

FRAUD & COMPLIANCE FORUM

September 25–27, 2011

Renaissance Harborplace Hotel | Baltimore, MD

The Fraud and Compliance Forum is jointly sponsored by the Health Care Compliance Association (HCCA) and the American Health Lawyers Association (AHLA). It will include an explicit designation of a session as “compliance focused” or “legal focused.” The Planning Committee has included enough sessions in each designation that an individual could attend all “compliance” sessions or all “legal” sessions for the entire program. Yet an attendee also has the option of selecting a diversity of sessions and networking with an expanded group of individuals. The Fraud and Compliance Forum has the benefit of combining the quality of HCCA and AHLA sessions with the expanded networking power of a combined program.



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Program Agenda

PROGRAM MISSION

The AHLA/HCCA Fraud and Compliance Forum will provide practical guidance on the pressing legal and compliance issues that have arisen in the last twelve months. The program's uniqueness stems not only from the important content for health lawyers and compliance officers, but also from the additional value of bringing together legal counsel and compliance officers in one educational arena. The Fraud and Compliance Forum is jointly sponsored by the Health Care Compliance Association (HCCA) and the American Health Lawyers Association (AHLA). It includes an explicit designation of each session as "compliance focused" or "legal focused." The Planning Committee has included enough sessions in each designation that an individual could attend all "compliance" sessions or all "legal" sessions for the entire program. Yet an attendee also has the option of selecting a diversity of sessions and networking with an expanded group of individuals.

PROGRAM GOALS AND OBJECTIVES

- Gain a greater understanding of the full nature of the various regulations governing the delivery of healthcare (Stark, False Claims Act)
- Recognize emerging regulatory trends that will affect legal and compliance practices in healthcare
- Network with peers and learn about the challenges and risk areas faced by a wide variety of healthcare settings (hospitals, academic medical centers, physician practices, long-term care providers, pharmaceutical manufacturers)
- Recognize the common issues faced by compliance and legal professionals, the roles each play in ensuring compliance and ways in which they can effectively work together

WHO SHOULD ATTEND

Health Law Attorneys / Compliance Professionals / Billing and Coding Professionals / Third-Party Billing Professionals / Chief Executive Officers / Chief Operating Officers / Chief Technology Officers / Chief Financial Officers / Medical Directors / Physicians / Managed Care Professionals / Medical Group Managers / Data Managers / Ethics Officers / Health Insurance Executives / Consultants / Government Agency Employees / Health Administration Faculty / Risk Managers / Pharmacists / Quality Assurance Professionals / Registered Nurses / Long-Term Care Professionals

SUNDAY, SEPTEMBER 25

11:30 AM–5:30 PM

Registration and Information

1:00–2:30 PM (*EXTENDED SESSIONS*)

I. Fraud and Abuse Primer (not repeated)

James G. Sheehan

- Fraud, abuse, and improper payments-definition and identification
- Significant fraud and abuse risk areas for compliance officers and in-house counsel in healthcare organizations
- The fraud and abuse investigative process (public and private) – how is it initiated, how it develops (including video demo)
- Role of effective compliance programs and counsel in preventing fraud and abuse, and minimizing adverse outcomes from investigations
- Bad outcomes for organizations from compliance failures (the good ones are seldom public)

II. Compliance 101 (not repeated)

Debbie Troklus

- Factors to consider when developing and implementing a compliance program
- Elements of an effective compliance program
- Keys to maintaining an effective compliance program
- Techniques used to assess risk, audit and monitor vulnerabilities, develop work plans and corrective actions, and establish program metrics

III. Healthcare Reform and Beyond: What Compliance Professionals Need to Know (not repeated)

Shawn Y. DeGroot / Frank E. Sheeder

2:45–4:15 PM (*EXTENDED SESSIONS*)

IV. Stark Primer (not repeated)

Joan P. Dailey / David E. Matyas

- The Statute and regulatory issuances
- Exceptions to the prohibition
- Difference between Stark and Anti-Kickback
- Current enforcement environment and the Self-Disclosure Protocol

V. Corporate Integrity Agreements

Laura E. Ellis / Charles D. Overstreet / John S. Rah

VI. Mandatory Compliance Programs

Vernisha Robinson / Brenda Tranchida

- Regulatory requirements
- Compliance plan effectiveness
- Compliance officer and organizational best practices
- Compliance plan audit results

4:30–5:30 PM

VII. Hitchhiker's Guide to the Anti-Kickback Statute (not repeated)

Heidi A. Sorensen

- The Statute, its Exceptions and the Safe Harbors
- How to analyze an AKS issue
- AKS compliance
- Enforcement activity and litigation
- Self-disclosure

VIII. Anatomy of a Federal Healthcare Fraud Investigation

Jack E. Fernandez / Margaret Hutchinson

IX. Making IDS Arrangements Work: Fraud and Abuse Considerations for ACOs and Other Integrated Arrangements

Julie E. Kass / Vicki L. Robinson

- The requirements to qualify as an ACO under the MSSP
- The fraud and abuse provisions relevant to ACOs and other integrated delivery arrangements
- Relevant government guidance
- Hypotheticals and potential ways to structure ACOs and other integrated delivery arrangements to comply with legal requirements

5:30–6:30 PM

Welcome Reception sponsored by HealthCare

Appraisers, Inc. and KPMG (attendees, speakers and registered companions and guests are welcome; Young professionals, please stop by and visit the Young Professionals information table.)

Program Agenda

MONDAY, SEPTEMBER 26

7:00 AM–5:15 PM

Registration and Information

7:00–8:00 AM

Continental Breakfast sponsored by HealthCare Appraisers, Inc. and KPMG (attendees, speakers and registered spouses and guests are welcome)

GENERAL SESSION

8:00–8:15 AM

Welcome and Introductions

Dinetia M. Newman, AHLA President-Elect
Frank E. Sheeder, HCCA President

8:15–9:00 AM

Keynote Address

Lanny A. Breuer, Assistant Attorney General, Criminal Division,
Department of Justice

9:00–9:30 AM

Coffee Break sponsored by HealthCare Appraisers, Inc. and KPMG

9:30–10:30 AM (CONCURRENT SESSIONS)

101. False Claims Act Primer (not repeated)

Patric Hooper

- *Qui tam* issues and limits on whistleblower actions
- Liability theories, including express and implied certification issues
- Damages and penalties issues
- Legal and practical defenses

102. e-Discovery: A Tactical Approach to Managing Risk and Reducing Cost (not repeated)

Kenneth C. Koch / Dennis McKinnie

- Identification of potentially relevant ESI within the enterprise: where data can exist and how to identify possible locations; mapping your organization's ESI
- Preserving/collecting ESI in a defensible manner: broad vs. targeted collections; forensic imaging; audit trail/chain of custody
- Search methods and tools: the latest in technological aides; pitfalls to avoid
- Document review, analysis and support workflow processes
- Benefits of taking a proactive approach: rapid cost projection; articulating burden to requesting parties; building competence in-house

103. Investigator Beware: Legal Ethical Issues in Defending Government Investigations

Jason E. Bring

- Conducting the investigation – “Corporate Miranda” warnings and interviewing employees
- Who do you represent: the employee, the company, or the board?
- Benefits and risks of joint representation
- Avoiding a claim of obstruction – responding to subpoenas and producing documents
- Do false statements to counsel that counsel relays to the government support an obstruction charge?
- Joint defense/common interest agreements and key provisions to avoid conflicts issues

104. Auditing an Electronic Medical Record

Lori A. Laubach / Schawn Pedersen

- Pre- and post-implementation audits
- AHIMA areas of concern
- ARRA: Qualifying for incentives
- Authorship integrity questions

105. Compliance Clinical Documentation in the Era of Health Reform: ACOs, MACs/RACs and Facts (not repeated)

Amy S. Leopard / Paul L. Weygandt

- Traditional risks associated with clinical documentation, with updates on recent fraud and abuse cases
- New clinical information requirements in health reform initiatives involving ACOs, EHR Meaningful Use, bundled payments, readmission management and patient engagement
- Ways to engage physicians appropriately without creating new risks
- Compliance safeguards that help manage risks CDI programs face and successfully defend the hospital in the event of investigations and the RAC appeals

106. Analyzing Data to Identify Fraud, Waste and Abuse

Judi McCabe / Craig Spotser

- How data can be used to identify aberrant utilization patterns and identity fraud, waste and abuse
- Case Study: Using a business intelligence platform for data analysis to identify fraud, waste and abuse

10:45 AM–12:15 PM (EXTENDED SESSIONS)

201. Advanced Stark (not repeated)

S. Craig Holden / Kevin G. McAnaney

- CMS Voluntary Disclosure Protocol
- Impact of Bradford on physician practice acquisitions
- Recent case law developments
- New regulations effecting physician-owned hospitals
- Accountable Care Organizations

202. Hospital-Physician Alignment and Acquisition Strategies: Addressing Structural and Valuation Challenges and Recent Legal Developments

Gary W. Herschman / Hal McCard / Jason L. Ruchaber

- Structural issues in light of recent decisions (e.g., Bradford), and recent government arguments/positions (e.g., Tuomey appeal)
- Challenges in applying traditional valuation methods and in using traditional transaction models
- Practical recommendations (do's, don'ts and maybe's) for structuring physician alignment strategies in light of recent legal developments
- Practical advice for valuing physician acquisitions and compensation arrangements in the current (uncertain) regulatory environment
- What to do about existing financial relationships that “may” not be non-compliant?

203. Enforcement Initiatives against Individual Officers, General Counsel and Compliance Officers

Michael W. Paddock

204. A Compliance Officer's Guide to Mitigating Stark Risks (not repeated)

Dwight Claustre / Dan R. Roach

- Understanding: what every compliance professional should know about Stark and how it can affect your organization
- Education: a key to an organization compliance with Stark. What should it provide?
- Risk/reward: making it beneficial to leadership to focus on Stark compliance

Program Agenda

205. Above and Beyond the Basics: Measuring Compliance Effectiveness to Increase Program Value (not repeated)

Lynda Hilliard / Sheryl Vacca

- List basic compliance program effectiveness criteria as outlined by CMS
- Correlate program effectiveness into overall organizational performance improvement
- List key high level objectives and operational steps required to measure the effectiveness of the compliance program

206. CMS Hot Topics: Performance Monitoring and Best Practices (not repeated)

Judith Geisler / Marla Rothouse / Jennifer Shapiro

- MA and Part D performance monitoring
- Monitoring and compliance hot topics
- Formulary administration audit findings and best practices
- Transition audit finding and best practices
- Premium/Cost Share Billing
- Translation Requirements
- Bid Submission Compliance
- Star Ratings Interactions with Compliance
- Coverage Gap Discount Program Updates

12:15–1:30 PM

Lunch on your own or attend the AHLA Fraud and Abuse Practice Group Luncheon sponsored by PYA (additional fee; limited attendance; pre-registration required)

We Are from the Government, and We Are Here to Help You, Really, We Are

Greg Demske / Roann Nichols

1:45–2:45 PM

301. Fraud and Abuse Issues Affecting AMCs (not repeated)

Gary W. Eiland

- Recent amendments to the federal False Claims Act and other compliance and enforcement authorities emanating from the healthcare reform legislation
- Stark Law/Kickback, PATH, and other settlements affecting AMCs
- Federal enforcement initiatives relevant to AMCs including the OIG FY 2011 Work Plan, enforcement efforts relating to cost allocation, effort reporting, indirect cost rates, and Medicare secondary payor issues

302. Enrollment/Payment Suspensions (not repeated)

Julie Burns / Judith A. Waltz

- The enrollment process as an enforcement tool
- Enrollment changes resulting from the ACA
- Suspensions based upon credible allegations of fraud

303. Anatomy of a Federal Healthcare Fraud Investigation (repeat of VIII)

304. Hospital's Growing Responsibility in Assuring Physician-Employee Documentation Compliance (not repeated)

Betty Bibbins

- Delineate differences between the clinical documentation taught physicians and CMS requirements for documentation
- Define selected Conditions of Participation (CoP) compliance standards for medical necessity and importance of a functional Utilization Review (UR) Committee

305. Making IDS Arrangements Work: Fraud and Abuse Considerations for ACOs and Other Integrated Arrangements (repeat of IX)

306. Hospital Inpatient versus Outpatient Medical Necessity: From Audit to Error to Fraud (not repeated)

Robert Corrato / David R. Hoffman

- Regulatory requirements governing medical necessity
- Government activities including MAC and ZPIC audits and fraud enforcement
- Case examples as basis for interactive discussion
- Strategies for proactive compliance

3:00–4:00 PM

401. Physician Interactions with Industry (not repeated)

William A. Sarraille

- Federal, industry and institutional guidance on physician-industry interactions
- The Sunshine Act and its implementation
- Lessons from off-label FCA cases
- Selected topics: Reimbursement lines, replacement programs, clinical trial research, speaking engagements, ad boards and other consulting arrangements, and CME programs
- State and federal reporting of financial relationships

402. A Collision at the Intersection of the Anti-Kickback Statute and Managed Care (not repeated)

David M. Deaton / J. Tri MacDonald

- Legal theories tying the Anti-Kickback Statute to relationships between government managed care plans and their contracted providers as well as risk areas for allegations of Anti-Kickback Statute violations
- Key considerations for modifying compliance programs and departmental policies and procedures to incorporate these risks
- The use of data analytics to put the compliance department into action, monitor activity and detect areas for internal review
- Effective responses to allegations of wrongdoing made by an employee, a contracted provider, an anonymous whistleblower and/or a government entity

403. Strategies for Self-Disclosures

Joseph C. Hudzik / Jack Wenik

- Under what circumstances should a healthcare provider self-disclose?
- What are the advantages and disadvantages of the various self-disclosure protocols and options?
- What are the different strategies when making a self-disclosure ?
- What should a self-disclosure include?

404. Managing Compliance Risks in Vendor Contracts (not repeated)

Robert Belfort

- Common mistakes in structuring discount and rebate arrangements
- When “service fees” may actually be unreported price concessions
- Issues raised by the linkage of marketing commitments to discounts and rebates
- Consumer-oriented promotional programs that may violate patient anti-inducement laws
- New constraints under HIPAA and HITECH on the use of patient data by providers to assist in vendors’ marketing efforts

Program Agenda

405. PPACA and Accountability for Quality in Hospitals and Nursing Homes (not repeated)

Teresa Generous / Harvey M. Tettlebaum

- Is deeming done? What hospitals can learn from the SNF experience with direct surveys
- When quality deficits become evidence of fraud or abuse
- The difference in process: collaboration v. adversity
- The whistle-blower among us
- Needed hospital and SNF compliance program changes to accommodate PPACA quality standards, new payment, collaboration and coordination models and the shared savings program

406. When Silence Isn't Golden: Working with Potential Whistleblowers and Avoiding Future Litigation

David L. Haron / Sal A. Barbera

- Tips for appropriately responding to potential whistleblowers and to help avoid False Claims Act litigation
- Myths about the typical whistleblower will be addressed and debunked

4:15–5:15 PM

501. Anti-Kickback Statute Current Developments (not repeated)

Thomas S. Crane

- How the new intent standard makes convictions easier
- The importance of the anti-kickback statute as a health care offense
- Linkage to the False Claim Act
- Developments in the “one purpose” rule

502. Fraud and Abuse Issues in Home Health, DME and Hospice (not repeated)

William A. Dombi

- Compliance issues related to Medicare and Medicaid coverage of services
- Provider qualifications and enrollment concerns and considerations
- Patient referrals and solicitations under Stark and antikickback laws
- Recent prosecutions, enforcement actions and OIG activity
- New legislative and regulatory initiatives

503. Repayments and Disclosures: Legal Authorities and the Roles of RACs and MICs

Katherine A. Lauer / Robert L. Roth

- Legal authorities relating to repayments and disclosures under Medicare and Medicaid, including the Mandatory Repayment Provisions of the Patient Protection and Affordable Care Act (“PPACA”)
- The significance of the heightening of Federal False Claims Act (“FCA”) liability by the mandatory repayment provisions in PPACA
- Practical steps to take in response to the changes made by PPACA and the changes made to the FCA by the Fraud Enforcement and Recovery Act of 2009 (“FERA”)
- How far back for overpayments you go/how far back the government can go; what is the effect of administrative finality
- To which agency should you report and what should you say, including the effect of PPACA’s Medicare Self-Referral Disclosure Protocol
- Special repayment and disclosure issues that arise from RAC/MIC Audits

504. Winning Strategies in Claims Audit Appeals (not repeated)

Frank W. Carsonie / Cornelia M. Dorfschmid

- Appeal process and contractors
- Stages of appeal process
- Statistical and medical review criteria as part of the appeal strategy
- Decision points
- Do’s and don’ts in the appeals process

505. Administrative Application of the Responsible Corporate Officer Doctrine (not repeated)

Larry J. Goldberg / Thomas E. Herrmann

- Legal standards governing the imposition of sanctions on health care company corporate officials and new authorities following health care reform
- Implementation of OIG’s authority to exclude from Federal health care programs owners, officers, and managing employees of sanctioned companies—recent guidance and actions
- Strategies for mitigating corporate officer exposure to administrative sanctions

506. Health Information Exchange Participation and Management

Kelly M. Jolley

- Determining who may participate in the HIE and who has the ability to participate
- Selecting HIE technical and governance structure
- Creating a sustainable HIE with grants, funding, like-kind donations and participation fees
- Choosing local, regional and national partners for HIE
- Defining permitted purposes, privacy and security policies, and patient consent models
- Developing and negotiating participation and other “trust” agreements

5:15–6:30 PM

Reception sponsored by HealthCare Appraisers, Inc. and KPMG (attendees, speakers and registered spouses and guests are welcome)

TUESDAY, SEPTEMBER 27

7:00 AM–4:00 PM

Registration and Information

7:00–8:00 AM

Continental Breakfast sponsored by HealthCare Appraisers, Inc. and KPMG (attendees, speakers and registered spouses and guests are welcome)

GENERAL SESSION

8:00-9:00 AM

Keynote Address: Back to the Future: Anti-fraud Enforcement Trends: The Prosecutor, Whistleblower, and Defense Perspectives

Kathleen McDermott (moderator) / Thomas A. Corcoran / Stephen J. Immelt / Susan Strawn

9:00–9:30 AM

Coffee Break sponsored by HealthCare Appraisers, Inc. and KPMG

Program Agenda

9:30–10:30 AM (CONCURRENT SESSIONS)

601. Federal and Administrative Sanctions (not repeated)

Gabriel L. Imperato

- Private contractor sanctions
- Federal sanction authority under HIPAA, the Balanced Budget Act and the Affordable Care Act
- Mandatory and permissive exclusion under the Medicare program and termination under state Medicaid programs
- Coordination between Federal and state authorities involving exclusion and sanction actions

602. Settling False Claims Act Cases in the Healthcare Fraud and Enforcement World: Tips and Traps for Providers and Payors

Laura F. Laemmle-Weidenfeld / Robert T. Rhoad

- Assessing if and when to initiate settlement discussions
- How settlement dynamics can differ in intervened vs. non-intervened qui tam cases
- Roles of DOJ/USAO, HHS-OIG, relator's counsel, and defendant's counsel in qui tam settlement negotiations
- Calculating settlement value, including damages, off-sets for value provided, appropriate multiplier, penalties and qui tam relator attorney fees and costs
- Related HHS-OIG negotiations regarding permissive exclusion waiver and Corporate Integrity Agreements ("CIAs") you can live under

603. Medical Necessity Documentation to Meet Reimbursement Requirements and Avoid Fraud Allegations

Timothy P. Blanchard / Joan C. Ragsdale

- Current auditing activity focusing on medical necessity documentation
- Auditing standards and protocols: Clinical guidelines vs. complex medical judgment
- How to get accurate concurrent documentation of clinical decision making
- Proactive ways to facilitate complete documentation
- Preparing for, and responding to, medical necessity audits

604. Bridging the Compliance/Operational Gap from the Board Room to the Operating Room (not repeated)

Charlotte L. Kohler / Linda Pilla

- Operational impact of a government enforcement action on an organization
- How risk assessment and alignment principles can be employed to avoid or mitigate potential government enforcement actions
- Doctrine of self regulation and principles of sound operational practice
- Important concepts and lessons learned

605. The Role of Compliance in ICD-10 Implementation

Terrance Byrne / John E. Steiner

- General differences between ICD-9 and ICD-10
- Impact on people, process, technology
- Governance structures for effective planning and implementation
- Managing the process

606. Health Information Exchange Participation and Management (repeat of 506)

10:45 AM –12:15 PM (EXTENDED SESSIONS)

701. Corporate Integrity Agreements (repeat of V)

702. Physician Practice Acquisitions and Valuation Challenges (repeat of 202)

703. Enforcement Initiatives against Individual Officers, General Counsel and Compliance Officers (repeat of 203)

704. Saved for Hot Topic

705. Managing And Mitigating Privacy Breaches: What to Do Before—and After—the OCR Comes Knocking (not repeated)

Marie Crepeau Moseley

- Before: Identify key issues in avoiding penalties
- During: Ten important tips for responding to the OCR
- After: Case study: Real-world examples of OCR investigations

706. Update on DOJ's Defibrillator Investigation (not repeated)

Lynn M. Adam / Kevin Cornish / Frank E. Sheeder

- Development and scope of the Justice Department's ICD Investigation
- Medicare coverage policy for ICDs
- FCA implications for hospitals
- Role of a physician's medical judgment
- Practical considerations for hospitals

12:15–1:30 PM

Lunch on your own or attend the HCCA Membership Luncheon (additional fee; limited attendance; pre-registration required)

1:45–2:45 PM

801. Investigator Beware: Legal Ethical Issues in Defending Government Investigations (repeat of 103)

802. Strategies for Self-Disclosures (repeat of 403)

803. Repayments and Disclosures: Legal Authorities and the Roles of RACs and MICs (repeat of 503)

804. When Silence Isn't Golden: Working with Potential Whistleblowers and Avoiding Future Litigation (repeat of 406)

3:00–4:00 PM

901. Medical Necessity Documentation to Meet Reimbursement Requirements and Avoid Fraud Allegations (repeat of 603)

902. Settling False Claims Act Cases in the Healthcare Fraud and Enforcement World: Tips and Traps for Providers and Payors (repeat of 602)

903. Auditing an Electronic Medical Record (repeat of 104)

904. Analyzing Data to Identify Fraud, Waste and Abuse (repeat of 106)

Speakers

PLANNING COMMITTEE

Joan P. Dailey, Esq., Senior Attorney, US Department of Health and Human Services, Office of the General Counsel, Washington, DC

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SPEAKERS

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Craig Spotser, Criminal Investigator, Texas Medicaid Fraud Control Unit, Office of the Attorney General, Austin, TX

John E. Steiner, Jr., Esq., Chief Compliance Officer, Cancer Treatment Centers of America, Schaumburg, IL

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Program at a Glance

SUNDAY, SEPTEMBER 25						
11:30 AM–5:30 PM	Registration and Information					
	LEGAL FOCUSED			COMPLIANCE FOCUSED		
1:00–2:30 PM <i>(EXTENDED SESSIONS)</i>	I. Fraud and Abuse Primer (not repeated) <i>Sheehan</i>		II. Compliance 101 <i>Troklus</i>		III. Healthcare Reform and Beyond: What Compliance Professionals Need to Know <i>DeGroot / Sheeder</i>	
2:45–4:15 PM <i>(EXTENDED SESSIONS)</i>	IV. Stark Primer (not repeated) <i>Dailey / Matyas</i>		V. Corporate Integrity Agreements <i>Ellis / Overstreet / Rah</i>		VI. Mandatory Compliance Programs <i>Robinson / Tranchida</i>	
4:30–5:30 PM	VII. Hitchhiker’s Guide to the Anti-Kickback Statute (not repeated) <i>Sorensen</i>		VIII. Anatomy of a Federal Healthcare Fraud Investigation <i>Fernandez / Hutchinson</i>		IX. Making IDS Arrangements Work: Fraud and Abuse Considerations for ACOs and Other Integrated Arrangements <i>Kass / Robinson</i>	
5:30–6:30 PM	Welcome Reception sponsored by HealthCare Appraisers, Inc. and KPMG (attendees, speakers and registered companions and guests are welcome)					
MONDAY, SEPTEMBER 26						
7:00 AM–5:15 PM	Registration and Information					
7:00–8:00 AM	Continental Breakfast sponsored by HealthCare Appraisers, Inc. and KPMG (attendees, speakers and registered spouses and guests are welcome)					
8:00–8:15 AM	Welcome and Introductions <i>Newman / Sheeder</i>					
8:15–9:00 AM	Keynote Address <i>Breuer</i>					
9:00–9:30 AM	Coffee Break (sponsored by HealthCare Appraisers, Inc. and KPMG)					
	LEGAL FOCUSED			COMPLIANCE FOCUSED		
9:30–10:30 AM	101. False Claims Act Primer (not repeated) <i>Hooper</i>	102. e-Discovery: A Tactical Approach to Managing Risk and Reducing Cost (not repeated) <i>Koch / McKinnie</i>	103. Investigator Beware: Legal Ethical Issues in Defending Government Investigations <i>Bring</i>	104. Auditing an Electronic Medical Record <i>Laubach / Pedersen</i>	105. Compliance Clinical Documentation in the Era of Health Reform: ACOs, MACs/RACs and Facts (not repeated) <i>Leopard / Weygandt</i>	106. Analyzing Data to Identify Fraud, Waste and Abuse <i>McCabe / Spotser</i>
10:45 AM–12:15 PM <i>(EXTENDED SESSIONS)</i>	201. Advanced Stark (not repeated) <i>Holden / McAnaney</i>	202. Hospital-Physician Alignment and Acquisition Strategies: Addressing Structural and Valuation Challenges and Recent Legal Developments <i>Herschman / McCard / Ruchaber</i>	203. Enforcement Initiatives against Individual Officers, General Counsel and Compliance Officers <i>Paddock</i>	204. A Compliance Officers Guide to Mitigating Stark Risks (not repeated) <i>Claustre / Roach</i>	205. Above and Beyond the Basics: Measuring Compliance Effectiveness to Increase Program Value (not repeated) <i>Hilliard / Vacca</i>	206. CMS Hot Topics: Performance Monitoring and Best Practices (not repeated) <i>Geisler / Rothouse / Shapiro</i>
12:15–1:30 PM	Lunch on your own or attend the AHLA Fraud and Abuse Practice Group Luncheon sponsored by PYA (additional fee; limited attendance; pre-registration required)					
	LEGAL FOCUSED			COMPLIANCE FOCUSED		
1:45–2:45 PM	301. Fraud and Abuse Issues Affecting AMCs (not repeated) <i>Eiland</i>	302. Enrollment/Payment Suspensions (not repeated) <i>Burns / Waltz</i>	303. Anatomy of a Federal Healthcare Fraud Investigation (repeat of VIII) <i>Fernandez / Hutchinson</i>	304. Hospital’s Growing Responsibility in Assuring Physician-Employee Documentation Compliance (not repeated) <i>Bibbins</i>	305. Making IDS Arrangements Work: Fraud and Abuse Considerations for ACOs and Other Integrated Arrangements <i>Kass / Robinson</i>	306. Hospital Inpatient versus Outpatient Medical Necessity: From Audit to Error to Fraud (not repeated) <i>Corrato / Hoffman</i>
	LEGAL FOCUSED			COMPLIANCE FOCUSED		

Program at a Glance

3:00–4:00 PM	401. Physician Interactions with Industry (not repeated) <i>Sarraille</i>	402. A Collision at the Intersection of the Anti-Kickback Statute and Managed Care (not repeated) <i>Deaton / MacDonald</i>	403. Strategies for Self-Disclosures <i>Hudzick / Wenik</i>	404. Managing Compliance Risks in Vendor Contracts (not repeated) <i>Belfort</i>	405. PPACA and Accountability for Quality in Hospitals and Nursing Homes (not repeated) <i>Generous / Tettlebaum</i>	406. When Silence Isn't Golden: Working with Potential Whistleblowers and Avoiding Future Litigation <i>Barbera / Haron</i>
4:15–5:15 PM	501. Anti-Kickback Statute Current Developments (not repeated) <i>Crane</i>	502. Fraud and Abuse Issues in Home Health, DME and Hospice (not repeated) <i>Dombi</i>	503. Repayments and Disclosures: Legal Authorities and the Roles of RACs and MICs <i>Lauer / Roth</i>	504. Winning Strategies in Claims Audit Appeals (not repeated) <i>Carsonie / Dorfschmid</i>	505. Administrative Application of the Responsible Corporate Officer Doctrine (not repeated) <i>Goldberg / Herrmann</i>	506. Health Information Exchange Participation and Management <i>Jolley</i>
5:15–6:30 PM	Reception sponsored by HealthCare Appraisers, Inc. and KPMG (attendees, speakers and registered spouses and guests are welcome)					
TUESDAY, SEPTEMBER 27						
7:00 AM–4:00 PM	Registration and Information					
7:00–8:00 AM	Continental Breakfast sponsored by HealthCare Appraisers, Inc. and KPMG (attendees, speakers and registered spouses and guests are welcome)					
8:00-9:00 AM	Keynote Address: Back to the Future: Anti-Fraud Enforcement Trends: The Prosectuor, Whistleblower, and Defense Perspectives <i>McDermott (moderator) / Corcoran / Immelt / Strawn</i>					
9:00–9:30 AM	Coffee Break sponsored by HealthCare Appraisers, Inc. and KPMG					
	LEGAL FOCUSED			COMPLIANCE FOCUSED		
9:30–10:30 AM	601. Federal and Administrative Sanctions (not repeated) <i>Imperato</i>	602. Settling False Claims Act Cases in the Healthcare Fraud and Enforcement World: Tips and Traps for Providers and Payors <i>Laemmle-Weidenfeld / Rhoad</i>	603. Medical Necessity Documentation to Meet Reimbursement Requirements and Avoid Fraud Allegations <i>Blanchard / Ragsdale</i>	604. Bridging the Compliance/Operational Gap from the Board Room to the Operating Room (not repeated) <i>Kohler / Pilla</i>	605. The Role of Compliance in ICD-10 Implementation (not repeated) <i>Byrne / Steiner</i>	606. Health Information Exchange Participation and Management (repeat of 506) <i>Jolley</i>
10:45 AM –12:15 PM (EXTENDED SESSIONS)	701. Corporate Integrity Agreements (repeat of V) <i>Gillin / Overstreet / Rah</i>	702. Physician Practice Acquisitions and Valuation Challenges (repeat of 202) <i>Herschman / McCard / Ruchaber</i>	703. Enforcement Initiatives against Individual Officers, General Counsel and Compliance Officers (repeat of 203) <i>Paddock</i>	704. Saved for Hot Topic	705. Managing And Mitigating Privacy Breaches: What to Do Before—and After—the OCR Comes Knocking (not repeated) <i>Moseley</i>	706. Update on DOJ's Defibrillator Investigation (not repeated) <i>Adam / Cornish / Sheeder</i>
12:15–1:30 PM	Lunch on your own or attend the HCCA Membership Luncheon (additional fee; limited attendance; pre-registration required)					
	LEGAL FOCUSED			COMPLIANCE FOCUSED		
1:45–2:45 PM	801. Investigator Beware: Legal Ethical Issues in Defending Government Investigations (repeat of 103) <i>Bring</i>	802. Strategies for Self-Disclosures (repeat of 403) <i>Hudzick / Wenik</i>	803. Repayments and Disclosures: Legal Authorities and the Roles of RACs and MICs (repeat of 503) <i>Lauer / Roth</i>	804. When Silence Isn't Golden: Working with Potential Whistleblowers and Avoiding Future Litigation (repeat of 406) <i>Barbera / Haron</i>		
3:00–4:00 PM	901. Medical Necessity Documentation: The "Who, What, When, Where, Why and How" of Documenting Medical Necessity to Meet Reimbursement Requirements and Avoid Fraud Allegations (repeat of 603) <i>Blanchard / Ragsdale</i>	902. Settling False Claims Act Cases in the Healthcare Fraud and Enforcement World: Tips and Traps for Providers and Payors (repeat of 602) <i>Laemmle-Weidenfeld / Rhoad</i>	903. Auditing an Electronic Medical Record (repeat of 104) <i>Laubach / Pedersen</i>	904. Analyzing Data to Identify Fraud, Waste and Abuse (repeat of 106) <i>McCabe / Spotser</i>		

Details

Dates: September 25–27, 2011

Place: Renaissance Baltimore Harborplace Hotel
202 East Pratt Street, Baltimore, MD 21202

Phone: (410) 547-1200

Toll-Free Reservations: (800) 535-1201

Registration Fees:

Postmarked and paid by September 7, 2011

AHLA/HCCA Members.....\$820
AHLA/HCCA Member Group.....\$745*
Non-Members.....\$1,045

Postmarked and paid between September 8 and September 21, 2011

AHLA/HCCA Members.....\$945
AHLA/HCCA Member Group.....\$870*
Non-Member.....\$1,170

Printed Course Materials.....\$65

**When an AHLA or HCCA member registers for this program, each additional AHLA or HCCA member registered from his/her organization at the same time is eligible for a discounted registration fee.*

Pre-registration accepted through September 22, 2010. After this date, registrations will be taken on-site on a space available basis, and an on-site fee of \$100 will be added to the applicable registration fee. If you have indicated an incorrect amount due to errors in addition or are not eligible for a specific rate, AHLA/HCCA will charge the correct amount to the credit card you have supplied.

Companion Fee: For an additional \$30, spouses and adult guests can register to attend the Sunday and Monday receptions and the continental breakfasts on Monday and Tuesday. Please sign up on the registration form. Children are welcome to attend these events at no additional charge.

Hotel Reservations:

Renaissance Baltimore Harborplace Hotel
202 East Pratt Street, Baltimore, MD 21202

Hotel accommodations are not included in the registration fee. Call the Renaissance Harborplace Hotel at (410) 547-1200. When making reservations, please indicate that you are with the American Health Lawyers Association/Health Care Compliance Association; the room block may sell out prior to the hotel cut-off date, Wednesday, September 7, 2011. Room Rates: \$229 single or double occupancy.

Cancellations/Substitutions: Cancellations must be in writing and must be received no later than September 19, 2011. Refunds will not be issued for cancellations received after this date. Registrations, less a \$125 administrative fee, will be refunded following the program. If you wish to send a substitute, please call the Member Service Center at (202) 833-1100 (prompt 5). Please note that the registration fee will be based on the membership status of the person who actually attends the program.

Airline Reservations: AHLA and HCCA have selected Association Travel Concepts (ATC) as the official event travel agency.

Airline Discounts: ATC has negotiated discounts with United and American and with Avis and Hertz to bring you special airfare and car rental rates. Discounts of 5–15% apply to travel for the dates of September 23–October 1, 2011. ATC will also search for the lowest available fare on ANY airline. Direct access to ATC online booking tools and live agents for discounted meeting travel.

Reservations: Make your reservation from one of the following options:

- Phone: 800-458-9383
- Web: www.atcmeetings.com/ahla
- Email: reservations@atcmeetings.com
- Fax: 858-362-3153

ATC is available for reservations from 8:30 AM until 8:00 PM Eastern Time, Monday through Friday. Some restrictions may apply. Service fees apply.

Special Needs: If you have needs requiring special assistance or accommodations, including special dietary needs, or have questions about accessibility issues at the program, contact our special needs coordinator, Valerie Eshleman at (202) 833-0784 or veshleman@healthlawyers.org.

AHLA Membership: Non-members wishing to join AHLA for one full year can do so by adding \$200 to the member registration fee. Members receive monthly mailings and discounts on AHLA publications and programs.

HCCA Membership: Non-members wishing to join HCCA for one full year can do so by adding \$200 to the member conference registration fee. Members receive monthly mailings and discounts on HCCA publications and programs.

Continuing Education Credits: AHLA/HCCA are in the process of applying for additional certification for continuing education credits. Please visit www.hcca-info.org for updates or contact the certification department for further information on ACHE, CCB, and Nursing Credits at ccb@hcca-info.org or (888) 580-8373. For more information on CLE and CPE credits, please contact AHLA at programs@healthlawyers.org. Please note that the continuing education credits listed may be subject to change.

AAPC: This program has the prior approval of the American Academy of Professional Coders (AAPC) for 14.0 continuing education hours. Granting of prior approval in no way constitutes endorsement by AAPC of the program content or the program sponsor.

ACHE: The Health Care Compliance Association is authorized to award 15.0 hours of pre-approved Category II (non-ACHE) continuing education credit for this program toward advancement, or recertification in the America College of Healthcare Executives. Participants in this program wishing to have the continuing education hours applied toward Category II credit should indicate on their attendance when submitting application to the American College of Healthcare Executives for advancement or recertification.

AHIMA: This program has been approved for 18 continuing education units (CEUs) for use in fulfilling the continuing education requirements of the American Health Information Management Association (AHIMA). Granting prior approval from AHIMA does not constitute endorsement of the program content or its program sponsor.

Compliance Certification Board (CCB): Certified in Healthcare Compliance (CHC)*, Certified in Healthcare Compliance Fellow (CHC-F), Certified Compliance & Ethics Professional (CCEP)*, Certified Compliance & Ethics Professional Fellow (CCEP-F), Certified in Healthcare Research Compliance (CHRC)*, Certified in Healthcare Privacy Compliance (CHPC)*: CCB has awarded a maximum of 18.9 CEUs for these accreditations in the following subject areas: Application of Management Practices for the Compliance Professional; Application of Personal and Business Ethics in Compliance; Written Compliance Policies and Procedures; Designation of Compliance Officers and Committees; Compliance Training and Education; Communication and Reporting Mechanisms in Compliance Enforcement of Compliance Standards and Discipline; Auditing and Monitoring for Compliance; Response to Compliance Violations and Corrective Actions; HIPAA Privacy Implementation and/or Complying with Government Regulations.

CPE: 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 Avenue North, Suite 700, Nashville, TN 37219-2417. Website: www.nasba.org. This seminar will be worth approximately 18.0 CPE credits. This program is designed to be an update on developments in the area of fraud and compliance. 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 of law and terminology associated with the area of fraud and compliance in order to obtain the full educational benefit of this program.

MCLE/CLE: Participants will be given continuing education forms at the program. Forms must be completed and returned to AHLA staff to receive credit. AHLA is an approved sponsor of continuing legal education credits in most states. This seminar will be worth approximately 15 continuing education credits (including 1.0 ethics credit) based on a 60-minute hour and 18.1 credits (including 1.2 ethics credits) based on a 50-minute hour.

Nursing Credit: The Health Care Compliance Association is preapproved by the California Board of Registered Nursing, Provider Number CEP 12990, for a maximum of 18.9 contact hour(s). The following states will not accept CA Board of Nursing contact hours: Delaware, Florida, New Jersey and Utah. Massachusetts and Mississippi nurses may submit CA Board of Nursing contact hours to their state board, but approval will depend on review by the board. Please contact the Accreditation Department at ccb@hcca-info.org with any questions you may have. Oncology Nurses who are certified by ONCC may request CA Nursing Credit (check box or indicate "Nursing" on the CEU form).

REGISTER ONLINE AT
www.healthlawyers.org/programs

Registration

Fraud & Compliance Forum 2011

Remit payment and completed registration form by mail to:

American Health Lawyers Association, P.O. Box 79340, Baltimore, MD 21279-0340

You may also fax with credit card information to (202) 775-2482, or register via phone by calling (202) 833-1100, prompt 2.

If this program is over-subscribed, only AHLA and HCCA members will be placed on a waiting list. On-site registrations will be accepted on a space-available basis only.

Name: _____ AHLA/HCCA ID #: _____

First Name for Badge (if different than above): _____

Title: _____ Organization: _____

Address: _____

City: _____ State: _____ ZIP+ 4: _____

Telephone: _____ Fax: _____ E-Mail: _____

Companion Name: _____

Early Registration Fees (faxed/postmarked and paid on or before September 7, 2011)

AHLA or HCCA Members: \$820 Non-Members: \$1,045
Additional Members*: \$745

Registration Fees (faxed/postmarked and paid between September 8 and September 21, 2011)

AHLA or HCCA Members: \$945 Non-Members: \$1,170
Additional Members*: \$870

Printed Course Materials

\$65 All attendees will receive an electronic version of the full set of materials for the program.
There is an additional fee to receive the printed binder.

**Additional members from the same company/firm registering at the same time are eligible for the reduced fee.
One member must pay the full registration fee.*

Please note: Should your credit card total be miscalculated, AHLA/HCCA will charge your card for the correct amount due. To receive a refund of the registration fee paid minus \$125, cancellation notice must be received in writing by September 19, 2011. Please send notice of cancellation to AHLA.

Payment Information

Please fill in applicable amount: (Registrations cannot be processed unless accompanied by payment.)

\$ _____ Registration Fee \$ _____ AHLA Membership Dues (\$200 when paying member registration fee: new members only)
\$ _____ Program Binder (\$65) \$ _____ HCCA Membership Dues (\$200 when paying member registration fee: new members only)
\$ _____ Companion Fee (\$30) \$ _____ AHLA Fraud and Abuse Practice Group Lunch on Monday, September 26, 2011
\$35 members of the Fraud and Abuse Practice Group / \$50 non-members
\$ _____ HCCA Membership Meeting and Luncheon on Tuesday, September 27, 2011
\$35 HCCA members / \$50 non-members
\$ _____ TOTAL ENCLOSED

Check enclosed (Make checks payable to American Health Lawyers Association)

Bill my credit card: Visa MasterCard American Express Discover Diners Club

Billing Address Zip Code: _____

Card Number: _____ Exp. Date (MM/YY): _____

Name of Cardholder: _____

Signature of Cardholder: _____





AMERICAN
HEALTH LAWYERS
ASSOCIATION
1620 Eye Street NW, 6th Floor
Washington, DC 20006-4010

**FRAUD & COMPLIANCE
FORUM**

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