



2019 Medicaid Managed Care Forum

Essential Strategies to Succeed in the New Landscape of Medicaid Managed Care and its Expansion: Navigating CMS Regulations, States and Health Plan Collaboration to Improve Healthcare and Reduce Costs, Boost Network Adequacy, Integrate Social Determinants, and More!

June 13 – 14, 2019 • The Roosevelt, A Waldorf Astoria Hotel • New Orleans, LA

Overview

In the United States today, over 60 million low income individuals are enrolled in Medicaid Managed Care plans and it is expected to increase drastically by 2021. CMS has instituted its Final Rule, a sweeping overhaul of Medicaid Managed Care, resulting in new regulations and mandates with the goal of improving Medicaid member access to quality healthcare, enhancing outcomes while reducing healthcare costs. State Medicaid Agencies and Medicaid Health Plans throughout the United States are struggling with how to be best prepared and succeed in this new, rapidly evolving landscape of healthcare.

We have created an exciting, high level forum featuring knowledgeable leaders and executives from the nation's leading Medicaid Health Plans and State Government Agencies who will share their perspectives, valuable insights and expertise on how to be best equipped for the rapidly evolving landscape of Medicaid Managed Care. Attendees will benefit from learning about best practices and strategies that have been deployed to address the challenges in transforming Medicaid Managed Care. Topics include improving network adequacy, enhancing member access to quality healthcare, boosting member enrollment/engagement, managing carved in services, integrating social determinants, enhancing care coordination/collaboration and reducing the overall healthcare spending.

By attending the 2019 Medicaid Managed Care Forum, you will learn what others in the Medicaid Managed Care arena are doing to succeed in transforming the nation's healthcare and its Medicaid member population.

Intended Audience

From States, Government Agencies, Health Plans & Managed Care Organizations:

Medicaid Directors, Chief Executive Officers, Chief Operating Officers, Chief Financial Officers, Chief Medical Officers, Chief Strategy Officers & Chief Information Officers

Also, Presidents, Vice Presidents, Directors & Managers of:

- State Medicaid
- Managed Care
- Health Services/Healthcare Programs
- Human/Social Services
- Quality Improvement
- Government/State-Sponsored Programs
- Population Health Management
- Medical Management
- Long-Term Care
- Medicaid
- Policy Analysis
- Compliance
- Quality Assurance
- Healthcare Financing
- CHIP
- Health Promotion & Wellness
- Community Health
- Medical Assistance

- Behavioral Health
- Finance
- Care Management
- Operations
- Regulatory Affairs
- Pharmacy

- Clinical Affairs
- Sales & Marketing
- Network Development
- Care Management
- Disease Management
- Innovation

This program is also geared towards Centers for Medicare & Medicaid Services (CMS), Hospitals, Providers, Vendors, Employers, Purchasers, Physician Groups, Behavioral Health Centers, Wellness & Prevention Companies, Healthcare Technology Innovators, Healthcare Consultants, Solution Providers, Data Analytics Providers, Pharmacy Benefit Managers, Disease Management Organizations, Home Health Care Companies, Third Party Administrators, Pharmaceutical & Medical Device Companies, IT & Business Process Outsourcing Companies, Enrollment Brokers and More!

Agenda

Day One – Thursday, June 13, 2019

7:15 Conference Registration & Networking Breakfast

8:00 Chairperson's Opening Remarks

8:15 State Perspective on Effective Strategies for Medicaid Managed Care

Jennifer Lee, MD

State Medicaid Director

Director, Department of Medical Assistance Services

Commonwealth of Virginia

9:00 Behavioral Health IDD Integration into Medicaid Managed Care

Dave Richard

Deputy Secretary, NC Medicaid

Division of Health Benefits

NC Department of Health & Human Services

9:45 Networking & Refreshments Break

10:15 Implementing Effective Care Coordination: The Key to Medicaid Managed Care

Melinda Thomason

Director, Health Care Systems Innovation

Oklahoma Health Care Authority

11:00 Does Medicaid Managed Care Improve Quality and Reduce Costs?

Kelly Munson

Executive Vice President, Medicaid

WellCare Health Plans

11:45 Effective Strategies to Integrate Social Determinants in Medicaid Managed Care

James Milanowski
President & CEO
Genesee Health Plan

12:30 Luncheon for All Attendees & Speakers

1:30 Implementing Effective Programs to Impact High Utilizers of Medicaid Services

Roseann DeGrazia
Vice President, Regional Network Management
UPMC Health Plan

Shawn Shuman, MSN, RN
Senior Director, Clinical & Business Development
Regional Network Management
UPMC Health Plan

2:15 Panel Discussion: Strategies to Enhance Member Centric Managed Care through State Agency and Medicaid Health Plan Partnerships

John Johnson, MD, MBA, FACP
Chief Medical Officer
Virginia Premier Health Plan

Patty Byrnes
Director, Government Relations – Federal
AmeriHealth Caritas

3:15 Networking & Refreshments Break

3:45 A Medicaid Health Plan's Perspective on Medicaid Policy Reform

Thomas Duncan, MBA
Chief Executive Officer
Trusted Health Plan

4:30 Enhancing Payment Design to Incentivize Performance in Medicaid Managed Care

Marcia James, MS-CH, MBA, MS-HP, CPC
Executive Director, Value Based Solutions
Aetna Medicaid

5:15 End of Day One

Day Two – Friday, June 14, 2019

7:15 *Networking Breakfast*

8:00 *Chairperson’s Recap of Day One*

8:15 Oversight Considerations for Managed Care: Program Integrity, Rate-Setting, and Data Quality

Susan Barnidge

Assistant Director, Health Care Team

US Government Accountability Office (GAO)

Leslie Gordon

Assistant Director, Health Care Team

US Government Accountability Office (GAO)

9:00 Lessons Learned: Collaborating with Medicaid Managed Care on Implementing an 1115 Waiver

Stephanie Bates

Deputy Commissioner

Department for Medicaid Services

Kentucky Cabinet for Health & Family Services

9:45 *Networking & Refreshments Break*

10:15 Effectively Implementing Evidence-Based Services into Medicaid Managed Care

Dena Stoner

Senior Policy Advisor

Texas Department of State Health Services

11:00 Implementing an Effective Behavioral Health and Opioid Management Program within Medicaid Managed Care

John Johnson, MD, MBA, FACP

Chief Medical Officer

Virginia Premier Health Plan

11:45 Enhancing Care Coordination within Medicaid Managed Care by Partnering with Community-Based Organizations

Jessica Grabowski, AM, LCSW

Executive Director

Coordinated Care Alliance

12:30 *Conference Concludes*

Workshop Session

Thursday, June 13, 2019 • 5:30 p.m. – 7:30 p.m.

Improving Healthcare Quality & Reduce Spending for Medicaid Members in the New Landscape of CMS Rules & Regulations: Changing the Paradigm to Focus on High Value Care

States are constantly under pressure to improve healthcare quality while slowing the rate of growth in their Medicaid programs. States have chosen a variety of paths to try to achieve this elusive two-pronged goal. This workshop will provide real-life examples from two states with decidedly different, but ultimately successful, approaches to Medicaid: Colorado and Oregon. Senior leadership from Colorado Medicaid and Oregon Medicaid, along with their actuarial and analytics consultants, will provide detailed information on how their Medicaid programs are constantly evolving and innovating to stay ahead of the cost curve while focusing on delivering high quality care. This workshop will address the practical strategies Colorado and Oregon have used to address the following questions:

1. How does a state define "quality" healthcare in their Medicaid program and what are the best metrics to move the quality needle?
2. How does a state effectively differentiate between high value care and low value care using readily available data, e.g., eligibility, fee-for-service claims, and/or encounter data?
3. Once standards for the type of care are established, how does the State set targets for clinical interventions that focus on high value care and ensure they are reasonable, attainable, and appropriate?
4. How can the State work collaboratively with its key stakeholders to implement these innovative contractual requirements and ensure they are still in compliance with CMS' evolving rules and regulations?
5. What is the most effective way to measure and monitor the rate of growth of my Medicaid program so that reasonable targets can be set?

At the conclusion of the workshop, attendees will understand the key strategies that two highly successful Medicaid programs have implemented to successfully addressing quality and cost simultaneously as well as how to customize and implement similar strategies in their states.

Workshop Leaders:

Lori Coyner

State Medicaid Director

Oregon Health Authority

Shane Mofford

Director, Rates & Payment Reform

Colorado Department of Health Care Policy and Finance

Steve Schramm, MScHE

Managing Director

Optumas

Zachary Aters, ASA MAAA

Senior Actuary

Optumas