



2019 Medicaid Managed Care Conference

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!

October 7 – 8, 2019 • Palmer House, A Hilton Hotel • Chicago, IL

Overview

In the United States today, over 50 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 Conference, 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
- Behavioral Health
- Medicaid
- Policy Analysis
- Compliance
- Quality Assurance
- Healthcare Financing
- CHIP
- Health Promotion & Wellness
- Community Health
- Medical Assistance
- Clinical Affairs

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

- 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 – Monday, October 7, 2019

7:15 *Conference Registration & Networking Breakfast*

8:00 *Chairperson's Opening Remarks*

8:15 Strategies on How Medicaid State Agencies Can Boost Their Provider Network Adequacy to Improve Quality Healthcare and Timely Access

Stephanie Muth

Deputy Executive Commissioner

Medicaid & CHIP

Texas Health & Human Services

9:00 An Overview of the CMS Final Rules for Medicaid Managed Care in the New Healthcare Landscape

Michael Hales, MPA

Senior Director, Govt. Healthcare Programs

University of Utah Health Plans

Former State Medicaid Director

Utah Department of Health

9:45 *Networking & Refreshments Break – Sponsored by Envolve*

10:15 Examining Innovative Programs & Trends in Medicaid Managed Care

Jeremy Corbett, MD

Chief Health Officer

Envolve

11:00 Innovations to Enhance Treatment and Monitoring of Foster Care Children: Just the Beginning

Bobbi Garber

Director, Managed Care

Missouri Department of Social Services

11:45 Enhancing Payment Design for Children to Integrate Social Determinants for a Healthier Medicaid Managed Care Population

Lawrence Moss, MD, FACS, FAAP

President & CEO

Nemours Children's Health System

12:30 Luncheon for All Attendees & Speakers

1:30 Incorporating Managed Long-Term Services and Supports (MLTSS) into a Managed Care Organization

Robert Kalin

Vice President, Long-Term Care Operations

Molina Healthcare of Texas

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

Sue Kvendru

Dual Demo Policy & Seniors MLTSS Programs Team Lead

Minnesota Department of Human Services

3:15 Networking & Refreshments Break

3:45 Implementing an Effective Behavioral Health and Opioid Management Program within Medicaid Managed Care

Joe Stankaitis, MD, MPH

Chief Medical Officer

Monroe Health Plan

4:30 Effective Strategies to Integrate Social Determinants in Medicaid Managed Care

Carla Zachodni, RN, MBA, CPHQ

Clinical Quality Program Manager, Medicaid

Anthem

Bradley York, RN, BSN

Clinical Programs Manager

Anthem

5:15 End of Day One

Day Two – Tuesday, October 8, 2019

7:15 *Networking Breakfast*

8:00 *Chairperson's Recap of Day One*

8:15 Examining the 2019 Medicaid Landscape: Federal Perspective

Patty Byrnes

Director, Government Relations – Federal

AmeriHealth Caritas

9:00 Managing Coverage for Newly Eligible Medicaid Members in the Illinois Expansion Areas using a Statewide Community Based Organization Network

Jessica Grabowski, AM, LCSW

Executive Director

Coordinated Care Alliance

9:45 *Networking & Refreshments Break*

10:15 More with the Same, Not More of the Same: Building a Stronger, More Sustainable State Medicaid Program without More Resources

Drew Snyder

State Medicaid Director

Executive Director, Division of Medicaid

State of Mississippi

11:00 Overcoming Barriers to Care Coordination and Performance – A Medicaid Managed Care Perspective

Robin Barclay

Director, Development

Trusted Health Plan

11:45 Enhancing Payment Design to Incentivize Performance in Medicaid Managed Care

Shelli Silver

Deputy Director, Health Plan Operations

Arizona Health Care Cost Containment System

12:30 *Conference Concludes*

Workshop Session

Monday, October 7, 2019 • 5:30 p.m. – 7:30 p.m.

Techniques to Improve Healthcare Quality and Reduce Spending for the Medicaid Member in the New Landscape of CMS Rules & Regulations: 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 states with decidedly different, but ultimately successful, approaches to Medicaid. Optumas consultants will provide detailed information on how those Medicaid programs constantly evolve and innovate to stay ahead of the cost curve while focusing on delivering high quality care. This workshop will address the practical strategies that have been used to address the following questions:

- How does a state define "quality" healthcare in their Medicaid program and what are the best metrics to move the quality needle?
- 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?
- 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?
- How can the State work with its key stakeholders to implement these innovative contractual requirements to ensure they are still in compliance with CMS' evolving rules & regulations?
- 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:

Shane Mofford

Senior Consultant

Optumas

Former 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