



MEDICARE CONFERENCE

Increase Business Practices to Improve Quality, Member Engagement, and Satisfaction Through Leveraging Healthcare Innovations in Technology and Sales

2019

Featured Speakers



Joyce Chan, Vice President, Medicare Product, **HEALTHFIRST CORPORATION**



Toni Perry, Director of Quality and Regulatory Affairs, **TENNESSEE ONCOLOGY**



George N. Miller, Jr., MHA, FACHE, President/Chief Executive Officer, **THE LORETTO HOSPITAL**; Former Commissioner, **MEDICARE PAYMENT ADVISORY COMMISSION**

Keynote



John Gorman, Founder and Chairman, **GORMAN HEALTH GROUP**

Key Event Takeaways

- ✓ Uncover the best model for long-term member retention using the least amount of resources
- ✓ Decrease risks and costs through health systems and insurance alignment
- ✓ Meet the beneficiaries in the community or home to encourage patient engagement that results in improved health outcomes and medication adherence
- ✓ Engage a new generation of Medicare Beneficiaries by implementing technology that opens channels of communication and increases data points
- ✓ Examine quality ratings, member engagement/retention, and health



Teresa Wagner, Director of Health Literacy, **UNT HEALTH SCIENCE CENTER (UNTHSC)**



Leonard Kirschner, Former President, **AARP ARIZONA, FORMER DIRECTOR, ARIZONA MEDICAID**



Dr. Sarah Kramer, Chief Medical Information Officer, **YUMA REGIONAL MEDICAL CENTER**



Susan Polan, Associate Executive Director, Public Affairs and Advocacy, **AMERICAN PUBLIC HEALTH ASSOCIATION**



Jim Towey, former Director, **WHITE HOUSE OFFICE OF FAITH BASED AND COMMUNITY INITIATIVES UNDER PRESIDENT GEORGE W. BUSH** and President, **AVE MARIA UNIVERSITY**



Deann Tate, Director, Coding Effectiveness, **BON SECOURS HEALTH SYSTEMS**



Eric Maaske, Senior Vice President Marketing and Client Relations, **FRESENIUS MEDICAL CARE**



Ari Tulla, Co-Founder, **BETTERDOCTOR** and Chief Executive Officer, **QUEST ANALYTICS**



John O'Shea, Surgeon and Senior Fellow, Center for Health Policy Studies, **THE HERITAGE FOUNDATION**

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MEDICARE CONFERENCE 2019

Dear Colleague,

With the early changes of the new Healthcare system under the new administration, there are a number of changes still to come. Especially when it comes to Medicare, there are new opportunities that surround duals and changing regulations that continue to raise the question: How do those operating in both in insurance and health systems navigate this kind of regulatory uncertainty? With additional policy changes approaching in the near future, there is more pressure now than ever before to gain insight into the competitive landscape that is Medicare.

For the fourth consecutive year, ExL's Medicare Conference will call together health systems and insurance providers to examine the healthcare-political landscape. Attendees will be provided with the proven skills and methods needed to retain members, reduce costs and risk through health system alignment, and understand MACRA implementation.

This conference will arm attendees with the methods and strategies needed to improve the quality ratings, member engagement, and health system alignment of Medicare Advantage and Dual Eligible programs.

Join 75+ organizations while learning how to:

- ✓ Examine the Proposed Rule to streamline necessary MACRA implementation, risk adjustments, and financial changes to remain compliant
- ✓ Uncover the best model for long-term member retention using the least amount of resources
- ✓ Decrease risks and costs through health systems and insurance alignment
- ✓ Meet the beneficiaries in the community or home to encourage patient engagement that results in improved health outcomes and medication adherence
- ✓ Engage a new generation of Medicare Beneficiaries by implementing technology that opens channels of communication and increases data points

I look forward to welcoming you to Austin this February!

Sincerely,

Aimee Gutzler

Aimee Gutzler
Conference Production Director
ExL Events, a division of Questex, LLC

WHO SHOULD ATTEND

This conference is designed for representatives from healthcare insurance and health systems involved in Medicare, with responsibilities in the following areas:

- ✓ Sales/Marketing
- ✓ Account Management
- ✓ Legal/Counsel/Regulatory
- ✓ Compliance
- ✓ Payment Models
- ✓ QRS
- ✓ Star Ratings
- ✓ MACRA
- ✓ Risk Adjustment
- ✓ Dual Eligible Plans
- ✓ Patient Access
- ✓ Quality Improvement
- ✓ Care Coordination
- ✓ Value-Based Care
- ✓ Population Health

This conference is also of interest to:

- ✓ Member Recruitment, Retention, and Engagement Consultants
- ✓ Data Management Service Providers
- ✓ Population Health Solutions Providers

VENUE

The Driskill Hotel

604 Brazos Street | Austin, Texas 78701

To make reservations, please call (512) 439-1234 or (800) 233-1234 and request the negotiated rate for **ExL's February Meetings**. You may also make reservations online using the following weblink: <https://bit.ly/2NwmD00>. The group rate is available until **February 4, 2019**. Please book your room early, as rooms available at this rate are limited.

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SPONSORSHIP AND EXHIBITION OPPORTUNITIES

Do you want to spread the word about your organization's solutions and services to potential clients who will be attending this event? Take advantage of the opportunity to exhibit, underwrite an educational session, host a networking event or distribute promotional items to attendees. ExL Events will work closely with you to customize a package that will suit all of your needs.

8:00 Registration and Continental Breakfast

9:00 **Chairperson's Opening Remarks**

George N. Miller, Jr., MHSA, FACHE, President/Chief Executive Officer, THE LORETTO HOSPITAL; Former Commissioner, MEDICARE PAYMENT ADVISORY COMMISSION

9:15 **Addressing Social Determinants of Health in Medicare Advantage**

- Discuss how CMS policy on supplemental benefits and new access to capital will enable Medicare Advantage plans to address social determinants of health in innovative and holistic ways
- Review new 2019 and 2020 benefits will accelerate and drive higher MA enrollment and investment in housing, food security, transportation, telehealth and more

John Gorman, Founder and Executive Chairman, GORMAN HEALTH GROUP

10:00 **Review 2019 Draft Call Letter**

- Walk through updates on CMS initiative to test innovations in MA and Part D plan design
- Identify enhancements for Star Ratings in 2019 and beyond
- Delve into changes in MA payment methodology and review updates to the national per capita MA growth percentage (NPCMAGP) for aged and disabled enrollees
- Understand changes in aged/disabled fee-for-service (FFS) United States per capita cost (USPCC)
- Review changes in the Part D payment methodology and understand updates in the standard and LIS Part D benefit parameters

10:45 Networking Break

11:15 **The Sweet Spot for Medicare Advantage Plans: Human Dignity, Patient-Centered Care, and Good Business**

- Learn the history of Advance Care Planning and its role in Medicare populations
- Discuss policy requirements and implications of Advance Care Planning and Medicare.
- Identify what motivates patients and families by focusing on what matters most and how to safeguard human dignity
- Learn how to utilize Advance Care Planning to support member satisfaction and care goals from actual examples
- Learn how to inspire your team to produce the desired outcomes

Jim Towey, former Director, WHITE HOUSE OFFICE OF FAITH BASED AND COMMUNITY INITIATIVES UNDER PRESIDENT GEORGE W. BUSH; President, AVE MARIA UNIVERSITY

Paul Malley, President, AGING WITH DIGNITY

12:00 Luncheon

12:45 **Value-Based Care: The Evolution That Will Transform Healthcare**

- The transition to value-based contracting is fraught with uncertainty
- Outline the sources/causes of this uncertainty (claims lag, program modifications)
- Provide strategies and approaches for how to successfully manage the transition, given these informational challenges

Eric Maaske, Senior Vice President Marketing and Client Relations, FRESENIUS MEDICAL CARE

1:45 **Overview of Medicare Advantage: How to Build an Integrated Delivery System Around Global Capitation As a Risk-Bearing Entity**

- Improve quality and STAR outcomes through enhanced clinical redesign and patient and physician engagement
- Building clinical programs for high-risk patients and what are the essential elements for these high-risk programs
- Advance the burden of illness programs around improved differential diagnosis and documentation of chronic conditions
- Outcomes of the redesigned medical management infrastructure programs integrated into a single fabric of care in improved quality, lower total cost of care and lower overall utilization of facility-based services
- How groups throughout the country collaborate and adapt this model to their communities and medical groups

Stuart Levine, Assistant Professor, Internal Medicine/ Psychiatry, UCLA DAVID GEFKEN SCHOOL OF MEDICINE AND STANFORD UNIVERSITY SCHOOL OF MEDICINE; Physician Chief Strategist, GOOGLE BRAIN

2:30 **Balancing Regulatory Affairs and Quality of Care**

- Examine the barriers to delivering leading-quality outcomes that are impactful to patient, consumers and payers
- Taking a leadership role in balancing cost and quality in delivering patient-centric, value-based health outcomes
- Developing a culture of improvement that includes providing open communication and demonstrating a commitment to transparency

Toni Perry, Director of Quality and Regulatory Affairs, TENNESSEE ONCOLOGY

3:15 Networking Break

3:45 **Network Adequacy and Accuracy: Using Data and Automated Technology Solutions to Create a Better Consumer Experience**

- What does a future look like with provider directory accuracy and how will we get there?
- Discuss what the future of healthcare will look like with accurate provider data
- Review provider data's technology challenges and regulatory hurdles that are blocking the way to a better consumer experience
- Gain insight and best practices around automated solutions to create better data, better networks, and better experiences
- Learn best practices on how to be prepared for state and federal audits of network adequacy and accuracy.

Ari Tulla, Co-Founder, BETTERDOCTOR; Chief Executive Officer, QUEST ANALYTICS

4:30 **Set Customer Expectations Before the Sale to Promote Engaged, Educated and Long-Lasting Members**

- Examine how setting customer expectations up front can aid in improved customer retention
- Reduce complaints and member confusion by taking the time to explain benefits at the time of contracting
- Improve CAHPS scores as a result of members taking advantage of benefits and understanding how to navigate the health plan

Paul Cain, Assistant Vice President, Product, CIGNA

5:15 **Day One Concludes**

KEYNOTE

CASE STUDY

8:00	Continental Breakfast	
8:45	Chairperson's Recap of Day One Joyce Chan, Vice President, Medicare Product, HEALTHFIRST CORPORATION	Chairperson's Recap of Day One George N. Miller, Jr., MHSA, FACHE, President/Chief Executive Officer, THE LORETTO HOSPITAL; Former Commissioner, MEDICARE PAYMENT ADVISORY COMMISSION
	Health System-Plan Alignment	Dual Eligible Defragmentation
9:00	MACRA: Catalyst for Change or Another SGR? <ul style="list-style-type: none"> Understand the original intent of MACRA and the relation to payment and delivery reform Discuss the barriers to successful MACRA implementation Consider policy changes that could help MACRA achieve its potential as a catalyst for the transition to a value-based healthcare system John O'Shea, Surgeon and Senior Fellow, Center for Health Policy Studies, THE HERITAGE FOUNDATION	Public Health and Medicare: An Ounce of Prevention Equals a Pound of Cure <ul style="list-style-type: none"> Apply public health strategies to focus on populations rather than individuals to create healthier Medicare communities Discover community-centric approaches designed to improve the well-being of the Medicare population to lower costs and improve individual health Implement long-term care improvements to ensure that the aging population is healthier when they enroll in Medicare Discuss changes in preventative medicine to create a healthy population Susan Polan, Associate Executive Director, Public Affairs and Advocacy, AMERICAN PUBLIC HEALTH ASSOCIATION
9:45	Physicians and Coders: How to Build a Winning Team <ul style="list-style-type: none"> Create successful partnerships with effective communication through clinical scenarios rather than "code-speak" Use templates and smart phrases for compliant, efficient documentation Tell the patient's story through appropriate diagnosis specificity Engage physicians in non-clinical aspects of patient care Deann Tate, Director, Coding Effectiveness, BON SECOURS HEALTH SYSTEMS	Innovations in Medicaid: State Waivers to Improve Value in the Dual Eligible Population <ul style="list-style-type: none"> Examine waivers approved by the administration addressing duals and complex populations Discuss innovative approaches to care delivery and coordination Forecast likely trends Discuss impacts on quality and costs Gregg Pane, Senior Director, Health Care Affairs, ASSOCIATION OF AMERICAN MEDICAL COLLEGES
10:30	Networking Break	
11:00	Improve Health Outcomes Through Community-Driven Collaborations <ul style="list-style-type: none"> Build community-based strategies to address social determinants of health Strengthen your social determinants programs by assessing initial results and learning from early successes and challenges Amplify the effectiveness of your member-facing staff by formalizing referrals to community resources and creating feedback loops Joyce Chan, Vice President, Medicare Product, HEALTHFIRST CORPORATION	Quantitative Storytelling: Apply Narrative Techniques to Impact Patient Outcomes, Improve Customer Satisfaction, and Effect Organizational Change <ul style="list-style-type: none"> Communicate priorities using narrative rather than data as a catalyst Listen for what matters most to patients, partners, and other stakeholders Craft messages to impact outcomes, efficiency, and satisfaction Develop a change narrative to positively affect your organizational culture Steve Parker, Executive Director, National Trainer, ASERACARE
11:45	Bridge the Gap Between Fee-for-Service and Managed Care <ul style="list-style-type: none"> Understand the history and current state of Fee-for-Service provider compensation in the context of Alternative Payment Models Promote strategies for aligning physician efforts and preventing physician burnout in an era of regulatory uncertainty Define practical tactics for improving patient outcomes using electronic records and analytics while complying with regulatory requirements of the Quality Payment Program (QPP) and promoting interoperability Dr. Sarah Kramer, Chief Medical Information Officer, YUMA REGIONAL MEDICAL CENTER	Healthy Body, Healthy Brain: The Impact of Health Literacy in Preventing Cognitive Decline <ul style="list-style-type: none"> Define the CDC and Alzheimer's Association's Healthy Brain Initiative Examine the rapid aging of the U.S. population as a need for increased health literate dementia prevention Describe studies showing gaps in health literacy and dementia care and prevention Examine potential healthy literacy tools and culture change to facilitate health literate dementia care and prevention Teresa Wagner, Director of Health Literacy, UNT HEALTH SCIENCE CENTER (UNTHSC)
12:30	Luncheon	

1:30

Geographic Excellence Around the Country on Implementation of Medicare Advantage in Payer Partnerships

- How to do purposeful cross collaboration between regions toward clinical excellence
- Decreased variability while not diminishing innovation
- How to use data and traditional best practice and measure results
- How different and the same are regional delivery systems
- Central vs. regional excellence and decrease cost

Moderated by: Stuart Levine, Assistant Professor, Internal Medicine/Psychiatry, UCLA DAVID GEFLEN SCHOOL OF MEDICINE AND STANFORD UNIVERSITY SCHOOL OF MEDICINE; Physician Chief Strategist, GOOGLE BRAIN

**Panel: Laurence Blosser, MD, Corporate Medical Director, CENTRAL OHIO PRIMARY CARE
Norm Chenven, M.D., Founder and CEO, AUSTIN REGIONAL CLINIC**

PANEL

“It surpassed my expectations educationally, and was pretty good for sales targets.”

—Paul Alexander, CEO, LEXIGRAM

“I met some wonderful contacts and received some additional ideas for our strategy.”

—Sherri Katz, Manager, CENTENE

2:30

The Future of Healthcare in America: Medicare 2028

- Recognize the changing demographics in America on healthcare and improve patient satisfaction
- Review what we can expect in the next decade since the only constant about Medicare has been change
- Investigate the changing role of healthcare providers in meeting patients satisfaction
- Discuss the implications of an explosion in the Medicare population in the next decade
- Hone in on other options for Part B payment since the medical community hated the SGR, and they are not enthralled with MACRA
- Explore next steps for Duals since there have been multiple attempts to coordinate services between Medicare and Medicaid and there is still much work to be accomplished

Leonard Kirschner, Former President, AARP ARIZONA; Former Director, ARIZONA MEDICAID

George N. Miller, Jr., MHSA, FACHE, President/Chief Executive Officer, THE LORETTO HOSPITAL; Former Commissioner, MEDICARE PAYMENT ADVISORY COMMISSION

3:30

Conference Closing Remarks

George N. Miller, Jr., MHSA, FACHE, President/Chief Executive Officer, THE LORETTO HOSPITAL; Former Commissioner, MEDICARE PAYMENT ADVISORY COMMISSION

3:45

Conference Concludes

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MEDICARE CONFERENCE

2019

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PMA Conference Management
POB 2303
Falls Church VA 22042

register@pmaconference.com

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Solution Providers.....	\$2,095
Government Entities/Hospitals/Nonprofits	\$895

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