12th Annual

MEDICARE CONGRESS 2015

DUAL ELIGIBLES | STAR RATINGS | PATIENT CENTRICITY | PROVIDER ENGAGEMENT

Drive Change and Innovation in an Era of Medicare Evolution

February 3–5, 2015 | New Orleans Downtown Marriott | New Orleans, LA

Be prepared for the toughest operational and finance environment in Medicare

KAVITA PATEL
Managing Director, Clinical Transformation Delivery, Engelberg Center for Healthcare Reform, **Brookings Institution**

DAVID CARMOUCHE
Executive Vice President and Chief Medical Officer **BCBS LA**

CAROL SOLOMON
CEO, **Peoples Health**

JOHN GORMAN
Executive Chairman, **Gorman Health Group**

KRISTIN A. NEAL
VP STARs Part C & Clinical, **Cigna-HealthSpring**

FRESH CONTENT FOR 2015

- **C-Level Sound-Off**
- **Patient Advocacy Group Panel**
- **Think Tank Luncheon Roundtables**
- **Town Hall Round-Up**

See inside for more details >>

BACK BY POPULAR DEMAND:

➔ **DUAL FORUM!**
Increase care coordination and decrease cost

➔ **STARS UNIVERSITY**
Improve your STARS Ratings for an increase in reimbursement

SAVE UP TO $500
(Full details inside)

www.TheMedicareCongress.com
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TAKE THE EVOLVING MEDICARE BULL BY THE HORNS AND CHARGE FORWARD!

Join us at the 12th Annual Medicare Congress, the only event that gives you the freshest, newest, and adrenaline-charged content as we power through the next 50 years!

Over the past 12 years at the Medicare Congress, we've watched Medicare survive two economic recessions, government budgets cuts, and a growing aging and disabled population. Moving into 2015 and the foreseeable future, we are headed for the most challenging years of Medicare to-date as the worst rate environment emerges, coupled with an increase in medical expense and the end of the Star Ratings demonstration. Plus, the competitive landscape and CMS compliance expectations have never been rougher.

With these unprecedented challenges come opportunities to rise above and prepare for success. Let us help you navigate through the evolving landscape so you can increase reimbursement with stronger Star ratings, build relationships with provider networks to improve quality of care, meet the clinical needs of dual eligibles to attract and retain new members — and much more!

As we wish Medicare a happy 50th birthday, the golden age of government health programs is upon us, and it's time to stake your claim and own your fate!

Join the Conversation

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The Medicare Congress

Blog
healthcareinsights.blogspot.com

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Back by popular demand! **DUAL FORUM**

A full day dedicated to insight from early demonstrators on building and executing programs. Implement successfully strategies to increase care coordination and decrease costs. **Sessions include:**

- **Dual Eligible:** Yesterday, Today and Tomorrow: Where we are, Where we want to be and Where do we go from here?
- **Integrating the DUALS:** It's Not Just About the Money
- **State Perspective:** Successes & Challenges from Implementers of Duals Demonstrations
- **Looking Back from the First:** Early Observations from the Massachusetts Duals Demonstration Program
- **Supporting an Engaged Healthcare Consumer:** The Role of Shared Responsibility in Managed Care

See **pages 4–5** for full session and speaker details

"Duals will make or break you."
— John Gorman, Founder & Executive Chairman at **Gorman Health Group**

NEW FOR 2015

C-LEVEL SOUND-OFF

The industry's top rank reveal their visions on key issues so you can prioritize your 2015 business plan

PATIENT ADVOCACY GROUP PANEL

Move beyond the talk and walk the walk — understand what it means to truly be "patient centric" and revolve decisions around the patient

THINK TANK LUNCHEON ROUNDTABLES

Crowdsource solutions to your biggest pain points:

- Provider-led care management
- Dual Eligibles
- Telehealth
- Innovative use of incentives and awards

TOWN HALL ROUND-UP

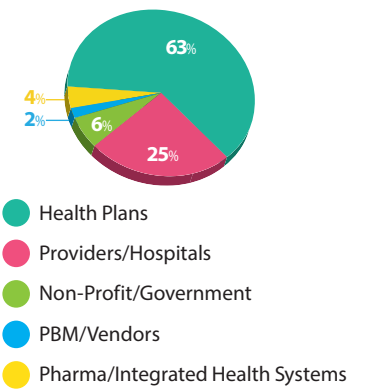
It's your time to shine. Ask your burning questions and bounce ideas off your peers in the trenches

Register now and **SAVE up to $500**

WHO YOU WILL MEET

By Function

By Organization Type



Back by popular demand! STARS UNIVERSITY

Class is in session! Take part in STARS University to learn about boosting membership, increasing reimbursement, staying CMS complaint and improving the customer experience by providing better customer services. **Sessions include:**

- **Reach for the STARS:** The difference between a 5 STAR plan and you!
- **Weathering a CMS Audit:** Tips on Preparing for the Storm
- **Collaboration and Communication:** Working with your Provider Network to Increase Ratings
- **"Get your QAPI ON"**
- **Is Your Plan Audit Ready?** The Do's, Don'ts and Best Practices
- **The Three Pillars That Can Make or Break Your STARS Rating:** Provider Engagement, Data Exchange, Member Engagement

See **pages 6–7** for full session and speaker details

Back by popular demand!

DUAL FORUM

8:00 *Registration & Morning Coffee*

8:30 **Chairperson's Opening Remarks**

Wendy Smith, Executive Director, **Seton Health Plan**

9:00 **Dual Eligible: Yesterday, Today and Tomorrow: Where We Are, Where We Want to Be and Where Do We Go from Here?**

The Dual Eligible problem was created on July 30, 1965 when LBJ signed the two programs, Medicare and Medicaid into law. They were never intended to work together and they haven't. States have been looking for creative ways to work around the legal impediments but the results have been anemic. The ACA has given new life to attempts to solve this 50 year old dilemma.

This session will look at:

- The history of the Duals issue
- Previous attempts to resolve complex issues
- The ACA and the Duals
- Current status of the Dual Demos

Leonard Kirschner, Former President, **Arizona AARP**

9:45 **Integrating the DUALS: It's Not Just About the Money**

Integration of the dual eligible population has been a top priority of health care policy makers for years. Nearly a third of duals are being integrated into some form of comprehensive care under the duals demonstration program. It has been a long road to this point, and only now are some programs beginning to launch in earnest. What will the results of this transformation be? Will the data support integration as a way to provide better care at a lower overall cost? Are there key elements of a well-designed program that can be determined before the three year data is complete?

- DUALS demonstration program's data set is not complete but some educated guesses about the value can be made
- New models need to be created to truly drive the better health and lower cost goal
- Dual populations are not easy to integrate and it will take time to develop these new models

Jeff Myers, President & CEO, **Medicaid Health Plans of America**

10:15 *Morning Refreshments and Networking Break • Speed Networking*

11:00 **State Perspective: Successes & Challenges from Implementers of Duals Demonstrations**

FIRE-SIDE CHAT

States are partnering with CMS on financial alignment demonstrations for Medicare-Medicaid dual eligible beneficiaries. Dual eligibles are enrolled into a Medicare-Medicaid Plan that manages both their Medicare and Medicaid benefits to coordinate services and improve outcomes. What are the initial results from the demonstrations? What operational and political challenges are states facing at this point? What kinds of program modifications are states considering to meet those challenges?

- Hear how these demonstrations are progressing in key areas such as enrollment, member satisfaction and performance measure baselines
- Understand lessons learned and options states are considering to fine-tune their demonstration programs and address concerns of stakeholders
- Learn how these innovative programs may offer a permanent care option for serving dual eligibles going forward.

Moderator: Rhys W. Jones, MPH, Director, Medicaid Business Development, Government Business Division, **WellPoint / Amerigroup**

Panelists: MaryAnne Lindeblad, BSN, MPH; Medicaid Director, **Washington State Health Care Authority***

Karen E. Kimsey, Deputy Director of Complex Care and Services, **Virginia Department of Medical Assistance Services**

*Invited

11:45 **The Information Era: Synchronizing & Coordinating Data for Improved Decision Making**

Karen E. Kimsey; Deputy Director of Complex Care and Services, **Virginia Department of Medical Assistance Services**

12:30 *Networking Lunch*

1:30 **Integrated Care Delivery: Achieving Patient-Centered Care Through Different Platforms**

Rohit Gupta, Director of Medicare, **Inland Empire Health Plan**

2:15 **Looking Back From the First: Early Observations from the Massachusetts Duals Demonstration Program**

Massachusetts consumers, advocates and policy makers were eager to launch the first fully capitated Duals Demonstration Project. Providing higher quality and more efficient care for some of our state's most vulnerable residents has long been a dream of many. The journey to implementation on October 1, 2013 was difficult and not all plans even made it to the starting gate. What do we know now — as the first state looks back on the first year of implementation?

- What is the right pace for enrollment? How do we manage opt-outs as well as health plan capacity challenges?
- How do we find enrollees? While we knew it would be hard, how do we enhance outreach efforts?
- Does behavioral health trump all? How do we meet enrollees BH needs in a system in which access has already been a long-standing problem?

Audrey Shelto, President, **Blue Cross Blue Shield of Massachusetts Foundation**

3:00 *Afternoon Refreshments and Networking Break*

3:30 **Supporting an Engaged Healthcare Consumer: The Role of Shared Responsibility in Managed Care**

To provide integrated and quality healthcare and Long-Term Services and Supports (LTSS), states increasingly are turning to managed care for beneficiaries who are aging and have complex healthcare conditions or disabilities. Consumer engagement is critical for ensuring these programs work for consumers, providers and payers in this changing environment. Co-facilitated by a disability policy leader and managed care plan executive, this session will discuss the critical role that consumers, their families, self-advocates and advocates have in the development and implementation of managed care. As a result of this session, participants will be able to:

- Discuss emerging integrated LTSS trends and programs
- Discuss the value of consumer, family, self-advocate and advocate engagement with providers and payers
- Identify pathways to consumer inclusion and engagement from a provider and payer perspective
- Define the component parts of a consumer engagement initiative available through managed care

Merrill Friedman, Vice President, Advocacy, **Amerigroup Corporation**

Connie Garner, Executive Vice President for Public Policy, **United Cerebral Palsy (UCP)**

4:15 *Close of Dual Forum*

Back by popular demand!

STARS UNIVERSITY

8:00 *Registration & Morning Coffee*

8:30 **Chairperson's Opening Remarks**

Chris Mobley, Director of Revenue Management and Stars - Senior Products, **BlueCross BlueShield of Tennessee**

9:00 **Integration and Collaboration with an ACO to Improve Star Rating**

Dr. Donnie W. Aga, Medical Director for KelseyCare Advantage, will discuss how the alignment with an accredited ACO can benefit your health plan and lead to improvement in your star rating.

- Integrating with an ACO can improve quality of care and patient satisfaction resulting in a higher Star rating
- Improve HEDIS and Part D scores by implementing specific best practice alerts into your network's EMR Aligning pay for performance metrics for your doctors will improve the elements that contribute to an increase in Stars
- The annual Health Risk Assessment is your best tool for improvement in the Star rating
- Part D collaboration with an ACO can improve Adherence measures, MTM rates, and lower HRM usage

Donald Aga, Medical Director, **KelseyCare Advantage**

9:45 **Weathering a CMS Audit: Tips on Preparing for the Storm**

Like severe weather, a CMS audit is inevitable. Being prepared is the key. Learn what others plans who have recently experienced a program audit have learned and what tips you might use to prepare and ensure a successful audit.

- Timelines
- Things to consider
- What's it really like in the eye of the storm

Jamie Dodson, RPh, Director, Pharmacy Services, **Geisinger Healthplan**

10:15 *Morning Refreshments and Networking Break • Speed Networking*

11:00 **Collaboration and Communication: Working with Your Provider Network to Increase Ratings**

Physicians strive to provide the best care for their patients, ask the right questions and perform the right tests so you receive a high star rating.

- Identify which measures are most likely based on what happens in the exam room
- Make sure providers accurately code what they are doing so you get credit

Kristin A. Neal, VP STARs Part C & Clinical, **Cigna-HealthSpring**

11:45 **"Get Your QAPI ON"**

Putting together a compliant but advantageous quality program can be daunting at best.

This presentation will showcase development and implantation strategies to help your organization or health plan take your Quality Assurance Process Improvement management plan to the next level and get your QAPI on!

- Build a stronger QAPI program
- Feel confident in your compliance
- Go beyond required CMS reporting

Casey M Dills O'Donnell; MHA, State PASRR Program Administrator: SMA, **Colorado Department of Health Care Policy and Financing**

12:30 *Networking Lunch*

1:30 **Is Your Plan Audit Ready? The Do's, Dont's and Best Practices**

CASE STUDY

- What are we preparing for the dual eligible?
- What have we done well?
- What would we do differently?
- What are our predictions for the future?
- How are we changing today in order to prepare for tomorrow?

Elaine Healy, MD, Vice President of Medical Services, **United Hebrew**
Christina Villanueva, Chief Financial Officer, **United Hebrew**
Michael Bobrowski, Director of Social Services, **United Hebrew**
Nora O'Brien, Director of Rehabilitation, **United Hebrew**

2:15 **The Three Pillars That Can Make or Break Your STARS Rating: Provider Engagement, Data Exchange, Member Engagement**

Mark Hagood, MHA, Operations Director, Expansion Market Star Lead, **Cigna-HealthSpring**

3:00 *Afternoon Refreshments and Networking Break*

3:30 **Final Exam, Course Review & Diploma Presentation**

The final exam will provide you with an outline of how to implement what you learned at the STARS University. All participants will receive diplomas upon completion.

Chris Mobley, Director of Revenue Management and Stars - Senior Products, **BlueCross BlueShield of Tennessee**

4:15 *Close of the STARS University*

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GORMAN HEALTH GROUP

" 300,000 individuals enter the Medicare program on the first day of every month. Is your program ready to handle this influx of new members and the 50 million Medicare beneficiaries currently receiving services? The only event bringing it all together…Come and hear from the experts."

— Leonard Kirschner, Former President, Arizona **AARP**

7:45 **Chairperson's Opening Remarks**

John Gorman, Executive Chairman, **Gorman Health Group**

8:00 **Evolve or Die: The New Landscape of Medicare Advantage and Part D**

KEY NOTE

Medicare Advantage is facing the worst rate environment in 20 years in 2015–2016, coupled with an increase in medical expense and the end of the Star Ratings demonstration. The competitive landscape and CMS compliance expectations have never been rougher. Industry expert John Gorman will discuss the vulnerabilities and new capabilities that MA plans must have to evolve, survive and thrive. The session will focus on:

- Understanding the payment and regulatory outlook this decade and the new urgency on Stars, risk adjustment and medical management
- Key vulnerabilities for Medicare Advantage and Part D plans, like lagging PBM performance and a lame member experience
- The new capabilities needed to reduce execution risk in an unforgiving environment

John Gorman, Executive Chairman, **Gorman Health Group**

8:45 **The Politics of Healthcare: A Never Ending Dispute Over the ACA Controversy**

It's been over four years since the Patient Protection and Affordable Care Act became the law of the land. Yet, even after all this time (four years is a lifetime in politics), the law remains almost as controversial today as the day it was signed by the President. Why? Is the law really the slide toward socialism that its critics so often suggest it to be, thereby incentivizing the true opponents to fight the law as if it were fighting for the ideological future of the nation… or is there something else at work? The ACA appears to be the gift that keeps on giving for opponents of the President.

- What will be the impact of Obamacare on the 2014 midterms remains to be seen but, at the time of this writing, it does not appear that Obamacare is driving the political debate — although it is feeding the concept of the "Imperial presidency".
- Will we ever get to a place where we can begin to assess the pluses and the minuses of the ACA without the political filter?
- Will Congress ever be able to do what it has done so many times in the past with important legislation — fix problems as we go — or is the law destined to remain a political hot potato, sacrificing repair and improvement at the hands of those who benefit from keeping America angry at Obamacare? We will discuss this and other matters of political discourse in the session featuring;

Rick Ungar, Senior Political Contributor, **Forbes**

9:45 **Listening to Patient, Recipe for Success: Placing Patient-Centricity at the Heart of Your Operation**

PANEL

The medical care delivery system is undergoing dramatic changes in how services are delivered and paid for. In our confusing and expensive healthcare system, patients must become savvy and health literate or risk poor outcomes and medical errors. Too often, there is little connection between what is said by a practitioner and what is understood by a patient. A patient-centric model requires both providers and patients to learn to communicate effectively. This session will provide tips for listening to the patient and a recipe for successful communication skills.

- Participants will hear examples that illustrate the chasm between what doctors say and what patients hear and understand.
- The panel will suggest patient-centric subjects that physicians should discuss with their patients but usually fail to consider.
- Participants will learn key communication tips that both sides can use to improve the doctor-patient relationship.

Panelists: Elisabeth Schuler Russell, Founder and President, Patient Navigator, LLC, Past President, **National Association of Healthcare Advocacy Consultants (NAHAC)**

Sharon Gauthier MSN/BSN/RN/CCM, Executive Director, **Independent Patient Advocate**

Burton D. Pusch, Director, **One Care Ombudsman Office**

10:30 *Morning Refreshment and Networking Break*

11:15 **Improve Patient Adherence Through: Quality, Risk and Medical Management**

ACO PERSPECTIVE

Measuring the effects of medication adherence for the Medicare population through:

- Cohort selection
- Assignment of adherence
- Analytical approach
- Estimated effects of medication adherence

Palmer C. Evans, MD, Board Chair, Arizona Connected Care, Board Chair, **Pima Council on Aging**

12:00 **The Whole 360: Dealing with the Increased Costs from Specialty Drugs to Insurance Tax**

12:45 **Roundtable Luncheon**

Get your feet wet; take a break from the PowerPoint slides to discuss YOUR current challenges with your peers. Have one-on-one access to industry experts as you discuss the hottest topics and issues directly pertaining to you.

- Provider-led Care Management
- Dual Eligibles
- Telehealth
- Data Analytics

** Sign-up sheets will be available at the registration desk on site. Each table is first come first served until each table is full.*

1:45 *Concurrent Tracks Begin*

	Medicare Marketing, Compliance & Member Retention & Enrollment	Patient Centeredness and Provider Engagement
1:45	**Medicare Marketing: Your Digital ROI** Today, 60% of all seniors are online; for first time Medicare shoppers it's over 75%. And, approximately 50% of online seniors use social media. A well-executed Medicare digital marketing strategy is now table stakes for any health plan that wants to stay competitive. This session will provide a practical review of how to fully leverage digital marketing in the Medicare segment…and help you compare where you stand vs. your competition's Medicare marketing digital ROI. • How can you monetize content and drive results through organic search? • What digital channels offer the maximum ROI for the Medicare consumer? • How do you compare to real 2015 digital benchmarks? Howard Graham, SVP Digital Services, **KBM Group Health Services**	**Synchronizing Medicare Policy Across Payment Models to Increase Patient Centricity and Provider Engagement** • Payment models under the current Medicare • Synchronizing benchmarks for ACOs and MA plans • Additional considerations in synchronizing benchmarks

	Medicare Marketing, Compliance & Member Retention & Enrollment	Patient Centeredness and Provider Engagement
2:15	**Increasing Sales, Persistency and STAR Ratings By Combining Electronic and Print Media** Two of the most important topics today are marketing to the aging in population and improving STAR ratings and HEDIS scores. Combining today's technology — including modeled data, interactive direct mail, variable printing, and personalized web pages for members — is the most efficient way to accomplish both goals. The session will present case studies and information on: • How a personalized retirement portal customized for companies can build brand awareness and brand loyalty for existing members and potential members that are aging in to Medicare. • How to increase STAR Ratings and HEDIS Scores with newsletters individualized for each member with articles tailored to their conditions and benefit usage. • How to plan, advertise, and conduct Seminars throughout the year. Bob Ditwiler, President, **South Shore Venture a division of Dialogue Direct**	**Denial Prevention: Optimizing Reimbursement Through Internal Denials** Brief Overview: Maximizing reimbursement while minimizing resources has been a challenge for healthcare organizations for decades. What are the challenges that are associated with this process? What is the significance behind patient class and level of care, as related to billing purposes? This presentation explains how implementing an internal denial management program affects the reimbursement of an organization while decreasing the rate of denial? • What is an internal denial management practice? • Patient Class/Level of Care • Utilization Management Review • Caregiver vs. Provider perspectives Stephen Markley MSN RN CMSRN, Care Manager GI/Hepatobiliary & General Surgery, Co-Chair LGBTQ Council, **NYU Langone Medical Center**
2:45	*Networking Lunch*	
3:15	PANEL **The Insurance Agent Perspective: Recruiting, Training, Retaining** Home Office staff can create all sorts of directives and demand certain process flows, but if the agents don't follow, what good does it do? CMS requires agents to follow quite a few rules & regulations such as Certification and Scope of Appointment as well as commission limitations. In order to follow such regulations, Medicare Advantage carriers must provide guidelines to agents to facilitate compliance. The session will focus on best practices used by MA plans that appear seamless or at least hassle free to agents. • Scope of Appointment process. Phone, paper, both? • How do we make the certification / contracting / appointment process as painless as possible? • Handling CTMs involving agents **Panelists:** Larry Baca, Director Sales, **Inter Valley Health Plan** Kevin M. McGavick, Vice President, Sales & Retention, **UnitedHealthcare Community & State** Jack Mackin, VP Agent Contracting, **Universal American**	**Improving Survey Outcomes Through Customer Centric Care** Effectively impacting CAHPS and HOS surveys are vastly important to success for Medicare Advantage Organizations. By developing customer centric programs to increase quality outcomes for consumer health, health plans can be successful with survey metrics. Through the development of coordinated experiences that bring a health plan to the community and tie in a central theme, positive results and conversation can be generated in the market. • Build and increase positive perception and trust • Establish Star rating consistency and target improvement • Grow and influence brand loyalty • Minimize market changes and negative impacts to benefits John Willis, Director of Operations-Stars, **Cigna-HealthSpring**

	Medicare Marketing, Compliance & Member Retention & Enrollment	Patient Centeredness and Provider Engagement
3:45	**Member Centric Risk Management: Navigating the Many Channels of Member Experience** This session will highlight the importance/ impact that data mining, listening to the voice of the customer, knowledge sharing, and engagement of provider network and delegated vendors have to achieving operational excellence. • How to evaluate member data to identify the greatest risk areas for noncompliance • Addressing dissatisfiers quickly • Theory of Knowledge Sharing • Committing to a Culture of Compliance Alicia Gray, Director Medicare Approvals and Grievances, **Aetna**	PANEL **The Payer, Provider & Patient Perspective: Strategies for Effective Primary Care for Dual Eligibles** **Panelists:** Burton D. Pusch, Director, **One Care Ombudsman Office** Audrey Shelto, President, **Blue Cross Blue Shield of Massachusetts Foundation** Palmer C. Evans, MD, Board Chair, **Arizona Connected Care**, Board Chair, **Pima Council on Aging**
4:15.	**Educating Medicare Members About the Healthy Behaviors Through Innovative Marketing, Communications and Outreach Strategies** • Innovation to Drive Member Engagement • Reward Programs and Incentives • Identification, Segmentation, Differentiation and Execution Austin Ifedirah, VP, Medicare and Strategic Planning, **Gateway Health**	**Having it All, Turn the Myth Into Your Reality: Increased Enrollment, Increased Patient Centricity and Increased Provider Engagement** Chris Mobley, Director of Revenue Management and Stars - Senior Products, **BlueCross BlueShield of Tennessee** Rhys Jones, Director, Medicaid Business Development, **WellPoint** Jeff Myers, President & CEO, **Medicaid Health Plans of America**
4:45	*Networking Reception*	

Don't forget to ask about the C-Level Executive Breakfast!

Closed Door C-Level Executive Breakfast.

Over the years we have seen an increase in the number of C-Level Executives attending the Medicare Congress — As Medicare becomes more and more critical and top of mind for C-Level Executives, this year for the first time we are facilitating a closed door C-Level breakfast to provide informal networking platform and forum for the C-Suite to talk about challenges and opportunities at their level and share their experiences with each other.
Contact Sarah Scarry at sscarry@iirusa.com if you wish to sponsor this closed-door C-Level breakfast.

8:00 **Chairperson's Opening Remarks**

John Gorman, Executive Chairman, **Gorman Health Group**

8:15 **Build, Modify, Customize: Lessons Learned**

Come learn about how an innovative Managed Care company learns to modify, customize its virtual home model to get results in the New Orleans and Baton Rouge metropolitan areas. Carol Solomon, CEO of Peoples Health, will share lessons learned in implementing visions on a new way to accomplish optimal health outcomes. She will discuss the need for risk sharing and innovative ways to address physicians, hospitals and systems in this regard. Learn also the culture changes needed in the delivery of healthcare and the training required in accomplishing these goals. Through this new model, Peoples Health addresses new CMS requirements for quality and aligns clinical best practices with desired outcomes. Peoples Health has already begun to realize the benefits of coordinated care for their members, cost control preventative care measures and improving chronic care management for Medicare beneficiaries in Southeast Louisiana.

Carol Solomon, Chief Executive Officer, **Peoples Health**

9:00 **The Biggest Breakthrough Capabilities in Medicare that have Improved Outcomes**

C-LEVEL SOUND OFF

Moderator: John Gorman, Executive Chairman, **Gorman Health**

Panelists: Carol Solomon, Chief Executive Officer, **Peoples Health**

Scott Saran, MD, Chief Medical Officer, **Blue Cross Blue Shield of Illinois, Chicago**

Christina Villanueva, Chief Financial Officer, **United Hebrew**

Lindsay Resnick , Chief Marketing Officer, **KBM Group, Health Services**

10:00 *Morning Refreshment and Networking Break*

10:45 **Leveraging Traditional Medicare and Medicare Advantage to Advance Payment Reforms: Ways to Move From Volume to Value**

This session will highlight opportunities for payers & providers to understand opportunities in Medicare Fee for Service as well as trends in Medicare Advantage which can help to leverage private payer efforts and build upon emerging delivery system models such as accountable care organizations, patient centered medical homes, and clinically integrated networks. Medicare has recently launched efforts through the Center on Medicare and Medicaid Innovation around specialty care models such as medical oncology as well as their Bundled Payment Care Initiative. This session will give an overview of emerging opportunities while also offering strategic and tactical advice for leveraging existing changes to the delivery system to maximize efforts to produce value.

Key takeaways:

- Trends in the Medicare and Medicaid Innovation Space
- Medicare Advantage Policy Changes
- Barriers and ways to overcome such barriers to moving away from Fee for Service Reimbursement

Kavita Patel, Managing Director, Clinical Transformation Delivery, **Engelberg Center for Healthcare Reform, Brookings Institution**

11:30 **Getting the Most from Primary Care: Driving Clinical Quality Through Collaboration**

Blue Cross Blue Shield of Louisiana's innovative population health management program, Quality Blue Primary Care (QBPC), is driving meaningful care outcomes through a combination of data-sharing, aligned financial incentives, transparency, practice transformation support, and virtually integrated care management and coordination. The experience in a large commercial population has important lessons for FFS Medicare, Medicare Advantage, and ACOs.

Understand successful strategies for engaging primary care providers at scale

- Describe the many levers which can be employed by payors to focus PCPs on excellent chronic illness outcomes
- Highlight the value of process improvement CME, care process redesign, and best practice identification through tiered incentives and group learning opportunities

David G. Carmouche, M.D., Chief Medical Officer and Executive Vice President External Operations **Blue Cross and Blue Shield of Louisiana**

12:15 *Networking Lunch*

1:15 **From Volume to Value: What Can Data Really Do to Drive Payment Reform?**

Data is widely discussed as a critical feature for moving away from fee for service to value-based payments as well as a critical element for achieving quality measurement/performance targets and financial benchmarks. However, using data to support payment reforms often proves challenging leaving many feeling disappointed by the "hype." This session explores how data can be used in innovative ways to successfully drive towards value-based payment.

- Shortfalls in how data is currently used in healthcare
- Best practices in using data from other industries
- Examples of how data can be used in meaningful ways to implement value-based payment in healthcare
- Emerging business models in healthcare and how data can drive innovation

Basit Chaudhry, MD, Founder and CEO, **Tuple Health**

2:00 **15 Changes That May Occur in Medicare in the Next Decade**

PANEL

Moderator: Leonard Kirschner, Former President, **Arizona AARP**

Panelists: Rohit Gupta, Director of Medicare, **Inland Empire Health Plan**

Austin Ifedirah , VP, Medicare and Strategic Planning, **Gateway Health**

2:45 **Town Hall Round-Up: Bringing It All Together**

In an ecosystem that is evolving and an environment where a paradigm shift is critical and mutual success is contingent upon relationships between key stake-holders, use this platform to do just that!

- During the course of two days you will be provided a 'question' box to drop your questions into, this session will be used to answer those unanswered questions by the group so you can go back to the office with solutions to your issues.
- This open forum will also provide you with the opportunity to voice out your concerns ask the tough questions and express your opinion.

Facilitator: Leonard Kirschner, Former President, **Arizona AARP**

3:30 *Close of the Medicare Congress — See you next year!*

Please note: Schedule subject to change.

Welcome to New Orleans – More than just Mardi Gras!

New Orleans is a fascinating city, steeped in rich history and with a lively personality. An abundance of great music, delicious food and unique attractions, we're sure you'll want to stay through the weekend following the Medicare Congress! Visit Jackson Square, in the heart of the French Quarter, visit the National WWII Museum, stop by Café du Monde for beignets, and make sure to visit Bourbon Street for some late night jazz for the true New Orleans experience.

2015 Speakers Deliver the Content and Conversations You Need to Thrive in the Evolving Medicare Environment

- Alicia Gray, Director Medicare Approvals and Grievances, **Aetna**
- Audrey Shelto, President, **Blue Cross Blue Shield of Massachusetts Foundation**
- Austin Ifedirah , VP, Medicare and Strategic Planning, **Gateway Health**
- Basit Chaudhry, MD, Founder and CEO, **Tuple Health**
- Bob Ditwiler, President, **South Shore Venture**, a division of Dialog Direct
- Burton D. Pusch, Director, **One Care Ombudsman Office**
- Carol Solomon, Chief Executive Officer, **Peoples Health**
- Casey M Dills O'Donnell; MHA, State PASRR Program Administrator: SMA, **Colorado Department of Health Care Policy and Financing**
- Chris Mobley, Director of Revenue Management and Stars - Senior Products, **BlueCross BlueShield of Tennessee**
- Christina Villanueva, Chief Financial Officer, **United Hebrew**
- Connie Garner, Executive Vice President for Public Policy, **United Cerebral Palsy (UCP)**
- David Carmouche, Executive VP, External Operations & Chief Medical Officer, **BlueCross BlueShield of Louisiana**
- Donald Aga, Medical Director, **KelseyCare Advantage**
- Elaine Healy, MD., Vice President of Medical Services, **United Hebrew**
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