2018 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 4 – 5, 2018 • Swissotel Chicago • 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 2018 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
- Finance
- Medicaid
- Policy Analysis
- Compliance
- Quality Assurance
- Healthcare Financing
- CHIP
- Health Promotion & Wellness
- Community Health
- Medical Assistance
- Clinical Affairs
- Sales & Marketing

- Care Management
- Operations
- Regulatory Affairs
- Pharmacy
- 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, October 4, 2018

7:15 Conference Registration & Networking Breakfast

8:15 Chairperson's Opening Remarks

Patty Byrnes
Director, Government Relations – Federal
AmeriHealth Caritas

8:30 Strategies on How Medicaid State Agencies Can Boost Their Provider Network Adequacy to Improve Quality Healthcare and Timely Access

Preston Cody
Assistant Director, Medicaid Program Operations & Integrity
Washington State Health Care Authority

9:15 Does Medicaid Managed Care Improve Quality and Reduce Costs?

Robert London, MD
Senior Medical Director
WellCare Health Plans

10:00 Networking & Refreshments Break

10:30 Effective Strategies to Integrate Social Determinants in Medicaid Managed Care

John Lovelace
President, UPMC for You
President, Government Programs & Individual Advantage
UPMC Health Plan

11:15 Enhancing Care Coordination within Medicaid Managed Care by Partnering with Community-Based Organizations

Jessica Grabowski, AM, LCSW
Executive Director
Coordinated Care Alliance

12:00 Luncheon for All Attendees & Speakers

1:15 A Medicaid Health Plan's Perspective on Best Practices within Medicaid Managed Care – Effectively Changing Health Behaviors via Analytics/Metrics and Community Outreach

Thomas Duncan, MBA
Chief Executive Officer
Trusted Health Plan

2:00 **Panel Discussion:** **Strategies to Enhance Member Centric Managed Care through State Agency and Medicaid Health Plan Partnerships**

Tony Brite
Deputy Director of Finance, MO HealthNet Division
Missouri Department of Social Services

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

Preston Cody
Assistant Director, Medicaid Program Operations & Integrity
Washington State Health Care Authority

3:00 Networking & Refreshments Break

3:30 November Election: Impact to Medicaid at the Federal and State Level

Patty Byrnes
Director, Government Relations – Federal
AmeriHealth Caritas

4:15 Effectively Managing Medicaid Members with Complex Conditions

Melinda Thomason
Director, Health Care Systems Innovation
Oklahoma Health Care Authority

5:00 End of Day One

Day Two – Friday, October 5, 2018

7:15 Networking Breakfast

8:15 Chairperson's Recap of Day One

Patty Byrnes
Director, Government Relations – Federal
AmeriHealth Caritas

8:30 How to Effectively Measure Network Adequacy within Medicaid Managed Care to Ensure Effective Care and Reduced Costs

Zane Chrisman
Deputy Commissioner, Regulatory Health Link Division
Arkansas Insurance Department

9:15 Incorporating Person-Centered Care and Service Planning within Medicaid Managed Care through Managed Long-Term Services and Supports (MLTSS)

Merrill Friedman
Senior Director, Disability Policy Engagement
Federal Affairs
Anthem

Kelly Toman
Staff Vice President, Clinical Quality Management
Anthem

10:00 Networking & Refreshments Break

10:30 Effectively Implementing Evidence-Based Services into Medicaid Managed Care

Dena Stoner
Senior Policy Advisor
Texas Department of State Health Services

11:15 Incorporating Effective Behavioral Health Clinical Innovations within Medicaid Managed Care: Program Development, Implementation and Payment Structures

Christine Beck, LPC, LCAS
Vice President, Clinical Operations
Cardinal Innovations Healthcare

12:00 Conference Concludes

Workshop Session

Thursday, October 4, 2018 • 5:15 p.m. – 7:15 p.m.

Integrating Value-Based Payments and Alternative Payment Methodologies into Medicaid Managed Care

As more states look toward emphasizing efficiency in their Medicaid Managed Care programs, more and more emphasis is going to be put on paying for services using value-based payments and alternative payment methodologies. These alternative payment approaches are going to include value-based services and flexible services. This workshop will address the key issues behind the following questions:

1. How does the State quantify/measure the 'value' of value-based services?
2. How does the State incorporate this into an actuarially sound rate development methodology?
3. How can the State ensure that these kinds of reimbursement approaches are in compliance with the Medicaid Managed Care Final Rule?
4. How does the State ensure that they can implement this kind of reimbursement flexibility into their Medicaid Managed Care programs?

At the conclusion of the workshop, attendees will understand the key issues behind implementing alternative payment approaches so that they are consistent with all applicable CMS guidelines and the Medicaid Managed Care Final Rule.

ABOUT THE WORKSHOP LEADER:

Steve Schramm is the *Founder & Managing Director* of **Optumas**, a strategy and actuarial consulting firm with offices in Scottsdale and Park City. He has been consulting to publicly-sponsored health and welfare programs for the past thirty years. Steve established Optumas more than ten years ago to focus on healthcare reform; reforming not only how healthcare is provided from the patient perspective but also reforming how healthcare is paid for by payors.

Optumas specializes in the identification, quantification, and management of healthcare risk and then designing strategies to improve healthcare quality while reducing the rate of healthcare spending. Optumas has provided these strategy and actuarial services to clients across the country – Medicaid agencies, Health Insurance Marketplaces, State Employee Plans, Medicare providers, and Medicaid Managed Care Organizations, with clients in 25+ states. Steve is a frequent speaker at national conferences on healthcare purchasing strategies that improve health outcomes, quality incentives programs that align healthcare quality with payment reform, and innovative reimbursement methodologies designed to reduce the rate of healthcare spending while improving quality.