

National Forum on

ACI'S
HEALTH CARE REFORM
S E R I E S

Clinical Integration

The Authoritative Guide to ACOs and Other Integrated Models
in the Wake of Health Care Reform

November 16-17, 2010 • Hilton Washington Embassy Row • Washington, D.C.
November 15, 2010: ACO/Clinical Integration 101

Featured Presentations By:

Advocate Physician Partners
America's Health Insurance Plans
American Medical Association
Ascension Health
Business Health Care Group
The Camden Group
Carondelet Health Network
Centers for Medicare and Medicaid Services*
Dean Health Systems
Federation of American Hospitals
Federal Trade Commission
Geisinger
GRIPA
Group Practice Improvement Network
Kaiser Permanente
Premier, Inc.
Rockburn Institute
U.S. Department of Health & Human Services*
U.S. Senate Finance Committee

TRANSFORM: Existing Health Care Systems

STRUCTURE: Core Competencies for System Governance
and Long-Term Sustainability

FACILITATE: Finance Solutions and Investor Relations

OBTAIN: Physician and Workforce Buy-In

MASTER: Stark, Antitrust and Tax laws as well as CMPs,
the Corporate Practice of Medicine Doctrine and HIPAA

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Art advises and represents HMOs and other managed care organizations, hospitals, pharmaceutical and medical device and supply companies, professional and trade associations, pharmacy benefit management firms, medical group practices, group purchasing organizations, charitable groups, and other health organizations. Art is a member of the Board of Directors of the American Health Lawyers Association ("AHLA") and former Chair (2004-2007) of the antitrust practice group of the AHLA. He is also former Chair of the American Bar Association Antitrust Section's Federal Civil Enforcement Committee (2006-2007) and Federal Trade Commission Committee (2004-2006), and a member of the advisory board for the Bureau of National Affairs' Health Plan and Provider Report.



Jeffrey G. Micklos
Executive Vice President, Management,
Compliance and General Counsel
Federation of American Hospitals

Mr. Micklos serves as lead policy counsel on legal and regulatory issues involving compliance and fraud and abuse, privacy, administrative procedure, EMTALA, medical liability, tax, labor, antitrust, and accreditation. Mr. Micklos staffs the Federation of American Hospitals' Legal and Operational Policy Committee and the Audit, Ethics, Compliance and Administrative Affairs Committee. He also has senior management responsibilities for the FAH's day-to-day business affairs. In his General Counsel role, Mr. Micklos provides guidance on operational matters involving lobbying disclosures, Federal Election Commission reporting, Congressional ethics rules, employment, and contracts. Prior to joining the Federation of American Hospitals in October 2004, Mr. Micklos was a partner in the Health Law Department of Foley & Lardner LLP, where he advised clients on all aspects of government regulation related to their participation in federal and state health care programs and represented clients in reimbursement and certification proceedings before the U.S. Department of Health and Human Services and in federal courts. Mr. Micklos also represented clients under investigation by federal and state governments for potential compliance violations. Prior to his private practice, Mr. Micklos was an attorney in the Health Care Financing Division, Office of General Counsel, U.S. Department of Health and Human Services, where he defended the Department in Medicare litigation before numerous federal district and appellate courts, provided advice on health care policy and fraud and abuse matters, and negotiated settlements and data sharing arrangements with large insurance companies regarding Medicare Secondary Payer issues. He also represented the Social Security Administration in numerous federal district court and appellate Social Security disability cases.



Christi J. Braun
Principal
Ober Kaler Grimes & Shriver

Christi J. Braun is a principal and member of Ober[Kaler's Antitrust and Competition, Litigation and Health Law Groups. Her practice focuses on counseling health care clients on matters involving antitrust compliance, litigation of antitrust and other complex commercial matters, review of mergers, and structuring joint ventures among health care providers and businesses. Prior to joining Ober[Kaler, Christi was a staff attorney in the Health Care Services & Products Division of the Federal Trade Commission.



Craig E. Samitt, MD, MBA
Chair of the Group Practice Improvement
Network (GPIN) ACO Collaborative
President & CEO, Dean Health System

As President and CEO of Dean Health System, Dr. Samitt leads one of the largest integrated delivery systems and accountable care organizations in the Midwest. In this position, he is responsible for the strategic, financial, operational and clinical performance of the health system's 500+ doctors, 3000 staff, 60 facilities and health plan, retail and ancillary subsidiaries. Under Dr. Samitt's leadership, Dean is in the midst of a rapid transformation of its financial and operational performance, with a vision to become the nation's gold-standard for delivery of better care at a lower cost.

Dr. Samitt has served for over 15 years in senior leadership roles in major healthcare systems. He began his career at Harvard Vanguard Medical Associates, where he served as Executive Director of the Kenmore facility, Harvard Vanguard's flagship site. Dr. Samitt subsequently served on the turnaround team of Harvard Pilgrim Health Care as Senior Vice President of Marketing, Sales, Customer Service, and Product Development and Management. From 2002 through 2006, Dr. Samitt was Chief Operating Officer at Fallon Clinic, Inc., a leading multi-specialty group practice in New England.



Ruth W. Brinkley
West Ministry Market Leader, Ascension
Health, St. Louis, Miss.
President and Chief Executive Officer,
Carondelet Health Network, Tucson, Ariz.

Ruth W. Brinkley is President and Chief Executive Officer of Carondelet Health Network in Tucson, AZ., and West Ministry Market Leader for Ascension Health. She provides strategic and operational leadership for Carondelet while promoting alignment among Health Ministries within the Western Region and the System Office on issues related to Mission and Vision. Ms. Brinkley shares accountability for strategic positioning and operational performance for St. Joseph Regional Medical Center, Lewiston, Idaho, and Lourdes Health Network, Pasco, Washington.

Clinical Integration Speaker Faculty

Thomas J. Babbo

Partner
Hogan Marren, Ltd.

Christi Braun

Principal
Ober Kaler Grimes & Shriver

Ruth W. Brinkley

West Ministry Market Leader
Ascension Health;
President & Chief Executive Officer
Carondelet Health Network

Dr. Peter Budetti (invited)

Deputy Administrator, Center for
Program Integrity
Centers for Medicare and Medicaid Services
U.S. Department of Health and
Human Services

Amy Compton-Phillips

Kaiser Permanente
Associate Executive Director, Quality
The Permanente Federation

Gary Davis

Partner
McDermott Will & Emery LLP

Susan D. DeVore

President and Chief Executive Officer
Premier, Inc.

Linn Foster Freedman

Partner, Chair, HIPPA Compliance Group
Nixon Peabody LLP

Thomas Gustafson

Senior Policy Advisor
Arnold & Porter, LLP

Bruce A. Johnson

Partner
Faegre & Benson LLP

Mark Hayes

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Gerry Hinkley

Co-Chair, Health Care Industry Team
Pillsbury Winthrop Shaw Pittman LLP

Karen Ignagni

President
America's Health Insurance Plans

Christopher Janney

Partner
Sonnenschein Nath & Rosenthal

John E. Kelly

Senior Counsel
Fulbright & Jaworski LLP

Dianne Kiehl

Executive Director
Business Health Care Group

Robert F. Leibenluft

Partner
Hogan Lovells

Arthur Lerner

Partner
Crowell & Moring LLP

Martin Manning

President
Advocate Physician Partners

Ari J. Markenson, J.D., M.P.H.

Of Counsel
Benesch Friedlander Coplan
& Aronoff LLP

John P. Marren

Partner
Hogan Marren, Ltd.

Michele Masucci

Partner
Nixon Peabody LLP

David E. Matyas

Member
Epstein Becker & Green P.C.

Jeffrey G. Micklos

Executive Vice President
Management, Compliance
and General Counsel
Federation of American Hospitals

Fred G. McMurry, M.D.

Interim Director of Neurosurgery
Geisinger Health System

Markus H. Meier

Assistant Director for the
Health Care Division
Bureau of Competition
Federal Trade Commission

Patrick Morrissey

Partner
King & Spalding

David Narrow

Staff Attorney
Federal Trade Commission

Eric T. Nielsen, M.D.

Chief Medical Officer
Greater Rochester Independent Practice
Association (GRIPA);
Senior Medical Advisor
The Camden Group

Kirk Ogrosky

Partner
Arnold & Porter LLP

Lisa Ohrin

Partner
Katten Muchin Rosenman LLP

Greg Piché

Partner
Holland & Hart LLP

Richard Raskin

Partner
Sidley Austin LLP

Robert Rhoad

Partner
Crowell & Moring LLP

Frederick Robinson

Partner
Fulbright & Jaworski LLP

James Roback, M.D.

Immediate Past President
American Medical Association

Craig E. Samitt, MD, MBA

Chair of the Group Practice Improvement
Network (GPIN) ACO Collaborative
President & CEO, Dean Health System

Dale N. Schumacher, MD, MPH

President
Rockburn Institute

*invited

Health Care Reform is now a reality. You've heard the basics – now it's time to get the practical answers and solutions for developing long-term sustainability of commercial and PPACA integrated models.

There is no time to waste – You must have strategies for forming, structuring, and implementing Accountable Care Organizations and other integrated models to stay competitive in the evolving health care market.

Come to one forum that will help you understand how ACOs and other integrated models can be reconciled with existing delivery structures.

The *National Forum on Clinical Integration* is your premiere guide to navigating the complexities of structuring and implementing Accountable Care Organizations and other integrated health care models in the wake of landmark health care reform legislation. The *Patient Protection and Affordable Care Act* (PPACA) expressly creates specific measures to curb, transform, and reduce spending while increasing quality of care through the introduction of ACO pilot programs that will have a tremendous impact on the legal and compliant structure, organization, and implementation of integrated care and health care delivery systems.

Learn and master the latest guidance protocols.

Enhance efficiencies and cost containment.

Avoid antitrust and fraud and abuse scrutiny.

As the Department of Health and Human Services (HHS) begins to issue guidance on the formation of ACOs under PPACA, providers and counsel representing physician groups and private payers must take immediate action to master the fundamentals of clinical integration in order to avoid the numerous antitrust and fraud and abuse pitfalls and landmines along the road to accountable care. ACI's *Clinical Integration* is the only forum providing a comprehensive guide to overcoming these obstacles and proactively preparing for further reform through real solutions.

Get step-by-step guidance from the experts on transforming existing structures and creating integrated systems.

Conquer the complexities of integration.

The creation of ACOs and integrated care under health care reform has serious and complex implications for the health care industry. The structure and execution of ACOs directly intersect with both long-standing and evolving policy and laws. Attend this forum and prepare for the numerous business and legal challenges you will encounter along the way. Our expert faculty will help you:

- Identify traditional models of integrated care and the successful implementation of ACOs under health care reform
- Explore financing solutions and navigating the legal complexities of governance and compliance when bringing in outside investors
- Examine "Evidence-Based Medicine" and how reporting guidelines will be collected and used
- Understand ACO incentive payments and models for reimbursement
- Spearhead antitrust challenges
- Navigate Stark violations when forming integrated care systems including the new Stark self-disclosure protocol system
- Overcome tax pitfalls
- Avoid Anti-Kickback violations and understanding changes for False Claims Act and whistleblowers; and more

Beginning with an in-depth look at the core competencies for transforming existing systems into integrated models which qualify for incentive payments under PPACA, attendees will hear directly from those on the front lines of measures for staying within the framework of permissible integration to improve efficiency and reduce cost while avoiding legal pitfalls. Building on this foundation, the conference will delve deeper into the structure of the ACO and provide solutions for long-term sustainability including: financing; Health Information Technology; the role of health insurance plans; Stark; Anti-Kickback; tax; False Claims Act; CMP; and state enforcement priorities; regulations; and guidelines for the formation of ACOs that are compliant with existing and evolving fraud and abuse statutes.

This conference is the first and only stop on the path to accountable care.

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Agenda at a Glance

Pre-Conference Session – Monday, November 15, 2010

ACO/Clinical Integration 101: Navigating the Key Features of Integrated Models and Governance Challenges
Core ACO Implementation Principles and Policy Considerations for Commercial and PPACA Integration
The PPACA ACO: Qualifying for the Incentive Program
Key Strategies & Competencies for Sustainability
Overcoming Legal Obstacles to Implementation

Tuesday, November 16, 2010

Premier, Inc. Keynote Address: Attaining Accountable Care – Preparing Hospitals and Providers for Achieving a Sustainable ACO
Transformations of ACOs: Converting Existing Integrated Systems into Commercial and PPACA ACOs
FTC Keynote Address: Antitrust Considerations in Clinical Integration and ACO Development
In-Depth Antitrust Analysis: Under What Circumstances Will Your Proposed Integration Incur Antitrust Scrutiny?
Financing Solutions, Requirements, and Investor Relationships
Avoiding Stark and CMP Violations in the Formation, Financing, and Implementation of the Integration
U.S. Health and Human Services Roundtable

Wednesday, November 17, 2010

Building a Strong Infrastructure: Identifying Key Issues to Building Long-Term Sustainability
Implementation of Health Information Technology
Quality Measurement Strategies and Reporting Guidelines
Kaiser Keynote Address: Organizing Around the Patient's Needs to Enable a Better Way to Practice
Gaining Physician Buy-In
The Critical Role of Health Insurance Plans in Transforming Care Delivery
Navigating HIPAA and Privacy Laws
State & Federal Fraud and Abuse Enforcement Priorities
Avoiding Tax Liability When Integrating Charitable Institutions

Media Partners



Pre-Conference Session – Monday, November 15, 2010

ACO/Clinical Integration 101: Navigating the Key Features of Integrated Models and Governance Challenges

9:00 **Registration and Continental Breakfast**

9:50 **Opening Remarks**

10:00 **Core ACO Implementation Principles and Policy Considerations for Commercial and PPACA Integration**

Mark Hayes

Health Policy Director and Chief Health Counsel
U.S. Senate Finance Committee

Thomas Gustafson

Senior Policy Advisor
Arnold & Porter, LLP

Jeffrey G. Micklos

Executive Vice President, Management,
Compliance and General Counsel
Federation of American Hospitals

- Identifying policy and payment practicalities prompting the move from a fragmented Fee-For-Service environment
- Defining the risk parameters and minimum requirements for forming an ACO
- Building in flexibility for location site variation
- Exploring examples of payment models and characteristics evolving from recent ACO initiatives prior to the introduction of the shared savings program
- Examining early models of integrated care forming the foundation for ACOs under PPACA
 - Physician Group Practice Demonstration
 - Medicare Health Care Quality Demonstration

11:00 **The PPACA ACO: Qualifying for the Incentive Program**

John P. Marren

Partner
Hogan Marren, Ltd.

Ari J. Markenson, J.D., M.P.H.

Of Counsel
Benesch Friedlander Coplan & Aronoff LLP

- Distinguishing the PPACA ACO model as defined in the requirements of the *Patient Protection and Affordable Care Act*
- Identifying solutions for transforming existing integrated systems into PPACA ACOs
- Liability for not meeting quality benchmarks and projected risk adjustments
- Creating parallel contractual organizations beyond the scope of Medicare Parts A & B
- Incorporating evolving recent HHS guidance
- Weighing long-term pros and cons of tailoring the ACO into a PPACA formation

12:00 **Networking Luncheon**

1:30 **Key Strategies & Competencies for Sustainability**

Gary Davis

Partner
McDermott Will & Emery LLP

Bruce A. Johnson

Partner
Faegre & Benson LLP

- Bridging PPACA with recent legislation to build an implementation strategy with other incentive payments:
 - electronic health records
 - American Recovery and Reinvestment Act of 2009
- Designing performance metrics and budget methodologies
 - How will the incentives be paid out and distributed?
 - Will physicians receive incentives at the discretion of the governing body?
- Structuring the integration to account for cultural perceptions and obtaining physician buy-in
 - physician autonomy and cultural perceptions

2:45 **Overcoming Legal Obstacles to Implementation**

Robert F. Leibenluft

Partner
Hogan Lovells

Michele Masucci

Partner
Nixon Peabody LLP

Lisa Ohrin

Partner
Katten Muchin Rosenman LLP

Moderator:

John E. Kelly

Senior Counsel
Fulbright & Jaworski LLP

- Exploring antitrust enforcement policy in the context of integrated care
 - analysis of proposed integrated models from the per se rule to the “rule of reason”
 - *Arizona v. Maricopa County Medical Society*
 - Statements of Antitrust Enforcement Policy in Health Care (1996)
 - *MedSouth; TriState*
- Structuring the agreement to account for Stark laws and Corporate Practice of Medicine regulations
 - anticipating the type of waiver will PPACA ACOs receive
 - preemption quandary: when state law fills in the gaps of Federal law
- Accounting for revisions to fraud and abuse laws in PPACA that will directly impact integrated health systems

4:00 **Pre-Conference Concludes**

Day One – Tuesday, November 16, 2010

7:00 Registration and Continental Breakfast

8:00 Opening Keynote Address: Attaining Accountable Care – Preparing Hospitals and Providers for Achieving a Sustainable ACO

Susan D. DeVore

President and Chief Executive Officer
Premier, Inc.

8:15 Transformations of ACOs: Converting Existing Integrated Systems into Commercial and PPACA ACOs

Craig Samitt

Chair of the Group Practice Improvement Network (GPIN) ACO Collaborative
CEO, Dean Health Systems; Dean Clinic

James Rohack, M.D.

Immediate Past President
American Medical Association

Thomas J. Babbo

Partner
Hogan Marren, Ltd.

- Exploring recent strategies employed by integrated models to overcome ACO formation and structural challenges
 - mergers versus formation of independent practice physicians
 - the pros and cons of physician-employee models of integration
 - timelines for development into mature models
- Analyzing core competencies present in current integrated models for fast conversion
 - Medical Homes
 - Physician-Hospital Organizations
 - Independent Physician Association
 - Skilled Nursing Facilities
 - In-Patient Rehabilitation Facilities
 - Long-Term Care Hospitals
- Identifying key requirements under PPACA to qualify for the Shared Savings Program
 - creating a legal entity versus a “virtual” ACO
 - CMS reporting and registration requirements
 - electronic health records
 - Medicare and Medicaid reimbursement
 - Shared Savings Program timelines and minimum reporting requirements
- Tailoring the integration based on location-specific site variations

Focus on Antitrust

9:45 FTC Keynote Address: Antitrust Considerations in Clinical Integration and ACO Development

Markus H. Meier

Assistant Director for the Health Care Division
Bureau of Competition, Federal Trade Commission

In 1996, the FTC and DOJ issued joint statements on Antitrust Enforcement Policy in Health Care which in part discussed the significance of clinical integration and its role in the antitrust analysis of collective bargaining by health care providers with payers. Since the time of the joint statements release, the FTC has issued numerous advisory opinions on whether entities seeking to establish an integrated health care delivery system would indeed be creating “a legitimate joint venture ...to achieve significant efficiencies in the provision of medical and other health care services that could benefit consumers.” *FTC TriState Advisory Opinion, p.1, April 13, 2009*. In this session, Markus Meier will discuss the FTC’s ongoing work in the area of clinical integration, the relationship between clinical integration and the development of ACOs, and other related issues.

10:30 Networking Break

10:45 In-Depth Antitrust Analysis: Under What Circumstances Will Your Proposed Integration Incur Antitrust Scrutiny?

Arthur Lerner

Partner
Crowell & Moring LLP

Richard Raskin

Partner
Sidley Austin LLP

David Narrow

Attorney
Federal Trade Commission

- Understanding how enforcers define “competition” when evaluating market conditions related to increased consolidation of health services
- Examining the foundation and lessons learned from FTC and DOJ authority and challenges
 - “rule of reason” analysis: *Arizona v. Maricopa County Medical Society*; *Sherman Act* §§1, 2; *Clayton Act* §7; *Statements of Antitrust Enforcement Policy in Health Care (1996)*; *FTC Act* §5; *MedSouth*; *TriState*
- Establishing a template for how your integrated system will be evaluated
 - determining what type of integration is being proposed to best achieve quality of care
 - what is the prevailing goal of the integration?
 - is joint contracting a subordinate component to the integration?
 - alternatives to an integrated system
 - analysis of other providers within the market

- Demonstrating price vetting is ancillary to efficiency and quality of care
- How are membership and ownership interests defined and determined?
- Anticipating how FTC and CMS use reporting guidelines to review current integrated models?
- Predicting ancillary effects on the industry
- Exclusive contract: competitive impact versus operational need

12:00 Networking Luncheon

1:15 Financing Solutions, Requirements, and Investor Relationships

Ruth W. Brinkley

West Ministry Market Leader, Ascension Health
President & Chief Executive officer,
Carondelet Health Network

- Determining the proper financial structure for the formation of your integrated system tailored to the objective
 - local needs and system requirements
 - challenges for rural areas
 - hospital-centric models
- Documenting the financial structure and distribution of payments and profits
- Identifying payment structures and requirements for PPACA ACOs and other integrated models
- What role should outside investors play in the quality, cost savings, and governance of the system?
- Exploring the distribution of incentive payments to non-physician investors

Avoiding Stark and CMP Violations in the Formation, Financing, and Implementation of the Integration

2:15 Part I: Stark Laws

David E. Matyas

Member
Epstein Becker & Green P.C.

Christopher Janney

Partner
Sonnenschein Nath & Rosenthal

- Identifying Stark landmines for forming ACOs and integrated models with outside investors
- Anticipating a Stark waiver for PPACA ACOs in the absence of safe harbors
- Using existing Stark exceptions strategically
- Understanding the interplay and distinction between strict liability Stark analysis and antitrust enforcement challenges

- intent
- market power and establishing Fair Market Value
- exclusivity contracts
- Implementing PPACA and evolving Stark guidance
 - in-office ancillary services
 - rural hospital exception
 - limitations on expansion
 - Constitutional challenges related to PHOs
- Development of the Self-Referral Disclosure Protocol (SDRP)

3:15 Networking Break

3:30 Part II: Civil Monetary Penalties

Frederick Robinson

Partner
Fulbright & Jaworski LLP

- Formulating solutions for establishing an “evidence-based medicine” approach without implicating CMP laws
- Understanding how the governance and structure of the integration will impact CMP liability
- Exploring revisions under PPACA providing HHS-OIG with authority to impose daily fines, audits, and investigations
- How will CMP and similar investigations follow in the footsteps of RAC audits?

4:15 HHS Speaks: Guidance for ACOs and other Integrated Systems

Dr. Peter Budetti (invited)

Deputy Administrator, Center for Program Integrity
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services

Moderator:

Patrick Morrissey

Partner
King & Spalding

In this session, hear directly from HHS and gain up to the minute guidance for the formation, implementation, and success of newly integrated systems. Topics of discussion include:

- Reporting guidelines for establishing quality of care and cost efficiencies
- OIG enforcement and investigation triggers
- Updated regulatory guidance and timelines for implementation, incentive payments, possible penalties and disqualifications

5:15 Conference Adjourns for the Day

U.S. HEALTH AND HUMAN SERVICES
ROUNDTABLE

Day Two – Wednesday, November 17, 2010

8:30 Continental Breakfast

Building a Strong Infrastructure

9:00 Identifying Key Issues to Building Long-Term Sustainability

Christi Braun

Principal
Ober Kaler Grimes & Shriver

Martin Manning

President
Advocate Physician Partners

Dale N. Schumacher, MD, MPH

President, Rockburn Institute

10:00 Implementation of Health Information Technology

Gerry Hinkley

Co-Chair, Health Care Industry Team
Pillsbury Winthrop Shaw Pittman LLP

- Exploring partnering solutions for streamlining and upgrading HIT
- Identifying cost considerations and remedies
- Strategically utilizing federal incentive payments to build an electronic system
- Overcoming obstacles when consolidating systems already in use at different locations of the ACO/integrated model
- What are the legal implications for choosing and contracting with HIT providers?
- Grasping “meaningful use”
- Incorporating recent PECOS guidance and regulations

10:45 Networking Break

11:00 Quality Measurement Strategies and Reporting Guidelines

Fred G. McMurry

Interim Director of Neurosurgery
Geisinger Health System

At the heart of the ACO model is a streamlined and vigorous performance measurement system that will not only capture the level of quality and care delivered, but also provide a mechanism for the meaningful use of the data to achieve better care and cost savings. This session will provide a comprehensive overview of the levels of accountability established within ACOs and other integrated models. It will also explore the challenges for implementation and reporting to the government including:

- Categories of care and quality benchmarks
- The gathering and analysis of information for devising quality benchmarks to improve efficiency and patient care

- Patient feedback
- The development of adequate quality and performance metrics
 - phased-in quality metrics
 - practical strategies for determining who should conduct the assessments, how often, and how to effectively use the information for increasing quality of care

12:00 Networking Luncheon

Keynote Address:

ACOs: Organizing Around the Patient's Needs to Enable a Better Way to Practice

Amy Compton-Phillips

Kaiser Permanente Associate Executive Director, Quality
The Permanente Federation

1:15 Gaining Physician Buy-In

Eric T. Nielsen, M.D.

Chief Medical Officer
Greater Rochester Independent Practice Association (GRIPA);
Senior Medical Advisor
The Camden Group

Christi Braun

Principal
Ober Kaler Grimes & Shriver

- Strategically choosing and contracting with the primary care and specialty physicians necessary for qualifying for incentive payments, as well as long-term sustainability
- Addressing variances and cultural issues when consolidating competing practices
- Analyzing exclusivity contracts and physician autonomy
- Exploring the legal implications under PPACA for physicians transferring to other ACOs
- Ensuring physicians incentives and avoiding limitation of growth opportunities

2:15 The Critical Role of Health Insurance Plans in Transforming Care Delivery

Karen Ignagni

President
America's Health Insurance Plans

Dianne Kiehl

Executive Director
Business Health Care Group

Health insurance plans play an important and critical role in the success of integrated health care delivery systems. With vast experience in patient coordination, wellness and disease management, and demonstrable quality data management systems, health insurance plans will be instrumental in the development and execution of successful clinical integration. This session will explore the health information structures

which these health plans have implemented in order to capture and analyze quality of care and efficiency across large patient populations. It will also provide insights on how these processes can be used to target and attain quality care in integrated settings.

3:15 **Networking Break**

3:30 **Navigating HIPAA and Other Applicable Privacy Laws**

Linn Foster Freedman

Partner, Chair, HIPPA Compliance Group
Nixon Peabody LLP

- Understanding HIPAA compliance and avoiding liability when reporting patient care and quality
- Reconciling existing state requirements: how and when are they controlling over federal regulations?
- Exploring the interplay between FTC and HHS for breach and notification requirements
- Understanding the tiered penalty system
- Identifying safe harbors
- What is required under HITECH?
- Drafting effective and compliant Business Associate Agreement

4:15 **State & Federal Fraud and Abuse Enforcement Priorities**

Robert Rhoad

Partner
Crowell & Moring LLP

Kirk Ogrosky

Partner
Arnold & Porter LLP

This session will provide an overview of recent amendments of the FCA through the FERA and PPACA and their impact on federal health care Fraud & Abuse enforcement. Topics of discussion will include:

- State enforcement priorities
 - *Qui Tams*
 - Corporate Practice of Medicine Doctrine
 - state antitrust implications and enforcement
 - insurance exchanges
- Changes to the Federal Anti-Kickback Statute directly impacting clinical integration
 - structuring integrated care systems while navigating the Anti-Kickback Statute
 - redefining “willful” under the intent requirement for Anti-Kickback violations and the implication for health systems
 - establishing False Claims Act violations through an Anti-Kickback claim

- Proof threshold under revised regulations
- Development of mandatory compliance programs under PPACA
- Anticipation of further penalties related to integration
 - absence of safe harbors
 - Medicare exclusions
 - state mandates for Medicaid exclusions

5:15 **Avoiding Tax Liability When Integrating Charitable Institutions**

Greg Piché

Partner
Holland & Hart LLP

- Clarifying the new requirements for tax exempt hospitals under PPACA
- Understanding how the legal structure of the integration will effect tax status and IRS reporting requirements
- Exploring implications for physicians belonging to more than one integrated system
- Implementing community needs assessments and financial audits into the ACO reporting and compliance function
- Identifying penalties for non-compliance

6:00 **Conference Adjourns**



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ACI's highly trained team of attorney-producers are dedicated, full-time, to developing the content and scope of our conferences based on comprehensive research with you and others facing similar challenges. We speak your language, ensuring that our programs provide strategic, cutting edge guidance on practical issues.

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National Forum on

Clinical Integration

The Authoritative Guide to ACOs and Other Integrated Models
in the Wake of Health Care Reform

November 16-17, 2010 • Hilton Washington Embassy Row • Washington, D.C.

November 15, 2010: ACO/Clinical Integration 101

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S E R I E S

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The fee includes the conference, all program materials, continental breakfasts, lunches, refreshments and complimentary membership of the ACI Alumni program.

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