National Conference on Medicaid Preliminary Agenda
As of September 30, 2016

Wednesday, October 26
7:00 am – 5:30 pm  Registration and Information Desk Open

8:00 am – 8:45 am  Sponsored Breakfast Briefings
Innovative Programs Proven to Engage and Empower Complex, High-Utilizing Members and Improve Their Well-Being
*Powered by Matrix Medical Network*
Engaging and retaining hard-to-reach members with complex or chronic health conditions is challenging work. In this session we’ll discuss and share the results of several innovative chronic care programs. You will learn how these programs help improve access to quality care, boost member participation in healthy behavior and improve health outcomes.

- **Heidi Wold, MSN, ARNP, ANP-BC**, Vice President, Chronic Care, Matrix Care Direct, Matrix Medical Network

Using Integrated Health Intelligence Technology to Improve Participant Outcomes & Lower Costs
*Powered by Finity, Inc.*
This session will provide the results of two Medicaid incentive programs powered by a health intelligence platform. Attendees will learn how to use health intelligence technology to improve participant outcomes and achieve lower costs. The speakers will also share program results to date, incentive and engagement plan design strategies, and closed-loop tracking plan design methodologies.

- **Alexandra MacDonald**, Senior Vice President, Population Health Management, Finity
- **Matt Onstott, PhD**, Vice President, Government Solutions, Finity

Managing the Frail Elderly: An Integrated Model of In-Home Risk Adjustment and Care Management
*Powered by ComplexCare Solutions, Inc.*
This session will outline an integrated and effective approach to risk adjustment and care management that incorporates in-home assessment, engagement and in-home monitoring—first by more accurately stratifying members to identify those most impactable by clinical and nonclinical services, then by managing care according to various intensities of engagement. Attendees will learn how this coordinated, face-to-face approach of risk adjustment and care management can result in improved health, outcomes and quality of life for members and reduced medical costs for health plans.

- **Anthony Kotin, MD**, Chief Medical Officer, ComplexCare Solutions, Inc.
- **Debra S. Richman**, Chief Strategy and Business Development Officer, ComplexCare Solutions, Inc.
Wednesday, October 26
8:00 am – 8:45 am

Sponsored Breakfast Briefings (continued)

Delivering Meaningful Solutions for Individuals with Serious Mental Illness

*Powered by Beacon Health Options*

This session will highlight opportunities for health plans to improve both cost and quality outcomes for individuals with serious mental illness. Patients with serious mental illness face unique challenges, including a high frequency of co-morbid medical conditions and complex social needs. Remaining largely disconnected from the system of care, this population frequently relies on emergency departments or acute inpatient facilities for treatment. Attendees will learn about a recently launched pilot program that utilizes peer support to target the unique needs of individuals with serious and persistent mental illness. The speakers will also examine how addressing non-medical extensions of care can improve individual health outcomes while reducing health care costs.

- **Jeremy Hastings**, Senior Vice President, Network Strategy, Beacon Health Options
- **Jill Lack, MS, LMHC**, Director of Behavioral Health, Neighborhood Health Plan

Assessing Plan Efforts to Increase Effectiveness in Medicaid Managed Care

*Powered by Xerox*

In this session you will learn how your plan can assess its current service and infrastructure investments to maximize its effectiveness and/or alter your strategy in the growing Medicaid Managed Care environment. You’ll learn how to compare and select programs to improve care delivery outcomes, create a business roadmap to get more out of your initiatives, benchmark industry best practices and reduce existing costs. These skills will enable your plan to successfully address complex challenges such as provider reimbursement and value-based payment, care coordination and delivery, clinical analytics and predictive modeling, social determinants of health, contractual and regulatory compliance, population health and financial stability. After this session, you will be better equipped to assess options critical for success under the Medicaid Managed Care Final Rule.

- **Steve Reynolds**, Vice President, Market Management, Government Healthcare Solutions, Xerox
Wednesday, October 26

8:00 am – 8:45 am

Sponsored Breakfast Briefings (continued)

The Value of Hospice Care Among Dual Eligibles and Long-Term Nursing Home Residents

Powered by VITAS

As health plans work to improve care coordination, outcomes and satisfaction among the vulnerable dual eligible population, many have engaged in large-scale, transformative changes and taken on increased financial risk. With growing enrollment, health plans continue to confront challenges in serving their dual eligible members and identifying the most appropriate interventions for those with the greatest needs. For members at end of life, hospice may be an appropriate option but members and even providers may not understand the benefits hospice care can provide. Session participants will learn how effective use of hospice can improve care coordination, manage symptoms, and mitigate risk, all while helping members to remain at home or in community settings at the end of life.

- Mary Busowski, MD, FACP, Medical Director, VITAS Healthcare
- Ron Greeno, MD, FCCP, MHM, Senior Advisor, Medical Affairs, Team Health
- Shellie Williams, MD, Assistant Professor of Medicine, University of Chicago

Terms of Engagement: Reinforcing Payer-Provider Collaboration with Equally Beneficial Analytics

Powered by Pulse8

With provider groups assuming progressively more risk and with the proliferation of risk adjustment and quality metrics across all three lines of government business, market forces necessitate increased data sharing among payers and providers. To avoid sinking under all these data demands, risk-bearing entities need to leverage advanced analytics that will coordinate their gap closure efforts to simultaneously address both risk adjustment and quality initiatives. To reduce provider abrasion and alert fatigue, payers also need to collaborate with their network providers on efficient data collection methods. This session will explore how plans can leverage alternative data gathering and intervention modalities (such as EMR Integration and telehealth), and better integrate gap closure initiatives to more effectively nurture payer-provider collaboration. The speakers will also share the provider engagement and collaboration strategies that are essential to improve quality and fulfill mutually beneficial goals.

- John Criswell, CEO, Pulse8
- Scott Stratton, Chief Data Scientist and Vice President, Product Analytics, Pulse8

9:00 am – 9:15 am

Welcome and Opening Session

How Health Plans Are Helping to Strengthen the Medicaid Program
Wednesday, October 26
9:15 am – 9:45 am  The Medicaid Program in 2017 and Beyond: The View from CMS
The speaker will discuss the agency’s priorities for the program and its growing role within the reformed health care system.

- Victoria Wachino, MS, CMS Deputy Administrator/Director, Center for Medicaid & CHIP Services (CMCS), Centers for Medicare & Medicaid Services (CMS)

9:45 am – 10:15 am  General Session
Enhancing Medicaid for Future Generations: A Plan’s Perspective
The speaker will discuss the long term prospects for Medicaid, and challenges and opportunities on the horizon (both national and local) as the program moves into its sixth decade.

- Paul A. Tufano, Chairman and CEO, AmeriHealth Caritas

10:15 am – 10:35 pm  Break

10:35 am – 11:05 am  Medicaid Managed Care Rule: Implications for Health Plans
The speaker will discuss the first update to the Medicaid Managed Care Rule in over a decade and the effect it will have on health plan operations, care delivery, and partnerships with states and the federal government.

- Cindy Mann, Partner, Manatt Health, Manatt, Phelps and Phillips, LLP

11:10 am – 11:55 am  Concurrent Sessions
Operations: Voice of the Customer: How States and Health Plans Can Work Together
The speakers will provide insights into state planning for moving new populations and waivers into Medicaid managed care, how states structure their procurement processes, engage with stakeholders to shape the Medicaid environment, and key values states look for in working with health plans.

- Calder Lynch, Director, Division of Medicaid and Long-Term Care, Nebraska Department of Health and Human Services
- Pam Perry, Regional Vice President, State Affairs and Government Relations, Anthem

Care Management: Improving Care Transitions: A Case Study from the Virginia MMP Dual Eligible Demonstration
This session will explore how three area agencies on aging organized to contract with health plans for the Virginia MMP demonstration, and key takeaways for health plans interested in contracting with community based organizations.

- William S. Massey, Chief Executive Officer, Peninsula Agency on Aging
- Kathy Vesley, President and CEO, Bay Aging
Wednesday, October 26
11:10 am – 11:55 am

Concurrent Sessions (continued)

Technologies & Business Solutions: Leveraging Telemonitoring to Reduce Hospital Readmissions and Cost of Care for Heart Failure Patients
*Powered by AMC Health*

Patients with heart failure face a progressively deteriorating course of disease, with exacerbations and the accompanying debilitating symptoms that require urgent medical attention and often lead to frequent hospitalizations and emergency department visits. Patient self-monitoring of signs and symptoms offers a means to detect early signals of deteriorating conditions and the opportunity to intervene before urgent/emergent care and hospitalization is necessary. Learn how the addition of telemonitoring can further extend a case manager’s ability to monitor individuals with heart failure, improving patient’s clinical outcomes and cost of care. You will hear a living case study of one health plan’s journey.

- **Andrea Fenner-Koepp, MS**, Director of Care Coordination and Integration, Geisinger Health Plan
- **Jonathan Leviss, MD, FACP**, Chief Medical Officer, AMC Health

Technologies & Business Solutions: Practical Examples of Value-Based Care Collaboration
*Powered by GE Healthcare*

In this session, we’ll explore multiple examples of how payer-provider collaboration can be fostered through the exchange of clinical, financial, and administrative data. This exchange can be leveraged to automate the communication of gaps in care, as well as HCC Risk Adjustment data and other clinical data needed for quality metrics.

- **Shiv Gopalkrishnan**, Vice President and General Manager, Healthcare IT, GE Healthcare

12:00 pm – 12:45 pm

Concurrent Sessions

Care Management: Magnificent Seven: Innovations in Managed LTSS

This session highlights noteworthy LTSS and HCBS innovations developed and implemented by AHIP Medicaid plans, in areas ranging from care management to home and community-based services.

- **Sharon Alexander**, President, LTSS Solutions, AmeriHealth Caritas
- **Michelle Bentzien-Purrington**, Vice President MLTSS, Molina
- **Anthony Evans, RN**, Senior Vice President, Integrated Care and Home Health Services, CareSource
- **Drew Gulick**, Manager, Product Development, Complex Care, Centene Corp.
- **Mary T. McSorley**, Staff Vice President, Medicaid Product Development, Anthem
- **Bea Thibedeau, DNP, RN**, Director of Clinical Management and Long-Term Services and Support (LTSS), Tufts Health Plan
Wednesday, October 26
12:00 pm – 12:45 pm  Concurrent Sessions (continued)

Policy: The Spectrum of Behavioral and Physical Health Integration

- Karen E. Michael, RN, MSN, MBA, CHIE, Vice President, Corporate Medical Management, AmeriHealth Caritas
- Jeff O’Neil, CEO, Greater Cincinnati Behavioral Health Services
- Jonas Thom, Vice President, Behavioral Health, CareSource

Technologies & Business Solutions: Outcomes of an Integrated Remote Monitoring Pilot: Improving Cost, Quality and Member Experience

*Powered by Medtronic and Geneia @Home*

A key challenge for health plans is increasing utilization of health care services among members with chronic disease. Care teams must identify appropriate interventions that help prevent unnecessary emergency department and hospital utilization, a common occurrence among chronically ill patients. Remote patient monitoring has shown efficacy in the literature to improve health outcomes and reduce utilization and cost among chronically ill patients. An optimal program design would incorporate a robust case management program and in-home clinical support, along with remote patient monitoring technology. This session will focus on the results of a non-randomized pilot program that was effective in reducing utilization and improving outcomes among heart failure patients. The study resulted in slowed disease progression in the pilot group, as measured by retrospective risk scores; reduced hospital admissions; improved patient experience; and substantial per-participant, per-year cost savings. Attendees will learn about best practices for integrating remote monitoring into a case management program and how to distinguish attributes that contribute to patient engagement. They will hear perspectives from the remote monitoring technology provider and the sponsor of the pilot program on how developing and implementing a remote patient monitoring program can reduce cost, improve outcomes and lead to a better member experience.

- Dawn Milstead, MBA, BSN, Vice President of Clinical Innovation, Geneia
- Dietrich Ruehlmann, PhD, MBA, Senior Global Product Manager, Medtronic
- Karen A. Shehade, CHIE, MBA, MHP, PA-C, Global Medical Affairs, Health Care Economics, Policy, Reimbursement and Payer Solutions, Medtronic
Wednesday, October 26
12:00 pm – 12:45 pm  Concurrent Sessions (continued)

**Operations: Best Practices in Welcoming, Onboarding and Retention**  
*Powered by Eliza Corporation*

The Affordable Care Act has flooded the insurance market with new consumers in both Medicaid and Marketplace plans. While it’s wonderful that so many people finally have access to affordable healthcare, many health plans are struggling with a population that has little-to-no experience with insurance. Effective welcome and onboarding strategies are needed to educate new members on their benefits and how to use and keep their coverage. Learn how to reduce churn and improve retention through innovative, timely, multichannel outreaches starting upon enrollment and throughout the year.

- **Jennifer Forster**, Director, Medicaid Strategy, Eliza Corporation  
- **Ellen Harrison**, Senior Vice President, Consulting and Market Strategy, Eliza Corporation

12:45 pm – 1:40 pm  General Luncheon Session

**Three Keys Years**

- **George Halvorson**, Chair and CEO, Institute for InterGroup Understanding; Former Chair and CEO, Kaiser Permanente

1:45 pm – 2:30 pm  Concurrent Sessions

**Operations: Value-Based Approaches Used by Plans to Rein in Drug Costs**

This session will focus on innovative methods Medicaid health plans are using to address the emerging challenges posed by rising drugs costs. Speakers will discuss value-based pharmacy management, the need for health plan pharmacy leadership, and best practices for working with PBMs.

- **Karen S. Amstutz, MD, MBA, FAAP**, Chief Medical Officer, Magellan Health  
- **Cynthia J. Pigg, RPh, MHA**, Vice President, Pharmacy, Gateway Health

**Technologies & Business Solutions: New Medicaid Regulations for Quality Measurement**  
*Powered by DST Health Solutions*

Recent Medicaid managed care regulations have established new requirements for state Medicaid programs and Medicaid Health Plans. For example, CMS will develop a quality ratings strategy for implementation to create more consistent nationwide measures across states. This session will provide attendees with an overview of CMS’ plans for quality ratings and how these regulations will help align these quality measures at a national level.

- **Amy Salls**, Director, Population Health Strategy, DST Health Solutions  
- **Rayvelle A. Stallings, MD**, Vice President of Government Programs, Argus Health
Wednesday, October 26
1:45 pm – 2:30 pm  Concurrent Sessions (continued)

**Policy: Emerging Trends in Medicaid Reform**
What new features are states building into their Medicaid program designs, especially for expansion populations? This session examines emerging program designs in Medicaid, such as premiums and copayments linked to savings accounts and wellness incentives, as well as the operational obstacles and opportunities they present for health plans.

- **Brian Coyne**, Doctoral Candidate, Law and Policy, Northeastern University (Moderator)
- **John McCarthy**, Director, Ohio Department of Medicaid
- **Joseph W. Thompson, MD, MPH**, Director, Arkansas Center for Health Improvement and Professor, University of Arkansas for Medical Sciences

**Technologies & Business Solutions: Innovation in a Digital Era: Using Data to Pivot to ‘the New’**

*Powered by Accenture*
Disruptive forces are accelerating innovation in the Medicaid space. Forward-looking public and private sector stakeholders are leading the way, leveraging government funding to develop novel care delivery methods and models that accelerate financial, clinical, and operational outcomes in the digital age. This session will explore the unique challenges and inherent opportunities of data and analytics-driven reform, highlighting relevant case studies. Join us to gain insight into pragmatic actions that enable tangible outcomes in a dynamic Medicaid environment.

- **Drew C. Boston**, Senior Manager, Accenture Strategy
- **Michael Kovach**, Business Strategy Consultant, Accenture

2:30 pm – 2:50 pm  Dessert Break

2:50 pm – 3:20 pm  General Session

**The Role of Medicaid Health Plans in Improving Beneficiary Health and Well-Being**
A leading health plan will discuss how managed care plans partner with states in serving Medicaid enrollees, the different kinds of people served by Medicaid and Medicaid health plans through specialized waiver programs, and the role of Medicaid in promoting and supporting social and economic development of people with low incomes.

- **John Baackes**, Chief Executive Officer, L.A. Care Health Plan
Wednesday, October 26
3:20 pm – 4:10 pm  General Session
**Operationalizing in a Dynamic and Expanding Regulatory Environment**
This session will focus on the implications, opportunities and challenges arising from the dramatic increase in regulations for Medicaid managed care programs. Speakers will share strategies that harmonize these new standards with efficient business operations and assist governmental payers with broader health system transformation goals.

- **Julie Faulhaber, CHIE**, Vice President, Enterprise Medicaid, HCSC
- **John Kaelin**, Senior Advisor, Centene Corporation
- **Susan Montgomery**, Vice President, Medicaid and Regulatory Affairs, MVP Health Care

4:10 pm – 5:30 pm  General Session
**Implementing the Medicaid Managed Care Rule: View from the States**
This session will highlight state perspectives on the new Medicaid managed care regulations, including implications on beneficiaries, Medicaid health plans, and state budgets.

- **Matt Salo**, Executive Director, National Association of Medicaid Directors (NAMD) (Moderator)
- **Preston W. Cody**, Division Director, Division of Medicaid Program Operations and Integrity, Washington State Health Care Authority
- **Calder Lynch**, Director, Division of Medicaid & Long-Term Care, Nebraska Department of Health & Human Services
- **John McCarthy**, Director, Ohio Department of Medicaid
- **Jen Steele**, Medicaid Director, Louisiana Department of Health & Hospitals

5:30 pm – 7:00 pm  Networking Reception

Thursday, October 27
7:15 am – 12:30 pm  Registration and Information Desk Open

8:00 am – 8:45 am  Sponsored Breakfast Briefings
**Managing Opioid Utilization in Your Medicaid Benefit**
*Powered by Express Scripts*
Opioid utilization is a topic that is center stage in the national spotlight, but has long been a focus of Medicaid plans. In this session, attendees will hear some of the latest observations about opioid utilization in the Medicaid population and learn best practices to help manage this increasingly concerning class of drugs. We will also share tools health plans can use to analyze their trend and make changes before problems start.

- **Brian Mischel, RPh, MBA**, Director, Medicaid Innovation, Express Scripts
- **Krista Ward, MBA**, Senior Director, Medicaid, Express Scripts
Thursday, October 27
8:00 am – 8:45 am

Sponsored Breakfast Briefings (continued)

Realizing the Potential of PAC Partnership Models
Powered by CareCentrix

Post-acute care (PAC) can account for approximately forty percent of a Medicare Advantage plan's cost for a ninety-day episode of care. However, an integrated PAC solution has the potential to reduce total per episode costs by as much as twenty-five percent. Today, a number of systemic issues impede health plan efforts to reduce post-acute care costs, improve quality and simplify the administration of these services. But that is about to change with the introduction of new health plan and PAC partnership models built on value based payments approaches. This session will address the challenges Medicare Advantage health plans face in managing PAC delivery and costs, the value improvement opportunity presented by an integrated PAC partnership model, and the critical features of a health plan/PAC partnership solution.

- **Gary Jacobs**, Executive Vice President, Strategic Relationships, CareCentrix

Innovative Health Management Strategies to Support Complex Care Needs and Improve Access to Care
Powered by Health Dialog

This session will feature successful health management strategies for individuals with complex care needs, high costs, and care access challenges. Attendees will learn how to mix traditional disease management programs with innovative patient-centered care models to successfully and cost effectively support the unique needs of these patients. Additionally, the session will highlight the latest innovations driving more connected care for Medicaid members, including in-person community resources and digital technologies that have the potential to slow disease progression and better engage patients in their care.

- **Divya Errabelli**, Vice President, Analytics, Health Dialog

Why Population Health Management Needs Behavioral Health
Powered by ODH, Inc.

Population Health Management provides a systemic approach for identifying, understanding and managing the high leverage drivers of the health of a population, subgroups of the population and individuals in communities. This session will explore the role of behavioral health in the overall health of population health management. Learn how a new multifunctional enterprise system for the transformation of population health management can advance innovative patient care management and provider network management.

- **John P. Docherty, MD**, Senior Vice President, ODH, Inc.
Thursday, October 27
8:00 am – 8:45 am
Sponsored Breakfast Briefings (continued)
Creating Synergies for Better Cost Control and Care Efficiency
Powered by SDLC Partners, LP
No one value- or member-focused strategy, alone, can achieve the levels of improved outcomes, cost control, and care efficiencies payers are striving for today. This session will look at how one plan has implemented a go-forward strategy to realize their goals through the synergy of three initiatives -- automating and streamlining the enrollment experience, collaborating with providers through bundled payments and managing cost of care through prioritized outreach. By breaking out each initiative, the speakers will demonstrate how, together, these tactics can help plans drive down the cost of care while improving outcomes and engaging their most impactful members.

- Nikhil Mendhi, Vice President & Practice Leader, Provider Management, HM Health Solutions
- Alycia Sepe, RN, BSN, Vice President, Practice Leader, Clinical and Government Programs, HM Health Solutions

The Time for Collaboration is Now
Powered by GE Healthcare
The journey to value-based care requires new shared capabilities between providers and payers. Most importantly, they need a platform for collaboration and coordination. After years of evolution, the technology and regulatory enablers are in place. This session will discuss how collaboration can form the foundation for our journey to value-based care.

- Jon Zimmerman, Vice President and General Manager, GE Healthcare

9:00 am – 9:15 am
General Session
The Important Role Medicaid Health Plans Play in Asthma Prevention

9:15 am – 10:00 am
General Session
Medicaid Policy Priorities for 2017: Views from the Hill

10:00 am – 10:30 am
General Session
Medicaid Policy Priorities in the States

10:30 am – 10:45 am
Break

10:45 am – 11:15 am
General Session
The Medicaid Managed Care Landscape: A Plan’s Perspective
The speaker will discuss the opportunities and challenges for health plans in the context of increasing state acceptance of Medicaid managed care, new managed care regulations, and a dynamic political landscape.

- Michael F. Neidorff, Chairman, President and CEO, Centene Corp.
Thursday, October 27
11:15 am – 12:00 pm General Session
**Drilling Down on Social Determinants of Health**
Explore how SDOH factors such as housing, employment, geography, food access/security, social interaction, and quality of life impact ability of Medicaid members to access and realize benefits of health care. How can plans and other stakeholders evaluate impacts on performance using aging and disability measures, such as those in the national core indicator set?

- **Merrill Friedman**, Senior Director, Disability Policy Engagement, Anthem, Inc.
- **Sharon Lewis**, Principal, Health Management Associates
- **Ricardo Thornton**, Disability Advocate

12:00 pm – 12:30 pm Closing Session
**New Medicaid Managed Care Rule: A View from the Agency**
The speaker will discuss the underlying themes behind the new rule and his ongoing priorities for the Medicaid managed care program.

- **James Golden, PhD**, Director, Division of Managed Care Plans, Centers for Medicare & Medicaid Services (CMS)

12:30 pm **National Conference on Medicaid** Adjourns