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13TH ANNUAL

MEDICAID MANAGED CARE SUMMIT

ADVANCE VALUE-BASED CARE TRANSFORMATION, IMPROVE COLLABORATION, AND MITIGATE RISK

FEBRUARY 27-28, 2020 | HILTON ALEXANDRIA MARK CENTER | ALEXANDRIA, VA

JOIN INDUSTRY LEADERS:

Parul Mistry, MD, MA
Senior Vice President, Medical Excellence and Clinical Solutions
AMERIHEALTH CARITAS

Dave Richard
Deputy Secretary, Division of Health Benefits
NORTH CAROLINA MEDICAID

Stephanie Bates
Deputy Commissioner, Department for Medicaid Services
KENTUCKY

Connor W. Norwood, PhD, MHA
Chief Data Officer, Division of Strategy and Technology
INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION

Caraline Coats
Vice President, Bold Goal and Population Health Strategy
HUMANA

Karin VanZant
Vice President, Integrated Community Partnerships
CARESOURCE

Jonathan Barley, PhD
Bureau Chief, Health Innovation and Quality
OHIO DEPARTMENT OF MEDICAID

Thomas Novak
Medicaid Interoperability Lead, Office of the National Coordinator for Health IT
US DEPARTMENT OF HEALTH AND HUMAN SERVICES

Elizabeth Hinton
Senior Policy Analyst
KAISER FAMILY FOUNDATION

Glenn Pomerantz, MD, JD
Senior Vice President, Health Services
GATEWAY HEALTH PLAN

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WHY ATTEND?

The 13th Annual Medicaid Managed Care Summit has been the industry-leading meeting for managed care executives for over a decade. We've watched managed care evolve through various MCO and state initiatives, waivers, and programs, throughout the transformation to value-based care. As managed care becomes more firmly rooted in value, we wanted to make sure our agenda reflects that, which is why we have curated innovative, forward-thinking content with thought leaders from across the nation.

Join like-minded executives from all types of organizations with a stake in managed care, as we work together to advance value-based initiatives, strengthen partnerships between stakeholders, and improve quality while reducing costs of care.

WHO WILL BE THERE:

From Medicaid Managed Care Plans & Health Plans:
Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, Chief Medical Officer, and Vice Presidents, Directors, Managers of:

- Government Contracts
- Policy
- Population Health
- Managed Care (Contracting)
- State Programs
- Government Affairs
- Medicaid
- Network Contracting
- Operations
- Business Development
- Market Development
- Quality Improvement

From State Medicaid Programs:
Project Directors, Policy Analysts, State and Federal Regulatory and Quality Assurance Auditors and Vice Presidents, Directors, and Managers of:

- Procurement
- Medicaid
- Managed Care (Contracts/Operations)
- Quality
- Compliance
- Health Plan Operations
- Data Analysts
- Actuaries

This Summit Also Benefits Executives from Hospitals and Health Systems, Community Based Organizations, and Service Providers for Medicaid Beneficiaries.

TOP REASONS TO ATTEND

CMS ADDRESS
Hear an update from CMS on advancing innovation, managed care priorities, and expectations for 2020

VALUE
Learn how state Medicaid programs are defining value, what they are looking for from MCOs, and how they are using data to measure quality and outcomes

QUALITY
Align quality measures to improve buy-in, accuracy, and accountability in value-based care

COLLABORATION
Develop partnerships with community organizations and align goals to build strong, local models of care

OUTCOMES
Integrate funding sources and scale effective interventions to address social determinants and reduce the cost of care

VALUE-BASED CARE
Prepare for more complex behavioral health challenges and move from shared savings to shared risks

DATA
Leverage system integration and interoperability to better manage enrollment, outcomes, and risk

TRANSPARENCY
Re-focus the conversation on drug pricing, and hear what states, plans, and providers should be doing to address high drug costs

ACCESS
Discuss the impact of Medicaid Managed Care on improving maternal and child health, and the initiatives that are driving access to quality care

TECHNOLOGY
Use telehealth to expand network capabilities, increase engagement, and improve timely access to services

7:30 AM

Summit Registration and Morning Coffee

8:30 AM

Chairperson's Welcome and Opening Remarks

Glenn Pomerantz, MD, JD
Senior Vice President, Health Services
GATEWAY HEALTH

8:45 AM

CMS UPDATE: Hear Expectations for Advancing Innovation and Priorities for 2020

Gain insight into what the agency expects from states, what initiatives may be on the horizon, and next steps for advancing innovation, flexibility, and Medicaid integrity.

- Hear clarification on CMS expectations on improved administrative and quality measures, and the impact of the inclusion of Social Determinants into the MLR
- Discuss goals for innovation and competition through waivers and other initiatives
- Learn about priorities for 2020, and what you can do to set your organization up for success

Speaker to be announced

9:30 AM

Develop Innovative SDOH Programs and Integrate Funding to Increase Efficiency and Reduce Costs of Care

Effective interventions that address social determinants of health must be developed through collaboration, scalable to extend reach and improve efficiency, and built with a strategy for sustainable funding. Discuss Medicaid as an innovator, and how plans, providers, states, and community organizations must be working in sync to effectively improve overall health and well-being of members.

- Review the types of innovative programs, models, and collaborations that are being rewarded with investment
- Overcome barriers to building a nonmedical benefit supplier network, and the challenges to scale operations
- Enhance collaboration between stakeholders by developing shared goals and aligning incentives

Caraline Coats
Vice President, Bold Goal and Population Health Strategy
HUMANA

Karin VanZant
Vice President, Integrated Community Partnerships
CARESOURCE

Lynda Zeller
Senior Fellow and Program Officer, Behavioral Health
MICHIGAN HEALTH ENDOWMENT FUND

10:15 AM

Networking and Refreshment Break

ARE YOU INTERESTED IN BEING A PARTNER?

Michelle Elam | Business Development Manager
Phone: 781-939-2587 | Email: Michelle.Elam@worldcongress.com

10:45 AM

The Quest for Quality: Buy-In, Accuracy, and Accountability in Value-Based Care

In a value-based world, delivering quality, cost-efficient care relies on provider buy-in, accuracy of data and reporting, and accountability across stakeholders from the state to local level to deliver value while managing costs. Hear what states are looking for in terms of quality in managed care, the type of measures that are being reported, and what all stakeholders need to be doing to support the quality mission.

- Understand how different states work with provider networks to bring them on board and integrate services
- See how alignment of quality measures can leverage practices to work with payers to improve quality
- Discuss rate setting methods and payment models that align with quality of care
- Learn what tools are being used to collect and aggregate data at the local level

Jonathan Barley, PhD
Bureau Chief, Health Innovation and Quality
OHIO DEPARTMENT OF MEDICAID

Gabriel Medley, MHA, MBA, CPHQ
Vice President, Quality Improvement
IOWA TOTAL CARE
(INVITED)

Parul Mistry, MD, MA
Senior Vice President, Medical Excellence and Clinical Solutions
AMERIHEALTH CARITAS

11:30 AM

STATE MEDICAID PERSPECTIVE: Evaluate the Effectiveness of Medicaid and the Impact of Programs on "Value"

With the wide diversity of Medicaid programs and populations, each state has different measures of value. From waivers that span block grants, to expansion, to work requirements, there is much to learn about what is actually making a positive impact on beneficiaries. Learn how states are defining value and hear what types of programs are prime to evolve and be translated to other states and populations.

- Gain insight into what states are looking for from their MCOs and how they are using data to measure quality and outcomes and tying that to value
- Discuss how infrastructure may be changing to improve efficiencies and provide more services
- Hear how Medicaid programs look at innovation and new service delivery approaches
- Consider what we can learn from expansion states and what they are doing to make a positive impact on beneficiaries

Elizabeth Hinton
Senior Policy Analyst
KAISER FAMILY FOUNDATION

Stephanie Bates
Deputy Commissioner, Department for Medicaid Services
KENTUCKY

Dave Richard
Deputy Secretary, Division of Health Benefits
NORTH CAROLINA MEDICAID

12:15 PM

Luncheon

1:30 PM

Drug Pricing and Transparency: Where to Focus the Conversation and What Plans, Providers, and States Should Be Doing to Address High Costs

There are a number of factors that can impact drug costs – from mergers, to new pricing models, to regulatory action. Discuss what stakeholders are doing to manage the cost of drugs, and the resulting effect on Medicaid beneficiaries.

- Review initiatives to better understand the price of services and increase transparency, and the effect on how health plans do business
- Discuss new state drug management models and the costs of carving out high-cost drugs
- Outline next steps to advance the discussion around managing pharmacy costs

John J. Kaelin
Visiting Fellow
ROCKEFELLER INSTITUTE OF GOVERNMENT
Senior Advisor
CENTENE CORPORATION

Marianne Hamilton Lopez, PhD, MPA
Research Director
DUKE-ROBERT J. MARGOLIS, MD, CENTER FOR HEALTH POLICY

2:15 PM

Harness the Power of Data Integration and Interoperability to Create a More Sophisticated Medicaid Program

Having systems that talk to each other is a critical step in using Medicaid data and public health information to improve care. Hear what we are getting out of our systems and where improvements can be made, especially with regard to opioid management, prescription drug monitoring programs, state immunization registries, and more.

- Discuss how states and plans are working together to integrate data on enrollment, outcomes, and value
- Utilize data to build better outreach and engagement opportunities, and more effectively use resources
- Assess how AI and analytics can be used to predict risk and impact decisions around policy and practice

Thomas Novak
Medicaid Interoperability Lead, Office of the National Coordinator for Health IT
US DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

Connor W. Norwood, PhD, MHA
Chief Data Officer, Division of Strategy and Technology
INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION

3:00 PM

Networking and Refreshment Break

3:30 PM

Develop Partnerships with Community-Based Organizations to Build Strong, Local Models of Care

The best health care is local, and the best local models of care can become national initiatives. Learn how community-based organizations can help build active community engagement, trust, and visibility.

- Discuss how community organizations are helping health plans meet their objectives
- Assess how embedded aging and disability resource specialists can help integrate social services and traditional health care
- Share what it means to be a good partner and how to best align goals with local government

David Kelly
Executive Director
AREA AGENCY ON AGING & DISABILITIES OF SOUTHWEST WASHINGTON

Kelli Emans
State Integration Unit Manager, Aging and Long Term Support Administration
WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Shannon Cosgrove, MHA
Director, Community Health
BLUE SHIELD OF CALIFORNIA PROMISE HEALTH PLAN

4:15 PM

Improve Multi-Stakeholder Collaboration to Advance an Integrated Physical and Behavioral Approach to Care Management

Behavioral Health integration has been rolled out and managed differently in programs across the country, with states slowly moving to have services and financing under one model. Hear how states and plans must prepare for more complex behavioral health challenges and move from shared savings to shared risks.

- Explore the strategies for transferring people, programs, and contracts into managed care
- Assess how states and plans are partnering to co-manage risk
- Outline strategies for increasing engagement through alternative workers and focused teams

Gary Weiskopf
Associate Commissioner for Managed Care
NEW YORK STATE OFFICE OF MENTAL HEALTH (INVITED)

5:00 PM

Cocktail and Networking Reception

8:00 AM

Morning Coffee and Conversation

8:30 AM

Chairperson's Welcome and Review of Day One

Glenn Pomerantz, MD, JD
Senior Vice President, Health Services
GATEWAY HEALTH

8:45 AM

How Will Medicaid Managed Care Procurement Change in the Face of Maturing Managed Care Markets and Proliferating Bid Protests?

As bid protests become more common and as the Medicaid Managed Care market matures, the time and resources dedicated to procurement and disputes is increasing as well.
Hear a short presentation on the different ways states approach health plan procurements, how they determine the number of plans to contract, and how they handle bid protests, among other procurement topics.

- Identify recent changes and opportunities in the Medicaid Managed Care sector including the bid process, what is working, areas of contention, red flags, and disputes
- Review what is gained and lost by not doing competitive procurement
- Discuss what states and plans find helpful (and problematic) in an RFP

Anne Jacobs
Principal and Founder
RIVERSTONE HEALTH ADVISORS

9:30 AM

Discuss the Impact of Expanding Access to Care on Maternal and Child Health

The U.S. has the highest rate of maternal mortality in the developed world (30 deaths per 100,000 live births), per the Institute of Health Metrics and Evaluation. And according to the CDC, 3 in 5 pregnancy related deaths could have been prevented. Discuss the impact of Medicaid Managed Care on improving maternal and child health, and the initiatives that are driving access to quality care.

- Identify high risk pregnant women and inform them of risks
- Provide links to prenatal and postpartum care
- Establish connections at the county level to drive improvements in child health

Karin VanZant
Vice President, Integrated Community Partnerships
CARESOURCE

Cherie Brown
Director, Model of Care, Maternal Child Health
WELLCARE HEALTH PLANS, INC.

10:15 AM

Networking and Refreshment Break

10:45 AM

Leverage Telehealth to Expand Network Capabilities and Increase Access to Care

Telehealth and remote monitoring are expanding provider reach and helping to engage patients and provide better access to care; yet the regulations governing its use vary from state to state, and Medicaid restrictions are typically more stringent than for Medicare or commercial service lines. Hear how to best utilize telehealth capabilities to tackle challenges like medication management and increasing access in rural areas, while engaging providers to buy-in to the technology.

- Outline how telehealth is being used and the policies governing it's use
- Discuss how telehealth can expand practice capabilities and increase access to care
- Gain provider buy-in and make the case for improving person-centered care

Speaker to be announced

11:30 AM

Adjust Your LTSS Strategy to Ensure Appropriate Supports and Services Impact High-Need High-Cost Members

As LTSS is more effectively carved in to managed care, it is important to ensure the correct links and coordination, as well as appropriate level of care are provided. Discuss how to triage and allocate resources to have the greatest impact across the largest number of members.

- Consider how LTSS may be affected if MMPs are phased out
- Provide strategies for improved integration, choice, and rebalancing
- Analyze how to build capacity and provide continuity of services for members

Chantel Neece, DNP, MBA, MSN-ED, RN-BC, CPHQ, SSBB
Director, Quality Operations- State Programs (Medicaid/LTSS)
VIRGINIA PREMIER HEALTH PLAN

12:15 PM

Closing Keynote: Discuss Innovations in SUD Treatment and Effective Value-Based Models that Reduce the Cost of Care

Coordinated care, evidence-based treatment, and effective member engagement are critical components to SUD treatment. With the opioid epidemic and emergence of polysubstance use bringing increased demand and closer scrutiny to value-based models and quality care, the panelists will discuss best practices for evaluating quality, delivering value, and improving patient care.

- Explore innovations in SUD treatment and how services like telebehavioral health and apps are improving access, engagement, and being covered by payers
- Identify tactics to address quality with SUD treatment providers, including the Shatterproof ATLAS program
- Examine strategies for treating chronic pain and alternative therapies that plans are covering
- Discuss how long-term patients' pain management needs will be met going forward

Garrett E. Moran, PhD
Associate Director, Services and Policy Innovation
WVU ROCKEFELLER NEUROSCIENCE INSTITUTE

J. Scott Strenio, MD
Chief Medical Officer
VERMONT MEDICAID

1:00 PM

Close of Summit

EVEN MORE NETWORKING

This Summit is co-located with the Opioid Management Summit

3RD ANNUAL

OPIOID MANAGEMENT SUMMIT

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See website for full registrations details.

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