Medicare Compliance 101 Boot Camp

Mastering the Foundations of Implementing a Robust Program, Improving Audit-Readiness and Enhancing Oversight to Avoid Costly Penalties

JULY 28-29, 2016                      THE STANDARD CLUB                    CHICAGO, IL

Featuring:
Hot Topic Roundtables with Compliance Experts!

Whether you are new to Medicare compliance or just want a refresher, understanding CMS’ current compliance requirements is key to your health plan’s survival.

- Navigating The Foundations of Health Plan Compliance
- Elements of an Effective Compliance Program: a Step-by-Step Guide
- Intro to Essential Compliance Resources: Using Tools Efficiently to Block Costly Mistakes
- ODAG & CDAG Primer – Making Sense of these High-Risk Audit Areas
- Audit-Readiness & Common Audit Findings: The Cornerstone of Your Plan’s Survival
- Provider Network Adequacy: Best Practices for CMS Pilot
- Reviewing the Entire Range of Marketing and Sales Compliance
- Defining an FDR – Avoiding Huge Mistakes & Penalties with Accurate Identification and Oversight
- An Intro to Enrollment Agents’ Compliance
- Breaking Through the Compliance Silo - Working with Other Departments and with CMS
- Annual Risk Assessments -- Keys to Creating Practical Monitoring Plans

Protect your plan from unnecessary risk by mastering the fundamentals of Medicare compliance with these featured sessions:

TO REGISTER: CALL 866-676-7689 OR VISIT US AT WWW.HEALTHCARE-CONFERENCES.COM
DISCOVER THE TOP RISK AREAS AND COMPLIANCE ESSENTIALS THAT MUST BE ON YOUR RADAR

Whether you are new to Medicare compliance or need a refresher, join us at the Medicare Compliance 101 Boot Camp to get a comprehensive primer to prevent costly CMS audit findings and penalties.

With numerous changes to the CMS Program Audit, keeping up to speed and managing these requirements can be difficult. Navigate challenges and expand your knowledge of the wide-ranging compliance program guidelines from these key discussions:

- Comprehending measures to correct non-compliance and prevent fraud, waste and abuse
- Locating the correct resources for current compliance standards
- Successfully utilizing common findings in CMS audits to build a stronger compliance program
- Understanding the significant ODAG & CDAG protocol details of the audit
- Introducing compliance standards and communications with FDRs

With shared best practices and this comprehensive briefing, your plan will have a guide to improve your compliance program that reduces penalties and protects your Medicare contract!

Maximize your ROI with our special early bird rate ending June 15th - register today! Call 866-676-7689 or online at www.healthcare-conferences.com.

Sincerely,
Melissa Myers
Conference Director
HEALTHCARE EDUCATION ASSOCIATES

P.S. Bring your toughest questions and concerns for insight from expert compliance professionals during interactive roundtables focused on trending topics!

GET ANSWERS TO THESE CRITICAL QUESTIONS

- What should your top areas of focus be as a compliance professional?
- What do the elements of an effective compliance program look like in a successful plan?
- How do you manage the resources needed to make sure you are following the right guidelines and deadlines?
- How can plans use CMS’ common findings during audits to develop a stronger compliance program?
- What do the ODAG and CDAG protocols require during a CMS audit?
- How do you prepare and prevent the most common issues found for ODAG and CDAG protocols?
- How do you complete an annual risk assessment and use the results effectively?
- What must you know about CMS pilots for provider network adequacy and where do you start on getting things in order?
- What does marketing and sales compliance entail?
- Which vendors and contracted companies does CMS require you to monitor in your overall compliance oversight?

TOP REASONS TO ATTEND

- Gain a practical overview of key areas of Medicare compliance needed to avoid expensive penalties that you can apply in your daily job functions
- Get an overview of standard compliance terminology and regulatory timelines to improve your full view of compliance for your plan
- Grasp the essential elements of a CMS audit and learn how your plan should use common findings
- Recognize the importance of your plan’s annual risk assessment and utilize results to create constructive monitoring plans
- In an effort to protect your plan, learn best practices for working with CMS account managers
- Identify and leverage subject matter experts within your compliance program
- Reduce costly mistakes with an overview of how FDRs are defined and how plans should supervise and manage their compliance
- Explore the vast array of marketing and sales guidelines that must be monitored to avoid a negative impact on your plan
- Gain an understanding of critical areas of a CMS audit with an ODAG & CDAG introduction
- Enjoy roundtables moderated by experts in the field ready to answer both introductory and more advanced compliance questions

“I found it extremely beneficial to hear from a variety of plans on how they conduct oversight activities. I have a lot of great ideas to take back to my organization.”

Christopher Cinglano
UPMC HEALTH PLAN

VENUE DETAILS

The Standard Club
320 South Plymouth Court
Chicago, IL 60604
312.427.9100

We have a limited number of hotel rooms reserved for the conference. The negotiated room rate of $175 per night will expire on June 25, 2016, although we expect the block to sell out prior to this date. To ensure you receive a room at the negotiated rate book well before the expiration date. Upon sell out of the block room rate and availability will be at the hotel’s discretion.

The Standard Club

Refined, intimate and convenient, The Standard Club’s guest rooms and suites are within easy walking distance of Chicago’s major business, financial, legal and cultural destinations. Luxurious accommodations offer their members and sponsored guests the comforts of a small, private hotel with the vast array of amenities today’s business and leisure travelers expect.

TEAM DISCOUNTS

- Three people will receive 10% off
- Four people will receive 15% off
- Five people or more will receive 20% off

In order to secure a group discount, all delegates must place their registrations at the same time. Group discounts cannot be issued retroactively. For more information, please contact Rhonda West at 704-341-2647 or rw west@healthcare-conferences.com

REFUNDS AND CANCELLATIONS

For information regarding refund, complaint and/or program cancellation policies, please visit our website: www.healthcare-conferences.com/thefineprint.aspx

P. S. Bring your toughest questions and concerns for insight from expert compliance professionals during interactive roundtables focused on trending topics!
WHO SHOULD ATTEND?
This conference is designed for Medicare Advantage Plan and Prescription Drug Plan professionals who are new to compliance or looking to refresh their compliance knowledge, and have roles in:

- Compliance
- Internal/External Audit
- Legal
- Appeals & Grievances
- Pharmacy
- FDR Oversight
- Fraud, Waste & Abuse/Enforcement
- Vendor Oversight
- Government Programs
- Medicare Operations

THE CONFERENCE ORGANIZERS

Healthcare Education Associates is a division of Financial Research Associates. HEA is a resource for the healthcare and pharmaceutical communities to improve their businesses by providing access to timely and focused business information and networking opportunities in topical areas. Offering highly targeted conferences, Healthcare Education Associates positions itself as a preferred resource for executives and managers seeking cutting-edge information on the next wave of business opportunities. Backed with over 26 years of combined conference industry experience, the producers of HEA conferences assist healthcare professionals, actuaries, attorneys, consultants, researchers and government representatives in their professional endeavors. For more information on upcoming events, visit us online: www.healthcare-conferences.com

RISE (Resource Initiative & Society for Education) Vision:
To build a community and an educational system that promotes successful careers for professionals who aim to advance the quality, cost and availability of health care.
RISE provides:
- A forum to build professional identity and a network of colleagues
- A platform to capture and share knowledge and insights
- A venue to develop and share benchmarks and document best practices
- Career track development support
- A channel for building alliances, partnerships and affiliations that fulfill the vision

RISE (Resource Initiative & Society for Education) Mission:
RISE is the first national association totally dedicated to enabling healthcare professionals working in organizations and aspiring to meet the challenges of the emerging landscape of accountable care and health care reform. We strive to serve our members on four fronts: Education, Industry Intelligence, Networking and Career Development. To learn more about RISE and to join, visit us online: www.risehealth.org

OUR DISTINGUISHED SPEAKING FACULTY

Scott McAdams, Chief Compliance Officer
HEALTH ALLIANCE MEDICAL PLANS
Jessica Vander Zanden, CHC, Director of Compliance and Culture
NETWORK HEALTH INSURANCE CORPORATION
Deborah Marine, JD, CHC, Medicare Compliance Officer
SUMMACARE
Patricia Sullern, RN, MPM, JD, Assistant Vice President, Complete Care
VIRGINIA PREMIER HEALTH PLAN, INC.
Jack Mackin, Vice President Compliance/Agent Contracting
UNIVERSAL AMERICAN
Rohit Gupta, Director of Medicare
INLAND EMPIRE HEALTH PLAN
Jacky Jackson, Manager, Internal Audit
BLUE CROSS OF IDAHO HEALTH SERVICE, INC.
Melissa Bashara, Medicare Compliance Manager
ROCKY MOUNTAIN HEALTH PLANS
Joan Merwin, Director of Individual Sales
NETWORK HEALTH INSURANCE CORPORATION
Yvonne Chastanet, Director, Corporate Compliance & Privacy
MEDICA
Larry Baca, Director, Sales
INTER VALLEY HEALTH PLAN*
Demetrios Kouzoukas, General Counsel
UNITED HEALTHCARE MEDICARE & RETIREMENT
Sonya Henderson, Vice President of Compliance and Government Programs
FIRSTCARE HEALTH PLANS
Rhonda Kertzman, Vendor Oversight Manager, Corporate Compliance
MEDICA
David Sayen, Senior Vice President, Client Relations
GORMAN HEALTH GROUP
Lisa Artale-Bross, Senior Consultant
GORMAN HEALTH GROUP
*Pending final confirmation

SILVER SPONSOR

Gorman Health Group, LLC (GHG) is a leading consulting and software solutions firm specializing in government health programs, including Medicare managed care, Medicaid and Health Insurance Exchange opportunities. For nearly 20 years, our unparalleled teams of subject-matter experts, former health plan executives and seasoned healthcare regulators have provided strategic, operational, financial, and clinical services to the industry, across a full spectrum of business needs. Further, our software solutions have continued to place efficient and compliant operations within our client’s reach. Find out more at www.gormanhealthgroup.com.

CPE CREDITS

Financial Research Associates 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.learningmarket.org

The recommended CPE credit for this course is up to 13 credits in the following field(s) of study: Specialized Knowledge and Applications

For more information, visit our website: www.healthcare-conferences.com/thefineprint.aspx

SPONSORSHIP AND EXHIBIT OPPORTUNITIES

Enhance your marketing efforts through sponsoring a special event or exhibiting your product at this event. We can design custom sponsorship packages tailored to your marketing needs, such as a cocktail reception or a custom-designed networking event.

To learn more about sponsorship opportunities, please contact Jennifer Clemence at 704-341-2438 or jclemence@healthcare-conferences.com
8:00 – 9:00  REGISTRATION AND CONTINENTAL BREAKFAST FOR ALL ATTENDEES

9:00 – 9:15  CHAIRPERSON’S WELCOME AND OPENING ADDRESS

9:15 – 9:45  NAVIGATING THE FOUNDATIONS OF HEALTH PLAN COMPLIANCE
- Understanding the depth of CMS’ role in your plan’s compliance
- Understand what and how CMS monitors your plan
- What essential items must health plans track for compliance?
- Grasping the scope of what non-compliance and penalties mean for a health plan
- What are the key areas that new compliance professionals need to focus on?

9:45 – 11:15 ELEMENTS OF AN EFFECTIVE COMPLIANCE PROGRAM: A STEP-BY-STEP GUIDE
- What do the seven elements truly mean for your plan?
  - How do you implement each element?
  - Which elements will pose the most problems?
  - Solutions for common issues
  - Terminology you must master
  - How to ensure your team is sticking to your policies and procedures (P&P)
- Which SOPs are most essential to any compliance program?

Jessica Vander Zanden, CHC, Director of Compliance and Culture
NETWORK HEALTH INSURANCE CORPORATION

11:15 – 11:30 MORNING BREAK

11:30 – 12:15 INTRO TO ESSENTIAL COMPLIANCE RESOURCES: USING TOOLS EFFECTIVELY TO BLOCK COSTLY MISTAKES
- What CMS program guideline chapters pertain to MA compliance?
- How do you navigate CMS memos?
  - How are memos different than chapters?
  - What are memos’ significance to compliance?
- Where should you go if you need additional guidance?

Patricia Suffern, RN, MPM, JD, Assistant Vice President, Complete Care
VIRGINIA PREMIER HEALTH PLAN, INC.

1:15 – 2:15 REVIEWING THE ENTIRE RANGE OF MARKETING AND SALES COMPLIANCE
- What does CMS consider marketing? And what are considered compliant marketing and sales processes?
- When and how do marketing guidelines impact your plan?
- What are some essential, basic steps for continuously monitoring your marketing and sales efforts?

Melissa Bashara, Medicare Compliance Manager
ROCKY MOUNTAIN HEALTH PLANS
Joan Merwin, Director of Individual Sales
NETWORK HEALTH INSURANCE CORPORATION

2:15 – 3:00 PROVIDER NETWORK ADEQUACY: BEST PRACTICES FOR CMS PILOT
- Provider network requirements for on-going compliance
- Managing provider directories
- What does compliance mean for your network?
- How do you maintain compliance with the latest updates from CMS?
- What is working so far for health plans?

3:00 – 3:15 AFTERNOON BREAK

3:15 – 4:15 ANNUAL RISK ASSESSMENTS – KEYS TO CREATING PRACTICAL MONITORING PLANS
- Defining the core elements of risk assessment
- What should your risk assessment look like?
- How do you customize the risk assessment for your plan?
- What are the greatest risks? How do you identify them?
- What does developing an effective monitoring plan look like?
- Coordinating with SIU and internal audits for compliance verification

Jacky Jackson, Manager, Internal Audit
BLUE CROSS OF IDAHO HEALTH SERVICE, INC.
Sonya Henderson, Vice President of Compliance and Government Programs
FIRSTCARE HEALTH PLANS

4:15 – 5:00 ROUNDTABLES - HOT TOPICS IN COMPLIANCE
Choose the topic of most interest and learn best practices and solutions from seasoned compliance professionals.

Tracking Deliverables & Deadlines
Deborah Marine, JD, CHC, Medicare Compliance Officer
SUMMACARE

Beneficiary Impact Analysis (BIA) & Escalation Process
Rohit Gupta, Director of Medicare
INLAND EMPIRE HEALTH PLAN

Compliance Training & Enforcement Throughout Your Plan
Jack Mackin, Vice President Compliance/Agent Contracting
UNIVERSAL AMERICAN

Medication Therapy Management (MTM) Pilot
Scott McAdams, Chief Compliance Officer
HEALTH ALLIANCE MEDICAL PLAN

5:00 – 6:00 COCKTAIL RECEPTION IMMEDIATELY FOLLOWING
For more information about our sponsorship opportunities contact Jennifer Clemence at (704) 341-2438 or jclemence@healthcare-conferences.com
DA Y TWO: FRIDAY, JULY 29, 2016

8:00 – 8:45  CONTINENTAL BREAKFAST FOR ALL ATTENDEES
8:45 – 9:00  CHAIRPERSON’S RECAP OF DAY ONE
9:00 – 10:00  AUDIT-READINESS & COMMON AUDIT FINDINGS: THE CORNERSTONE OF YOUR PLAN’S SURVIVAL
• Examples of using common findings to prevent non-compliance
• Lessons learned from plans that have been through a recent program audit
• What is the current extent of a CMS audit?
• How do you utilize CMS reports on common findings to build a better compliance program?
• In which common areas are plans being cited?
• How do you audit internally and monitor on a regular basis? What does that look like?
• Best practices for documentation to exceed expectations in a CMS audit
  - What does CMS look for?
  - What must be included?
• Examples of errors in audit-prep that could have been easily corrected

Deborah Marine, JD, CHC, Medicare Compliance Officer
SUMMACARE
David Sayen, Senior Vice President, Client Relations
GORMAN HEALTH GROUP
Lisa Artale-Bross, Senior Consultant
GORMAN HEALTH GROUP

10:00 – 11:00  ODAG & CDAG PRIMER – MAKING SENSE OF THESE HIGH-RISK AUDIT AREAS
• Understanding the regulatory timeline and key definitions
• What data elements are being reviewed by CMS?
• What are universe submissions?
• What is an Immediate Correction Action Required (ICAR)?
  - Strategies you must implement to avoid an ICAR
• Best practices for notifications, documentation, and timeliness

Rohit Gupta, Director of Medicare
INLAND EMPIRE HEALTH PLAN

11:00 – 11:15  MORNING BREAK

11:15 – 12:15  DEFINING AN FDR – AVOIDING HUGE MISTAKES & PENALTIES WITH ACCURATE IDENTIFICATION AND OVERSIGHT
• What is a First Tier, Downstream or Related Entity (FDR)?
• Making sense of how to differentiate downstreams and related entities
• What to do when in doubt?
• What vendors need to be supervised?
• Verifying documentation from vendors
• Reducing fraud, waste and abuse amongst your FDRs
• How do you manage vendor compliance?
• What common issues can you avoid?

Yvonne Chastanet, Director, Corporate Compliance & Privacy
MEDICA
Rhonda Kertzman, Vendor Oversight Manager, Corporate Compliance
MEDICA

12:15 – 1:15  NETWORKING LUNCH

1:15 – 2:15  BREAKING THROUGH THE COMPLIANCE SILO -- WORKING WITH OTHER DEPARTMENTS AND WITH CMS
• How does each department in the plan fit into compliance?
• When and how to rely on other departments
• How to leverage subject matter experts
• What is the role of CMS account managers?
• Maintaining effective relationships to protect your plan

Demetrios Kouzoukas, General Counsel
UNITED HEALTHCARE MEDICARE & RETIREMENT

2:15 – 3:00  AN INTRO TO ENROLLMENT AGENTS’ COMPLIANCE
• What are CMS’ compliance expectations for enrollment agents?
• Ongoing plan monitoring of agents – the basics
• Common pitfalls of enrollment agents
• The essential steps of compliance enforcement

Jack Mackin, Vice President Compliance/Agent Contracting
UNIVERSAL AMERICAN
Larry Baca, Director, Sales
INTER VALLEY HEALTH PLAN*
*Pending final confirmation

3:00  CONFERENCE CONCLUDES

“Excellent real-life examples and opportunity to collaborate with similarly situated professionals.”
Sara Peix, CHENMED

“As a new plan in its first year, the information provided in this seminar is invaluable to our organization in developing our knowledge base and ensuring we survive an audit.”
Jennifer McFarlane, JOHN HOPKINS HEALTHCARE

“Learned multiple tips to help implement a Medicare Advantage plan.”
Kimberly Neuman, PASSPORT HEALTH PLAN
HEALTHCARE EDUCATION ASSOCIATES
200 WASHINGTON ST. SUITE 201
SANTA CRUZ, CA 95060

ATTENTION MAILROOM:
If undeliverable, please forward to the Compliance Officer.

Payment Method:
Payments must be received no later than July 21, 2016
Please bill my: □ MC □ VISA □ AMEX □ DISCOVER
Card Holder’s Name: ________________________________
Exp. Date: ______/____
Signature: ________________________________
Check enclosed: □ Please bill me later: □

INCORRECT MAILING INFORMATION: If you are receiving multiple mailings, have updated information or would like to be removed from our database, please fax our database team at 704-341-2641 or call 704-341-2387. Please keep in mind that amendments can take up to 8 weeks.

CONFERENCE CODE: H376

Medicare Compliance 101 Boot Camp

Mastering the Foundations of Implementing a Robust Program, Improving Audit-Readiness and Enhancing Oversight to Avoid Costly Penalties

JULY 28-29, 2016 THE STANDARD CLUB CHICAGO, IL

TO REGISTER: CALL 866-676-7689 OR VISIT US AT WWW.HEALTHCARE-CONFERENCES.COM