

MEDICARE COMPLIANCE FACULTY:

Vikki Oates, M.A.S., Director, Division of Clinical and Economic Performance, Medicare Drug Benefit Group

The Center for Medicare & Medicaid Services (CMS)

Arjun Aggarwal, Managing Director
Huron Consulting Group

Babette S. Edgar, Senior Vice President, Strategic Business Solutions

The Gorman Group

Bob Breighner, Vice President, Compliance and Audit Services

Select Medical Corporation

Daniel B. Vukmer, Esq., Vice President & General Counsel, Chief Compliance Officer

UPMC Health Plan, Inc./ UPMC Insurance Services Division

Dorothy DeAngelis, Managing Director
Huron Consulting Group

Dr. Stephen A. Morreale, Visiting Assistant Professor
RWU/School of Justice Studies

Justice Systems Training & Research Institute

Principal
Compliance & Risk Dynamics, LLC

Gates Garrity-Rokous, Partner
Wiggin & Dana LLP

Jane Scott, RN, Senior Consultant
The Gorman Health Group

Jeremy M. Sternberg, Assistant U.S. Attorney
U.S. Attorney's Office

JoAnn Bogolin, Senior Consultant
Reden & Anders, Ltd.

Joseph LaPine, Vice President Compliance and Development

RxAmerica, LLC

Kirk Twiss, FSA, MAAA, Principal
Reden & Anders

Lena Robins, Esquire
Foley & Lardner LLP

Lynette Haiflich, RN, MBA, Senior Consultant
Reden & Anders, Ltd.

Marci Handler, Esq.

Epstein Becker & Green, PC

Mark S. Joffe, Esq.

Law Offices of Mark S. Joffe

Maureen Miller, MPH & RN, Senior Consultant
The Gorman Health Group

Paul R. Belton, Vice President of Corporate Compliance & Research

Sharp Healthcare

Robert Rabecs, Partner

Hogan & Hartson, LLP

Robert Slavkin, Senior Counsel

Foley & Lardner, LLP

Roberta (Bobbi) Patrow, Senior Director of Government Programs

Prime Therapeutics

Ruth Breidel, Part D Compliance Specialist

Gundersen Lutheran Health Plan

Sara Kay Wheeler, Partner

Powell Goldstein

Steve Arbaugh, Principal

ATTAC Consulting Group, LLC

Susan Acquisto, M.S., R.N., C.N.A.A., BC, President

Regulatory Risk Compliance Specialists Inc. (RRCS Inc.)

Corporate Compliance Officer

Covenant Care

Susan A. Hayes, Principal

Pharmacy Outcomes Specialists

Susan Roberts, Director of Government Program Group

ATTAC Consulting Group, LLC

William Gedman, CPA CIA, Vice President, Quality Audit, Fraud & Abuse

UPMC Insurance Services Division

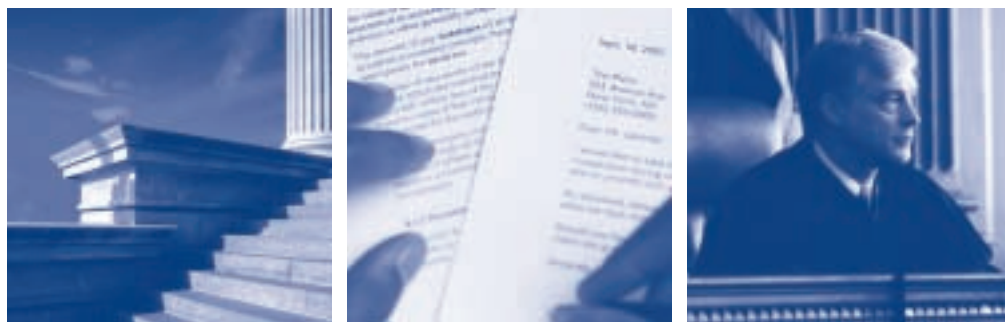


FINANCIAL RESEARCH ASSOCIATES, LLC PROUDLY PRESENTS



Medicare Compliance & Operations Summit 2007

**LEARN HOW TO STRUCTURE A TEXTBOOK
COMPLIANCE PROGRAM AND ELIMINATE
FRAUD, WASTE, & ABUSE!**



JULY 17-18, 2007 • Hilton Alexandria Mark Center • Alexandria, VA

SUMMIT HIGHLIGHTS:

- CMS will help kick-off the Summit on the regulatory opening panel – Don't miss what they have to say!
- Hear directly from Chief Compliance Officers about key risk areas
- Walk away with concrete advice on how to survive a CMS audit
- Find out how to structure seamless internal auditing procedures
- Discover how to design & monitor an effective health plan program
- Get practical advice on monitoring your PBMs & subcontractors
- Learn how to effectively structure a Medicare compliance program
- Get useful reporting and payment reconciliation strategies
- Discover how to oversee brokers and education programs for brokers
- Hear the latest on appeals and grievances
- Surviving the audit and working with MEDICs

PLUS: DON'T MISS THE ONE-OF-A-KIND FRAUD, WASTE, & ABUSE PRE-CONFERENCE WORKSHOP

Learn how plans can eliminate customer complaints of FWA through experienced war stories and successful case studies.

TO REGISTER: CALL 800-280-8440 OR VISIT US AT WWW.FRALLC.COM

**TO REGISTER:
CALL 800-280-8440 OR
VISIT WWW.FRALLC.COM**

Dear Compliance Officer,

As you know, Medicare Part D was accompanied by new rules/regulations and confusing reporting requirements. It is that imperative plans enforce these policies and adhere to the new restrictions they now face. CMS will be conducting audits on one-third of the existing plans — are you ready? What can you do to prevent Fraud, Waste, and Abuse claims? And, when faced with FWA claims, how do you carry out corrective action?

For this reason, Financial Research Associates is proud to present **“Medicare Compliance & Operations Summit”** scheduled for July 17-18, 2007 at the Hilton Alexandria Mark Center in Alexandria, Virginia. This event will bring together Chief Compliance Officers, Chief Operating Officers, Chief Financial Officers, auditing staff, directors of Medicare programs, Medicare/Medicaid specialists, and Directors of Medicare compliance within health plans to discuss the topic areas affecting their day-to-day business including:

- Effectively structuring a Medicare compliance program
- Eliminating customer complaints of Fraud & Abuse
- Risk areas from several Compliance Officers' viewpoints
- The latest regulatory trends, problematic areas, and auditing goals
- Surviving a CMS audit: What can you expect and how can you deal with it?
- Overseeing PBMs & subcontractors
- Successfully structuring seamless internal auditing procedures
- Designing, implementing, and monitoring health plan programs
- Employing proven reporting and payment reconciliation techniques
- A step-by-step guide to corrective action plans
- Appeals and grievances considerations

Don't miss the Industry Regulatory Opening Panel with Vikki Oates from CMS, Jeremy Sternberg from the U.S. Attorney's Office, and Sara Kay Wheeler from Powell Goldstein. It will kick-off the Summit on a strong note. You won't want to miss it!

Plus we have incorporated a pre-conference workshop on **“Fraud, Waste, & Abuse from the 30,000 Foot Level to the 10,000 Foot Level”**. Our impressive workshop leaders will go from a strategic/big picture look at FWA to tactical/practical advice on coping with compliance concerns at the plan level.

Please join us for what will prove to be a very useful and practical Medicare Compliance Summit. You can't afford not to be there. Avoid disappointment by reserving your space today by calling us at 800-280-8440, or by visiting our website www.frallc.com.

I look forward to seeing you in July!

Sincerely,



Laura Garza, Senior Vice President
Financial Research Associates, LLC

P.S. Learn how to construct a reliable compliance program and eliminate Fraud, Waste, & Abuse. You can't afford to be unprepared!

**WHO SHOULD ATTEND FROM HEALTH
PLANS MAPDS, PDPS, & PBMS:**

Chief Compliance Officers
Chief Operating Officers
Chief Financial Officers
President
Marketing Directors
Enrollment & Dis-Enrollment Staff
Internal Auditing Staff
Director of Pharmacy
Medical Director
Director of Medicare Programs
Medicare/Medicaid Specialists
Director of Medicare Compliance

– and –

**SERVICE PROVIDERS, HEALTHCARE LAW
FIRMS, ACTUARIAL FIRMS, OUTSOURCING
MARKETING FIRMS, & CONSULTANTS:**

Heads of Medicare Practice
Presidents
Partners

**WHAT OUR ATTENDEES HAD TO SAY ABOUT
PREVIOUS MEDICARE CONFERENCES:**

“Very useful information. A lot of information provided in a short time. Complex topics presented simply. Candid presentations from CMS representatives”

“I really enjoyed the discussion and new information for Part D”

“Great conference. Thanks to the folks who set it up”

“Very informative – war stories are always a great way to communicate strong message”

“Great speakers – I learned a lot”

“Topics were very focused and very informative”

“Good information, knowledgeable and engaging industry experts”

“Focused on the important criteria for success”

“Very informative for all levels of knowledge”

MEDICARE COMPLIANCE SUMMIT MEDIA PARTNERS/ASSOCIATIONS:



DAY ONE, TUESDAY, JULY 17

8:00

Registration and Continental Breakfast

8:30 - 11:30

OPTIONAL PRE-CONFERENCE WORKSHOP:

Fraud, Waste, & Abuse from the 30,000 Foot Level to the 10,000 Foot Level

This workshop will serve as an overview of Fraud, Waste, & Abuse considerations. Our workshop leaders will walk you through basic CMS guidelines, elements of fraud & abuse, what needs to be done, and much more. Plus:

- How should plans prepare?
- Looking at the make-up of SIU
- Data mining issues
- Investigations
- Profiling members and doctors
- Keeping an eye on your PBMs
- Interaction with the pharmacy department
- How best to structure a fraud and abuse program
- How to perform an audit of the retail and mail service providers
- Should a plan go onsite or are desk top audits enough?
- What should plans look for?
- How can plans eliminate customer complaints of fraud and abuse?
- War stories and case studies

Government Perspective (30,000 Level)

Jeremy M. Sternberg, *Assistant U.S. Attorney*

U.S. Attorney's Office

Consultant Perspective (20,000 Level)

Steve Arbaugh, *Principal*

ATTAC Consulting Group, LLC

Susan A. Hayes, *Principal*

Pharmacy Outcomes Specialists

Plan Perspective (10,000 Level)

William Gedman, CPA CIA, *Vice President, Quality Audit, Fraud & Abuse*

UPMC Insurance Services Division

Ruth Breidel, *Part D Compliance Specialist*

Gundersen Lutheran Health Plan

* A fifteen minute break has been scheduled for 10:00

11:30

Luncheon for Workshop Attendees

Main Conference Registration

12:30

Chair's Opening Remarks:

Lynette Haiflich, RN, MBA, *Senior Consultant*

Reden & Anders, Ltd.

12:45

Industry Regulatory Opening Panel

- Providing performance and quality measure: What is CMS looking for?
- The performance report card: How are plans doing?
- Reporting requirements
- Disciplinary action
- Compliant Tracking Modules: Eliminating the anguish among plans
- What works and what doesn't with respect to the CTMs?

Vikki Oates, M.A.S., *Director, Division of Clinical and Economic Performance, Medicare Drug Benefit Group*

The Center for Medicare & Medicaid Services (CMS)

Jeremy M. Sternberg, *Assistant U.S. Attorney*

U.S. Attorney's Office

Sara Kay Wheeler, *Partner*

Powell Goldstein

1:45

Structuring Seamless Internal Auditing Procedures

- Establishing a good auditing program – practical tips
- Is your plan meeting the requirements? What are the most common landmines?
- Internal versus 3rd party options

Robert Slavkin, *Senior Counsel*

Foley & Lardner, LLP

Arjun Aggarwal, *Managing Director*

Huron Consulting Group

2:45

Oversight & Monitoring of the Health Plan

- More than fraud, waste and abuse
- Implement steps to comply with CMS regulations
- Design an effective program
- Build on CMS monitoring tools
- Use of policies and procedures

Lynette Haiflich, RN, MBA, *Senior Consultant*

Reden & Anders, Ltd.

JoAnn Bogolin, *Senior Consultant*

Reden & Anders, Ltd.

3:30 - Afternoon Break

3:45

Oversight & Monitoring of PBMs & Subcontractors

- Practical advice for plans to monitor:
 - PBMs
 - Claim organizations
 - Enrollment processing vendors
 - Sales/Marketing agents and brokers
- Learn the proper definition of monitoring vs. auditing per CMS
- Learn how to establish robust ongoing monitoring programs for all Medicare Advantage and Part D vendors
- Establishment of scorecards and key measures
- Integration of vendor monitoring programs into overall Medicare compliance and FWA plans

Mark S. Joffe, Esq.

Law Offices of Mark S. Joffe

Dorothy DeAngelis, *Managing Director*

Huron Consulting Group

Joseph LaPine, *Vice President Compliance and Development*

RxAmerica, LLC

Ruth Breidel, *Part D Compliance Specialist*

Gundersen Lutheran Health Plan

4:30

Surviving the Audit & the Use of MEDICS

- Preparation for audit: Don't wait for the audit to be ready
- Assessment of adequacy
- How are MEDICs handling various situations?
- What can plans expect from the audit?
- What steps should you take after an audit?

Speaker TBA

5:00 End of Day One

DAY TWO: WEDNESDAY, JULY 18, 2007

7:45

Continental Breakfast

8:20

Chair's Recap of Day One:

Lynette Haiflich, RN, MBA, *Senior Consultant*

Reden & Anders, Ltd.

8:30

Chief Compliance Officers Speak Out on Risk Areas

- Accredited workforce (clinical staff) – licensure, OIG and GSA excluded providers, training and education, and equality in hiring and promotion
- Patient care – appropriate admissions and discharges, documentation, and coding and billing
- Physician relationships – Credentialing, medical directors, gifts, and stark
- Compliance reporting – whistleblowers, exit interviews, and dealing with compliance issues
- Sarbanes oxley (SOX) – not just for SEC filers anymore
- The hippo in the living room – HIPAA issues

Paul R. Belton, *Vice President of Corporate Compliance & Research*
Sharp Healthcare

Bob Breighner, *Vice President, Compliance and Audit Services*
Select Medical Corporation

Susan Acquisto, M.S.,R.N.,CNAAB, *President*

Regulatory Risk Compliance Specialists Inc. (RRCS Inc.)
Corporate Compliance Officer
Covenant Care

9:15

The Compliance Crisis Arrives! Now What?

This session is interactive, allowing for a near real-life simulation to understand the dynamics of an issue brought to the attention of the federal government. Participants will begin to see the roles, actions and reactions of parties involved from the perspective of the health care entity, the government, in-house counsel, the investigators and government attorney's.

- Protecting your practice or organization
- Reflections on self-disclosure
- Demystifying federal prosecution, a former prosecutor's view
- Role of in-house/outside counsel
- Government action potential — State/Federal/Regulators
 - Criminal actions
 - False Claims Act actions
 - Administrative actions
 - Civil Monetary Penalty actions
- Handling Official Requests for Records
- Government Investigative Approaches
- What to do if they show up
- Responding to government inquiries

Dr. Stephen A. Morreale, *Visiting Assistant Professor*

RWU/School of Justice Studies

Justice Systems Training & Research Institute

Principal

Compliance & Risk Dynamics, LLC

Gates Garrity-Rokous, *Partner*

Wiggin & Dana LLP

10:00 - Morning Break

10:15

Part One: How to Effectively Structure a Medicare Compliance Program

- Lessons learned: What should plans do but most importantly, what not to do
- Who does the CCO report to? Who reports to him/her?

- The basics – code of conduct, P&P, reporting hotline, compliance officer, compliance committee
- The big debate – combine compliance and audit vs. a symbiotic relationship in separate offices
- Educate and train on risk areas and audit trends
- Auditing and monitoring risk areas and compliance trends
- Systems to support/document what you do
- Tone at the top – Compliance awareness and behavior modification – a year-round process
- Effective reporting to compliance and audit committees
- Relationship between Legal Department/General Counsel (GC) and the compliance program
- Using Chapter 9 Fraud Waste and Abuse Guidance as a roadmap to effective compliance
- Training considerations for downstream entities, subcontractors and vendors
- The importance of monitoring and oversight in today's compliance environment
- Dealing with potential voluntary disclosure situations

Paul R. Belton, *Vice President of Corporate Compliance & Research*
Sharp Healthcare

Marci Handler, *Esquire*

Epstein Becker & Green, P.C

Bob Breighner, *Vice President, Compliance and Audit Services*
Select Medical Corporation

11:15

Part Two: Internal Inquiries in Healthcare Settings

- Discuss roles and responsibilities of participants, who should and should not be involved
- Describe how to maintain objectivity and avoid conflicts of interest
- Understand the essential elements of an internal investigation and the importance of thorough, well-documented process

Dr. Stephen A. Morreale, *Visiting Assistant Professor*

RWU/School of Justice Studies

Justice Systems Training & Research Institute

Principal

Compliance & Risk Dynamics, LLC

11:45

Detection, Evaluation Review, and Action Plan

- Identifying compliance problems
 - Employee hotline
 - Customer complaints
 - Baseline audits
 - Reports to compliance officer
- Evaluating problems and establishing process to document and track reported complaints
- Providing meaningful procedures for timely hearing and resolving grievances between enrollees and plan, tracking system, call centers, logging all complaints
- Righting the wrong: Taking corrective action
 - Written policy and procedures
 - Employee disciplinary action
 - Employee education and training
 - Government disclosure
- Enforcing standards of conduct

Lena Robins, *Esquire*

Foley & Lardner LLP

Susan Roberts, *Director of Government Program Group*
ATTAC Consulting Group, LLC

12:30 - Luncheon for All Attendees

1:45

Part One: Medicare Part D Reporting & Payment Reconciliation

- What are the challenges and issues?
- Claims payments
- Keeping accurate records

- TrOOP
- LTC rebates

Jane Scott, RN, *Senior Consultant*
The Gorman Health Group

2:15

Part Two: Year-End Reconciliation/Financial Record Keeping

- Part D risk corridor calculation and data issues
- Regional PPO risk corridor calculation and data issues
- Individual bid compliance through desk reviews and audits
- EGHP bid compliance

Kirk Twiss, FSA, MAAA, *Principal*
Reden & Anders

2:45 - Afternoon Break

3:00

Marketing Brokers & Agents

- What are the CMS requirements for marketing practices?
- What are the problems CMS is identifying as the most problematic?
- How do plans oversee brokers and education programs for brokers?
- What's causing increased scrutiny?

Daniel B. Vukmer, Esq., *Vice President & General Counsel, Chief Compliance Officer*

UPMC Health Plan, Inc./UPMC Insurance Services Division

Babette S. Edgar, *Senior Vice President, Strategic Business Solutions*
The Gorman Group

Robert Rabecs, *Partner*
Hogan & Hartson, LLP

3:45

Appeals & Grievances

- Medicare: The gold standard of complaint processes
- Reducing risk – 7 steps to get it right
- Working through the trouble spots
- How to keep up with compliance
- Opportunities not to be missed

Maureen Miller, MPH & RN, *Senior Consultant*
The Gorman Health Group

Roberta (Bobbi) Patrow, *Senior Director of Government Programs*
Prime Therapeutics

4:30 - End of Summit

ABOUT THE CONFERENCE ORGANIZER



Financial Research Associates is a resource for the financial community to improve its business by providing access to timely and focused business information and networking

opportunities in topical areas of finance. Offering highly targeted conferences, FRA positions itself as a preferred resource for executives and managers seeking cutting-edge information on the next wave of business opportunities. Financial Research Associates, LLC is leading the charge to provide the investment community with the most cutting-edge investment, operational and plan design strategy information. Backed with over 30 years of combined conference industry experience, the producers of the 2008 Medicare Compliance Summit continue to assist health care professional in their educational and business endeavors. See www.frallc.com for more information on upcoming events.

Important Information

To Register:

Fax: 704-889-1292
 Mail: Financial Research Associates
 18705 NE Cedar Drive
 Battle Ground, WA 98604
 Phone: 800-280-8440
 Online: www.frallc.com

Venue Information:

Hilton Alexandria Mark Center
 5000 Seminary Road
 Alexandria, VA 22311
 703.845.1010

Should you require overnight accommodations, please contact the hotel at least 30 days prior to the conference date. Advise them that you are attending the FRA "Medicare Compliance" Conference to receive the negotiated conference discount rate. Within 30 days of the conference, prevailing hotel rates may be quoted, as the conference rate is no longer guaranteed. Book early - the hotel will sell out!

Fees and Payments

\$1695for main Summit
 \$1995for Summit + Pre-conference workshop

SEND A TEAM AT A DISCOUNT! Group discounts are available. Please call James Vlasicak at 704-889-1858 or via email, jvlasicak@frallc.com for more information.

Make checks payable to Financial Research Associates, LLC, and write code B476 on your check. You may also pay by Visa, MasterCard or American Express. Payments must be received by July 10, 2007.

Group discounts can only be issued through the group sales department. They are not available via website or through the #800 registration line. In order to secure a group discount, all delegates must place their registrations at the same time. Group discounts cannot be issued retroactively.

Cancellations

If we receive your request to cancel 30 days or more prior to the conference start date, your registration fee will be refunded minus a \$175 administrative fee. Cancellations occurring between 29 days and the first day of the conference receive either a 1) \$200 refund; or 2) a credit voucher for the amount of the original registration fee, less a \$175 administrative fee. No refunds or credits will be granted for cancellations received after a conference begins or for no-shows. Credit vouchers are valid for 12 months from the date of issue and can be used by either the person named on the voucher or a colleague from the same company. Please Note: For reasons beyond our control it is occasionally necessary to alter the content and timing of the program or to substitute speakers. Thus, the speakers and agenda are subject to change without notice. In the event of a speaker cancellation, every effort to find a replacement speaker will be made.

Please Note: For reasons beyond our control it is occasionally necessary to alter the content and timing of the program or to substitute speakers. Thus, the speakers and agenda are subject to change without notice. In the event of a speaker cancellation, every effort to find a replacement speaker will be made.

SPONSORSHIP AND EXHIBIT OPPORTUNITIES

Maximize your firm's exposure at this event by sponsoring a cocktail reception or custom-designed networking event. We can design custom sponsorship packages tailored to your marketing needs. Or, if product display space is key to your marketing efforts, ask about our exhibit opportunities.

To learn more about exhibit and sponsorship opportunities at Financial Research Associates' educational seminars and conferences, please contact **Kevin Welgel** at **704-889-1296** or at kwelgel@frallc.com.

**TO REGISTER:
 CALL 800-280-8440 OR
 VISIT WWW.FRALLC.COM**



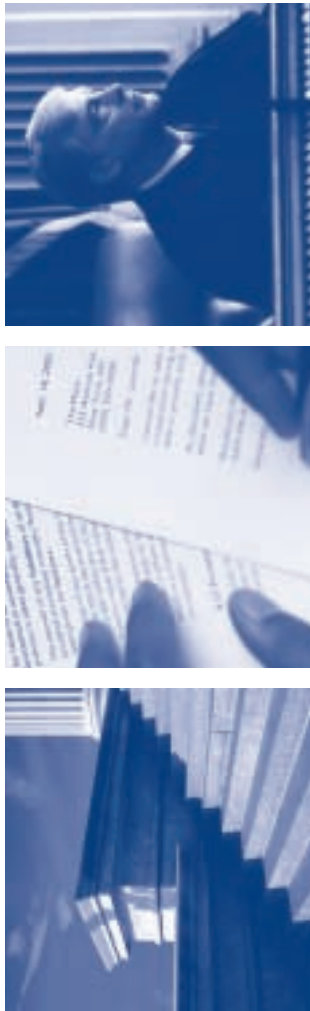
FINANCIAL RESEARCH ASSOCIATES, LLC PROUDLY PRESENTS



Medicare & Compliance Operations Summit 2007

LEARN HOW TO STRUCTURE A TEXTBOOK COMPLIANCE PROGRAM AND ELIMINATE FRAUD, WASTE, & ABUSE!

JULY 17-18, 2007 • Hilton Alexandria Mark Center • Alexandria, VA



SUMMIT HIGHLIGHTS:

- CMS will help kick-off the Summit on the regulatory opening panel – Don't miss what they have to say!
- Hear directly from Chief Compliance Officers about key risk areas
- Walk away with concrete advice on how to survive a CMS audit
- Find out how to structure seamless internal auditing procedures
- Discover how to design & monitor an effective health plan program
- Get practical advice on monitoring your PBMs & subcontractors
- Learn how to effectively structure a Medicare compliance program
- Get useful reporting and payment reconciliation strategies
- Discover how to oversee brokers and education programs for brokers
- Hear the latest on appeals and grievances
- Surviving the audit and working with MEDICs

PLUS: DON'T MISS THE ONE-OF-A-KIND FRAUD, WASTE, & ABUSE PRE-CONFERENCE WORKSHOP
Learn how plans can eliminate customer complaints of FWA through experienced war stories and successful case studies.

TO REGISTER: CALL 800-280-8440 OR VISIT US AT WWW.FRALLC.COM

MEDICARE COMPLIANCE SUMMIT

TO REGISTER:

CALL: 800-280-8440
FAX: 704-889-1292
MAIL: Financial Research Associates
 18705 NE Cedar Drive
 Battle Ground, WA 98604
ONLINE: www.frallc.com

Yes, Register me:

- Conference Only \$1695
 Conference and Pre-Conference Workshop \$1995

Please call Tracy McLaughlin at 704-889-1291 or via email, tmclaughlin@frallc.com for more information.

- Please call me; I'm interested in a group discount for my team.
 Please call me; I'm interested in exhibition or sponsorship opportunities at this event.
 I wish to receive updates on FRA's upcoming events via fax, email and phone.

Signature: _____

Name _____ Title _____

Company _____

Dept. _____

Address _____

City _____ State _____ Zip _____

Telephone: _____ Fax: _____

Email: _____



Financial Research Associates
1840 41st Ave. Ste 102-132
Capitola, Ca 95010

PRSR STD
U.S. POSTAGE
PAID
BURLINGTON,VT
PERMIT NO. 21

Method of Payment:

- Check Credit Card

Card Type: MasterCard Visa Amex Discover

Card number: _____

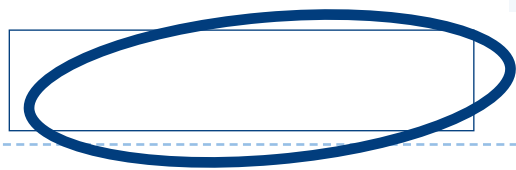
Exp. Date: _____ Name on Card: _____

Signature: _____

Make checks payable to Financial Research Associates, and write B501 and the attendee's name(s) on your check.

Attention Mailroom: If undeliverable, please forward to the **Chief Compliance Officer**.

PLEASE MENTION
THIS PRIORITY CODE
WHEN REGISTERING



Conference Code: B501H