Managed Care
Compliance Conference

January 26–29, 2020 | Lake Buena Vista, FL

Register TODAY!

Obtain the vital information you need to effectively manage compliance for health plan providers.

hcca-info.org/2020managedcare

HCCA
Health Care Compliance Association

About

Attend the annual education & networking event for those who manage compliance for health plan providers. Learn the latest practices, share strategies, and connect with peers and mentors who work in the industry.

Who should attend?

- Compliance officers
- Managers of compliance
- Internal auditors
- Fraud examiners
- Human resource managers
- Privacy offers
- Medicare compliance officers
- Inside and outside counsel

What will attendees learn?

Explore issues that are pertinent to industry professionals like you. This year's agenda includes these trending topics:

- State and federal oversite for dual products
- Opioid prescribing, dispensing, and utilization
- Medicaid auditing and monitoring
- Adjusting risk for Medicare Advantage plans
- FWA oversight for small- to mid-sized plans
- Mental Health Parity compliance
- Expanded supplemental benefits

HCCA's mission

HCCA exists to champion ethical practice and compliance standards in all organizations and to provide the necessary resources for compliance professionals and others who share these principles.

Contact us

Please visit us online at **hcca-info.org/2020managedcare** to learn more about the conference and HCCA's other programs.

Program at a Glance

SUNDAY, JANUARY 26: Pre-Conference

Time		
7:15 AM–6:00 PM	Registration Open	
8:00–9:30 AM	**P1** Ethics and Compliance Work Plan Essentials that Effectively Mitigate Risk	
9:30–9:45 AM	Networking Break	
9:45–11:15 AM	**P2** Cyber Threats and Compliance Challenges: How to Manage Technology Risk	
11:15 AM–12:30 PM	Lunch *(on your own)*	
12:30–2:00 PM	**P3** The A to Zs of FDR, Delegate, and Subcontractor Oversight	**P4** Compliance 2020: Compliance and Business Roles in Today's Complex Regulatory Environment
2:00–2:15 PM	Networking Break	
2:15–3:45 PM	**P5** Effectively Managing Internal Investigations and Regulatory Disclosures	**P6** Compliance Goals in Risk Adjustment Coding
3:45–4:00 PM	Networking Break	
4:00–5:30 PM	**P7** Special Supplemental Benefits and the FDRs that Provide Them — Unique Monitoring Challenges They Pose	**P8** Establishing a Best-Practice Approach for Your Compliance, Privacy, and Security Programs
5:30–6:30 PM	Welcome Reception with Exhibitors	

MONDAY, JANUARY 27: Conference (GOVERNMENT PROGRAMS TRACK = sessions with blue background)

Time			
7:00 AM–5:30 PM	Registration Open		
7:00–8:00 AM	Breakfast with Exhibitors		
8:00–8:15 AM	Opening Remarks		
8:15–9:15 AM	**GENERAL SESSION** CMS Update		
9:15–9:45 AM	Networking Break with Exhibitors		
9:45–10:45 AM	**101** The Compliance Officers Guide to a Successful Audit	**102** Exclusions v. Preclusions — Insights, Analytics, and Monitoring Best Practices After 1 Year of Releases	**103** Implementing a GRC Solution to Manage and Enhance Auditing & Monitoring
10:45–11:00 AM	Networking Break		
11:00 AM–12:00 PM	**201** Dual Products and MMP: Navigating State and Federal Oversight	**202** How Bias and Perception Impact Compliance	**203** Navigating Compliance Challenges for Integrated Payor-Provider Systems
12:00–1:15 PM	Lunch		
1:15–2:15 PM	**301** Evolving Landscapes: False Claims Act and Managed Care Fraud	**302** Proactive vs Reactive in Risk Management — "Ring the Bell!"	**303** Rx Data Driven Compliance Monitoring: Opioid Prescribing, Dispensing, and Utilization
2:15–2:30 PM	Networking Break		
2:30–3:30 PM	**401** Expert Auditing and Monitoring Practices to Measure Quality of Care and Performance Improvement Strategies in Medicaid Managed Care	**402** A Compliance Program Facelift: Sculpting a Program from Good to Great	**403** Adjusting the Risk for Medicare Advantage: Recent Enforcement Trends and Litigation Involving Medicare Advantage Risk Adjustment Practices
3:30–3:45 PM	Networking Break		
3:45–4:45 PM	**GENERAL SESSION** Managed Care Compliance Hot Topic Panel		
4:45–6:00 PM	Networking Reception		

TUESDAY, JANUARY 28: Conference

Time			
7:00 AM–4:30 PM	Registration		
7:00–8:00 AM	Breakfast		
8:00–8:15 AM	Opening Remarks		
8:15–9:15 AM	**GENERAL SESSION** Managed Care Risk Areas: Government Oversight and Enforcement Trends		
9:15–10:15 AM	**GENERAL SESSION** Managed Care Plan Network Adequacy and Accuracy Methods of Review — An Industry Comparative Analysis		
10:15–10:45 AM	Networking Break		
10:45–11:45 AM	**501** FWA Oversight for a Small- to Mid-Size Plan	**502** Process Optimization, Organizational Structure, and Best Practices to Boost Appeals & Grievances Outcomes and Compliance	**503** Compliance Effectiveness through Channels of Communication and Investigations
11:45 AM–12:45 PM	Lunch		
12:45–1:45 PM	**601** Mental Health Parity: Are You Compliant?	**602** Fraud, Waste, and Abuse Program Audits Are Coming to an SIU Near You — Are You Ready?	**603** How to Identify and Handle a Contracted Over-Prescriber
1:45–2:00 PM	Networking Break		
2:00–3:00 PM	**701** Making Sense of Risk Adjustment for Compliance and Legal Personnel: Best Practices and Pitfalls	**702** Telehealth — What's New: Staying On Top of Innovation!	**703** Driving Compliance: How to Manage Compliant Activities Without Authority
3:00–3:15 PM	Networking Break		
3:15–4:15 PM	**801** Compliance in the New Age of Expanded Supplemental Benefits	**802** Proven Methods to Streamline & Optimize FDR Oversight	

WEDNESDAY, JANUARY 29: CHC Exam

Time	
8:00–8:15 AM	Exam Check-in
8:15–10:45 AM	Certified in Healthcare Compliance (CHC)® Exam *(optional)*

(agenda and times subject to change)

Agenda

SUNDAY, JANUARY 26

7:15AM – 6:00PM
Registration Open

8:00 – 9:30AM

P1 Ethics and Compliance Work Plan Essentials that Effectively Mitigate Risk

Andrea Share, *Executive Director, Ethics and Compliance Strategy and Operations, Kaiser Permanente*

Chanelle Gamble, *Senior Manager, Ethics and Compliance, Kaiser Permanente*

- Explain the importance of conducting an ethics and compliance risk assessment and the relevance of risk assessments in an integrated care setting
- Describe the key components of a risk assessment, how to conduct a risk assessment, and the role of work planning for effective mitigation
- Introduce a "simple six step" approach to conducting a risk assessment, review a framework for defining risk, and discuss key takeaways for how the connection between risk assessment and work planning delivers business value

9:30 – 9:45AM
Networking Break

9:45 – 11:15AM

P2 Cyber Threats and Compliance Challenges: How to Manage Technology Risk

Jennifer Griveas, *Esq, CHC, Chief Human Resources Officer and General Counsel, Eliza Jennings Senior Care Network*

Michael Gray, *HCISPP, HIT, Vice President of Information Technology & Compliance Officer, Eliza Jennings Senior Care Network*

- Identify biggest security threats to healthcare organizations
- Identify the value of integration of knowledgeable IT personnel into high-level operations team as a means to ensure compliance and effective risk mitigation
- Describe how best to implement technology solutions to enhance efficiency and productivity without sacrificing organizational security

11:15AM – 12:30PM
Lunch *(on your own)*

12:30 – 2:00PM

P3 The A to Zs of FDR, Delegate, and Subcontractor Oversight

Steve Bunde, *Vice President, Internal Audit and Integrity and Compliance, Health Plan Compliance Officer, HealthPartners*

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

Rebecca Fuller, *Corporate Compliance/HIPAA Privacy Officer, PrimeWest Health*

- Prevent: Learn about CMS and state requirements for FDR, delegate, and subcontractor oversight and areas of audit focus
- Detect: Understand due diligence, contracting, risk assessment, and auditing and monitoring strategies - including key partnerships
- Correct: Discover what to do when issues are identified and how to incorporate those into the correct CMS Program Audit Universe

P4 Compliance 2020: Compliance and Business Roles in Today's Complex Regulatory Environment

James Taylor, *HealthcareCompliance Senior Manager, PwC*

Chris Schroeder, *Risk Assurance Healthcare Compliance Director, PwC*

Taline Avakian, *Director of Compliance & Medicare Compliance Officer, Harvard Pilgrim Health Care*

- Key developments and trends across the healthcare industry related to the evolving role of compliance and the role of business units
- How compliance has helped define the role of meeting regulatory requirements
- An understanding of embedded compliance support and/or performance/program support teams/units, and how risk ownership is driving the role of business units

2:00 – 2:15PM
Networking Break

2:15 – 3:45PM

P5 Effectively Managing Internal Investigations and Regulatory Disclosures

Anne Crawford, *Senior Vice President, ATTAC Consulting Group*

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

Lori Benso, *Member, Strategic Health Law*

- Methods to determine if communication infrastructure supports prompt identification of potential issues
- Strategies for initiating timely investigations that determine beneficiary and organizational impacts
- Common themes and regulatory disclosure approaches when deciding whether self-reporting to regulators is required or advisable
- Attorney-client privilege and litigation risk-management strategies

Agenda

P6 Compliance Goals in Risk Adjustment Coding

Dana Brown, MBA, RHIA, CHC, CRC - President Reimbursement Management Consultants, Inc.

Dott Campo, RHIT, CRC - Program Manager, Risk Adjustment Division, Reimbursement Management Consultants, Inc.

Rebecca Welling, Senior Director Coding Compliance, Providence Health Plan

- Overview of Risk Adjustment reimbursement in the MA and ACA models
- Review of Risk Adjustment coding, HCC code capture accuracy, review of coding guidelines, rules & regulations
- In-depth review of most common compliance issues in coding in an RA environment, isolating the issues and giving tools to analyze them and make good compliant decisions

3:45 – 4:00PM
Networking Break

4:00 – 5:30PM

P7 Special Supplemental Benefits and the FDRs that Provide Them — Unique Monitoring Challenges They Pose

Jennifer (Jen) Del Villar, CHC, Director of Government Programs Compliance / Medicare Compliance Officer, Cambia Health Solutions, Inc.

Gail Blacklock, Director of Compliance/Compliance Officer, Inter Valley Health Plan

- Unique monitoring challenges with unique FDRs
- Monitoring the member match - right member to the right supplemental benefit
- Tracking & monitoring health outcomes

P8 Establishing a Best-Practice Approach for Your Compliance, Privacy, and Security Programs

Bret S. Bissey, Vice President, Chief Compliance Officer, Gateway Health

Kelly McLendon, Managing Director, Compliance ProSolutions

- Learn how to utilize, in detail, the elements of the DHHS OIG Model Compliance Program(s) to develop a best practice for your compliance efforts
- Learn how to utilize the HIPAA Privacy and Security regulations and conduct a program assessment to create a best practice standard in your organization.
- Learn how best to formulate security, privacy, and compliance education programs in your organization, including a focus on being compliant at the top of the organization, by utilizing market knowledge to stimulate learning.

5:30 – 6:30PM
Welcome Reception with Exhibitors

MONDAY, JANUARY 27

7:00AM – 5:30PM
Registration Open

7:00 – 8:00AM
Breakfast with Exhibitors

8:00 – 8:15AM
Opening Remarks

8:15 – 9:15AM

GENERAL SESSION CMS Update

Kimberly Brandt, Principal Deputy Administrator for Operations, CMS

- Overview of the agency's ongoing burden reduction efforts, including updates to Medicare Medicare Conditions of Participation (CoPs) and Conditions for Coverage (CfCs)
- Proposal to modernize and clarify regulations for the Physician Self-Referral Law
- CMS efforts to combat the opioid epidemic, including SUPPORT Act initiatives
- Reforms to modernize and bring transparency to CMS program integrity efforts

9:15 – 9:45AM
Networking Break with Exhibitors

9:45 – 10:45AM

101 The Compliance Officers Guide to a Successful Audit

Michelle D. Rigby, CFE, CHC, Director, Client Services, BluePeak Advisors – a division of Gallagher Benefit Services, Inc

Wendy Edwards, CHC, CHPC, President, ATRIO Health

- What can you do today to be prepared for an audit tomorrow?
- What resources does a compliance officer use to help identify gaps and prioritize issues in a lean organization with competing priorities?
- Consultants, a compliance officer's best friend to support mitigation efforts, staffing augmentation, audit prep, and audit support

Agenda

102 Exclusions v. Preclusions — Insights, Analytics, and Monitoring Best Practices After 1 Year of Releases

Michael Rosen, *Co-Founder, ProviderTrust*

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

Liza Filtz-Freimark, *Provider Operations Manager, DentaQuest*

- Trends, analytics, and learnings from the first year of monitoring and implementation
- Learn the crossover between the CMS Preclusion List and Federal and State Medicaid Exclusion Lists
- Predictive insights and future considerations for your provider network operations and SIU teams

103 Implementing a GRC Solution to Manage and Enhance Auditing & Monitoring

Natalie Ramello, *VP Chief Compliance & Risk Officer, CommunityCare of Oklahoma*

Rebecca Blades, *Senior Manager-Audit & Monitoring, CommunityCare of Oklahoma*

- A roadmap for implementing a comprehensive GRC solution within their organization including how to make GRC successful and how to make it CMS compliant
- Best practices for adoption of a GRC model for auditing and monitoring
- An understanding of how to tie risks, policies and controls to your auditing and monitoring activities

10:45 – 11:00AM
Networking Break

11:00AM – 12:00PM

201 Dual Products and MMP: Navigating State and Federal Oversight

Deanna Simonds, *CHC, Compliance Officer, UnitedHealthcare*

Anjenette Fenske, *JD, CHC, MMP Compliance Officer & Dual Products Director, UnitedHealthcare*

Marla Rothouse, *Esq., Senior Advisor, Medicare-Medicaid Coordination Office, Centers for Medicare & Medicaid Services*

- The Bipartisan Budget Act of 2018 sets forth requirements for increased integration for Dual Special Needs Plans (DSNPs) by 2021. These unprecedented requirements will impact the landscape of duals products.
- This panel will provide insight on best practice, challenges, and the future state of dual products from both compliance officers from multiple managed care plans.
- The audience will hear perspectives from several seasoned compliance professionals overseeing different fully integrated dual products.

202 How Bias and Perception Impact Compliance

Ahmed Salim

Walter Johnson, *Senior Advisor, Compliance Strategists LLC; SCCE & HCCA Second Vice President*

- Breaking down why people make bad decisions
- Understanding how risk perception and inherent tendencies negatively impact compliance
- Utilizing tools to identify bias to increase compliance within your organization

203 Navigating Compliance Challenges for Integrated Payor-Provider Systems

Randi Seigel, *Partner, Manatt, Phelps & Phillips, LLP*

Marianna (Annie) Miyazaki, *SVP and Chief Compliance Officer, Visiting Nurse Services of New York*

- Key regulatory considerations relevant to intercompany arrangements, patient/member consent, and other documentation
- Tips for balancing plan versus provider regulatory frameworks and referral source/community partner needs
- Risks and opportunities in data sharing among affiliates under HIPAA and other privacy laws

12:00 – 1:15PM
Lunch

1:15 – 2:15PM

301 Evolving Landscapes: False Claims Act and Managed Care Fraud

Edward A. Baker, *Of Counsel, Constantine Cannon LLP*

Nicholas N. Paul, *Supervising Deputy Attorney General, Office of the California Attorney General*

- Medicare Advantage plans, Medicaid MCOs, and their partners are increasingly attractive targets for FCA whistleblower lawsuits.
- The U.S. DOJ and State MFCUs face many challenges, but are gaining traction against managed care fraud, including risk adjustment and network compliance fraud.
- Having a written compliance plan is not enough; MCOs must develop and implement systems that steer clear of FCA liability.

302 Proactive vs Reactive in Risk Management — "Ring the Bell!"

Fredy Rocha, *Senior Manager Compliance, IlliniCare Health*

Tiffany Lewis, *Director Compliance, IlliniCare Health*

- Identify challenges and explore practical experiences for conducting an effective risk assessment while building a proactive monitoring and auditing plan
- Identify proactive risk management, which consists of mitigating the risks of threat events before these might possibly occur and negatively impact the organization
- Identify reactive risk management, which consists of responding to risk events as they occur to mitigate negative impacts to the organization

Agenda

303 Rx Data Driven Compliance Monitoring: Opioid Prescribing, Dispensing, and Utilization

Fran Grabowski, Digital Risk Solutions Healthcare Director, PwC

Benjamin Wright, Risk Assurance Healthcare Compliance Director, PwC

Sandhi Ton, Manager – Risk Management Analytics, SCAN Health Plan

- Regulators are increasing focus on how plans are responding to the opioid crisis and compliance has a growing role in developing the strategy and controls related to provider prescribing practices, pharmacy dispensing, and member drug utilization.
- Incorporating insights gained through the fact-based analysis of trends and outliers is a solid base from which to launch an aggressive attack on the crisis.
- Advanced analytics, such as network analysis, can further help plans understand overlap between providers, pharmacies, and members, allowing the identification of unexpected connections and potential bad actors.

2:15 – 2:30PM
Networking Break

2:30 – 3:30PM

401 Expert Auditing and Monitoring Practices to Measure Quality of Care and Performance Improvement Strategies in Medicaid Managed Care

Michael Walsh, Senior Auditor, IntegrityM

Jennifer Tryder, Project Director, IntegrityM

Lori Dillard, Project Director, Integrity Management Services, Inc.

- Understanding MCO performance measurement data and what is required to be produced and reported
- Best practices on performing and selecting Medicaid audits in order to effectively measure quality of care standards and performance
- Examples of MCO policies and procedures that assure the provisions and quality of care are actively monitored and remediated on an ongoing basis, and that the results are used to improve performance

402 A Compliance Program Facelift: Sculpting a Program from Good to Great

Nicole S. Huff, DHA, MBA, CHC, CHSP, Chief Compliance & Privacy Officer, St. Luke's University Health Network

Deborah M. Johnson, MS, MHA, PhD, Vice President, Compliance, IlliniCare

- Address increasing state and federal regulatory requirements and enforcement activities
- Discuss strategies to move your compliance program from "Good to Great" with limited resources
- Case scenarios describing how to build partnerships and influence positive outcomes

403 Adjusting the Risk for Medicare Advantage: Recent Enforcement Trends and Litigation Involving Medicare Advantage Risk Adjustment Practices

Brandon J. Moss, Attorney (White Collar), Wiley Rein

Rachel A. Alexander, Attorney (Health Care), Wiley Rein

- Attacks on Medicare Advantage plans' practices with respect to auditing or reviewing risk adjustment scoring are growing both more complex and popular.
- While the government has been handed some serious setbacks in the last year, cases involving risk adjustment continue to be brought (both civilly and criminally).
- This panel will discuss recent trends in civil and criminal enforcement actions, where courts are lining up on interpreting key regulations, and what all this means for Medicare Advantage providers looking to navigate this high-stakes and ever-changing landscape.

3:30 – 3:45PM
Networking Break

3:45 – 4:45PM

GENERAL SESSION Managed Care Compliance Hot Topic Panel

MODERATOR
Jenny O'Brien, Chief Compliance Officer, UnitedHealthcare; SCCE & HCCA Board Member

PANEL
Bret S. Bissey, Vice President, Chief Compliance Officer, Gateway Health

Wanda Robinson, Chief Compliance Officer, Magellan Rx Management

Mary Jo Flynn, RN, CIA, CCSA, CHIAP™, Vice President, Compliance and Internal Audit, UCare

- Compliance officer top focus areas
- Program strategies to support innovation and healthcare transformation
- Influencing culture and driving to better outcomes

4:45 – 6:00PM
Networking Reception

Agenda

TUESDAY, JANUARY 28

7:00AM – 4:30PM
Registration Open

7:00 – 8:00AM
Breakfast

8:00 – 8:15AM
Opening Remarks

8:15 – 9:15AM

GENERAL SESSION Managed Care Risk Areas: Government Oversight and Enforcement Trends

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

• The government is increasingly innovative in its oversight of its managed care programs.
• Improvements in data quality support the government's oversight and protection of its programs.
• Despite some gains and successes, challenges remain.

9:15 – 10:15AM

GENERAL SESSION Managed Care Plan Network Adequacy and Accuracy Methods of Review — An Industry Comparative Analysis

Deb Schreiber, Compliance Officer, UnitedHealthcare Network

Michael Adelberg, Principal, Faegre Baker Daniels

• Review and discuss results of a critical/comparative analysis of multiple regulator reviews and research studies from 2013 to present
• Assess effectiveness of methods used and potential issues with review methodologies
• Recommend best practices and emerging trends

10:15 – 10:45AM
Networking Break

10:45 – 11:45AM

501 FWA Oversight for a Small- to Mid-Size Plan

Alexander Henrichs, Auditor, Aon Consulting

Lisa Coyle Gallagher, RN, JD, Manager - Fraud, Waste and Abuse Program; SIU - Commonwealth Care Alliance

• Helping small- to mid-size plans build and maintain an effective FWA program
• How to utilize delegates to provide assistance in an FWA program
• How to prep for a CMS program audit and demonstrate an effective FWA program

502 Process Optimization, Organizational Structure, and Best Practices to Boost Appeals & Grievances Outcomes and Compliance

Richard Merino, JD, Senior Managing Director, Ankura

Nancy Waltermire, CHA, Senior Director, Ankura

• Prevention of common audit finding "pitfalls", and industry best practices for remediation, including compliance with new regulations and updates
• OIG Report: How best to identify high overturn rates in your appeals, identifying gaps to increase accuracy and lower overturn rates
• Tackling an end-to-end ODAG process evaluation, developing process improvements, development of effective organization structure, workflows and monitoring workplan on your appeals and grievances.

503 Compliance Effectiveness through Channels of Communication and Investigations

Andrew Finkelstein, JD, Vice President, Compliance; Medicare Compliance Officer, HealthPartnersPlans

• Learn effective strategies, best practices, and challenges when establishing communication procedures and investigatory practices
• Identify key metrics for your compliance program to measure the effectiveness of organizational communication and oversight
• Case studies: A look at the compliance framework in action after issues are reported to compliance and acted upon

11:45AM – 12:45PM
Lunch

12:45 – 1:45PM

601 Mental Health Parity: Are You Compliant?

Leigh Anne Hodge, Partner, Bradley Arant Boult Cummings, LLP

Rhea E. Garrett, VP & Senior Employment Counsel, CHSPSC, LLC (Community Health Systems)

Scott Burnett Smith, Partner, Bradley Arant Boult Cummings, LLP

• This presentation will provide an overview of the Mental Health Parity and Addition Equity Act (the "MHPAEA"). The presentation will cover the requirements of the MHPAEA, application of parity laws and rules under the MHPAEA, state parity laws, and state report cards.
• The presentation will address agency auditing activity and the types of violations that are garnering attention from regulators.
• Finally, the presentation will address recent trends in MHPAEA litigation, with a focus on wilderness therapy and Applied Behavioral Analysis ("ABA") cases.

Agenda

602 Fraud, Waste, and Abuse Program Audits are Coming to an SIU Near You — Are You Ready?

Jala Attia, President, Integrity Advantage

Jessica Gay, Vice President, Integrity Advantage

- Assess your Special Investigations Unit's compliance against fraud prevention, detection, and recovery requirements by understanding key areas reviewed during typical program audits.
- Identify and discuss critical compliance and reporting elements as well as common pitfalls that arise during the audit process.
- Leverage best practices and proactive measures to maintain ongoing fraud, waste, and abuse compliance within your Special Investigations Unit.

603 How to Identify and Handle a Contracted Over-Prescriber

Mark Horowitz, Senior Manager, National Fraud Control Unit, Kaiser Foundation Health Plan

Joaquin Basauri, Senior Investigator, National Special Investigations Unit, Kaiser Foundation Health Plan

Carolyn Barton, VP Compliance & Regional Compliance Officer, Ethics and Compliance Office, Kaiser Foundation Health Plan of Washington

- How to identify an over-prescriber and internally escalate the case with the right health plan disciplines
- How to address patient abandonment concerns and network adequacy
- How to navigate the contract termination, external reporting, and PBM controls processes

1:45 – 2:00PM
Networking Break

2:00 – 3:00PM

701 Making Sense of Risk Adjustment for Compliance and Legal Personnel: Best Practices and Pitfalls

Julie Nielsen, Managing Director, Berkeley Research Group, LLC

Jason Christ, Partner, EpsteinBeckerGreen

Teresa Mason, Senior Counsel, EpsteinBeckerGreen

- The basics of Medicare Advantage Risk Adjustment payment methodology
- The current regulatory and enforcement landscape, including government areas of focus
- How to effectively deploy compliance resources to manage risk adjustment, including internal auditing and monitoring

702 Telehealth — What's New: Staying On Top of Innovation!

Ann Greenberg, Medicare Compliance Officer, Presbyterian Health Plan, Presbyterian Insurance Company

Deborah Schreiber, Network Compliance Officer, UnitedHealthcare

Tricia Beckmann, Director, Faegre Baker Daniels Consulting

- What is new with how CMS is looking at telehealth — new definitions
- Innovations driven by technology — curing rural access issues, member and patient expectations, billing, and compliance considerations
- Reaching members and patients — it's all about convenience

703 Driving Compliance: How to Manage Compliant Activities Without Authority

Michelle D. Rigby, CFE, CHC, Director, Client Services, BluePeak Advisors – a division of Gallagher Benefit Services, Inc

Angela Muncy, Director, Medicare Advantage Compliance (MA Compliance Officer), Blue Cross and Blue Shield of Kansas City

- Tips, tools, and best practices to manage, communicate, and motivate business owners to drive compliance
- How to prioritize issues and work with areas that are already overwhelmed to drive progress
- When and how to escalate issues internally and externally to get back on track

3:00 – 3:15PM
Networking Break

3:15 – 4:15PM

801 Compliance in the New Age of Expanded Supplemental Benefits

Regan Pennypacker, CCEP, President, Ancorat Consulting, LLC

Elizabeth Browning, National Medicare Compliance Officer, Magellan Health

- CMS has finalized a plan to expand the supplemental benefits that chronically ill Medicare Advantage members can access.
- The expansion of benefits, such as meals beyond a limited basis, non-medical transportation, and home environment services, will give way to new vendors like community agencies looking to partner with plans.
- This session will provide you tips on effectively working with agencies new to Medicare Advantage to ensure compliance program requirements are considered prior to implementation.

802 Proven Methods to Streamline & Optimize FDR Oversight

Christopher G. Wilde, Senior Manager - Compliance/Auditing/Third Party Oversight, Centene

Deborah M. Johnson, Vice President of Compliance, Centene

- Covered entities are ultimately responsible for actions delegated to FDRs
- FDR oversight and monitoring of often overlooked functional areas
- Pharmacy benefits manager (PBM) auditing & monitoring best practices

WEDNESDAY, JANUARY 29

8:00 – 8:15AM
Exam Check-In

8:15 – 10:45AM
Certified in Healthcare Compliance (CHC)® Exam
(optional)

The CHC exam is optional. You must apply in advance to sit for the exam. The cost is not included in the conference registration fee. To apply, complete the application found at hcca-info.org/2020managedcare.

Details

HOTEL & CONFERENCE LOCATION
Hilton Orlando Lake Buena Vista – Disney Springs™ Area

1751 Hotel Plaza Boulevard
Lake Buena Vista, FL 32830

Phone Reservations:
407.827.4000

Online Reservations:
bit.ly/2020managedcare-hotel

HCCA has arranged for a block of rooms at a discounted rate of $229 per night (plus applicable state and local taxes) for single/double occupancy. A daily resort fee of $15 per room, per night (plus tax) will also be posted to the account. This rate is good through January 4, 2020 or until the room block is full, whichever comes first. All reservations must be secured with a valid credit card, along with a first night's deposit, refundable up to five days in advance of your arrival date.

SPECIAL NEEDS/CONCERNS
Prior to your arrival, please call HCCA at 888.580.8373 if you have a special need and require accommodation to participate in the Managed Care Compliance Conference. See the registration form to indicate any special requests for dietary accommodations you may require.

DRESS CODE
Business casual dress is appropriate for all conference functions.

RECORDING
Unathorized audio or video recording of HCCA conferences is not allowed.

CERTIFIED IN HEALTHCARE COMPLIANCE (CHC)® EXAM
The CHC exam will be held on Wednesday, January 29, 8:00–10:45AM. You must apply in advance to sit for the exam. The cost is not included in the conference registration fee. To apply, complete the application found at hcca-info.org/2020managedcare.

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
Refunds will not be issued. 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 will expire 12 months from the date of the original cancelled event. Conference credits may be used towards any HCCA service or product. 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, prior to the start date of the event. Please note that if you are sending a substitute, an additional fee may apply.

Group Discounts
5 or more: $50 discount for each registrant
10 or more: $100 discount for each registrant
Discounts take effect the day a group reaches the discount number of registrants. A separate registration form is required for each registrant. Please send registration forms together to ensure that the discount is applied. 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. Group discounts are not available through online registration.

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.

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, if there is sufficient time and we are able to meet their requirements, 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. To see the most up-to-date CEU information go to HCCA's website, hcca-info.org/all-conferences-home-page. Select your conference, and then select the "Continuing Education" option on the left hand menu.

AAPC: This program has the prior approval of the AAPC for 19.0 continuing education hours. Granting of prior approval in no way constitutes endorsement by AAPC of the program content or the program sponsor.

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.

AHIMA: This program has been approved for a total of 19.0 continuing education unit(s) (CEUs). The CEUs are acceptable 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.

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®).

CLE: The Health Care Compliance Association is a provider/sponsor, approved/accredited by the Alabama State Bar, State Bar of California, the Pennsylvania Bar Association, the Rhode Island MCLE Commission, and the State Bar of Texas. An approximate maximum of 16.0 clock hours of Continuing Legal Education (CLE) credit will be available to attendees of this conference licensed in these states, along with Tennessee. HCCA's practice is to apply for CLE credits to the state in which the event is being held, if that state has a CLE approval process for sponsors. Upon request, if there is sufficient time and if we are able to meet their CLE requirements, HCCA may submit conferences with qualifying sessions to additional states for consideration. Only requests from registered attendees will be considered. 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. 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.nasbaregistry.org. Sponsor Identification No: 105638. The education level for this activity is considered basic. No prerequisites are required for this education. Delivery Method: Group Live. Advanced Preparation: None. 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. 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 hour(s). The following states will not accept California Board of Registered Nursing contact hours: Delaware, Florida, New Jersey and Utah. Massachusetts and Mississippi nurses may submit California Board of Registered 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 California nursing credit (check box or indicate "Nursing" on the CEU form).

HCCA Managed Care Compliance Conference

January 26–29, 2020 • Hilton Orlando Lake Buena Vista – Disney Springs™ Area • Lake Buena Vista, FL

Contact Information

○ Mr   ○ Mrs   ○ Ms   ○ Dr

_____
Member/Account ID (if known)

_____ _____ _____
First Name   MI   Last Name

_____
Credentials (CHC, CCEP, etc.)

_____
Job Title

_____
Organization (Name of Employer)

_____
Street Address

_____
City/Town   State/Province

_____
Zip/Postal Code   Country

_____
Work Phone

_____
Email (required)

Dietary Needs Request

☐ Dairy Free   ☐ Gluten Free   ☐ Kosher   ☐ Vegetarian   ☐ Vegan

☐ Other _____

Acknowledgements

By submitting this registration, you agree to the full Terms and Conditions, including the use of your information, viewable at hcca-info.org/2020managedcare.

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Registration Fees

☐	Member (Monday & Tuesday)	$875
☐	Non-Member (Monday & Tuesday)	$1045
☐	Registration + First-Time Membership*	$1095
☐	Pre-Conference (Sunday)	$275
☐	Group Discount for 5–9 Attendees	($50)
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Save by joining today (first-time members only). Dues renew at $325.

TOTAL $ _____

Session Selections

Visit hcca-info.org/2020managedcare to choose your sessions, update your conference badge, and see our on-site attendee networking opportunities. If you do not select your sessions online, please write them in the form below. Your selections will be used to assist us in planning. You are not obligated to attend the sessions you select. Session selection is not available for discussion groups.

SUNDAY (pre-conference)		MONDAY		TUESDAY	
8:00 AM		9:45 AM		10:45 AM	
9:45 AM		11:00 AM		12:45 PM	
12:30 PM		1:15 PM		2:00 PM	
2:15 PM		2:30 PM		3:15 PM	
4:00 PM					

Payment

Online registration at hcca-info.org/2020managedcare

Mail this form to HCCA, 6500 Barrie Road, Suite 250, Minneapolis, MN 55435-2358

Fax this form to 952.988.0146

Email this form to helpteam@hcca-info.org — Due to PCI compliance, do not provide credit card information via email. You may email this form (without credit card information), then call HCCA at 888.580.8373 with payment information.

○ Invoice me

○ Check enclosed (payable to HCCA)

○ Wire transfer requested

○ Credit card: I authorize HCCA to charge my:

  ○ Visa   ○ MasterCard   ○ Discover   ○ American Express

_____
Credit Card Account Number

_____
Credit Card Expiration Date

_____
Cardholder Name

_____
Cardholder Signature