

HCCA



HEALTH CARE
COMPLIANCE
ASSOCIATION



Managed Care Compliance Conference

February 22–24, 2009

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.

Topics to be covered include: compliance risk monitoring and auditing, application of Sarbanes Oxley requirements to non-profit health plans, ethics and building an ethical culture, board involvement in compliance, Medicare Prescription Drug Plan compliance and audit experience, New York's Medicaid compliance guidance for managed care plans, and HIPAA privacy and security challenges at health plans.

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888-580-8373 | www.hcca-info.org



Agenda

Sunday, February 22

PRE-CONFERENCE

7:00 AM – 5:30 PM

Registration

8:00 – 10:00 AM

P1 Effective Self-Disclosure



*Matt Weber, Partner,
Holland & Hart LLP*

*Gregory J. Wellins, Senior Counsel,
Office of Counsel to the Inspector General,
U.S. Department of Health and Human Services*

- The benefits of encouraging compliance self-reports within the organization
- The risks and benefits of self-disclosure to governmental authorities
- How self-assessment investigations are conducted
- How to position a self-disclosure for a favorable outcome

10:00 – 10:15 AM

Break

10:15 AM – 12:00 PM

P2 Development of a Compliance Plan

*Ellen M. Hunt, JD, Vice President–Compliance Operations,
Vice President–Compliance Officer, HCSC Insurance Services
Company Health Care Service Corporation*

*Judith Nelson, Vice President and Chief Compliance Officer,
BlueCross BlueShield of Tennessee*

12:00 – 1:30 PM

Lunch (on your own)

1:30 – 3:30 PM

P3 Training for the Workforce and the Use of Technology

*Brett Curran, Vice President GRC and Regulatory Practices,
Axentis, Inc.*

*Dorothy DeAngelis, Managing Director/Forensic and Litigation
Consulting, FTI*

3:30 – 3:45 PM

Break

3:45 – 5:45 PM

P4 Medicare D 101

*Dorothy DeAngelis, Managing Director/Forensic and Litigation
Consulting, FTI*

*Richard Merino, Director–Forensic and Litigation Consulting,
FTI*

- Overview and background of program, including new MIPPA changes*
- Enrollment & Disenrollment rules
- Marketing Guidelines
- Low Income Subsidy (LIS) Provisions
- PBM Delegation & Oversight
- Compliance Plan & Fraud, Waste and Abuse Plan

*Newly released provisions and upcoming regulations from the Medicare Improvement for Patients & Providers of 2008 (MIPPA) will be integrated into this presentation

5:45 – 7:00 PM

Networking Reception

Monday, February 23

CONFERENCE

7:00 AM – 5:30 PM

Registration

7:00 – 8:00 AM

Continental Breakfast

8:00 – 9:15 AM

General Session: Modeling Compliance: The New Model Managed Care Compliance



Carol Booth, RN/Auditor, Managed Care, New York Office of the Medicaid Inspector General



Patrick Dufresne, Director, Bureau of Managed Care & Provider Review, New York Office of the Medicaid Inspector General

- The first public Medicaid managed care compliance guidance since 2002, which is expected to be a state and national model
- The use of data mining and data analysis techniques by state Medicaid agencies in reviewing billing and recovering payments to Medicaid managed care plans
- Approaches and impediments to assuring provision of more current and accurate information used in billing and payment to and from managed care plans

9:15 – 9:30 AM

Break

9:30 – 10:45 AM

General Session: Hot Topics from the Centers for Medicare and Medicaid Services



Kim Brandt, Director Program Integrity Group, Center for Medicare and Medicaid Services



Brenda Tranchida, Program Compliance and Oversight Group, Center for Drug and Health Plan Choice, Centers for Medicare and Medicaid Services

10:45 – 11:00 AM

Break

11:00 AM – 12:00 PM

BREAKOUT SESSIONS

101 Risk Assessment:

The Good, the Bad, and the Ugly

Steve Bunde CPA, CFE, CHC, Sr. Director of Corporate Integrity & Internal Audit, Health Partners



Deb Ziegler, Corporate Compliance Officer, Capital Blue Cross

- Warning...risk assessments can be hazardous to your health (or is that your wealth)
- Risk Assessment tools—some favorites...to some not so favorites
- Monitoring Risks— tools for every purpose

102 Preventing and Responding to Data Breaches



Anne Doyle, Executive VP/Chief Compliance Officer, Fallon Community Health Plan

- Extent of the challenge
- Best practices to secure data and prevent a breach
- Responding and doing the right thing
- Notification requirements: who, what, when?

12:00 – 1:00 PM

Networking Lunch

Agenda

1:00 – 2:00 PM

BREAKOUT SESSIONS

201 Regulatory Reports and Submissions: Just What Are You Sending To Your Customer?



*Gary Fitzgerald, Director Compliance & Regulatory Affairs,
Harmony Health Plan of IL, Inc.*

- Purpose and function of reporting
- Risks of a poor reporting program
- Things you need to know about your reports
- Establishing an effective reporting program

202 Effectively Structuring a Strong Fraud, Waste, and Abuse Program

*William Gedman, VP Audit,
Fraud & Abuse UPMC Health Plan*

- Prevention and detection elements
- The make-up of the Special Investigations Unit is of vital importance
- Compliance training for employees, providers, members, and vendors
- Identification of risks is essential, and should be done on a routine basis
- The SIU should partner with other health plan operating departments, the pharmacy benefits manager, and others to be most effective
- Data analysis related to F&A detection is complex, but necessary for success

2:00 – 2:15 PM

Break

2:15 – 3:15 PM

BREAKOUT SESSIONS

301 Information Security for Health Plans

*Jeannette Frey, Privacy Officer,
Fallon Community Health Plan*

- Summary of the regulatory landscape and applicability to health plans—e.g. HIPAA Security, Medicare Advantage/CMS Regulations and guidance, State security breach notification laws, Payment Card Industry (PCI) Standards
- Discussion of recent enforcement activities and heightened level of scrutiny
- Risk areas and challenges
- Integration with privacy and compliance programs

302 Oversight of Your Vendors for Medicare Advantage and Part D Business



*Annmarie Gover, Medicare Compliance Officer,
Capital BlueCross*

- What oversight does CMS expect?
- Discussion of vendor contract provisions to protect your Plan for vendor's failure to perform or perform satisfactorily
- Plan oversight of vendors—what works and what doesn't

3:15 – 3:30 PM

Break

3:30 – 4:30 PM

BREAKOUT SESSIONS

401 Medicare Advantage and Part D Compliance Best Practices

*Tom Bixby, Partner,
Neal, Gerber & Eisenberg LLP*

- Best practices and lessons learned during a comprehensive assessment in preparation for Part D compliance program implementation
- Learn to assess and improve Medicare Part D and Medicare Advantage compliance programs and identify strategies for coordinating with various stakeholders including a plan's overall compliance program

402 Medicaid Managed Care: Creating and Managing Effective Compliance Programs Including Compliance Auditing and Responding to Managed Care Fraud

*Clifford E. Barnes, Esq., Member of the Firm,
Epstein Becker & Green, P.C.*

*Elizabeth Browning, CHC, PCA, Medicare Compliance Officer,
Blue Cross Blue Shield of Rhode Island*

- Essential elements of an effective compliance program
- Key Medicaid risk areas
- Conducting internal audits
- Anatomy of an investigation around managed care

4:30 – 6:00 PM

Networking Reception

Tuesday, February 24

7:30 AM – 3:00 PM

Registration

7:30 – 8:15 AM

Continental Breakfast

8:15 – 9:15 AM

General Session: Office of the Medicaid Inspector General General Compliance Guidance for Medicaid Managed Care



*Jim Sheehan, Medicaid Inspector General,
New York State Office of the Medicaid Inspector General*

9:15 – 9:30 AM

Break

9:30 – 10:30 AM

General Session: The Top Ten Compliance Challenges for Managed Care Plans



*Kirk Nahra,
Partner, Wiley Rein LLP*

This program will address the top compliance challenges for managed care plans, including

- the most recent developments in health care investigations
- the key risk areas for managed care companies and
- the most significant areas for new attention in your compliance program

10:30 – 10:45 AM

Break

Agenda

10:45 – 11:45 AM

BREAKOUT SESSIONS

501 Compliance and Your Health Plan Sales

*Lori Dutcher, Vice President Compliance MSSA,
Kaiser Foundation Health Plan*

- Broker Compliance issues
- Sales Privacy and Security Issues
- Risk Mitigation with your sales staff
- Strategies for engaging health plan sales staff in your compliance program

502 Compliance, Internal Audit, and Legal: An Independent, Integrated Approach



*Rebecca Learner, Senior VP & Compliance Officer,
SCAN Health Plan*

- When compliance, internal audit, and legal are independent of each other, a set of integration activities is necessary so all three departments can operate effectively and serve the Board appropriately
- Review ways that you can implement these integration activities in your organization

11:45 AM – 1:00 PM

Networking Lunch

1:00 – 2:00 PM

BREAKOUT SESSIONS

601 Plans and Involving the Board

*Dan Garcia, Senior Vice President,
Kaiser Permanente*

602 Mind Your Own Business...Associates: Detailed Guidance For Creating and Implementing a Successful Business Associate Assessment Program



*Sharon A. Anolik, Director, Corporate Compliance and Ethics,
Chief Privacy Official, Blue Shield of California*

- Help bring the audience to the next level of awareness and responsibilities regarding HIPAA privacy compliance relating to Business Associates
- Provide concrete examples and advice on how to perform Business Associate assessments
- Provide details on how to conduct the actual assessment and post-assessment work
- Include tips for those who already have a working business associate assessment program
- Highlight the best practices for protecting information when working with vendors located offshore

2:00 – 2:15 PM

Break

2:15 – 3:15 PM

BREAKOUT SESSIONS

701 Medicare Advantage and Part D Oversight Activities: A Health Plan Perspective

*Sandra Miller, Director of Government Compliance,
Blue Cross Blue Shield of Minnesota*

- Overview of CMS strategies for plan oversight
- Discussion of plan monitoring and readiness activities
- Plan perspective on a CMS audit experience

702 Key Litigation Risks for Health Plans



*Rick Shackelford, Partner,
King & Spalding, LLP*

- Major litigation issues for health plans
- Issues of most relevance to compliance personnel
- Implications for compliance programs and personnel

Sharon A. Anolik, Esq., CIPP

Director, Corporate Compliance and Ethics
Chief Privacy Official
Blue Shield of California

Clifford E. Barnes, Esq.

Member of the Firm
Epstein Becker & Green, P.C.
Washington, D.C. and New York, NY

Tom Bixby

Partner
Neal, Gerber & Eisenberg LLP
Chicago, IL

Kim Brandt

Director, Program Integrity Group
Center for Medicare and Medicaid Services
Baltimore, MD

Elizabeth Browning, CHC, PCA

Medicare Compliance Officer
Blue Cross Blue Shield of Rhode Island
Providence, RI

Carol Booth

RN/Auditor
Managed Care New York Office of the
Medicaid Inspector General

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Minneapolis, MN

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Charlotte, NC

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Fallon Community Health Plan
Worcester, MA

Patrick Dufresne

Director
Bureau of Managed Care & Provider
Review New York Office of the Medicaid
Inspector General

Lori Dutcher

Vice President Compliance MSSA
Kaiser Foundation Health Plan
Pasadena, CA

Libby Easton-May

Manager
Huron Consulting Group
Simsbury, CT

Gary Fitzgerald

Director Compliance & Regulatory Affairs
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Chicago, IL

Jeannette Frey

Privacy Officer
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Dan Garcia

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William Gedman

VP Audit, Fraud & Abuse
UPMC Health Plan
Pittsburg, PA

Annamarie Gover

Medicare Compliance Officer
Capital BlueCross
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Vice President—Compliance Operations
Vice President—Compliance Officer
HCSC Insurance Services Company
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Rebecca Learner

Senior VP & Compliance Officer
SCAN Health Plan
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Richard Merino

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Sandra Miller

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Kirk Nahra

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Judith Nelson

Vice President and
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Rick Shackelford

Partner
King & Spalding, LLP
Atlanta, GA

Jim Sheehan

Medicaid Inspector General
New York State Office of the Medicaid
Inspector General
Albany, NY

Brenda Tranchida

Program Compliance and
Oversight Group, Center for Drug
and Health Plan Choice
Centers for Medicare
and Medicaid Services
Baltimore, MD

Matt Weber

Partner
Holland & Hart LLP
Denver, CO

Gregory J. Wellins

Senior Counsel
Office of Counsel to the Inspector General
U.S. Department of Health
and Human Services
Phoenix, AZ

Deb Ziegler

Corporate Compliance Officer
Capital Blue Cross
Harrisburg, PA

Registration

Managed Care Compliance Conference | February 22–24, 2009

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

Sunday, February 22

- P1 P3
 P2 P4

Monday, February 23

- | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|
| 11:00 AM–NOON | 1:00–2:00 PM | 2:15–3:15 PM | 3:30–4:30 PM |
| <input type="checkbox"/> 101 | <input type="checkbox"/> 201 | <input type="checkbox"/> 301 | <input type="checkbox"/> 401 |
| <input type="checkbox"/> 102 | <input type="checkbox"/> 202 | <input type="checkbox"/> 302 | <input type="checkbox"/> 402 |

Tuesday, February 24

- | | | |
|------------------------------|------------------------------|------------------------------|
| 10:45–11:45 AM | 1:00–2:00 PM | 2:15–3:15 PM |
| <input type="checkbox"/> 501 | <input type="checkbox"/> 601 | <input type="checkbox"/> 701 |
| <input type="checkbox"/> 502 | <input type="checkbox"/> 602 | <input type="checkbox"/> 702 |

If the information in your pre-printed label is incorrect, please type or print the correct information below, and fill out the additional information such as phone, fax, and e-mail.

REGISTRATION (please type or print)

- Mr. Mrs. Ms. Dr.

Member ID _____

First Name _____ M.I. _____ Last Name _____

Title _____

Place of Employment _____

Address _____

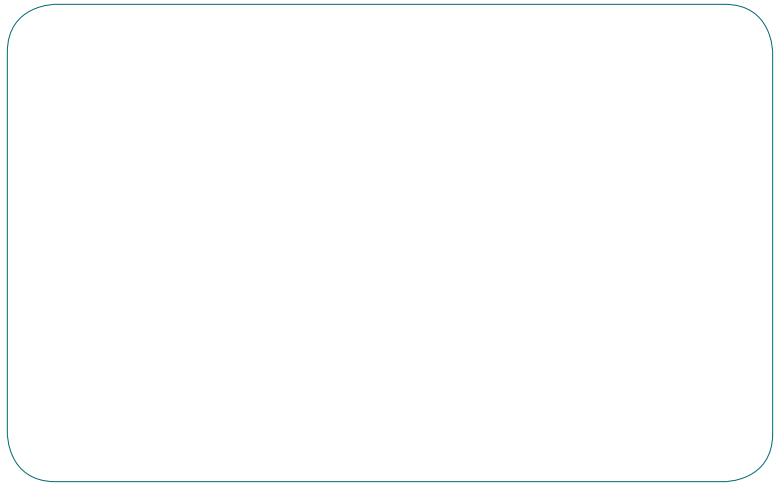
City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail (required for confirmation notice) _____

Register online at www.hcca-info.org

Please note: should your total be miscalculated, HCCA will charge your card the correct amount. 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 at patti.hoskin@hcca-info.org. 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: MC0209)



	Through 1/6/09	After 1/6/09
<input type="checkbox"/> HCCA Members.....	\$595	\$645
<input type="checkbox"/> Non-Members.....	\$695	\$745
<input type="checkbox"/> HCCA Membership & Registration..... (new members only)	\$795	\$845
<input type="checkbox"/> Membership Renewal & Registration.....	\$890	\$940
<input type="checkbox"/> Pre-Conference Session Sunday.....	FREE	\$100
<input type="checkbox"/> Conference Binder	\$45	\$45
	TOTAL _____	

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" above.

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

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

- Check enclosed, payable to HCCA
 Invoice me Purchase Order # _____

Charge my credit card: VISA MasterCard AMEX

Credit Card Number _____

Credit Card Expiration Date _____

Name of Card Holder _____

Signature of Card Holder _____



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.

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HOTEL

Hotel Valley Ho
6850 East Main St, Scottsdale, AZ 85251
Phone: 866-882-4484

A discounted group rate of \$219/night (single/double, plus \$3/night cleaning fee and \$10 baggage charge) has been arranged for the Managed Care Compliance Conference attendees. Reservations can be made directly with the hotel at 866-882-4484. The discounted group rate is available until January 31, 2009, or until the group block is sold out, whichever comes first. Reservations received after this date or after the group block is filled will be accepted on space and rate availability.

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 receive a credit toward another conference. Please email Karrie Hakenson at karrie.hakenson@hcca-info.org.

CONTINUING EDUCATION CREDITS

AAPC: This program has prior approval of the American Academy of Professional Coders (AAPC) for a maximum of 19 Continuing Education Units. Granting of this approval in no way constitutes endorsement by the Academy 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.

CA NURSING CE: The Health Care Compliance Association is pre-approved by the California Board of Registered Nursing: Provider Number CEP 12990, for a maximum of 23.10 fifty-minute contact hour(s). The following states will accept CA Board of Nursing Contact Hours: Alabama, Alaska, Arkansas, Iowa, Kansas, Kentucky,

Louisiana, Michigan, Minnesota, Nebraska, Nevada, New Mexico, North Carolina, North Dakota, Ohio, Oregon, Texas, West Virginia, Wyoming. The following states do not have continuing education requirements: Arizona, Colorado, Connecticut, Georgia, Hawaii, Indiana, Maine, Missouri, Montana, New York, Oklahoma, Pennsylvania, South Dakota, Tennessee, Vermont, Virginia, Washington, Wisconsin. The following states will NOT accept CA Board of Nursing contact hours: Delaware, Florida, New Jersey, 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. If your state is not listed, we are in the process of obtaining information regarding continuing education from your state. Please check our website for updates regarding nursing credits. Please contact Caroline Lee Bivona at ccb@hcca-info.org with any questions you may have.

CCB: CHC, CCEP, CHRC CEUs have been approved. A maximum of 23.1 Pre-conference: 9.3; Conference alone: 13.8.

MCLE/CLE: To obtain credit hours for your state, please contact Caroline Lee Bivona at ccb@hcca-info.org as soon as reasonably possible. The Health Care Compliance Association is a State Bar of California approved MCLE provider and a Rhode Island Accredited Provider. The full course including pre-conference is approved for 19.0 MCLE clock hours.

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 25 credits based on a 50-minute hour will be granted for the entire learning activity including Industry Immersions. A recommended maximum of 23 cpe credits based on a 50-minute hour will be granted for the entire learning activity including pre-conference; A recommended maximum of 13 cpe based on a 50-minute hour will be granted for the conference excluding pre-conference. This program addresses topics that are a survey of the compliance environment. An understanding of the USSG's Seven Elements of an Effective Compliance Program and compliance terminology and acronyms are pre-requisites of this learning activity. This is an review, group-live activity. For more information regarding administrative policies such as complaints or refunds, call the HCCA at 888-580-8373.

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

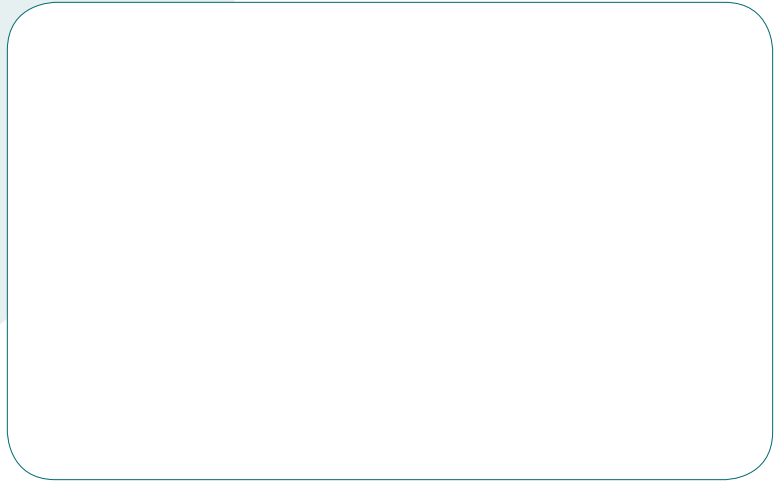
HCCA is in the process of applying for additional certification for continuing education credits. Please visit www.hcca-info.org for updates or contact the certification department for further information at ccb@hcca-info.org or 888-580-8373.

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