HEALTHCARE EDUCATION ASSOCIATES PRESENTS TWO LEADING-EDGE EVENTS!

EARN UP TO 13.5 CPE CREDITS

MEDICAID MANAGED CARE BEST PRACTICES SUMMIT

Implementing Effective Managed Care Strategies to Enhance Your Medicaid Growth Potential

SUMMIT HIGHLIGHTS INCLUDE-

- An in-depth discussion and analysis of the various managed care initiatives being used across the country
- Comprehensive case studies on the role of community health workers and integrating technology to streamline care coordination
- Get a first-hand account of states' concerns, expectations, and experiences
- Find out what innovative programs states and carriers are working on to best serve the existing and newly expanded Medicaid population
- Get tips for measuring the success of your managed care program
- Find out how expansion has affected Medicaid health plans so far
- Network with peers and get inspired!

TWO CO-LOCATED EVENTS - GET THE ALL-ACCESS PASS FOR BOTH!

JULY 28-29, 2014 THE RITZ-CARLTON PENTAGON CITY, VA

REACHING, RETAINING & SERVING LOW-INCOME BENEFICIARIES

The Latest Information & Strategies to Optimize Your Coverage

FEATURED SESSIONS INCLUDE-

- Innovative Ways to Market to Low Income Demographics
- Managing an Effective Marketing and Enrollment Process
- Low Income Enrollees on the Healthcare Exchanges
- The Challenges of Providing Healthcare to the Invisible
- The Importance of Culture and Language
- Developing Strategic Partnerships to Create Communication Pathways
- Minimizing the Effects of Churn

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TO REGISTER: CALL 866-676-7689 OR VISIT US AT WWW.HEALTHCARE-CONFERENCES.COM

We're leading the way in healthcare reform education with two side-by-side events covering some of the hottest issues affecting your health plan's government-based offerings: new opportunities in Medicaid managed care and outreach & retention strategies for low-income beneficiaries. Gain the tools you need to find long-term success with these complex populations!

Medicaid Managed Care Best Practices will discuss the significant opportunities – and challenges – managed care represents to Medicaid health plans. We'll examine ways to execute proper care of this complex member base, including building adequate provider networks and operational structures to provide financial and actuarial solvency. Hear best practices to implement an efficient and cost-effective managed care program that can maintain a regular stream of Medicaid dollars for your plan. Get the tools you need to improve outcomes, reduce costs, and provide integrated, person-centered care.

Reaching, Retaining & Serving Low-Income Beneficiaries is the essential guide to ensuring that your company optimizes its coverage of this important sector. Included are examinations of the rapidly-changing current state of affairs and assessments of what the future will hold, along with how-to information on creating an impactful outreach campaign, managing an effective enrollment process, and retaining clients in a complicated market. Experts provide solutions to the intricacies of language and culture, as well as the complications of reaching shut-ins, the institutionalized, even those who are initially averse to care. You will leave with all the tools and insights you need to maximize your presence in this complex demographic.

DON'T MISS THIS CUTTING-EDGE EVENT – REGISTER NOW!

Call 866-676-7689 or register online at www.healthcare-conferences.com.

Sincerely,

Christine Marez

Christine Marez, *Conference Director*
HEALTHCARE EDUCATION ASSOCIATES

Lance Lysinger

Lance Lysinger, *Conference Director*
HEALTHCARE EDUCATION ASSOCIATES

P.S. Customize your attendance with the All-Access Pass! Bounce back and forth between all sessions being offered and receive conference documentation from BOTH events!

P.P.S Send your team at a significant discount! Call Theresa Powers at **704-341-2437** for details.
Or email **tpowers@healthcare-conferences.com**.

GET ANSWERS TO THESE KEY QUESTIONS

- How can we address the needs of patients during the transition into a managed care structure?
- How are states interpreting and customizing federal reforms to maintain a degree of flexibility and autonomy?
- What incentives and gain/risk-sharing strategies can be used to incentivize providers?
- What do you need to know when contracting with home and community based service providers?
- Is it really possible to achieve better outcomes with less resources and lower reimbursement rates?
- What happens when members fall out of the exchange and into a MC plan or vice versa?
- How does a person's culture, community and faith affect their perception of health?
- Is your enrollment and servicing staff serving the low-income population effectively?
- What are the most cost-effective ways to ensure outreach among all demographics?
- What plans did low-income enrollees on the exchanges prefer and why?

OUR RENOWNED SPEAKING FACULTY

MEDICAID MANAGED CARE BEST PRACTICES SUMMIT

David A. Rogers, **FLORIDA AGENCY FOR HEALTHCARE ADMINISTRATION**
Eric J. Berman, **AMERIHEALTH CARITAS**
Frances M. Gough, **MOLINA HEALTHCARE OF WASHINGTON**
Patricia D. Byrnes, **AMERIHEALTH CARITAS**
James M. Verdier, **MATHEMATICA POLICY RESEARCH**
Karl Weimer, **UNITEDHEALTHCARE**
Jeff M. Myers, **MEDICAID HEALTH PLANS OF AMERICA**
Taft Parsons III, **MOLINA HEALTHCARE, INC.**
Katey Weaver, **PERFORMCARE**
Shannon McMahon, **CENTER FOR HEALTHCARE STRATEGIES**
Margaret Murray, **ASSOCIATION FOR COMMUNITY AFFILIATED PLANS**
Nancy V. Atkins, **BUREAU FOR MEDICAL SERVICES, WEST VIRGINIA**
David J. Dzielak, **OFFICE OF THE GOVERNOR, DIVISION OF MEDICAID, MISSISSIPPI**
James I. Golden, **MN DEPARTMENT OF HUMAN SERVICES**
Richard Sanchez, **MOLINA HEALTHCARE**
Deborah J. Florio, **STATE OF RHODE ISLAND**
Jill Spencer, **HUMAN ARC**
Diane Kumarich, **ADDUS HEALTHCARE**
Nancy Davis, **CENTENE CORPORATION**
Jenna Libersky, **MATHEMATICA POLICY RESEARCH**

REACHING, RETAINING & SERVING LOW-INCOME BENEFICIARIES

Bruce Donaldson, **ARKANSAS HEALTH BENEFITS EXCHANGE**
Jason Silva, **HEALTH NET**
Marnie Keogh, **WELLPOINT, INC.**
Rohit Gupta, **INLAND EMPIRE HEALTH PLAN**
Britt Travis, **MOLINA HEALTHCARE**
Sean O'Brien, **HEALTH NET**
Beverly Weber, **HEALTHFIRST**
Dennis Heaphy, **DISABILITY ADVOCATES ADVANCING OUR HEALTHCARE RIGHTS**
Diana M. Carr, **HEALTH NET OF CALIFORNIA**
RuthAnn Markusen, **DIDI HIRSCH BEHAVIORAL HEALTH SERVICES**
Dianna Rosborough, **AMERIGROUP MARYLAND**
Rachel Dolan, **NATIONAL ACADEMY FOR STATE HEALTH POLICY**
Cheryl O'Donnell, **ENROLL AMERICA**
Matt Henry, **AUDIENCE PARTNERS**

TOP REASONS TO ATTEND

- Hear how to utilize telehealth and other innovative technologies for effective disease management
- Find out how to attract private practice physicians and specialists into your network
- Get tips for understanding the LTSS provider community
- Implement protocols for addressing BH issues at every point of care
- Devise ways to make revolving door transitions as smooth as possible
- Get actionable information on how to implement effective marketing and outreach strategies
- Devise cost effective ideas to help reach your target audience
- Identify behavioral characteristics of duals that can impede your marketing and communication strategies
- Examine why partnering with community and social organizations is vital to making first and ongoing contact with dual members
- Network with peers

WHO WILL ATTEND?

Community, public and commercial Medicaid, Exchange, and Dual Eligibles Plans C-Suite and senior executives from the following areas:

- Managed Care
- Dual Eligibles
- Case/Care Management
- Long Term Care
- Product Development
- Patient Engagement
- Provider Relations
- State/Government Programs
- Government Affairs/Relations
- Operations
- D-SNPs
- Quality Management

State Plan Administrators
Non-profit/Advocacy Groups
State/Government Agencies
Actuaries & Consultants
Solutions Providers

IMPORTANT INFORMATION

To Register:
Fax: 704-341-2641
Mail: Healthcare Education Associates
18705 NE Cedar Drive
Battle Ground, WA 98604
Phone: 866-676-7689
Online: www.healthcare-conferences.com

MEDICAID MANAGED CARE BEST PRACTICES SUMMIT
and
REACHING, RETAINING & SERVING LOW-INCOME BENEFICIARIES
July 28-29, 2014

The Ritz-Carlton
1250 S Hayes St
Pentagon City, VA 22202
(703) 415-5000

We have a block of rooms reserved at a special rate of $185/night. This rate expires on **July 6, 2014**; we urge you to book your room early as we expect the block will sell out. Upon sell out of the block room rate availability will be at the hotel's discretion. Mention the **"Medicaid Managed Care Conference"** when placing your room reservation to receive the negotiated rate. Please call **(703) 415-5000**.

FEES AND PAYMENTS:

The fee for attendance at Medicaid Managed Care Best Practices Summit and Reaching, Retaining & Serving Low-Income Beneficiaries is:

All Access Pass to both events – BEST VALUE:	
Standard Rate	$2095
Health Plan/Care Provider Rate	$1695
Government/Non-profit* Rate	$995
The Medicaid Managed Care Best Practices Summit ONLY!	
Standard Rate:	$1895
Health Plan/Care Provider Rate:	$1495
Government/Non-profit* Rate	$895
Reaching, Retaining & Servicing Low Income Beneficiaries ONLY!	
Standard Rate:	$1895
Health Plan/Care Provider Rate:	$1495
Government/Non-profit* Rate	$895

*non-profit health plans do not qualify

Please make checks payable to Healthcare Education Associates, and write code **H223** on your check. You may also pay by Visa, MasterCard, Discover, or American Express. Purchase orders are also accepted.
Payments must be received no later than **July 21, 2014**.

TEAM DISCOUNTS:

- Three people will receive 10% off.
- Four people will receive 15% off.
- Five people or more will receive 20% off.

In order to secure a group discount, all delegates must place their registrations at the same time. Group discounts cannot be issued retroactively. For more information, please call Theresa Powers at **704-341-2437**.

CANCELLATIONS:

If we receive your request to cancel 30 days or more prior to the conference start date, your registration fee will be refunded minus a $250.00 administrative fee. Cancellations occurring between 29 days and the first day of the conference receive either a 1) $200 refund; or 2) a credit voucher for the amount of the original registration fee, less a $250.00 administrative fee. No refunds or credits will be granted for cancellations received after a conference begins or for no-shows. Credit vouchers are valid for 12 months from the date of issue and can be used by either the person named on the voucher or a colleague from the same company.
Please Note: For reasons beyond our control it is occasionally necessary to alter the content and timing of the program or to substitute speakers. Thus, the speakers and agenda are subject to change without notice. In the event of a speaker cancellation, every effort to find a replacement speaker will be made.

THE CONFERENCE SPONSORS

Healthcare Education Associates is a division of Financial Research Associates, LLC. HEA is a resource for the healthcare and pharmaceutical communities to improve their businesses by providing access to timely and focused business information and networking opportunities in topical areas. Offering highly targeted conferences, Healthcare Education Associates positions itself as a preferred resource for executives and managers seeking cutting-edge information on the next wave of business opportunities. Backed with over 26 years of combined conference industry experience, the producers of HEA conferences assist healthcare professionals, actuaries, attorneys, consultants, researchers and government representatives in their professional endeavors.
See **www.healthcare-conferences.com** for more information on upcoming events.

RISE (Resource Initiative & Society for Education)
Vision: To build a community and an educational system that promotes successful careers for professionals who aim to advance the quality, cost and availability of health care.
RISE provides:

- A forum to build professional identity and a network of colleagues
- A platform to capture and share knowledge and insights
- A venue to develop and share benchmarks and document best practices
- Career track development support
- A channel for building alliances, partnerships and affiliations that fulfill the vision

To learn more about RISE and to join, visit us online: **hrrp://risehealth.org**.

CPE CREDITS

Financial Research Associates 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 submitted to the National Registry of CPE Sponsors through its website: **www.learningmarket.org**.

Sponsored learning activities are measured by program length, with one 50-minute period equal to one CPE credit. One-half CPE credit increments (equal to 25 minutes) are permitted after the first credit has been earned in a given learning activity. Please note that not all state boards adopted this rule. Some participants may not be able to use one-half credit increments. This course is offered as a group-live course and does not require prerequisites or advance preparation. We offer advanced level courses. Although no prerequisite courses, experience, or advance preparation is required to participate in this program, working knowledge of Healthcare is required, as well as, prior knowledge of the program topic.

For specific learning objectives and program description, please refer to the individual conference sessions topics in the conference brochure located on our website .

The recommended CPE credit for this course is **13.5** credits for **Specialized Knowledge and Applications**.

SPONSORSHIP AND EXHIBIT OPPORTUNITIES

Enhance your marketing efforts through sponsoring a special event or exhibiting your product at this event. We can design custom sponsorship packages tailored to your marketing needs, such as a cocktail reception or a custom-designed networking event.

To learn more about sponsorship opportunities, please contact Jennifer Clemence at **704-341-2438** or **JClemence@healthcare-conferences.com**.

MEDICAID MANAGED CARE BEST PRACTICES SUMMIT

REACHING, RETAINING & SERVING LOW INCOME BENEFICIARIES

DAY ONE: MONDAY, JULY 28, 2014

8:00 – 8:45 Exhibits Set-Up, Registration, & Continental Breakfast

8:45 – 9:00 Chairs' Opening Remarks

9:00 – 10:00 Examining Trends in Care Management Structures

- A look at some different initiatives that focus on care management
  - Medical homes
  - Health homes
  - Medicaid ACOs
- Addressing the needs of patients during the transition into a managed care structure
- Providing a scope of care comparable to the FFS structure
- The benefits and drawbacks of narrow networks
- Tackling flaws in care management models
- Improving outcomes on an individual level as well as a population level
- The role of case managers, care managers, and care management teams

*David A. Rogers, *Assistant Deputy Secretary for Medicaid Health Systems*
FLORIDA AGENCY FOR HEALTHCARE ADMINISTRATION

Eric J. Berman, DO, MS, CHIE, *Regional CMO*
AMERIHEALTH CARITAS

*Pending final confirmation

10:00 – 11:00 Leveraging Technology to Effectively Support a Fully-Integrated Managed Care Program

- Integrating health information exchange (HIE) initiatives to fill in data gaps along the care continuum
- Customizing your HIE and electronic health records (EHR) to monitor the care transitions of super-utilizers
- Utilizing health information technology to avoid data black holes in the transitions process
- Bringing providers into the HIE fold
- Utilizing telehealth and other innovative technologies for effective disease management
- Leveraging specialty resources for remote rural areas
- Synching data sources for a clear view of care across all settings

Eric J. Berman, DO, MS, CHIE, *Regional CMO*
AMERIHEALTH CARITAS

9:00 – 10:00 Executive Roundtable: Optimizing Outcomes for Everyone

- Expansion of Medicaid: learning from state outcomes so far
- The "woodwork" effect: Medicaid eligible before, just enrolling now
- Growth of the dual-eligible population
- Low-income enrollment on the exchanges

Moderator:
TBD

Panelists:

Marnie Keogh, *Vice President, Medicaid Brand and Marketing Communications*
WELLPOINT INC

Jason Silva, JD, PMP, *Senior Compliance Analyst, Medicare and Medicaid*
HEALTH NET

Patricia D. Byrnes, *Director – Federal Affairs, Government and External Affairs*
AMERIHEALTH CARITAS

10:00 – 11:00 Examining Low Income Enrollees on the Healthcare Exchanges

- Who has enrolled on the exchanges so far?
- What channel did they enroll through?
- What types of plans did they choose?
- Was the choice driven by price, brand recognition, scope of coverage, or other factors?

Rachel Dolan, *Policy Specialist*
NATIONAL ACADEMY FOR STATE HEALTH POLICY

CJ Bawden, *Communications Officer**
SILVER STATE HEALTH INSURANCE EXCHANGE

*Pending final confirmation

11:00 – 11:15 Morning Break sponsored by Addus HealthCare — Serving Families at Home Since 1979

11:15 – 12:00 Case Study: Molina Health Care Community Health Workers Program

- What are community health workers?
- Why community-based workers can often glean better member information than doctors
- How does the Molina program work?
- Hear some success stories from the program
- Can this type of program work for your members?

Richard Sanchez, MD, *Senior Vice President and Chief Medical Officer*
MOLINA HEALTHCARE

11:15 – 12:00 The Importance of Culture and Language in Attracting and Retaining Members

- Composing linguistically and culturally appropriate written materials that reach your target demographic
- Specific difficulties communicating insurance terms and processes
- Considering cultural barriers that affect marketing and outreach
- How does a person's culture, community and faith affect their perception of health?
- Ensuring cultural sensitivity among your outreach and servicing staff

Diana M. Carr, *Manager, Cultural and Linguistic Services*
HEALTH NET

12:00– 1:00 Networking Luncheon

1:00 – 2:15 A View from the States – Predominant States' Concerns Affecting Health Plans

- How are states interpreting and customizing federal reforms to maintain a degree of flexibility and autonomy?
- Evaluating the impact of an election year
- What issues are states concerned about and how can plans help?
- What are states' expectations of health plans?
- How can health plans best respond to states' needs?

1:00 – 2:15 Managing an Effective Marketing and Enrollment Process

- Effective materials and strategic timing of dissemination
- Building retention mechanisms into the enrollment process
- Enrollment incentives and other value-add attractions
- Is your call center serving the low-income population effectively? Could scripting improve effectiveness?

- How are states measuring MCO viability?
- Key criteria for winning state contracts

Nancy V. Atkins, MSN, RN, NP-BC, *Commissioner*
BUREAU FOR MEDICAL SERVICES, WEST VIRGINIA

David J. Dzielak PhD, *Executive Director*
OFFICE OF THE GOVERNOR, DIVISION OF MEDICAID, MISSISSIPPI

James I. Golden, PhD, *Medicaid Director*
MN DEPARTMENT OF HUMAN SERVICES

Patricia D. Byrnes, *Director – Federal Affairs, Government and External Affairs*
AMERIHEALTH CARITAS

2:15 – 3:00 Building a Robust Provider Network

- Making the value proposition for providers in the face of low reimbursement rates
- Gain-sharing, risk-sharing, and other provider incentives
- Establishing an acceptable fee structure
- Educating PCP & providers about resources available to patients
- Attracting private practice physicians and specialists into your network
- Drafting equitable and effective contracts

Nancy Davis, *Network Development Manager*
CENTENE CORPORATION

- Educating agents and brokers to better ensure low-income clients are matched to the right product

Dianna Rosborough, *Vice President, Marketing*
AMERIGROUP MARYLAND

Rohit Gupta, *Director of Medicare*, **INLAND EMPIRE HEALTH PLAN**

Sean O'Brien, *Vice President, State Health Programs*
HEALTH NET

2:15 – 3:00 Developing Strategic Partnerships to Create Communication Pathways

- Partnering with community and social organizations to make contact with low-income demographics
- Turning social workers into allies
- Working with behavioral health services
- Use of "express lane" systems (sign up for food stamps, apply for Medicaid at the same time)

Cheryl O'Donnell, *Arizona State Director*, **ENROLL AMERICA**

Mara Woloshin, *Consultant,* **CAREOREGON ADVANTAGE**

3:00 – 3:15 **Afternoon Break** sponsored by Human Arc

3:15 – 4:15 Shifting Long Term Care and Long Term Supports & Services into Managed Care

- Providing continuity of care during the transition from fee-for-service to managed care
- Assisting enrollees, family members, and providers in navigating the shift to managed care
- Understanding long term supports & services and the LTSS provider community
- Building your LTSS network
- Contracting with home and community based service providers
- Utilizing waivers for HCBS
- Special considerations for dual eligible beneficiaries
- Leveraging established community-based organizations

James M. Verdier, *Senior Fellow*, **MATHEMATICA POLICY RESEARCH**

Diane Kumarich, *Vice President National Contracts and Acquisitions*
ADDUS HEALTHCARE

Jenna Libersky, *Researcher,* **MATHEMATICA POLICY RESEARCH**

4:15 – 5:15 Opportunities for Data Integration and Best Practice Interventions to Improve Clinical and Financial Outcomes

- Improving the picture of your population: Integrating clinical and non-clinical data to improve member outreach impacting HEDIS and Stars
- Going beyond traditional quality measure reporting: Creating and using social risk to prioritize care coordination
- QI intervention best practices:
  - Medicaid HEDIS pregnancy measures: One lab code to improve them all (and reduce NICU stays, too!)
  - Health plans as information aggregators and distributors with physician practices
  - Disparity and improving cultural relevance of your interventions: A simple tool to find race/ethnicity, and language drivers of HEDIS rates

Karl Weimer, *Director, Quality CAHPS, QMP Operations*
UNITEDHEALTHCARE

3:15 – 4:15 Innovative Ways to Market to Low Income Demographics

- Overcoming common barriers: transience; behavioral health and substance abuse issues; low literacy rates; limited access to phone, internet, transportation; chronic and multiple illnesses
- Low-cost targeted advertising solutions: billboards, flyers, newsletters, community events
- Innovations in the use of digital media and popular culture

Britt Travis, *Associate Vice President of National Medicare Sales*
MOLINA HEALTHCARE

Marnie Keogh, *Vice President, Medicaid Brand and Marketing Communications*
WELLPOINT INC

Matt Henry, *Vice President, Health Care*
AUDIENCE PARTNERS

4:15 – 5:15 Keep Them Loyal: How to Retain the Enrollees You Have

- Prompt post-enrollment follow-up to strengthen retention
- Motivating your client to stay put: choosing the right rewards and the right moment of reward
- Do people know how to use the services they are entitled to?
- Overcoming behavioral health issues that impede retention
- Engaging clients through consumer empowerment

Beverly Weber, RN, LNC, *Vice President, Medical Management, Appeals & Grievances*
HEALTHFIRST

5:15 **End of Day One**

Cocktail Reception Immediately Following
5:15 – 6:15

Contact Jennifer Clemence for more information on our sponsorship opportunities at jclemence@healthcare-conferences.com or 704-341-2438

DAY TWO: TUESDAY, JULY 29, 2014

8:00 – 8:45 Continental Breakfast

8:45 – 9:00 Chair's Recap of Day One

9:00 – 10:00 The Implications of the ACA and Medicaid Expansion on Medicaid Managed Care Plans

- What effect has healthcare reform had on managed care so far?
- Assessing your position in the new marketplace
- How have plans adjusted to the higher volume of Medicaid enrollees?
- Evaluating expansion enrollees – establishing what percentage will be high utilizers
  - Downstream challenges to serving a general adult population
- Regulations surrounding auto-enrollment and opt-out options
- Continuing state expansion and alternative expansion proposals
- Tools and resources available to health plans to keep updated of changes

Jeff M. Myers, *President and CEO*
MEDICAID HEALTH PLANS OF AMERICA

Deborah J. Florio, *Medicaid Administrator*
STATE OF RHODE ISLAND

10:00 – 11:00 Building and Maintaining a Financially Solvent MCO

- Making MCOs affordable to states and attractive for providers
- Rate setting and actuarial soundness of rates
- The juggling act - achieving better outcomes with fewer resources and lower reimbursement rates
- Evaluating downstream costs for expansion enrollees
- Combining your day-to-day data with your financial picture to better manage funds
- Weighing the ROI on preventative measures

Speaker
TBD

9:00 –9:30 Spotlight Session Project 50: A case study of this project to house and care for the needs of fifty individuals from "skid row" in Los Angeles illuminates essential themes in outreach, retention, and client servicing

RuthAnn Markusen, *Division Director*
DIDI HIRSCH MENTAL HEALTH SERVICES

9:30-10:00 Overcoming Behavioral Health and Substance Abuse Issues

- What incentives can be used?
- Allying with social workers and discharge planners
- Retention issues

Taft Parsons III, MD, *Vice President, Behavioral Health Plans*
MOLINA HEALTHCARE

10:00 – 11:00 Medicaid Expansion: A Report From the Field

- Demographics of the new enrollees
- What are the projections for the immediate future?
- How does CHIP figure in?
- Educating beneficiaries who may never have had coverage before

Bruce Donaldson, *Stakeholder & Producer Specialist*
ARKANSAS INSURANCE DEPT, HEALTH BENEFITS EXCHANGE

Sean O'Brien, *Vice President, State Health Plans*
HEALTH NET

Nancy V. Atkins, MSN, RN, NP-BC, *Commissioner**
BUREAU FOR MEDICAL SERVICES, STATE OF WEST VIRGINIA

11:00 – 11:15 Morning Break

11:15 – 12:15 Bringing Behavioral Health into the Fold of Managed Care

- Integrating behavioral health services into your managed care network
- In-house or outsourced – building your behavioral health network
- Utilizing case management to identify and address behavioral health needs
- Focusing a person-centered care approach to behavioral health
- Addressing BH issues at every point of care
- The primary care physician's role in BH treatment
- Measuring the results of integration – do outcomes meet the triple aim?
- Providing access to substance dependence treatment

Taft Parsons III, MD, *Vice President, Behavioral Health Plans*
MOLINA HEALTHCARE, INC.

Katey Weaver, MSW, LSW, MBA, *Director of Integrated Behavioral Health*
PERFORMCARE, AN AMERIHEALTH CARITAS COMPANY

11:15 – 12:15 Medicare Dual-Eligible Demonstrations: the Results So Far

- What have we learned?
- How will these experiences shape future programs?
- What have been the savings?
- California: lessons from the largest demo

Jason Silva, JD, PMP, *Senior Compliance Analyst, Medicare and Medicaid*
HEALTH NET

James I. Golden, PhD, *Medicaid Director**
MINNESOTA DEPARTMENT OF HUMAN SERVICES

*Pending final confirmation

12:15 – 1:15 Networking Luncheon

1:15 – 2:15 Churn Mitigation Strategies – Easing Transitions between Medicaid & Exchange Enrollment

- What happens when members fall out of the exchange and into a MC plan or vice versa?
- Are smooth transitions a possibility?
- How to make revolving door transitions as smooth as possible
- How to address network, provider group, and benefit changes
- Addressing continuity of care for special needs enrollees
- Churn mitigation best practices

Shannon McMahon, *Director of Coverage and Access*
CENTER FOR HEALTHCARE STRATEGIES

Jill Spencer, *Executive Vice President, Business Development*
HUMAN ARC

1:15 – 2:15 Minimizing the Effects of Churn

- Churn mitigation best practices
- What technology is available and permissible to track transitions?
- The benefits of offering buffer coverage during lapses
- The role of brand recognition
- Helping those who have never had healthcare before keep up with the transitions

Bruce Donaldson, *Stakeholder & Producer Specialist*
ARKANSAS INSURANCE DEPT, HEALTH BENEFITS EXCHANGE

CJ Bawden, *Communications Officer**
SILVER STATE HEALTH INSURANCE EXCHANGE
*Pending final confirmation

2:15 – 3:00 **Partnering with Non-Clinical Services to Address Whole Person Care**

- Working with non-clinical social services to address barriers to health such as:
  - Housing
  - Food
  - Transportation
  - Legal issues

Margaret Murray, *Chief Executive Officer*
ASSOCIATION FOR COMMUNITY AFFILIATED PLANS

2:15 – 3:00 **Marketing to the Chronically Ill, Shut-Ins and Institutionalized Individuals**

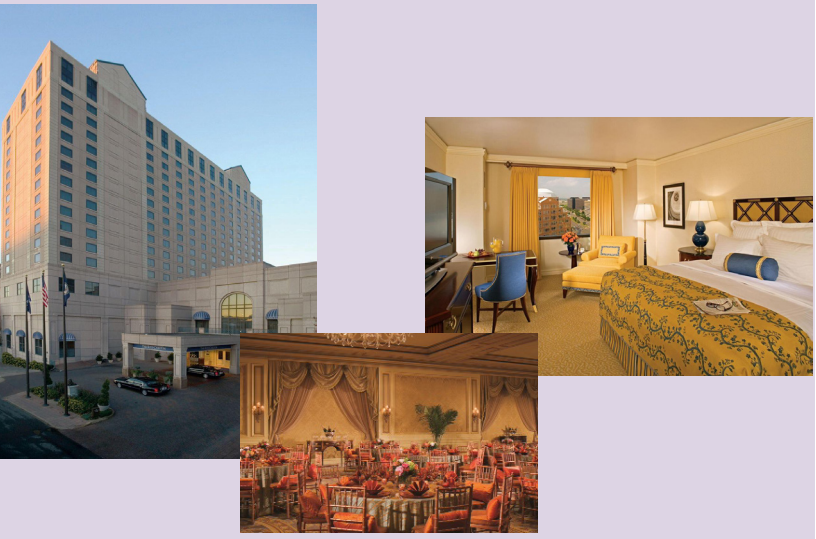
- Innovative ways to reach the isolated
- How to ally with family and caregivers
- The importance of client-centric care delivery in retention

Dennis Heaphy, *Co-Chair*
DISABILITY ADVOCATES ADVANCING OUR HEALTHCARE RIGHTS

3:00 **Conference Ends**

ABOUT THE VENUE

On the banks of The Potomac River in Arlington, Virginia adjacent to Washington, D.C., the luxury hotel is situated in one of the area's most impressive shopping districts, in close proximity to monuments and museums and offers convenient access to the business districts of Crystal City and Rosslyn, Virginia.



UPCOMING EVENTS

The 4th Annual STAR RATINGS LEADERSHIP SUMMIT
Improving Quality Performance with Advanced Analytics and Reporting Practices, Resource Management and Engagement Initiatives
June 30-July 1, 2014

The 4th Annual RISE CALIFORNIA SUMMIT
Best Practices for Successfully Managing Risk and Driving Accountable Care
July 13-15, 2014 - San Diego, CA

LONG-TERM CARE MANAGEMENT FOR DUAL ELIGIBLES
Integrating Care: Constructive Solutions to Improve Outcomes for High-Cost Members
August 25-26, 2014 - Las Vegas, NV

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Addus Healthcare, Inc. Founded in 1979, Addus Healthcare is a comprehensive provider of home and community based services focused primarily on the dual eligible population. Through our Dual Advantage Program, we provide a "pre-acute solution to the post-acute problem" SM, utilizing a care system that shifts from a reactive, acute care driven model to a model focused on early identification, intervention and deflection. Through continuous monitoring of members' health conditions, and prompt identification and reporting of changes, we ensure early intervention in the disease process, thereby deflecting the need for more costly care options, and enabling members to remain healthy and independent at home. Utilizing a combination of both high-touch resources and high-tech reporting tools, we connect with other partners in the health care continuum providing real-time information to facilitate integrated care solutions and effective outcomes at lower costs. At Addus, we believe that the best care is the care that is provided in the home that prevents hospitalization, and promotes health and wellness.

SILVER

Human Arc®

Human Arc provides highly effective dual eligibility member outreach and retention services to Medicare Advantage plans, dual status re-determination programs for SNPs, SSI enrollment assistance to Medicaid managed care plans, plus the only complete solution for commercial insurance plans to the challenges of federal disability program enrollment and the opportunities of Medicare conversion. Human Arc helps clients optimize their fiscal health in the marketplace while improving quality of life and healthcare access in the communities they serve.
See **www.humanarc.com/health-plan-solutions**

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"Great information and experienced speakers – no fluff"
– Ann Ricks, MISSISSIPPI DIVISION OF MEDICAID

"Good presentations on strategies for managing dual eligibles"
– Richard Popper, DST HEALTH SOLUTIONS

"Engaged audience, top decision-makers present"
– Kijuana Wright, AHCCCS

"Very relevant information. Recent topics, knowledgeable/friendly speakers"
– Mitali Ghatak, OHIO MEDICAID

"Topics very timely – ability to hear experiences from across the country very beneficial"
– Lynn Patterson, FALLON COMMUNITY HEALTH PLAN

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