSource

- How do you modify business behavior when you don’t have direct authority?
- What honest and frank reporting has the most impact on senior leadership?
- What does my board expect from compliance transparency?

12:00 – 1:15PM

### Networking Lunch (dessert in exhibit area)

1:15 – 2:15PM

## 301 Applying New Department of Justice Compliance Standards to the Managed Care Context



**Ralph Caccia**, Partner,  
Wiley Rein LLP



**Randolph S. Sergent**, Vice President & Deputy General Counsel,  
CareFirst, Inc

- In February 2017, the Department of Justice’s Fraud Section issued guidance regarding its evaluation of corporate compliance programs; the DOJ approach could become the new industry standard.
- It is important for organizations operating in the managed care space to know how to adapt these new principles to their existing and future compliance programs.
- In addition to Mr. Caccia, the panel will include a Government attorney and an in-house attorney to provide diverse perspectives on DOJ’s new corporate compliance standards.

## 302 “Hear Ye! Hear Ye! Here Come the Regulators — Managed Care Organizations Getting Audit Ready!”



**Deborah Johnson**, Senior Director of Compliance and Internal Audit,  
Peach State Health Plan



**Nicole Huff**, Chief Compliance & Privacy Officer,  
St. Luke’s University Health Network

- Become familiar with value-add advantages and associated processes necessary to create an auditing and monitoring program with limited resources
- Discuss lessons learned on “how to” provide value to vendors and subcontractors in a complex managed care environment
- Become familiar with best practices on how to develop control measures to manage, audit, monitor, and report risk related to outcomes

## 303 MRA Compliance: Navigating a Sea of Change

**Tri MacDonald**, President, Berkeley Research Group

**Stephen Sullivan**, Partner, O'Melveny & Myers

- Review a strategic framework for developing a Medicare Risk Adjustment compliance program
- Discuss analytical techniques and tools for identifying areas of risk originating from provider and vendor diagnosis code submissions
- Highlight methods for conducting internal investigations relating to Medicare Risk Adjustment issues

2:15 – 2:30PM

## Networking Break *(in exhibit area)*

2:30 – 3:30PM

## 401 Top Proven Tips for Communicating with CMS to Improve Your Day-to-Day



**Derek Frye**, Audit & Technology Leader, Burchfield Group



**Wendy Richey**, Chief Compliance Officer, Clover Health

- Your relationship with CMS can significantly improve (or hurt!) the day-to-day environment your plan operates within.
- Hear real-world tips and examples that health plans have implemented to improve their relationship with CMS operational teams and auditors to minimize the plan's uncertainty and risk, and to improve their operations.
- Learn how plans have built relationships that have helped during CMS program audits and subsequent independent validation audits and how relationships have helped navigate the fine line of how and when to self-disclose issues or potential non-compliance.

## 402 Role of Ethical Leadership

**Timshel Tarbet**, Director, Ethics & Integrated Strategy Management, Cambia Health Solutions

**Jory Chase**, Ethics Consultant, Cambia Health Solutions

- What is ethics and what makes it difficult within organizations to define and drive?
- As a leader, how can you ensure that your team is not only making decisions based on compliance, but also with ethics in mind?
- Are ethical decisions the same as compliant decisions?

## 403 Beyond the BAA: Don't Forget About the White Elephant in the Room — Understand the Compliance Requirements of a Data Use Agreement



**Aaron Lund**, Director of Compliance and Privacy Officer, Northwell Health

- What a DUA is and where they are commonly used
- Impact of violating provisions within the DUA
- Establishing controls to minimize risk to your organization

3:30 – 3:45PM

## Networking Break *(in exhibit area)*

3:45 – 4:45PM

## GENERAL SESSION Health Policy Update from Washington

**Jonathan Morse**, Deputy Director for the Center for Program Integrity, Centers for Medicare & Medicaid Services

4:45 – 6:00PM

## Networking Reception *(in exhibit area)*

# TUESDAY, FEBRUARY 13

7:00AM – 4:30PM

## Registration Open

7:00 – 8:00AM

## Breakfast *(in exhibit area)*

8:00 – 8:15AM

## Opening Remarks

8:15 – 9:15AM

## GENERAL SESSION Insights from CMS on Program Audits and Oversight



**Vikki Ahern**, Medicare Parts C and D Oversight and Enforcement Group, Centers for Medicare & Medicaid Services

9:15 – 10:15AM

## GENERAL SESSION OIG Update



**Megan Tinker**, Senior Advisor for Legal Review, U.S. Department of Health and Human Services, Office of Counsel to the Inspector General

10:15 – 10:45AM

## Networking Break with Exhibitors *(in exhibit area)*

10:45 – 11:45AM

## 501 Compliance Audit Transformation (from a Sponsor’s Perspective)



**Vikki Ahern** (MODERATOR), Medicare Parts C and D Oversight and Enforcement Group, Centers for Medicare & Medicaid Services



**Peggy Fry**, Director of Regulatory Compliance, Medicare Compliance Officer, BlueCross BlueShield of Tennessee

**Milagros Yzquierdo**, Chief Compliance Officer, Healthsun Health Plans



**Kate Mihalevich**, Vice President and Chief Compliance Officer, Express Scripts, Inc

## 502 Effective Compliance Oversight: The Role of Compliance vs. The Role of Operations



**Richard Merino**, Managing Director, PricewaterhouseCoopers



**Sarah Lorange**, Vice President of Compliance, Medicare, Anthem

- How health plans clearly define compliance accountability
- Roadblocks that prevent effective execution of compliance oversight between compliance and health plan operations
- What successful health plans do to avoid and address those roadblocks

## 503 Credentialing and Oversight of a Non-Clinical Provider: A Non-Emergency Medical Transportation Case Study



**Mike Sawyer**, Director of Corporate Compliance, Veyo Healthcare Logistics



**Cheyenne Ross**, Vice President of Compliance & Regulatory Affairs, Centene Corp

- Everyone in healthcare compliance is extremely familiar with credentialing/re-credentialing and provider oversight; and to the vast majority, that knowledge is understandably focused on clinical providers.
- But the network also has non-clinical providers and as overall auditing by CMS and state Medicaid plans has increased in volume and expanded in scope, so does the importance of some of these providers.
- In this presentation you will hear from both the MCO and the Broker to get their unique perspectives as they negotiate and translate a system primarily designed for the clinical environment.

11:45AM – 12:45PM

Lunch

12:45 – 1:45PM

## 601 Medicare-Medicaid InteGREATion: Compliance for Dual-Eligible Products



**Anjenette Fenske**, MMP Compliance Officer, UnitedHealthcare Community & State



**Deanna Simonds**, Compliance Officer, UnitedHealthcare Community Plan of MA, UnitedHealthcare Community & State



**Alison Green**, Director, Medicare Compliance, UnitedHealthcare Medicare & Retirement

- Learn about the unique programs that provide coverage for individuals eligible for both Medicare and Medicaid, including Dual Special Needs Plans (DSNP), Fully-Integrated Dual Special Needs Plans (FIDE-SNP), and Medicare-Medicaid Plans (MMP)
- Focus on some of the unique and complex compliance issues that can come up in products that serve dual-eligible individuals
- Hear about some of the key considerations for administering a Compliance Program in health plans that administer dual products

## 602 Managing a SIU in a Managed Care World



**Christopher Horan**, Vice President of Corporate Compliance Investigations, WellCare

- Establishing a SIU department and staffing challenges
- Managing workloads both reactive and proactive to meet regulatory requirements
- Coordinating the referral process, coordinating with regulators and law enforcement and reporting

## 603 Healing the Healer: How to Find Happiness in a High-Stress Profession



**Saud Juman**, President & CEO, PolicyMedical Inc



**Shawn DeGroot**, President, Compliance Vitals

- Address the multiple causes of stress within the healthcare and compliance world
- Understand how to better take care of yourself (mentally, physically, and emotionally) so that you can better care for your patients and employees
- Learn realistic techniques to combat burnout and stress using helpful tactics such as meditation, journaling, and affirmations

1:45 – 2:00PM

Networking Break

## Get CHC Certified — Be recognized

...for your experience and knowledge in healthcare compliance

Take advantage of the opportunity to sit for the CHC exam on the last day of the conference. The CHC exam requires advance registration and payment separate from the conference. To learn more, visit [hcca-info.org/managedcare](http://hcca-info.org/managedcare) and click on the “Certification” tab.

# CHC™

CERTIFIED IN HEALTHCARE COMPLIANCE



2:00 – 3:00PM

## 701 Medicare Advantage and Medicaid Managed Care Compliance from the First Tier or Downstream Entity’s Perspective



**Elizabeth Lippincott**, *Managing Member, Strategic Health Law*

**Bruce Tavel**, *Senior Vice President, General Counsel, Chief Compliance Officer, Superior Vision*

- Analysis of the required flow-down provisions to be included in subcontracts of Medicare Advantage (MA) and Medicaid managed care plans
- Obligations of MA and Medicaid plans to oversee subcontractor performance and subcontractor strategies for facilitating this oversight efficiently
- Compliance program expectations for subcontractors, how to determine what is appropriate for a particular type of business, and handling disagreements over interpretation of regulations and sub-regulatory guidance

## 702 Where the Rubber Hits the Road: Expert Tips and Techniques to Proactively Assess Your Organization’s Compliance with the New Encounter Data Reporting Requirements

**Jennifer Tryder**, *Senior Program Manager, Integrity Management Services, Inc*

**John Hapchuk**, *Consultant, Integrity Management Services, Inc*

- Specifically and comprehensively defining the term “encounter” within MCO contracts
- The importance of usable and audited encounter data as an effective means for Program Integrity
- Best of practice auditing protocols to measure and monitor encounter data transactions

## 703 The Art of Accelerating Change



**Vicki Nolen**, *Director, Project Deployment Office, Methodist Health System*



**Katie Garms**, *Manager, The Improvement Academy, Methodist Health System*

- Understand the change management process and individual responses to change
- Describe team development and the importance of structure
- Demonstrate ways to make meetings fun and engaging with ice breakers to promote productivity

3:00 – 3:15PM

## Networking Break

3:15 – 4:15PM

## 801 CMS Appeals Timeliness Monitoring: How to Prepare for the New Annual Reviews



**Richard Merino**, *Managing Director, PricewaterhouseCoopers*

**Jeffrey Smagula**, *Chief Compliance and Ethics Officer, Tufts Health Plan*



**Chris Schroeder**, *Compliance Director, Cedars-Sinai*

- How can Medicare Advantage plans and their First Tier, Downstream and Related Entities (FDRs) prepare for the new CMS Appeals Timeliness Monitoring?
- What activities are beneficial in conducting and remediating any known data-to-source mismatches prior to CMS webinars?
- What leading practices can Medicare Advantage plans put into place to help better analyze data universes for operational compliance performance and CMS Program Audit readiness?

## 802 Compliance Readiness: Beyond the CMS Compliance Program Effectiveness Audit

**Ann U. Greenberg**, *Director of Compliance, Medicare Compliance Officer, Presbyterian Health Plan, Inc*



**Keith McRee**, *Chief Compliance Officer, Geisinger Health*



**John Wells**, *Vice President of Medicare Compliance, Chief Medicare Compliance Officer, Aetna*

- Operationalizing your risk assessment
- Developing your team
- Key relationships and networking

## WEDNESDAY, FEBRUARY 14

8:00 – 8:15AM

### Exam Check-In

8:15 – 10:45AM

### Certified in Healthcare Compliance (CHC)<sup>®</sup> 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 [hcca-info.org/managedcare](http://hcca-info.org/managedcare).

## HOTEL & CONFERENCE LOCATION

### Talking Stick Resort

9800 Talking Stick Way  
Scottsdale, AZ 85256

#### Phone Reservations:

1-866-877-9897

#### Online Reservations:

[bit.ly/2018-managedcare-hotel](http://bit.ly/2018-managedcare-hotel)

HCCA has arranged a block of rooms at a discounted rate of \$239/night plus tax. Gratuities of \$10 one-time portage fee and \$3 daily housekeeping fee will be added to your guest account automatically. Pre and post nights are subject to availability. To book pre or post nights, you must call reservations at 1-866-877-9897, as those nights are not available to be booked via the online link. Reservations must be made by the Thursday, January 11 cut-off date. Reservations received after the cut-off date will be accepted by Hotel at a space and rate availability basis only. Talking Stick enforces a 72-hour cancellation policy: any changes or cancellation must be made no later than three days prior to arrival to avoid penalties of one night's room and tax.

## 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 for all conference functions.

## CERTIFIED IN HEALTHCARE COMPLIANCE (CHC)™ EXAM

The CHC exam will be held on Wednesday, February 14, 8:00–10:45 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 [hcca-info.org/managedcare](http://hcca-info.org/managedcare).

## TERMS & CONDITIONS

### Registration Payment Terms

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. Refunds will not be issued. Conference credits are issued in the full amount of the registration fees paid, and will expire 12 months from the date of the original cancelled event. Conference credits may be used towards any HCCA service or product, except *The Healthcare Compliance Professional's Manual*. If a credit is applied towards an event, the event must take place prior to the credit's expiration date. If you need to cancel your participation, notification is required by email at [helpteam@hcca-info.org](mailto:helpteam@hcca-info.org), prior to the start date of the event. 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

### Recording

Unauthorized audio or video recording of HCCA conferences is not allowed.

### Use of Information

Your information may be received by exhibitors at a conference as well as our affiliates and partners who we may share it with for marketing purposes. Please note that only postal address information is shared. If you wish to opt-out, please follow the process set out in the Privacy Statement, at [hcca-info.org/privacy.aspx](http://hcca-info.org/privacy.aspx).

### 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.

## CONTINUING EDUCATION

HCCA is in the process of applying for additional external continuing education units (CEUs). Should overall number of education hours decrease or increase, the maximum number of CEUs available will be changed accordingly. Credits are assessed based on actual attendance and credit type requested.

Approval quantities and types vary by state or certifying body. For entities that have granted prior approval for this event, credits will be awarded in accordance with their requirements. *CEU totals are subject to change.*

Upon request, HCCA may submit this course to additional states or entities for consideration. If you would like to make a request, please contact us at 952-988-0141 or 888-580-8373 or email [ccb@compliancecertification.org](mailto:ccb@compliancecertification.org). Visit HCCA's website, [hcca-info.org](http://hcca-info.org), for up-to-date information.

**ACHE:** The Health Care Compliance Association is authorized to award 19.0 clock hours of pre-approved ACHE Qualified Education credit for this program toward advancement, or recertification, in the American College of Healthcare Executives. Participants in this program who wish to have the continuing education hours applied toward ACHE Qualified Education credit must self-report their participation. To self-report, participants must log into their MyACHE account and select ACHE Qualified Education Credit.

**CCB:** The Compliance Certification Board (CCB)® has awarded a maximum of 23.4 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 maximum CCB CEUs:  
Sunday = 9.0 CEUs  
Monday = 7.2 CEUs  
Tuesday = 7.2 CEUs

**CLE:** The Health Care Compliance Association is a State Bar of California approved MCLE provider, a Pennsylvania accredited provider, and is an accredited sponsor, approved by the Rhode Island Supreme Court and the State Bar of Texas, Committee on MCLE. An approximate maximum of 19.5 clock hours of CLE credit will be available to attendees of this conference for these states and for Alabama. Upon request, HCCA may submit this course to additional states for consideration. All CLE credits will be assessed based on actual attendance and in accordance with each state's requirements.

**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. Complaints regarding registered sponsors may be submitted to the National Registry of CPE Sponsors through its website: [www.learningmarket.org](http://www.learningmarket.org). A recommended maximum of 23.0 credits based on a 50-minute hour will be granted for this activity. This program addresses topics that are of a current concern in the compliance environment and is a group-live activity in the recommended field of study of Specialized Knowledge and Application. 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 14593, for a maximum of 23.4 contact hours. 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](mailto: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 (if known/applicable)

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

9:45 – 10:45 AM

101

102

103

11:00 AM – 12:00 PM

201

202

203

1:15 – 2:15 PM

301

302

303

2:30 – 3:30 PM

401

402

403

### TUESDAY

10:45 – 11:45 AM

501

502

503

12:45 – 1:45 PM

601

602

603

2:00 – 3:00 PM

701

702

703

3:15 – 4:15 PM

801

802

## REGISTRATION OPTIONS

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

HCCA Members .....\$799

Non-Members.....\$949

HCCA Membership & Registration.....\$999  
**NEW MEMBERS ONLY** (dues regularly \$295 annually)

Pre-Conference Session Sunday.....\$250

Group Discount: subtract \_\_\_\_\_ from my total (visit the website for info)

**TOTAL** \_\_\_\_\_

Speed Networking registration is separate and can be found at:  
[bit.ly/hcca-mc2018-speednetworking](http://bit.ly/hcca-mc2018-speednetworking)

## SPECIAL REQUEST FOR DIETARY ACCOMMODATION

Gluten Free

Vegetarian

Vegan

Kosher (Hechsher certified)

Kosher Style (no shellfish, pork, or meat/dairy mixed)

Other \_\_\_\_\_

## PAYMENT OPTIONS

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

**Fax:** 952-988-0146

Invoice me

Check enclosed

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

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

**Credit Card:**  American Express  MasterCard  Visa  Discover

Credit Card Account Number

Credit Card Expiration Date

Cardholder's Name

Cardholder's Signature

By submitting this registration, you agree to the **Terms & Conditions**, including the **Use of Information** as stated (on page 10), and our **Privacy Statement** located at [hcca-info.org/privacy.aspx](http://hcca-info.org/privacy.aspx).

Registration for **Speed Networking** is separate and can be found at:  
[bit.ly/hcca-mc2018-speednetworking](http://bit.ly/hcca-mc2018-speednetworking)

## HEALTH CARE COMPLIANCE ASSOCIATION

6500 Barrie Road, Suite 250, Minneapolis, MN 55435

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

[hcca-info.org](http://hcca-info.org) | [helpteam@hcca-info.org](mailto:helpteam@hcca-info.org)

Please fax your completed registration form  
with payment information to 952-988-0146  
or visit [hcca-info.org/managedcare](http://hcca-info.org/managedcare)  
to register online.



6500 Barrie Road, Suite 250  
Minneapolis, MN 55435  
888-580-8373  
hcca-info.org

# **Managed Care** *Compliance Conference*

**February 11-14, 2018 | Scottsdale, AZ**

# **Managed Care** *Compliance Conference*

**February 11-14, 2018 | Scottsdale, AZ**



**[hcca-info.org/managedcare](http://hcca-info.org/managedcare)**

