

American Conference Institute's 2nd Advanced Forum on

MANAGED CARE DISPUTES AND LITIGATION

Bolstering defensive strategies in the face of growing
litigation costs

Benchmark Your Strategies Against Leading MCOs:

AHIP
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CIGNA
Health Net, Inc.
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UnitedHealth Group Incorporated
WellCare Health Plans, Inc.

Gain Government Insights From:

John J. Pease
Assistant United States Attorney
Chief, Health Care and Government
Fraud Section
United States Attorney's Office, E.D.
Pennsylvania

Joshua H. Soven
Chief, Litigation I
Antitrust Division
U.S. Department of Justice

As the litigation surrounding MCOs continues to mount, and costs skyrocket, learn how to:

- **DEFEND** against class action lawsuits filed on behalf of providers and members
- **UTILIZE** new American Arbitration Association provisions aimed directly at resolving payor-provider disputes
- **MITIGATE** the risks of billing fraud and False Claims Act violations
- **MAKE** strategic ERISA arguments
- **DEVELOP** strategies to combat medical necessity determinations
- **PROSECUTE** Medicare Advantage secondary claims
- **MINIMIZE** exposure to antitrust violations

PRE-CONFERENCE WORKSHOP

Managed Care Contracting 101: Dissecting the Fundamentals for Litigators

POST-CONFERENCE DEFENSE COUNSEL WORKING GROUP

Best Practices for Managing and Litigating Your Disputes

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“Good content, delivery, all speakers were deeply knowledgeable, outstanding “think tank” opportunity with my extended colleagues in the field.”

- Senior Associate General Counsel, WellPoint Inc.

In 2011, more than 100 leaders in the Managed Care field converged in Philadelphia for American Conference Institute’s inaugural managed care litigation program. In 2012, Managed Care Organizations (MCOs) continue to represent “deep pockets” for potential plaintiffs and classes. The pursuit and defense of these suits requires meticulous planning, and often involve high costs. ACI is pleased to present its 2nd **Advanced Forum on Managed Care Disputes and Litigation**, taking place May 21 – 23, 2012 in Philadelphia, and featuring trial attorneys and in-house counsel who have been active in some of the year’s biggest cases. No other forum provides the opportunity to share defense strategies and tactics to enhance your litigation toolkit.

While the dust has begun to settle on the industry-changing Ingenix suits, MCOs are still struggling to fight off rampant litigation centered on: antitrust violations, ERISA, medical loss ratios, class actions, False Claims Act violations, and Medicare Advantage. Litigation in the managed care space has become increasingly complex. As a result, it is now imperative for you to have in-depth discussions with your industry peers. With the government taking a most scrupulous eye towards the MCOs, it is important to hear where enforcement priorities are headed. This forum will provide the opportunity to hear from the U.S. Department of Justice as well as the U.S. Attorney’s Office.

As Litigation Costs Skyrocket, Learn How Arbitration Can Reduce These Costs

Every MCO contract contains an arbitration provision, though it is a little used method for resolving disputes. The American Arbitration Association recently enacted new healthcare payor provider rules for resolving payor provider disputes. With these new provisions, arbitration will be an excellent way for you to mitigate the costs of litigation, while fostering a positive relationship with the provider. Hear directly from the AAA, and the other speakers who are actively engaged in alternative dispute resolution.

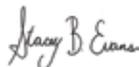
Managed Care Contracting 101 Helps Shore Up on the Basics

In order to successfully defend a managed care suit, you must understand its foundation, the managed care contract. By attending our **Managed Care Contracting 101** workshop, you will identify key contract provisions that may raise red flags during litigation. Failure to have a clear understanding of these documents can lead to costly litigation and long-term financial problems. Contracting experts will delve deeper into the fundamentals.

Defense Counsel Working Group Provides Opportunity for Frank Discussion

In the small managed care world, it may feel like you are the only one facing a particular legal challenge or litigation nightmare. Rest assured, others have been in your shoes and can offer methodologies for defending a specific type of suit. This Defense Counsel Working Group will provide you the chance to have really open and robust conversations with your fellow defense counsel. Gain a better understanding of how other MCOs are battling challenges brought about by Health Care Reform, medical loss ratios, and over eager plaintiffs.

Register today to ensure you place in the conversation. The event sold out in 2011, and the same is expected in 2012. Call 1-888-224-2480, fax your registration form to 1-877-927-1563, or register online at www.americanconference.com/managedcare.



Stacey B. Evans, JD
Legal Analyst and Program Director

WHO YOU WILL MEET

In-House Counsel and Business Executives from Managed Care Organizations, HMOs and Insurance Companies specializing in:

- Litigation
- Risk management
- Claims/Strategic Payments
- Payor Relations and Disputes

Outside Counsel Specializing In:

- Health plans
- Health litigation
- Managed care litigation
- Managed care litigation
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Distinguished Faculty

Co-Chairs:

John C. Richter
Vice President and Deputy
General Counsel
WellCare Health Plans, Inc. (Tampa, FL)

Richard J. Doren
Partner
Gibson, Dunn & Crutcher LLP
(Los Angeles, CA)

Faculty:

Mazda K. Antia
Partner
Cooley LLP (San Diego, CA)

William E. Berlin
Principal
Ober|Kaler (Washington, DC)

Jeremy P. Blumenfeld
Partner
Morgan, Lewis & Bockius LLP
(Philadelphia, PA)

Lisa Bondurant
Partner
Smith Moore Leatherwood LLP
(Atlanta, GA)

James W. Boswell, III
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King & Spalding (Atlanta, GA)

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Partner and Chair, Antitrust and
Unfair Competition Practice
Akin Gump Strauss Hauer & Feld LLP
(Washington, DC)

Richard W. Cohen
Managing Partner
Lowey Dannenberg Cohen & Hart, P.C.
(White Plains, NY)

Linda Daugherty
Associate General Counsel
UnitedHealth Group Incorporated
(Phoenix, AZ)

Daniel Engel
Senior Associate General Counsel
Blue Cross Blue Shield Association
(Chicago, IL)

Joseph Friedman
Partner
Thorpe Reed & Armstrong LLP
(Pittsburgh, PA)

Elliot K. Gordon
Vice President and Deputy General Counsel
Health Net, Inc. (Woodland Hills, CA)

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Partner
Alston & Bird LLP (Atlanta, GA)

Mark S. Kopson
Partner
Plunkett Cooney (Bloomfield, MI)

Kathrin E. Kudner
Member
Dykema Gossett PLLC (Ann Arbor, MI)

Wayne B. Mason
Partner
Sedgwick LLP (Dallas, TX)

Joseph Miller
General Counsel
America's Health Insurance Plans
(Washington, DC)
*(former Assistant Chief, Antitrust Division,
U.S. Department of Justice)*

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Partner
Weil, Gotshal & Manges LLP (Miami, FL)

John J. Pease
Assistant United States Attorney
Chief, Health Care and Government
Fraud Section
United States Attorney's Office, E.D.
Pennsylvania (Philadelphia, PA)

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Associate Chief Counsel, Litigation
Cigna Corporation (Philadelphia, PA)

D. Gary Reed
Associate General Counsel, Litigation
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Humana (Louisville, KY)

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Anthony F. Shelley
Member
Miller & Chevalier Chartered
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Julie Simer
Shareholder
Buchalter Nemer (Irvine, CA)

Michelle Skipper
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American Arbitration Association
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Resolution
Professor of Law
Academic Director, Straus Institute
for Dispute Resolution
Pepperdine University School of Law
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Partner
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Senior Deputy General Counsel
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(Minnetonka, MN)

Kathy Bradley-Wells, Esq.
VP, Legal Affairs
Centene Corporation (Washington, DC)

Mitchell E. Zamoff
Executive Vice President and
General Counsel
UnitedHealth Group Incorporated
(Minnetonka, MN)

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Pre-Conference Workshop:
Managed Care Contracting 101:
Dissecting the Fundamentals for Litigators

A Monday, May 21, 2012
1:00 – 4:00 p.m.
(registration begins at 12:15 p.m.)

Kathy Bradley-Wells, Esq.
VP, Legal Affairs
Centene Corporation (Washington, DC)

Mark S. Kopson
Partner
Plunkett Cooney (Bloomfield, MI)

Kathrin E. Kudner
Member
Dykema Gossett PLLC (Ann Arbor, MI)

Julie Simer
Shareholder
Buchalter Nemer (Irvine, CA)

As a managed care litigator, you know how vitally important it is to understand the managed care contract. Attorneys in this space must grapple with dozens of provider contracts covering hundreds of services, each with different rates, terms, conditions, and reporting methodologies. This interactive workshop will help you identify key contract provisions that may raise red flags during litigation. Failure to have a clear understanding of these documents can lead to costly litigation and long-term financial challenges. Expert contract attorneys will take a deep dive to:

- Define contracting and its role within the organization
- Understand specific contract mechanics and nuances
- Handle claim submissions
- Prepare for the impact of mergers and acquisitions on managed care contracts
- Specify the terms and conditions needed in each contract
- Implement a new or renewed contractual agreement
- Identify who determines medical necessity and where the criteria is posted
- Incorporate automatic renewal provisions or annual rate negotiations
- Develop termination provisions that minimize litigation risk
- Pinpoint what services can be billed to members
- Benchmark against claims submission processes of other managed care organizations
- Including data breach remediation and response policies and procedure

Day 1 – Tuesday, May 22, 2012

7:45 **Registration and Continental Breakfast**

8:45 **Co-Chairs' Opening Remarks**

John C. Richter
Vice President and Deputy General Counsel
WellCare Health Plans, Inc. (Tampa, FL)

Richard J. Doren
Partner
Gibson, Dunn & Crutcher LLP (Los Angeles, CA)

9:00 **Mitigating the Risks of Billing Fraud, False Claims Act Violations and Other Abuse and Waste Issues**

John J. Pease
Assistant United States Attorney
Chief, Health Care and Government Fraud Section
United States Attorney's Office, E.D. Pennsylvania
(Philadelphia, PA)

John C. Richter
Vice President and Deputy General Counsel
WellCare Health Plans, Inc. (Tampa, FL)

William H. Jordan
Partner
Alston & Bird LLP (Atlanta, GA)

- Implementing safeguards to protect against fraud and abuse
- Managing the increasing number of claims brought by whistleblowers
 - preparing for government intervention
- Proving to the government arguable mistake versus outright fraud
- Assisting the government in pursuing providers who commit fraud
- Approaching the False Claims Act in a more affirmative way
- Diminishing the loss of trust stemming from a lengthy and drawn-out government investigation
- Ensuring diagnosis codes are properly submitted so that the plan is reimbursed correctly
- Developing a risk adjustment model that withstands government scrutiny
- Assembling a Fraud Investigation Unit to proactively ward off instances of business misconduct
- Reporting to the government and paying back overpayments within a defined time period
- Working with providers to reduce the number of services billed but not rendered

10:15 **Morning Networking Break**

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+ BIRD** LLP

10:30 **Spotlight on the U.S. Department of Justice
Managed Care Antitrust Enforcement Initiatives**

Joshua H. Soven
Chief, Litigation I
Antitrust Division
U.S. Department of Justice (Washington, DC)

11:00 **Preparing Your Litigation Strategies in Light of the
Uncertainty Surrounding Health Care Reform**

Daniel Engel
Senior Associate General Counsel
Blue Cross Blue Shield Association (Chicago, IL)

Wayne B. Mason
Partner
Sedgwick LLP (Dallas, TX)

Anthony F. Shelley
Member
Miller & Chevalier Chartered (Washington, DC)

- Understanding the cases before the U.S. Supreme Court and the implications for managed care companies
 - what happens if the individual mandate goes away?
- Ready your legal team for potential litigation stemming from Health Care Reform
- Predicting how claims appeal rules will be implemented
 - applying necessary standards
- Reconciling state law requirements with new and emerging federal mandates
- Shifting from risk selection to administration of delivery and payment
- Forecasting potential litigation consequences of the Title I claim rules on the managed care organizations
- Determining when rescission is legitimate
- Preparing a system to handle Medical Loss Ratios (MLRs)
 - understand the HHS methodology for calculating MLRs
 - how are the plans managing the calculations in absence of definitive regulations?
 - ensuring your plan is in compliance with patient and overhead spending requirements
 - separately reporting the calculations for each state

12:15 **Networking Lunch**

1:30 **Defending Against Class Action Lawsuits in an
Era of Increased Litigiousness: Medical Necessity,
Beneficiaries and Privacy**

Elliot K. Gordon
Vice President and Deputy General Counsel
Health Net, Inc. (Woodland Hills, CA)

Cynthia L. Randall
Associate Chief Counsel, Litigation
Cigna Corporation (Philadelphia, PA)

Jeremy P. Blumenfeld
Partner
Morgan, Lewis & Bockius LLP (Philadelphia, PA)

Christopher R. Pace
Partner
Weil, Gotshal & Manges LLP (Miami, FL)

- Developing strategies to combat the recent explosion of medical necessity determination class action suits
- Preventing far-reaching relief, including monetary damages and injunctions that could negatively impact the way managed care organizations conduct their business
- Asserting defenses that can be used across multiple jurisdictions and plan types
- Managing member suits seeking unlimited coverage
 - minimizing the effect of the sympathetic plaintiff
- Preparing now for the anticipated spike in class action suits that will stem from the Affordable Insurance Exchange provisions of 2014
- Minimizing exposure in benefit claims by asserting a preemption defense
- Scrutinizing the new claims by and against new ACOs
 - what are the specific implementation issues
- Analyzing the impact of the *Dukes* and *Concepcion* cases in the payor-provider and payor-beneficiary context
- Determining when to settle a claim versus when to continue the litigation
- Handling patient-class concerns about the accuracy, candor, and completeness of business practice disclosures
- Protecting private health information of your members to avoid increasing privacy class actions
- Reviewing existing and proposed state health information privacy laws in varying contexts to prepare for potential litigation stemming from a privacy violation

2:45 **Afternoon Refreshment Break**

3:00 **Going on the Offense: Taking an Aggressive
Stand Against Providers**

Mazda K. Antia
Partner
Cooley LLP (San Diego, CA)

Joseph Friedman
Partner
Thorp Reed & Armstrong LLP (Pittsburgh, PA)

- Arguing that provider compensation was reasonable
- Using an implied-in-law contract between providers and health plans as part of your defense
- Analyzing the recent developments in payor efforts to integrate provider services
- Determining “reasonable and customary” rates for paying non-contracted physicians
- How are the managed care organizations responding to challenges faced with alternative business models on the provider side?
- Promoting advocacy in multiple levels to incorporate legislative and litigation efforts
- Defending payor claims against providers under the Lanham Act and unfair competition law
- Reconciling the tension between health providers and Plans
- Resolving claims disputes stemming from badly drafted contracts

- Fighting overages and other manipulative tactics
- Identifying potential payment issues as soon as you start to see a pattern develop
- Developing a methodology to evaluate the quality of a provider that is neither arbitrary nor capricious
- Influencing enrollees to shift to high-performing providers in order to motivate low-performers to improve efficiency and quality
- Preparing for physician defamation suits

4:00 **Averting and Managing Disputes Arising from Participation in Medicare Advantage Plans**

Linda Daugherty
Associate General Counsel
UnitedHealth Group Incorporated (Phoenix, AZ)

D. Gary Reed
Associate General Counsel, Litigation & Investigations
Humana (Louisville, KY)

Richard W. Cohen
Managing Partner
Lowe Dannerberg Cohen & Hart, P.C.
(White Plains, NY)

- Understanding the statutory and regulatory landscape for Medicare Advantage plans
- Determining Medicare Advantage Plans' Medicare Secondary Payor rights to reimbursement
- Exhausting administrative remedies – Medicare appeals processes
- Limiting non-contracted providers to Medicare Reimbursement rates
- Prosecuting Medicare Advantage Secondary Payor claims following mass tort settlements
- Analyzing defense strategies in state law actions

5:00 **Conference Adjourns to Day 2**

Day 2 – Wednesday, May 23, 2012

7:30 **Registration and Continental Breakfast**

8:15 **Co-Chairs' Opening Remarks**

8:30 **Dissecting ERISA for Managed Care Litigators: Making Strategic Arguments Based on Inconsistent and Evolving Legal Standards**

Lisa Bondurant
Partner
Smith Moore Leatherwood LLP (Atlanta, GA)

Douglas A. Sondgeroth
Partner
Jenner & Block LLP (Chicago, IL)

M. Katherine Strahan
Partner
Andrews Kurth LLP (Houston, TX)

- Delving into the Supreme Court's Amara decision and how it impacts managed care organizations
- Reducing the liability and tax penalties for managed care organizations
- Spotting an ERISA claim in a complaint and knowing when benefit losses trigger the statute
- Understanding the intersection of ERISA with ADA, FMLA, Medicare Advantage and Workers' Comp
 - what is the employer's obligation when the Plan and the law define "disability" differently?
 - do benefits accrue while an employee is on unpaid FMLA leave?
- Defending a breach of fiduciary duty claim
- What ERISA causes of action are available?
- What ability does a member of a plan have under ERISA to sue for remedies?
- Knowing the Plan's limitation on the authority to make decisions on coverage availability and the level of coverage

Preemption

- Identifying plaintiff arguments typically being made to avoid preemption
- Recognizing when claims can be brought directly against the Plan
- Getting an ERISA benefits case into federal court
- Determining whether substantive preemption is required for complete preemption removal

9:30 **An Intensive Case Study on Ingenix One Year Later: Lessons Learned From Non-Par Litigation**

James W. Boswell, III
Partner
King & Spalding (Atlanta, GA)

Richard J. Doren
Partner
Gibson, Dunn & Crutcher LLP (Los Angeles, CA)

To date, managed care organizations have paid hundreds of millions of dollars to resolve investigations and litigation over the use of the Ingenix UCR database. While this litigation continues in several significant lawsuits, the Ingenix database is no longer in use and the industry is moving towards other tools and metrics for the establishment of out-of-network reimbursement levels. This panel will discuss some of the lessons learned from the Ingenix litigation, hypothesize about the future of out-of-network benefits, and discuss other out-of-network reimbursement issues that are being seen in litigation around the country

10:30 **Morning Coffee Break**

10:40 **Minimizing the Risks of Consolidation, Realignment, Specialized Clauses, and Other Business Maneuvers That Can Violate Antitrust Laws**

Joseph Miller
General Counsel
America's Health Insurance Plans (Washington, DC)
(former Assistant Chief, Antitrust Division,
U.S. Department of Justice)

William E. Berlin
Principal
Ober|Kaler (Washington, DC)

Mark J. Botti
Partner and Chair, Antitrust and Unfair Competition
Practice
Akin Gump Strauss Hauer & Feld LLP (Washington, DC)

- Examining the litigation surrounding “most favored nation” clauses and other exclusionary contracting provisions
- Scrutinizing the increasing trend in plans suing plans for unfair competitive practices
- Preparing for greater governmental scrutiny stemming from plan consolidation and reviewing past DOJ merger enforcement actions
- Collaborating with other payors without violating antitrust laws
- Defending lawsuits against plans for excluding providers
- Allowing participation in just one PPO product
- Balancing healthy competition with a need for patient safety and privacy

Mitigating Risks of Consolidation

Peter H. Walsh
Chief Litigation Counsel
Senior Deputy General Counsel
United Health Group Incorporated (Minnetonka, MN)

- Preparing for the impact of hospital/provider consolidation on the MCO
- Analyzing the anticompetitive conduct of provider groups
- Understanding the effect of provider concentration/consolidation

12:00 **Networking Lunch**

1:00 **Alternative Dispute Resolution: Streamlining the Arbitration Process in Light of the New Healthcare Payor Provider Arbitration Rules**

Michelle Skipper
Vice President
American Arbitration Association (Charlotte, NC)

Mitchell E. Zamoff
Executive Vice President and General Counsel
UnitedHealth Group Incorporated (Minnetonka, MN)

Craig H. Smith
Partner
Hogan Lovells US LLP (Miami, FL)

- Dialing down litigation hostility for plans and providers that must continue to make quality health care available to plan members in the future
- How non-contracted plans and providers can elect to arbitrate their disputes with the new Healthcare Payor-Provider Arbitration Rules
- Dissecting specific rules for the new Healthcare Payor-Provider Arbitration Rules and their implications for health plans
- How to draft an arbitration clause for payor and providers that want to stimulate the new healthcare payor provider arbitration rules

- Consideration when choosing the neutral decision maker, subject matter expertise, procedures and venue
- Reconciling differences over health care coverage and access arising out of the relationship between patients and their commercial health plans
- Strategies for evaluating large complex cases (Mediation, non-binding arbitration, mock arbitration, other special consideration)?

Ethical Considerations in Alternative Dispute Resolution

Thomas J. Stipanowich
William H. Webster Chair in Dispute Resolution
Professor of Law
Academic Director, Straus Institute for Dispute Resolution
Pepperdine University School of Law (Malibu, CA)

ETHICS

- What is the preclusive effect of class arbitration settlements?
- Including a choice of law provision for a state enforcing waivers
- Allowing for provisions that reduce the burden on plaintiffs
 - recovery of attorney fees
- Choosing the decision maker(s) (including subject matter experts), procedures and venue
- What are the implications of insurance and HMO regulations as they relate to arbitration?

2:30 **Conference Concludes**

Post-Conference Defense Counsel Working Group: Best Practices for Managing and Litigating Your Disputes

B

Wednesday, May 23, 2012
2:45 p.m. – 5:15 p.m.
(registration begins at 2:30 p.m.)

Facilitated By:

Lisa Bondurant
Partner
Smith Moore Leatherwood LLP (Atlanta, GA)

Elliot K. Gordon
Vice President and Deputy General Counsel
Health Net, Inc. (Woodland Hills, CA)

In this exclusive session for defense counsel, attendees will have the opportunity to share best practices for managing litigation in this space. Although there is no one-size-fits-all solution for addressing these challenges, the insights of colleagues sharing the same difficulties will prove invaluable as you work towards mitigating your litigation risks. Topics of discussion will include:

- New theories brought against the Plans by classes, providers and members
- Strategies for combating Health Care Reform challenges

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Bolstering defensive strategies in the face of growing litigation costs



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