

# COMPLIANCEPALOOZA 2024 SEPTEMBER 3-4, 2024 A VIRTUAL EVENT

## PAST AGENDA

**TUESDAY** 

WEDNESDAY

TIME ZONE: EST

## TUESDAY - SEPTEMBER 3, 2024

10:00 AM Welcome and Chairperson's Opening Remarks

Angela Lloyd, Associate Compliance Officer

Jefferson Health Plans
10:05 AM

10:05 AM Keynote Address: OIG Perspective: Delivering on the Promise

Ann Maxwell, Deputy Inspector General for Evaluation and Inspections

HHS Office of Inspector General
10:50 AM

10:50 AM

**Break** 

11:00 AM

#### 11:00 AM Mastering CMS Program Audits: Preparation, Execution, and Compliance

- Prepare for a CMS program audit by understanding the audit process, required documentation, and key areas of focus
- Execute the audit effectively by coordinating internal teams, responding promptly to auditor requests, and providing accurate and complete information
- Implement corrective actions and continuous improvement strategies based on audit findings to address deficiencies, enhance compliance, and improve overall plan performance

Angela Lloyd, Associate Compliance Officer

**Jefferson Health Plans** 

Jennifer (Jen) Del Villar, CHC, Director of Government Programs Compliance / Medicare Compliance Officer

**Cambia Health Solutions** 

11:50 AM

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11:5<mark>0</mark> AM

**Break** 

12:00 PM

#### 12:00 PM

#### Preparing for the Part D Out-of-Pocket Spending Cap

- Understand the operational requirements of the Medicare Prescription Payment Plan (M3P), including how to implement the spending cap and manage the year-long cost distribution for Part D enrollees
- Develop strategies for effectively communicating with beneficiaries about the M3P, ensuring they understand the benefits, enrollment process, and how it impacts their out-of-pocket expenses
- Implement processes for identifying and targeting beneficiaries who are likely to benefit from M3P, managing opt-in procedures, and facilitating enrollments

Ana Handshuh, Principal

**CAT5 Strategies** 

Helen Liu, Former Vice President of Pharmacy Operations

**ATRIO Health Plans** 

12:50 PM

12:50 PM

Lunch Break

1:30 PM

1:30 PM

#### Health Equity Analysis of Utilization Management (UM)

- · Create additional transparency and identify disproportionate impacts of UM policies
- Determine how to recruit members for UM committees
- Conduct the required annual analysis and effectively present data for reporting on their analysis

Tracy Jones, Interim Chief Compliance Officer

SummaCare

Patricia Henderson, Director, Compliance

Jefferson Health Plans

2:15 PM

2:15 PM

Break

2:25 PM

### 2:25 PM Effective Oversight and Monitoring Strategies

- Identify the key regulatory requirements for oversight and monitoring of FDRs
- Discuss the role of training and education in improving FDR awareness and adherence to compliance requirements
- Learn how to obtain and scrutinize essential reports from your vendors to ensure compliance and performance standards are met

Sarah Peix, Compliance & Privacy Officer

**ChenMed Family of Companies** 

Beth Socoski, Vice President of Compliance, Medicare Compliance Officer

**Longevity Health Plan** 

3:10 PM

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3:10 PM

3:20 PM

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Break

#### 3:20 PM Engagement with Compliance and Other Lines of Business

- Understand the specific types of information board members seek regarding compliance efforts to ensure transparency and informed decision-making
- Communicate effectively with the board and other leadership, utilizing strategies to convey the importance and impact of compliance initiatives
- Demonstrate the value of the compliance function, showcasing its critical role in organizational sustainability and risk management

Angela Keenan, CHC, CHPC, Compliance Officer

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4:05 PM

Jessica Vander Zanden, Vice President, Operations

4:05 PM

### Closing Remarks

**Network Health** 

**Network Health** 

Angela Lloyd, Associate Compliance Officer

Jefferson Health Plans

4:10 PM

## WEDNESDAY - SEPTEMBER 4, 2024

#### 10:00 AM Chairperson's Opening Remarks and Day One Takeaways

Angela Lloyd, Associate Compliance Officer

Jefferson Health Plans

10:10 AM

#### 10:10 AM

#### Navigating the 2025 Medicare Advantage Final Rule

- Analyze the key changes introduced by the 2025 Medicare Advantage Final Rule and their implications for Medicare Advantage plans
- Develop comprehensive strategies to ensure compliance with the new regulations, including adjustments to operational, marketing, and network adequacy practices
- Implement effective communication and training programs to educate staff, agents, and beneficiaries about the new requirements and compliance expectations

Annie Shieh, AVP, Compliance

**Molina Healthcare** 

Patricia Henderson, Director, Compliance

**Jefferson Health Plans** 

11:00 AM

11:00 AM

Break

11:10 AM

## 11:10 AM Managing Third-Party Marketing Restrictions

- Understand the new restrictions imposed on Third-Party Marketing Organizations (TPMOs), including the prohibition on collecting personal data without prior express written consent
- Evaluate the impact of these restrictions on existing marketing practices and lead generation strategies, and develop action plans to ensure compliance while maintaining effective

outreach efforts

 Implement best practices for managing agent and broker relationships to ensure compliance with the new rules

Shelley Segal, CEO **Segal Medicare Experts** 

11:55 AM

Liza Arias, Vice President **Segal Medicare Experts** 

11:55 AM

**Break** 

12:05 PM

#### Important RADV Updates & Review of New Appeals Process 12:05 PM

- Understand the revised RADV appeals process, including the separation of medical record review determination appeals and payment error calculation appeals
- Implement strategies to manage the medical record review determination administrative RADV appeal process effectively before initiating a payment error calculation appeal
- Navigate the timelines and procedural requirements for RADV appeals, including the issuance of revised audit reports

Colleen Gianatasio, Director Clinical Documentation Integrity and Coding Compliance Capital District Physician's Health Plan (CDPHP)

Donna Malone, CPC, CRC, AAPC Approved Instructor, AHCCA, RAP, Director Risk Capture, Population Health Management

12:50 PM

Mass General Brigham

12:50 PM

**Lunch Break** 

1:30 PM

#### Understanding the Medicare Prescription Drug Inflation Rebate Program: 1:30 PM Implications and Compliance

- Explore the implications of non-compliance, including potential violations of the False Claims Act to highlight the risks and consequences of evading rebate requirements
- Discuss the civil monetary penalties for drug companies that fail to pay the required Medicare rebates
- Analyse past cases of whistleblower lawsuits and settlements under the Medicaid Drug Rebate Program to anticipate similar enforcement actions under the new Medicare Program, including notable blockbuster settlements, such as those involving Mallinckrodt, Eli Lilly, and Mylan

Mary Inman, Partner

**Whistleblower Partners** 

**Whistleblower Partners** 

Liz Soltan, Associate

2:15 PM

2:15 PM

Break

2:25 PM

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#### 2:25 PM

# Enhancing Care for Chronically III Members: Mastering Special Supplemental Benefits (SSBCI) Implementation and Compliance

- Understand the new requirements for Special Supplemental Benefits for the Chronically III (SSBCI)
- Develop comprehensive SSBCI programs that include innovative benefits designed to improve health outcomes for chronically ill members
- Implement effective processes for identifying eligible beneficiaries, coordinating care, and ensuring compliance with CMS guidelines

Ana Handshuh, Principal

**CAT5 Strategies** 

Caroline Yaun, BSN, LNC, Senior Consultant, Clinical

Rebellis Group, LLC

3:10 PM

3:10 PM

**Break** 

3:20 PM

3:20 PM

#### **Assess New Outpatient Behavioral Health Network Adequacy Standards**

- Understand the new network adequacy standards including the addition of the "outpatient behavioral health" category
- Implement effective verification processes using reliable data sources such as claims data
- Integrate telehealth providers into the behavioral health network to meet the contractual requirements and improve access to behavioral health services

Tricia Beckmann, Principal

Faegre Drinker

Kacey B. Dugan, Director - Policy & Regulatory Affairs

**Faegre Drinker** 

Yavar Moghimi, MD, Medical Director, Behavioral Health

**AmeriHealth Caritas Family of Companies** 

4:05 PM

#### 4:05 PM

4:15 PM

### **Closing Remarks**

Angela Lloyd, Associate Compliance Officer

Jefferson Health Plans

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