Program Planning Committee

Robert G. Homchick, Program Chair
Amanda Walker Copsey
J. Reginald Hill
John E. Kelly
Katherine A. Lauer
Albert W. Shay

Program Learning Objectives

• Gain a greater understanding of regulations (Stark, False Claims Act, Anti-Kickback Statute) and enforcement efforts in these areas

• Learn how emerging regulatory trends, recent case law, and legislative development will affect legal and compliance practices in health care

• Network with peers and learn about the challenges and risk areas faced by plans and providers

Hotel Information

Renaissance Harborplace Hotel
The Gallery Mall
Baltimore, MD 21202
Phone: (410) 547-1200

Hotel accommodations are not included in the registration fee. Call Renaissance Harborplace Hotel at (410) 547-1200 and indicate that you are attending the AHLA program or go online to https://book.passkey.com/go/healthlawyers2018. Rooms at the group rate of $219 single/double occupancy are limited and may sell out prior to the Tuesday, September 4, 2018 cut-off.

Exhibitors

Affiliated Monitors, Inc.
AMGA Consulting
BKD CPAs & Advisors
Bloomberg Law
BRG Health
Coker Group
HealthCare Appraisers Inc.
Navigant
Ntracts Inc
Pinnacle Healthcare Consulting
Plante Moran
Protiviti

PYA
Sullivan, Cotter and Associates, Inc.
Veralon Partners
VMG Health
Widener University Delaware Law School

Sponsors

Program

HealthCare Appraisers

Practice Group Luncheon and eProgram

Compliance Networking Breakfast

Bloomberg Law

Wifi

Program Mobile App

Pinnacle Healthcare Consulting

Faculty Lounge

Sullivan Cotter and Associates, Inc.

Registration Fees:

Postmarked and paid on or before September 4, 2018

$870 first AHLA Member
$795 each additional AHLA Member
$770 first AHLA In-House Counsel/Compliance Officer Member
$695 each additional AHLA In-House Counsel/Compliance Officer Member
$1020 In-House Counsel/Compliance Officer Non-Member
$1120 Non-Member

Postmarked and paid between September 5-18, 2018*

$995 first AHLA Member
$920 each additional AHLA Member
$895 first AHLA In-House Counsel/Compliance Officer Member
$820 each additional AHLA In-House Counsel/Compliance Officer Member
$1145 In-House Counsel/Compliance Officer Non-Members
$1245 Non-Member

Discounts

$100 off full applicable rate for Solo Practitioner
$525 AHLA Government, Academician, or Public Interest Professional Member
$600 Government, Academician, or Public Interest Professional Non-Member

Fraud and Abuse Practice Group Lunch

$60 Members of the sponsoring Practice Group(s)
$70 Non-Members of the sponsoring Practice Group(s)

* Fees increase $100 after this date

For the most up-to-date information and to register, visit our website at: www.healthlawyers.org/programs
Wednesday, September 26, 2018
10:30 am-5:30 pm
Registration and Information
11:00 am-12:30 pm
Billing and Coding Bootcamp
Michael D. Miscoe
Robert A. Pelaia
• The basics of procedural (CPT) coding
• General guidance on use of the CPT coding manual
• Common issues associated with coding billing disputes
• Common legal/compliance issues based on coding
12:30-1:30 pm
Lunch on your own

CONCURRENT SESSIONS

1:30-2:45 pm Extended Sessions
A. Stark Law Basics (not repeated)
Troy A. Barsky
Matthew Edgar
• Basic elements of the Stark Law giving participants a solid foundation in the key terms and concepts of the law
• Simple method for identifying potential Stark Law problems in all situations including compliance reviews, disclosures, investigations, or transactions
• Real-world examples to help understand how to address Stark Law issues including how to ensure compliance with the law
• Ability to approach more complex Stark Law problems by understanding the key tools and resources needed to address any identified Stark Law issues

B. Introduction to Medicaid Managed Care (not repeated)
James Golden
Ross D. Margulies
Melissa A. Wong
Since 1997, states have had significant flexibility to enroll most Medicaid recipients into managed care without the need for a waiver. In 2016, 65 million individuals were enrolled in some type of Medicaid managed care (61% of the population) (Mathematica Policy Research (Spring 2018)). Although the increase can be explained, in part, by the Medicaid expansion enacted as part of the Affordable Care Act, it is undeniable that Medicaid managed care penetration continues to grow.
• Overview of the Medicaid managed care framework
• Medicaid managed care organizing principles enacted under the 1997 Balanced Budget Act
• Evolution of CMS implementation of Medicaid managed care and a discussion of the major issues in the 2016 Final Rule
• Current topics in Medicaid managed care
  — ACA health insurance tax (State of Texas v. United States)
  — Medicaid managed care coverage of prescription drugs: Interaction with the drug rebate statute
  — Medicaid ACOs
  — Social determinants of health in Medicaid managed care
  — Value-based purchasing
  — Medicaid fraud control efforts in Medicaid managed care

C. Best Practices for Lawyers and Experts in Health Care Fraud Investigations, Self-Reporting, and Lawsuits (Advanced) (not repeated)
Mary K. Wickens (Moderator)
Mike Leonard
Kevin L. O’Brien
Michael E. Paulhus
• Federal rules and precedential cases on use of experts, especially cases resolved as a result of expert testimony or Daubert challenged experts
• Practical suggestions and best practices for engaging and using experts in fraud cases—including case review, discovery, report drafting, depositions, and trial testimony
• Effectively using experts in internal investigations, self-reporting, responding to audits and Civil Investigative Demands, serving as IROs, and other situations
• The role of experts in mergers and acquisitions and contract negotiations, for valuation purposes and compliance with the Anti-Kickback statute
• The role of data, data mining, algorithms, AI and other emerging technologies, and best use of experts for this work
• Fraud allegations in commercial cases and arbitrations and the use of experts in these cases

3:00-4:00 pm
D. Anti-Kickback Statute/CMP Primer (not repeated)
Susan A. Edwards
Spencer K. Turnbull
• The nuts and bolts of the Federal anti-kickback statute and beneficiary inducement provisions of the CMP and real world examples to explain the two statutes, their prohibitions, and their exceptions and safe harbors
Additional Program Information

Continuing Education Credit Information

CLE/MCLE: AHLA will be applying for 16.0 credits (including 2.0 ethics credit) for 60-minute states and approximately 19.2 credits (including 2.4 ethics credit) for 50-minute states.

CPE: AHLA will be applying for 19.0 CPE credits.

AHLA 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 addressed to the National Registry of CPE Sponsors, 150 Fourth Ave. North, Suite 700, Nashville, TN 37219-2417. NASBA’s website is www.nasba.org.

CCB: AHLA will be applying for 19.2 Compliance Certification Board (CCB) credits.

Participants will be given Continuing Education Request forms at the program. Forms must be completed and returned to AHLA staff to receive credit. The sessions, unless otherwise designated, are intermediate to advance in level. This program is designed to be an update on developments in the area of fraud and compliance health law. There are no prerequisites or advanced preparations required to register for this group live program. Those seeking accounting credits should be familiar with the basic concepts and terminology associated with health law in order to obtain the full educational benefit of this program.

- Purpose and prohibitions of the AKS, plus its exceptions and safe harbors
- The beneficiary inducements CMP, including its exceptions
- Relationship between the AKS and the False Claims Act
- Application of the AKS and beneficiary inducements CMP in different segments of the health care industry, illustrated by recent case law and hypothetical scenarios
- How to use OIG’s Advisory Opinions and other guidance documents to avoid running afoul of the AKS and beneficiary inducements CMP
- To disclose or not: How to handle potential AKS violations when they’re discovered

E. Fair Market Value and Commercial Reasonableness Primer: Why It Is Important and How to Mitigate Risk (not repeated)
Evangeline “Evie” O. Lalangas
John Meindl

- Fair market value (FMV) and commercial reasonableness (CR)–when is this necessary?
- The interplay between FMV and CR–which comes first? How do they affect each other?
- Enforcement overview and updates–why you need to know the Travel Act
- Real world case studies–what triggers FMV and what can go wrong
- Looking ahead–enforcement changes and how to remain compliant

F. Legal Ethics: Can I Blow the Whistle: Who is my Client Anyway?
Ritu K. Cooper
Teresa A. Williams

- Can an attorney be a whistleblower under case law and the Model Rules
- Distinction between a compliance officer blowing the whistle and an attorney blowing the whistle (and what happens if the compliance officer is a lawyer?)
- Understanding who your client is in transactions and investigations
- How to navigate representation of your client when you learn of a corporate bad actor

4:15-5:15 pm

G. False Claims Act Primer
(not repeated)
Jamila M. Hall
Catherine L. Hess

- Elements of False Claims Act (FCA) liability
- FCA qui tam provisions and procedural bars
- “Reverse False Claim” liability
- FCA liability after the Supreme Court’s 2016 decision in United States ex rel. Escobar v. Universal Health Services, Inc
- Developments in FCA enforcement, including individual liability
- FCA damages and penalties, including penalty increases under Federal Civil Penalties Inflation Act Adjustment Act of 2015

H. Privacy and Security Nuts and Bolts
(not repeated)
Serena E. Mosley-Day
Eric Packel

- Who are covered entities and business associates under HIPAA
- The Privacy, Security, and Breach Notification Rules
- The Privacy Rule’s limits on uses and disclosures, individual privacy rights, and administrative requirements
- The Security Rule’s requirements for administrative, physical, and technical safeguards
- The Breach Notification Rule and state law notification requirements

4:15-5:30 pm

4:15-5:30 Extended Sessions

I. Physician Compensation: What Makes This So Complicated?
(Advanced)
Robert G. Hornchick
Albert D. Hutzler
Albert W. Shay

- Latest Stark Law and other guidance on physician compensation, including both recent case law and regulatory changes
- Understanding compensation survey data
- Physician compensation plans 2.0—an assessment of trends and pitfalls in compensation plans that include performance-based metrics
- Analysis of physician compensation plan hypoetheticals
- Q&A session
J. Fraud and Abuse Initiatives by Health Insurers against Providers: Perspectives from Both Sides

David S. Greenberg
Steven D. Hamilton
Chris Petelle

- Health insurers, including Medicare Advantage and Medicaid Managed Care Organizations, have ramped up their efforts to combat alleged fraud and abuse and pursued significant recoveries against providers and other health care entities. Those health insurers are also increasing their cooperation with the federal and state governments through joint task forces and other recovery initiatives.

- Current and emerging fraud and abuse initiatives by health insurers and the issues from both the payer and provider perspectives, including best practices and practical advice

- Health insurer special investigation unit initiatives and processes, including best practices for how to respond

- Health insurer litigation against providers regarding allegedly improper relationships with referral sources, out-of-network providers, and ancillary providers such as laboratories

- Cooperation between governments and health insurers on enforcement initiatives and investigations of providers for alleged fraud

- Medicare Advantage and Medicaid Managed Care Organizations obligations to detect and correct fraud and abuse and how they implement those requirements through Special Investigations Units and other methods

- Current and emerging hot areas of fraud and abuse being pursued by Medicare Advantage and Medicaid Managed Care Organizations

Thursday, September 27, 2018
7:00 am-5:00 pm
Registration and Information

7:00-7:50 am
Compliance Professionals Networking Breakfast, sponsored by Bloomberg Law
This event is included in the program registration; limited attendance; pre-registration required.

7:00-8:00 am
Continental Breakfast, sponsored by HealthCare Appraisers, Inc.
This event is included in the program registration fee. Attendees, faculty, and registered guests are welcome.

8:15-9:30 am
Now What Do We Do? How to Provide Guidance and Leadership After a Government Investigation
John E. Kelly (Moderator)
Audrey T. Andrews
James Hearty
- Best practices and lessons learned following a government investigation
- Forward-looking perspectives based on their experiences following a government investigation including guiding company leadership and managing post-resolution oversight

9:30-10:45 am
Year in Review
Elizabeth B. Carder-Thompson
- HHS and OIG stage largest health care fraud takedown in history
- Continued record breaking numbers of false claims act recoveries
- The Yates Memo on individual culpability in action
- Escobar aftermath: What does it mean to plead fraud with particularity?
- Regulatory developments: Episode payment models cancelled

5:15-6:30 pm
Networking and Diversity+Inclusion Reception, hosted by AHLA’s Diversity+Inclusion Council, sponsored by HealthCare Appraisers, Inc.
Join us and your colleagues and learn more about AHLA’s diversity and inclusion initiatives and network with AHLA leaders and your fellow colleagues. This event is included in the program registration; attendees, faculty, and registered guests welcome.

GENERAL SESSION
8:00-8:15 am
Welcome and Introductions
Robert R. Niccolini, AHLA President-Elect
Robert G. Homchick, Program Chair
**Membership**

Dues are $235 for those admitted to the Bar/graduated from college within the last four years; $355 for those admitted/graduated between four and seven years ago; and $400 for those admitted/graduated eight or more years ago. Dues are $120 for government employees and full-time academicians; $105 for paralegals, $125 for public interest professionals, and $100 for retired professionals. Include the applicable membership fee with your registration form and take advantage of the program registration fee for members.

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**Cancellations/Substitutions**

Cancellations must be received in writing no later than September 14, 2018 and sent to Dorothy Johnson: djohnson@healthlawyers.org. Registration fee, minus the $125 administrative fee, will be refunded approximately 3-4 weeks following the program in the same form of tender as the original payment. Refunds will not be issued for cancellations received after the cancellation date, to include no-shows.

Substitutions will be accepted, in writing to AHLA (djohnson@healthlawyers.org), up to 2 business days prior to the event date on a one time basis. Note, that the registration fee is based on AHLA membership status of the individual who actually attends the program. Non-member substitutes will be charged the fee difference if they are substituting for a member-discounted registration. An administrative fee of $125 will be charged for a substitution request.

Transfer to an upcoming event within one year of equal or higher value is available on a one time basis only, and should be received in writing to AHLA (djohnson@healthlawyers.org) no later than 2 business days prior to the event. An administrative fee of $125 will be charged for a transfer request.

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**10:45-11:15 am**

**Coffee Break**

**Exhibits Open—Meet the Exhibitors**

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**11:15 am-12:30 pm**

**Extended Sessions**

**K. Developments in Individual Criminal and Civil Culpability Post-Yates Memorandum (not repeated)**

Laura M. Cordova
Gejaa T. Gobena
Colin Huntley

- In September 2015, then-Deputy Attorney General Sally Yates issued a memorandum directing the Department of Justice to focus on individual culpability when evaluating white collar criminal and civil cases. The policies were continued into the Trump administration and have been in place for two and a half years.
- Overview of the memorandum, including important provisions that may have been overlooked
- The Department’s post-Yates memorandum enforcement activity with respect to individuals, with a focus on several select cases, with a particular focus on interesting developments in civil enforcement matters
- How the resolutions have varied and the impact that had on the individuals and their ability to participate in the Medicare program
- Factors the government takes into account when addressing individual accountability and may impact whether an individual will face criminal, civil or any liability

**L. False Claims Act Update**

Kirk Ogrosky
Benjamin C. Wei

Discussion about recent legal and statutory developments in the false claims act context, including:

- Recent cases addressing medical necessity as a basis for liability including differences in medical opinion
- How courts have applied the U.S. Supreme Court’s Escobar decision and the continuing evolution of implied certification FCA theories
- Establishing causation in FCA enforcement actions
- Case law developments in pleading standards, including discussion of public disclosure and 9(b) requirements

**M. Criminal HCF Investigations, Prosecutions, and Resolutions Update**

Dustin Davis
Sally Molloy
Lisa Snell Rivera

- Update on criminal HCF enforcement initiatives, coordination, and efforts
- Significant criminal HCF cases
- Persistent and emergent HCF schemes
- The impact of self-disclosure, remediation, cooperation and an effective ethics and compliance program on the structural and monetary components of a corporate criminal resolution

**N. Compliance in a Value-Based Reimbursement World**

Christopher Haney
Michael B. Lampert
Ted Lotchin

- Value-based reimbursement demands that organizations report new data and incentivize new behaviors amongst and array of providers and suppliers, with the objective of delivering more effective care at lower cost. These new activities present new risks
- What is different for organizations receiving value-based payments and developing platforms to support those payments and related funds flow. What demands do organizations face? What really has changed?
- The limitations of existing tools, like the waivers established for the MSSP and for some CMMI programs, and what those limitations mean for organizations participating in an array of arrangements. Where are organizations operating beyond protection that has been established?
- Investigate new risk areas that may be created, and how to address them. For example, under and Escobar framework, what new “statements” are material to payment decisions, and how should organizations address related False Claims Act risk?
I. Physician Compensation: What Makes This So Complicated? (Advanced) (repeat)

12:30-1:45 pm

Lunch on your own or attend the Fraud and Abuse Practice Group Luncheon, sponsored by PYA

Title: HHS’ Regulatory Sprint to Coordinated Care

Kimberly Brandt
Principal Deputy Administrator for Operations, Centers for Medicare and Medicaid Services, Baltimore, MD

Vicki L. Robinson
Senior Counsel for Policy, Office of the Inspector General, US Department of Health and Human Services, Washington, DC

Lisa Ohrin Wilson
Senior Technical Advisor, Centers for Medicare and Medicaid Services, Baltimore, MD

Panelists from CMS and OIG will discuss HHS’ new initiative focused on removing regulatory barriers to coordinated care and value-based care.

This event is not included in the program registration. There is an additional fee of $60 for members of the sponsoring Practice Groups and $70 for non-members; limited attendance; pre-registration required. Continuing Legal Education Credits are not available for the luncheon.

2:00-3:00 pm

O. The Evolving CyberSecurity and Privacy Risk in Health Care: Preparing for and Responding to an Incident (not repeated)

Marti Arvin
Joseph A. Dickinson

• How to draft and test an effective incident response plan for a privacy or security incident in a health care organization

• The common mistakes made in executing an incident response plan

• Tips for making the business case to senior leadership on the importance of an effective incident response plan

P. Emerging Administrative Enforcement Tools and Update (not repeated)

Julie Burns
Katie R. Fink
Judith A. Waltz

• Use of data analytics

• Medicare: Denials and revocations of billing privileges, enrollment moratoria

• Payment suspensions (recent Medicaid targets as well as Medicare “sweeps”)

• OIG CMPs and Exclusions—affirmative litigation

• Medicaid Enforcement: CMS-led efforts, Reciprocal terminations, enrollment actions

• The effect of the 60-Day refund statute on overpayments involving Medicaid, Medicare Advantage, and Medicaid Managed Care plans

R. Patient Inducement Prohibition Case Studies

Timothy P. Blanchard
Jillian Sparks

• Copayment waivers

• Promoting access to preventive services and other health care

• The Financial Need-Based exception

• Local transportation and shuttles

• Nominal value analysis

S. Fraud and Abuse Issues in Telehealth

Laura F. Laemmle-Weidenfeld
Terrence M. Lewis

• Impact of recent telehealth reimbursement changes on fraud and abuse concerns

• The evolution of telehealth models in today’s health systems and the fraud and abuse challenges they present

• Unique issues arising in academic medical center context

• Focus of increased law enforcement scrutiny in telehealth
ASSOCIATION TRAVEL CONCEPTS
1-800-458-9383
email: reservations@atcmeetings.com
http://www.atcmeetings.com/ahla

ATC is available for reservations from 8:30 am until 8:00 pm Eastern, Monday through Friday.

3:15-4:15 pm

T. 340B’s Tumultuous Year: Program Status and Trends in Auditing, Compliance, and Reimbursement
(not repeated)
Cindy K. Bartlett
Moira K. Gibbons
Justin C. Linder

The 340B program has drawn recent attention from CMS, on Capitol Hill and in the courts. In the wake of a Medicare reimbursement reduction for certain 340B entities, an uptick in HRSA audits, the introduction of new coding modifiers and calls for far-ranging program revisions by some in Congress and the pharmaceutical industry, the panel will reflect on the status of the program, the impact of reimbursement changes, and trends in compliance and auditing. The session will focus on the following topics, among others:

• Changes to CMS reimbursement for 340B discounted drugs imposed under the 2018 Outpatient Prospective Payment System Final Rule (OPPS Final Rule), including Medicare reimbursement reductions to certain 340B covered entities and the implementation of a new modifier system on all 340B entities
• Strategies to promote compliance with 340B drug diversion, duplicate discount and GPO prohibitions
• The HRSA audit process and practical advice from the perspective of 340B covered entity compliance officers
• The status of the American Hospital Association’s lawsuit seeking to enjoin the 340B payment reduction and legislative efforts to transform the program

U. Interacting with the Government: An Inside View
(not repeated)
Joan P. Dailey
Vicki L. Robinson
Lisa Ohrin Wilson

Do you have questions about how the government really works? Interested in hearing from government lawyers with decades of fraud and abuse experience? This is the panel for you! In a relaxed, “fireside chat” format, panelists from CMS, OIG, and the HHS Office of the General Counsel will provide an insider’s perspective on the following:

• Interagency, external stakeholder, and other interactions with and among governmental agencies
• Challenges for the rulemakers, including special rules for government employees and how they affect stakeholder interactions with the government
• Tips on such topics as responding to government requests for information and policy proposals, decoding “government speak,” participating in meetings with officials and staff at various levels of the government, and less formal, day-to-day interactions with the government
• Such other topics as the panelists deem reasonable, necessary, and without undue risk of abuse

V. The Time Is Now–Medicare Advantage/Medicaid Managed Care Comes to the Forefront of Enforcement
Wayne T. Gibson
S. Craig Holden
Megan H. Tinker

• The trend in enforcement actions against Medicare and Medicaid Managed Care providers and their contractors—what has changed and what is new in these actions?
• What do smaller enforcement actions and trends suggest regarding industry oversight?
• Are regulations changing or is enforcement increasing? Thoughts on call letters and other items
• Key considerations for health plans, providers, and third party vendors

W. Legal Ethics: The Grey Zone–Ethical Issues in between Compliance and Legal
Dawn R. Crumel
Kim H. Looney
Jennifer Wooten Ierardi

• Intersection of Compliance and Legal in protecting the organization
• Communication and coordination issues when compliance and legal aren’t on the same page
• The role of Rules of Professional Conduct in these situations
• Reality of Compliance making independent reports to the board
• Hypothetical situations

X. Board Compliance Training—What’s it All About
Laura E. Ellis
William T. Mathias
Michael W. Peregrine

• Importance of Board Compliance Training
• Delaware law and Caremark standard of conduct
• AHLA/OIG and HCCA guidance on oversight
• OIG’s perspective and lessons from CIAs
• DOJ FCA actions and settlements naming officers and directors
• Board’s role versus responsibilities of GC, CCO and IA
• Practical tips on developing effective Board Compliance Training

4:30-5:00 pm

Y. Clinical Laboratories under the Microscope (not repeated)
Jane Pine Wood
• Recent laboratory prosecutions and settlements
• Hospital laboratory business models
• Private payer reimbursement

Z. Opening the Pod Bay Doors: The Impact of Artificial Intelligence on Program Integrity
Paul Westfall
• Introduction into Artificial Intelligence (AI)
• How AI can drive and mitigate program integrity concerns
• How AI can support a compliance program
• Evolving issues and interactions with other technologies like cybersecurity and blockchain

AA. Mid-Levels: Stark and Anti-Kickback Issues—Who Can Bill for What
Carolyn Buppert
• Reimbursement of NP and PA services – how to bill the services of NPs and PAs
• How to bill for shared visits
• Hospitals: Don’t hire NPs and PAs and then give them out as prizes to referring physicians. It’s a Stark law problem
• Physician practices: Don’t bill for NP/PA services unless you employ that person. Only the employer has the right to bill
• Other hot compliance issues surrounding the provision of NP/PA services

BB. HHS OIG Analytics for Health Care Oversight
Steve Shandy
• Recent payment and other trends
• Priority outcome areas for OIG oversight work
• Examples of analytic approaches OIG uses for identifying questionable billing
• Highlights from OIG law enforcement and compliance actions

CC. Hot Topics in Behavioral Health
Brian Altman
• Renewed focus on balancing privacy and data sharing
• Pending/Passed Legislation

5:00-6:00 pm

Networking Reception, sponsored by HealthCare Appraisers, Inc.
This event is included in the program registration. Attendees, faculty, and registered guests are welcome.

Friday, September 28, 2018
7:00 am-2:45 pm
Registration and Information
7:00-7:50 am
Networking Breakfast, hosted by AHLA’s Women’s Leadership Council
This event is included in the program registration; limited attendance; pre-registration required.

CONCURRENT SESSIONS

8:00-9:15 am
Extended Sessions

DD. Fraud and Abuse Impact of the Opioid Crisis (not repeated)
Michael Cohen
Jacob T. Elberg
Tony R. Maida
• The federal government’s fraud and abuse enforcement response to the opioid epidemic
• Common themes and lessons drawn from recent enforcement actions
• False Claims Act prosecution and defense theories relating to opioid issues
• Compliance and risk management actions boards and executives can take to address this issue
J. Fraud and Abuse Initiatives by Health Insurers against Providers: Perspectives from Both Sides (repeat)

L. False Claims Act Update (repeat)

M. Criminal HCF Investigations, Prosecutions, and Resolutions Update (repeat)

N. Compliance in a Value-Based Reimbursement World (repeat)

9:30-10:30 am

EE. What Gets Measured Gets Done: The Evolution of Compliance Program Effectiveness, Ways to Demonstrate and Measure It (not repeated)
Gregory J. Ehardt
Susan E. Gillin
• How to incorporate the OIG/HCCA resource guide to demonstrate effectiveness of compliance activities
• Cost effective ways to measure and demonstrate effectiveness
• Key measures and methods of presenting information to senior leadership on compliance program effectiveness

FF. Can’t We All Just Get Along? How Compliance, Legal, Risk, Internal Audit, and Others Can Work Together to Better Mitigate Organizational Risk
Paul Flanagan
Leah B. Guidry
Lori A. Laubach
• In times of scarce resources, increasing public scrutiny, and greater enforcement, how can these departments address risk in a more collaborative manner for the overall good of the organization?
• What are the boundaries and parameters of each department and does staying within those boundaries create gaps?
• Where is collaboration best suited?

GG. When the Government Comes Knocking: Best Practices in Government Investigations from Both Sides of the Aisle
Candice M. Deisher
Mark T. Morrell
W. Stephen Muldrow
• Investigating potential health care fraud
  — Origin and trajectory of a health care fraud
  — Internal investigations into potential fraud: In-house responses and considerations
• Investigative Tools: Search Warrants, Subpoenas and CID
  — What is the government seeking and why?
  — In-house response: Marshalling internal assets, gathering data, and response
• Self-Disclosures, Overpayments, and FCA cases
• Best practices

HH. Provider-Based Status
Darby C. Allen
Eric Farrell
Andrew D. Ruskin
• Discussion with in-house and outside counsel regarding key issues in provider-based compliance
• Tips on priority items to assess when conducting internal compliance reviews of provider-based locations
• The when, what, where, and how of making repayments due to provider-based noncompliance in light of the 60-Day Repayment Rule
• Compliance concerns with management contracts for provider-based facilities
• Compliance strategies for new provider-based locations and changes to grandfathered locations

F. Legal Ethics: Can I Blow the Whistle: Who is my Client Anyway? (repeat)

10:45-11:45 am

II. A House of Cards—Mitigating Risk of Actual and Perceived Fraud and Compliance Issues in M&A Transactions (not repeated)
Gary Keilty
Joshua J. Moore
Ethan E. Rii
• Specific weak points in development phase
• Imprecise and misapplied negotiation tactics that reverberate throughout the transaction
• Miscalculation of transaction value and benefit resulting in premature tipping of leverage
• Not appropriately framing known compliance risks that materially affect key business and legal terms of the transaction
• Maneuvering around in-process negotiation missteps
• Surviving “shrapnel” from unexpected compliance/fraud findings
• Effectively messaging and managing material fraud and compliance findings
• Learning to “pivot” properly and timely to avoid significant legal/compliance risks post-closing
• Real-life (dramatized) example of M&A transaction
• Key transaction business leadership missteps
• Key transaction legal/compliance missteps
• Inability to execute proper resolution of transaction
• Analyze potential solutions to best remediate missteps

R. Patient Inducement Prohibition Case Studies (repeat)

V. The Time Is Now—Medicare Advantage/Medicaid Managed Care Comes to the Forefront of Enforcement (repeat)

W. Legal Ethics: The Grey Zone—Ethical Issues in between Compliance and Legal (repeat)

X. Board Compliance Training—What’s it All About (repeat)

11:45 am-12:45 pm
Lunch on your own

CONCURRENT SESSIONS

1:00-2:00 pm


S. Fraud and Abuse Issues in Telehealth (repeat)

FF. Can't We All Just Get Along? How Compliance, Legal, Risk, Internal Audit, and Others Can Work Together to Better Mitigate Organizational Risk (repeat)

GG. When the Government Comes Knocking: Best Practices in Government Investigations from Both Sides of the Aisle (repeat)

2:15-2:45 pm

JJ. Fundamentals of the Fraud and Abuse Waivers (not repeated)
Amanda W. Copsey
Laura Dash

• Statutory authority to issue fraud and abuse waivers for the Shared Savings Program and CMMI models
• Government process for developing waivers
• Types of existing waivers
• Future considerations

Z. Opening the Pod Bay Doors: The Impact of Artificial Intelligence on Program Integrity (repeat)

AA. Mid-Levels: Stark and Anti-Kickback Issues—Who Can Bill for What (repeat)

BB. HHS OIG Analytics for Health Care Oversight (repeat)

CC. Hot Topics in Behavioral Health (repeat)

Adjournment
# Program Schedule

## Wednesday, September 26, 2018

Please Note: Sessions shaded are Compliance Focused Topics

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>10:30 am-5:30 pm</td>
<td>Registration and Information</td>
</tr>
<tr>
<td>11:00 am-12:30 pm</td>
<td>Billing and Coding Bootcamp&lt;br&gt;Miscoe, Pelaia</td>
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<tr>
<td>12:30-1:30 pm</td>
<td>Lunch on your own</td>
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<tr>
<td>1:30-2:45 pm</td>
<td><strong>Extended Sessions</strong></td>
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<tr>
<td>A. Stark Law Basics (not repeated)</td>
<td>Barsky, Edgar</td>
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<tr>
<td>B. Introduction to Medicaid Managed Care (not repeated)</td>
<td>Golden, Margulies, Wong</td>
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<tr>
<td>3:00-4:00 pm</td>
<td><strong>Extended Sessions</strong></td>
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<tr>
<td>D. Anti-Kickback Statute/CMP Primer (not repeated)</td>
<td>Edwards, Turnbull</td>
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<tr>
<td>E. Fair Market Value and Commercial Reasonableness Primer: Why It Is Important and How to Mitigate Risk (not repeated)</td>
<td>Lalangas, Meindl</td>
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<tr>
<td>F. Legal Ethics: Can I Blow the Whistle: Who is my Client Anyway?</td>
<td>Cooper, Williams</td>
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<tr>
<td>4:15-5:15 pm</td>
<td><strong>Extended Sessions</strong></td>
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<tr>
<td>G. False Claims Act Primer (not repeated)</td>
<td>Hall, Hess</td>
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<tr>
<td>H. Privacy and Security Nuts and Bolts (not repeated)</td>
<td>Mosley-Day, Packel</td>
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<tr>
<td>I. Physician Compensation: What Makes This So Complicated? (Advanced)</td>
<td>Homchick, Hutzler, Shay</td>
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<tr>
<td>J. Fraud and Abuse Initiatives by Health Insurers against Providers: Perspectives from Both Sides</td>
<td>Greenberg, Hamilton, Petelle</td>
</tr>
<tr>
<td>5:15-6:30 pm</td>
<td>Networking and Diversity+Inclusion Reception, hosted by AHLA’s Diversity+Inclusion Council, Sponsored by HealthCare Appraisers, Inc. (This event is included in the program registration fee. Attendees, faculty, and registered guests are welcome)</td>
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### Thursday, September 27, 2018

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>7:00 am-5:00 pm</td>
<td>Registration and Information</td>
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<tr>
<td>7:00-7:50 am</td>
<td>Compliance Professionals Networking Breakfast, sponsored by Bloomberg Law</td>
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<td>(This event is included in the program registration; limited attendance; pre-registration required)</td>
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<td>7:00-8:00 am</td>
<td>Continental Breakfast, sponsored by HealthCare Appraisers, Inc.</td>
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<tr>
<td>8:00-10:45 am</td>
<td><strong>General Session</strong></td>
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<tr>
<td>8:00-8:15 am</td>
<td>Welcome and Introductions</td>
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<td></td>
<td>Niccolini, Homchick</td>
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<tr>
<td>8:15-9:30 am</td>
<td><strong>Now What Do We Do? How to Provide Guidance and Leadership After a Government Investigation</strong></td>
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<tr>
<td></td>
<td>Kelly (Moderator), Andrews, Hearty</td>
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<tr>
<td>9:30-10:45 am</td>
<td><strong>Year in Review</strong></td>
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<td>Carder-Thompson</td>
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<tr>
<td>10:45-11:15 am</td>
<td>Coffee Break</td>
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<td>Exhibits Open—Meet the Exhibitors</td>
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<tr>
<td>11:15 am-12:30 pm</td>
<td><strong>Extended Sessions</strong></td>
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<tr>
<td>K. Developments in Individual Criminal and Civil Culpability Post-Yates Memorandum</td>
<td>(not repeated)</td>
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<tr>
<td>Cordova</td>
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<tr>
<td>L. False Claims Act Update</td>
<td>Davis</td>
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<tr>
<td>N. Compliance in a Value-Based Reimbursement World</td>
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<tr>
<td>12:30-1:45 pm</td>
<td><strong>Lunch on your own or attend the Fraud and Abuse Practice Group Luncheon, sponsored by PYA</strong></td>
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<tr>
<td></td>
<td>Topic: HHS’ Regulatory Sprint to Coordinated Care</td>
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<td>Brandt, Robinson, Wilson</td>
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<td>2:00-3:00 pm</td>
<td><strong>Extended Sessions</strong></td>
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<tr>
<td>O. The Evolving CyberSecurity and Privacy Risk in Health Care: Preparing for and Responding to an Incident</td>
<td>(not repeated)</td>
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<tr>
<td>Arvin</td>
<td>Dickinson</td>
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<td>P. Emerging Administrative Enforcement Tools and Update</td>
<td>Burns</td>
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<td>Waltz</td>
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<tr>
<td>Q. Is 60 Days Enough? Coding Review, Error Rates, Statistical Sampling</td>
<td>Hinkle</td>
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<tr>
<td>R. Patient Inducement Prohibition Case Studies</td>
<td>Blanchard</td>
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<tr>
<td>S. Fraud and Abuse Issues in Telehealth</td>
<td>Laemmle-Weidenfeld</td>
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<td>Lewis</td>
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<tbody>
<tr>
<td>3:15-4:15 pm</td>
<td>T. 340B’s Tumultuous Year: Program Status and Trends in Auditing, Compliance, and Reimbursement (not repeated)</td>
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<td>U. Interacting with the Government: An Inside View (not repeated)</td>
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<td>V. The Time Is Now—Medicare Advantage/Medicaid Managed Care Comes to the Forefront of Enforcement</td>
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<td>W. Legal Ethics: The Grey Zone—Ethical Issues in between Compliance and Legal</td>
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<td>X. Board Compliance Training—What’s it All About</td>
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<td>Peregrine</td>
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<td>4:30-5:00 pm</td>
<td>Y. Clinical Laboratories under the Microscope (not repeated)</td>
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<td>Z. Opening the Pod Bay Doors: The Impact of Artificial Intelligence on Program Integrity</td>
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<tr>
<td>7:00-2:45 pm</td>
<td>Registration and Information</td>
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<tr>
<td>7:00-7:50 am</td>
<td>Networking Breakfast, hosted by AHLA’s Women’s Leadership Council</td>
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<td>8:00-9:15 am</td>
<td>Extended Sessions</td>
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<td>DD. Fraud and Abuse Impact of the Opioid Crisis (not repeated)</td>
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<td>J. Fraud and Abuse Initiatives by Health Insurers Against Providers: Perspectives from Both Sides (repeat)</td>
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**Friday, September 28, 2018, Continued**

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<tr>
<th>Time</th>
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<th>Speaker(s)</th>
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<tbody>
<tr>
<td>9:30-10:30 am</td>
<td>EE. What Gets Measured Gets Done: The Evolution of Compliance Program Effectiveness, Ways to Demonstrate and Measure It (not repeated)</td>
<td>Erdart Gillin</td>
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<tr>
<td></td>
<td>FF. Can’t We All Just Get Along? How Compliance, Legal, Risk, Internal Audit, and Others Can Work Together to Better Mitigate Organizational Risk</td>
<td>Flanagan Guidry Laubach</td>
</tr>
<tr>
<td></td>
<td>GG. When the Government Comes Knocking: Best Practices in Government Investigations from Both Sides of the Aisle</td>
<td>Deisher Morrell Muldrow</td>
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<td>HH. Provider-Based Status</td>
<td>Allen Farrell Russin Cooper Williams</td>
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<tr>
<td>10:45-11:45 am</td>
<td>JI. A House of Cards—Mitigating Risk of Actual and Perceived Fraud and Compliance Issues in M&amp;A Transactions (not repeated)</td>
<td>Keilty Moore Rii</td>
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<tr>
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<td>R. Patient Inducement Prohibition Case Studies (repeat)</td>
<td>Blanchard Sparks</td>
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<td>Q. Is 60 Days Enough? Coding Review, Error Rates, Statistical Sampling (repeat)</td>
<td>Hinkle Roth Laemmle-Weidenfeld Lewis</td>
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<td>S. Fraud and Abuse Issues in Telehealth (repeat)</td>
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<td>Allen Farrell Russin Cooper Williams</td>
</tr>
<tr>
<td>2:15-2:45 pm</td>
<td>JJ. Fundamentals of the Fraud and Abuse Waivers (not repeated)</td>
<td>Copsey Dash</td>
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<td>Z. Opening the Pod Bay Doors: The Impact of Artificial Intelligence on Program Integrity (repeat)</td>
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Faculty

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Robert G. Homchick, Program Planning Chair
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