

# MEDICARE CONFERENCE 2017

Develop coordinated value-based care to improve health outcomes and decrease expenditures in a changing Medicare environment

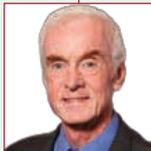
February 27 - 28, 2017 | Hilton Austin Airport at Austin-Bergstrom International Airport | Austin, TX

## FOUR TRACKS. UNEQUALED LEARNING.

### THE INAUGURATION OF MACRA



Melissa Smith, Vice President of Stars, **GORMAN HEALTH GROUP**



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



Eric Katz, J.D., Executive Director, American Center for Patient Decision Making; Clinical Education Staff, **JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE**

### THE EVOLVING RELATIONSHIP BETWEEN PAYERS AND PROVIDERS



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



Marie Wells, Licensed Medicare Products Consultant, **BLUE CROSS BLUE SHIELD OF ARIZONA ADVANTAGE**



Stephanie Young, Patient Access Trainer and Quality Specialist, **ALLEGHENY HEALTH NETWORK**

### BREAKTHROUGHS IN MANAGING DUAL ELIGIBLES



Dana Falk, Business Change Director, Medicare Product Development, **ANTHEM**



Bill Jensen, Vice President, **ICARE HEALTHCARE**



Joyce Chan, Vice President of Population Health Strategy, **HEALTHFIRST**

### THE SYNERGY OF STAR RATINGS AND RISK ADJUSTMENT



David Larsen, Director of Quality Improvement, **SELECTHEALTH**



David Ellenbogen, Vice President and Assistant General Counsel, **BAYLOR SCOTT & WHITE HEALTH**

## FEATURED SPEAKERS



Osato Chitou, Esq., MPH, Medicare Compliance Officer, **GATEWAY HEALTH**



Johnathan Randle, Vice President, Chief Compliance Officer and Privacy Officer, **NORTH TEXAS SPECIALTY PHYSICIANS**



Rosha Hamilton, Director of Care Coordination-Contracted Services, **ASCENSION-WHEATON FRANCISCAN HEALTHCARE**



Leonard Kirschner, M.D., MPH, former President, **AARP**; former Arizona Medicaid Director

## Key Topics at the Medicare Conference 2017:

- ✓ A review of **CMS' advancements to Medicare** in 2017 and beyond
- ✓ The **presidential election's impact** on the healthcare and health insurance industries
- ✓ **Tactics** to coordinate and integrate physician and insurance care
- ✓ Strategies for successful **MACRA implementation**
- ✓ Methods for **synergizing star ratings and risk adjustment** to increase revenue, retention and acquisition
- ✓ Healthcare enrollment and adherence for **Dual Eligible Special Needs Plans**



# MEDICARE CONFERENCE 2017

Develop coordinated value-based care to improve health outcomes and decrease expenditures in a changing Medicare environment

Dear Colleague,

CMS has published extensive long-term and short-term changes to Medicare plans for 2017 and beyond, including a new payment model, a stronger audit and enforcement strategy, and a greater emphasis on integrated care coordinated by health plans and healthcare providers. With the inauguration of a new president and the enactment of sweeping MACRA changes, 2017 will inevitably disrupt the healthcare landscape. The **Medicare Conference 2017** convenes healthcare systems and insurers to exchange best practices for stabilizing costs, integrating care and encouraging patients to proactively manage their own health, all while adjusting to CMS' new regulations, payment models and stricter audits.

The Medicare Conference 2017 gives you:

- The latest updates on how the healthcare industry will be changed by the most strongly fought presidential election in a generation
- Solutions for improving star ratings
- Best practice for creating a MACRA infrastructure
- Innovative strategies for the successful management of dual eligibles
- Skill sets for adapting to a changing Medicare landscape

To optimize your learning and networking time, this year you can choose sessions from our all-new tracks: The Inauguration of MACRA, Breakthroughs in Managing Dual Eligibles, The Evolving Relationship Between Payers and Providers, and The Synergy of Star Ratings and Risk Adjustment.

The mission of the Medicare Conference 2017 is to provide a meaningful exchange between healthcare systems and insurers to develop coordinated value-based care, lower costs and improve health outcomes.

I look forward to seeing you in February in Austin!

Sincerely,



Mercy A. Lister  
Conference Production Director

## WHO SHOULD ATTEND?

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

- Medicare
- Sales/Marketing
- Account Management
- Legal/Counsel/Regulatory
- Compliance
- Finance
- Business Development
- QRS
- Star Ratings
- MACRA
- Risk Adjustment
- Dual Eligible Plans
- Patient/Market Access
- Quality Improvement
- Patient Management
- Care Coordination
- Healthcare Policy
- Member Services
- Patient Education
- Patient Care
- Community Engagement
- Population Health Strategy
- Public Affairs/Patient Advocacy
- Social Care Management
- New Enrollee Recruitment
- Medication Management
- Auditing

## Sponsorship and Exhibit Opportunities

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



## VENUE

Hilton Austin Airport at Austin-Bergstrom International Airport  
9515 Hotel Drive | Austin, TX 78719

Enjoy your stay at this conveniently located hotel in Austin, TX, only 10 minutes from downtown Austin and the only hotel on Austin-Bergstrom International Airport's grounds. Featuring a farm-to-market restaurant in its open atrium and an Austin Capital Metro Bus Service stop at its front entry, this hotel is the perfect host for your next visit to Austin, TX.

If you require overnight accommodations, please contact the hotel to book your room. ExL has reserved a block of rooms at a group rate for conference participants. To make reservations, call 1-800-584-5091 and request the group rate for **ExL's Medicare Conference 2017**. The group rate is available until **February 6**. Please book your room early, as rooms available at this rate are limited.

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8:00 Registration and Continental Breakfast

8:45 Chairperson's Opening Remarks

**Excel in the 2017 Changing Medicare Landscape**

**9:00 Examine How the Presidential Election Will Affect the Insurance Industry and the Center for Medicare and Medicaid Innovation**

- Assess the ramifications of the Independent Payment Advisory Board if it is triggered in early 2017
- Discuss the 2017 political and legislative landscape and its effect on the healthcare arena to understand how to excel in a changing environment
- Recognize how the presidential election will affect the agendas and goals of the Center of Medicare and Medicaid Innovation

**9:45 Flourish in the Future: Lessons Learned from the 2017 Star Ratings**

- Walk through the important trends in the 2017 star ratings to understand their effect on health plans
- Review new measures and proposed program updates on the horizon
- Identify the potential impact of the MACRA Quality Payment Program on Medicare Advantage star ratings
- Analyze and apply lessons from star ratings successes and failures to the Quality Rating System in the health insurance exchange

**Melissa Smith, Vice President of Stars, GORMAN HEALTH GROUP**

“Hearing from and engaging with other health plans made this conference truly educational.”

—CENCAL HEALTH

10:30 Networking Break

**11:00 Cross-Functionally Mitigate Risk Through the Inclusion of Compliance in the Foundation of Your Health Plan**

- Align the Medicare compliance function within your organization to ensure that your compliance team is viewed as a strategic partner
- Demonstrate how compliance impacts the bottom line through the analysis of seemingly disparate sectors
- Mitigate risk by including compliance advisors in every facet of health plans

**Osato Chitou, Esq., MPH, Medicare Compliance Officer, GATEWAY HEALTH**

**11:30 Coordinate and Integrate Physician and Insurance Care to Nurture a Better Patient Experience, Increase Star Ratings and Decrease Expenditures**

- Engage in conversation to track high-cost patients and standardize cost measures to lessen financial waste and provide patient stability
- Increase quality ratings by supplying proper training to health providers and their employees to ensure that patients receive the correct information and feel adequately cared for
- Develop strategies for collaborative partnerships between health systems and insurance providers

**Rosha Hamilton, Director of Care Coordination - Contracted Services, ASCENSION-WHEATON FRANCISCAN HEALTHCARE**

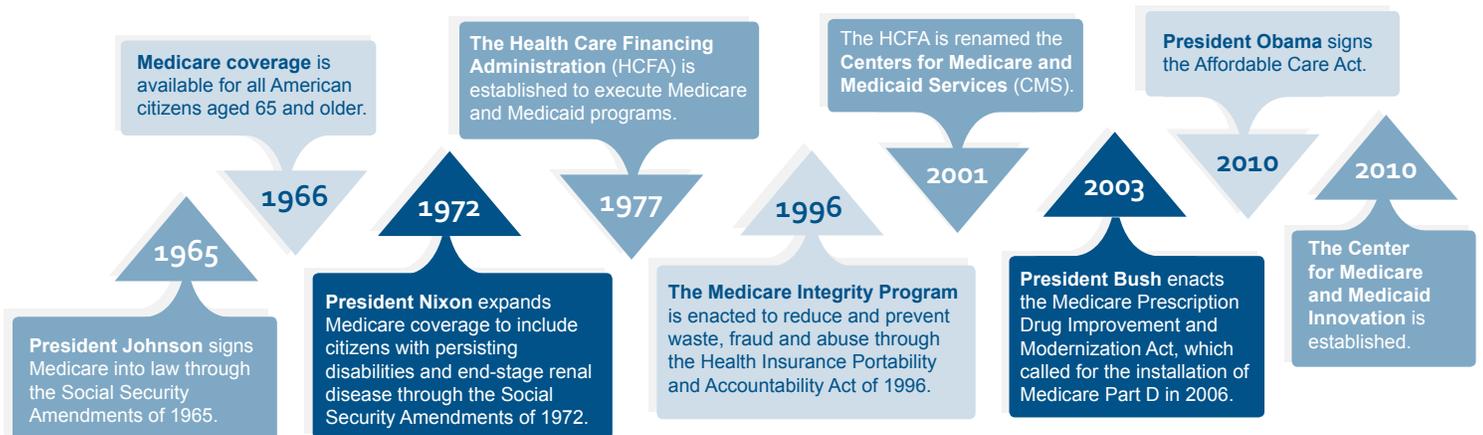
12:15 Lunch

**1:15 Develop Strategic Relationships in the Provider-Payer World to Benefit Both Sides of Healthcare**

- Create strategies for plans and providers to partner and increase quality scores
- Discover opportunities to develop partnerships and discuss the types and nature of varying strategic relationships
- Discuss the legal limitations, strategies and issues to which plans and providers must be sensitive when creating strategic partnerships

**David Ellenbogen, Vice President and Assistant Counsel, BAYLOR SCOTT & WHITE HEALTH**

**A History of Medicare**



	The Synergy of Star Ratings and Risk Adjustment	Breakthroughs in Managing Dual Eligibles
2:00	<p><b>Discuss Innovative Strategies and Tactics to Improve Difficult Measures of Star Ratings</b></p> <ul style="list-style-type: none"> <li>Learn from success stories to improve difficult Star CAHPS and HOS survey measures</li> <li>Strategize how to improve difficult HEDIS measures such as osteoporosis management by hearing proven SelectHealth achievements</li> <li>Raise star ratings and better patient care through successful tactics and strategies</li> </ul> <p><b>David Larsen, Director of Quality Improvement, SELECTHEALTH</b></p>	<p><b>Improve Health Outcomes Through Community-Driven Collaborations</b></p> <ul style="list-style-type: none"> <li>Discuss a model for collaboration that is sustained in and by the community</li> <li>Consider infrastructure and resource needs for building a sustainable program</li> <li>Identify strategies for engaging populations in under-served communities in order to achieve and maintain a shared culture of health promotion and well-being</li> </ul> <p><b>Joyce Chan, Vice President of Population Health Strategy, HEALTHFIRST</b></p>
2:45	<p><b>Effectively Develop Continuous Partnerships with the Patient, Provider and Payer to Improve Health Outcomes, Ratings and Communication</b></p> <ul style="list-style-type: none"> <li>Discover how changing perspectives in customer engagement have impacted health outcomes to guarantee better health trajectories</li> <li>Ensure effective resources are available to members to improve customer satisfaction and retention</li> <li>Review successful coaching strategies to transform difficult members</li> </ul>	<p><b>Discover Tactics to Increase Healthcare Enrollment and Healthcare Quality for Dual Eligible Special Needs Plans</b></p> <ul style="list-style-type: none"> <li>Establish a successful Dual Eligible Special Needs Plan (D-SNP) through the integration of Medicaid and Medicare member-centered programs</li> <li>Explore the modus operandi of recruiting potential dual eligible members and retaining 5-star quality</li> <li>Learn how iCare went from 2.5 to 4.5 stars with a challenging high-needs population</li> </ul> <p><b>Bill Jensen, Vice President, ICARE HEALTHCARE</b></p>
3:30	<i>Networking Break</i>	
4:00	<p><b>Adopt and Implement Value-Based Strategies to Compliantly Acquire and Retain New Members</b></p> <ul style="list-style-type: none"> <li>Acquire new members through the development of interactive, quality customer service while adhering to CMS compliance regulations</li> <li>Engage members with health and education to increase retention and referral opportunities</li> <li>Move the narrative away from benefits-focused sales presentations to service-based acquisition</li> </ul> <p><b>Larry Baca, Director of Sales, INTER VALLEY HEALTH PLAN</b></p>	<p><b>S.E.E.K. Success in Dual SNPs</b></p> <ul style="list-style-type: none"> <li>Create an internal culture that uses member, agent and provider feedback to drive a D-SNP sales and marketing strategy</li> <li>Utilize retention to create an effective sales strategy</li> <li>Design a successful, sustainable D-SNP strategy by placing agents relative to prospects' locations to help them do good while doing well</li> </ul> <p><b>Holly Martin, National Director of Marketing, UNITEDHEALTHCARE</b> <b>Mike Yasi, Regional Sales Director, UNITEDHEALTHCARE</b></p>
4:45	<p><b>Synergize Risk Adjustment and Star Ratings to Limit Waste of Resources and Increase Revenue, Retention and Acquisition</b></p> <ul style="list-style-type: none"> <li>Create a centralized medical library of stored and shared information to limit waste of resources, time and expenditures</li> <li>Drive retention, rewards and revenue through harmonized risk adjustment and star ratings programs</li> </ul>	<p><b>Panel: Navigate Successful Benefit Structures to Drive Members to Engage and Manage Their Health</b></p> <ul style="list-style-type: none"> <li>Discuss where members find value in benefits to incentivize and target members accordingly</li> <li>Consider supplemental benefits for standard beneficiaries and C-SNP/D-SNP beneficiaries to better care, lower costs and increase coordination</li> <li>Use tools such as marketing and outreach engagement to aid members outside the scope of their benefits and improve care</li> </ul> <p><b>Dana Falk, Business Change Director, Medicare Product Development, ANTHEM</b> <b>Joyce Chan, Vice President of Population Health Strategy, HEALTHFIRST</b> <b>Bill Jensen, Vice President, ICARE HEALTHCARE</b></p>
5:30	<i>Day One Concludes</i>	

“Thought-provoking presentations that provided great dialogue with the audience!”  
 —EMBLEM HEALTH

8:00	Continental Breakfast	
8:45	Chairperson's Recapitulation of Day One	
	<b>The Inauguration of MACRA</b>	<b>The Evolving Relationship Between Payers and Providers</b>
9:00	<p><b>Navigate MACRA Implementation Strategies to Adhere to CMS, Improve the Coordination of Care and Decrease Spending</b></p> <ul style="list-style-type: none"> <li>Establish an efficient plan for the transition from fee-for-service to pay-for-performance to limit unorganized health care</li> <li>Prepare and train health care providers to ensure value-based care is provided and those patients are properly informed</li> <li>Explore tactics to implement a strong MACRA infrastructure in order to build sustainable growth</li> </ul> <p><b>John O'Shea, M.D., Surgeon and Senior Fellow, Center for Health Policy Studies, THE HERITAGE FOUNDATION</b></p>	<p><b>Use Preventative, Community-Based Interventions to Assure a Healthier Medicare Population, Reduce Costs and Improve Health Outcomes</b></p> <ul style="list-style-type: none"> <li>Apply public health strategies to focus on populations rather than individuals to create healthier Medicare communities</li> <li>Discover community-centric approaches designed to improve the well-being of the Medicare population to lower costs and improve individual health</li> <li>Implement long-term care improvements to ensure that the aging population is healthier when they enroll in Medicare</li> </ul> <p><b>Susan Polan, Executive Director of Public Affairs and Advocacy, AMERICAN PUBLIC HEALTH ASSOCIATION</b></p>
9:45	<p><b>Discuss MIPS Adjustments to Understand How to Maximize Your Composite Performance Score and Minimize Negative Reductions</b></p> <ul style="list-style-type: none"> <li>Avoid automatic penalization by understanding the CPS reporting regulations</li> <li>Discuss the growth in negative Merit-Based Incentive Payment System (MIPS) adjustments from 2019 to 2022 to be prepared and informed</li> </ul>	<p><b>Design Telehealth Education Programs to Ensure Workforce Readiness</b></p> <ul style="list-style-type: none"> <li>Create successful telemedicine through the education and preparation of health system employees</li> <li>Discuss the impact of telemedicine on organizational operations</li> <li>Determine the predictors of success in telemedicine to gauge the progress of your health system</li> </ul> <p><b>Stephanie Young, Patient Access Trainer and Quality Specialist, ALLEGHENY HEALTH NETWORK</b></p>
10:30	<p><b>Barriers and Opportunities in Purchasing High-Cost, High-Profile Products</b></p> <ul style="list-style-type: none"> <li>Build successful reimbursement strategies for high-cost devices and drugs in a world of bundled care, shared risk and ACOs</li> <li>Prepare for new compliance challenges in reporting pharmaceutical costs</li> <li>Predict your next year's drug spending, in the face of growing mandates for more coverage and lower costs</li> <li>Understand the parties involved in today's price negotiations for high-cost products: PBMs, carriers, major providers</li> </ul> <p><b>Eric Katz, J.D., Executive Director, American Center for Patient Decision Making; Clinical Education Staff, JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE</b></p>	<p><b>Design the MACRA Measure Development Plan to Support Clinician Quality Measures</b></p> <ul style="list-style-type: none"> <li>Define the subspecialty areas recognized as deficient in measures to support quality care</li> <li>Address the role of mental health treatment in Measure Development Plans</li> <li>Discuss Patient Reported Outcome Measures as a way to measure clinical effectiveness and quality for payers and clinicians</li> </ul> <p><b>Jerry L. Halverson, M.D., Medical Director, ROGERS MEMORIAL HOSPITAL OCONOMOWOC; Adjunct Professor, UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH</b></p>
11:15	Networking Break	
11:45	<p><b>Transition from the Sustainable Growth Rate Formula to Ensure Better Care, Increase Ratings and Provide More Communication Channels</b></p> <ul style="list-style-type: none"> <li>Examine the differences between MIPS and Alternative Payment Models to choose the one that fits your network</li> <li>Choose the Quality Payment Program that is best for your insurance company to improve care, increase quality ratings, and coordinate communication between provider and payer</li> </ul>	<p><b>Eliminate Potential Health Risks and Lower Costs Through the Implementation of Wellness/Physical Clinics</b></p> <ul style="list-style-type: none"> <li>Introduce hospital clinics that complete physicals and are open to all Medicare beneficiaries to reduce time delays between visits and discover undetected health problems</li> <li>Use centralized information portals that allow physicians, Medicare Advantage Plan administrators and specialists to monitor the care and progress of the patient/member</li> <li>Implement mobile units that park in various locations in cities or rural communities to complete physicals, perform wellness exams for Medicare beneficiaries and ensure access to basic healthcare for all</li> </ul> <p><b>Marie Wells, Licensed Medicare Products Consultant, BLUE CROSS BLUE SHIELD OF ARIZONA ADVANTAGE</b></p>
12:15	Lunch	

“I gained practical ideas that I can apply to my plan.”  
—EMBLEM HEALTH

1:15 **Maximize Healthcare Results Through Community Engagement**

- Develop strategies for collaborative partnerships between the healthcare organization, provider and community
- Create a framework for prevention through societal, communal, relationship and individual tactics

**Marc Garnier, Manager of Community Education, AETNA BETTER HEALTH OF LOUISIANA**

2:00 **15 Medicare and Health Economics Policy Changes Up for Discussion in D.C.**

- Discuss the likelihood of Medicare transforming from the current guaranteed benefit system to a premium support model as proposed by Paul Ryan
- Examine prospective solutions to solve the dual eligible dilemma
- Navigate proposals to increase cost sharing for home health care, skilled nursing facility care and laboratory services

**Leonard Kirschner, M.D., MPH, former President, AARP; former Arizona Medicaid Director**

“Speakers were passionate and knowledgeable. They presented excellent and useful information.”

—VSP VISION CARE

2:45 **How to Prepare Successfully for a CMS Program Audit**

- Learn from a celebrated audit success story to gain insight on best practices
- Explore tactics to successfully prepare and pass a CMS performance audit
- Strategize the improvement of your health plan’s operations through audits

**Johnathan Randle, Vice President, Chief Compliance Officer and Privacy Officer, NORTH TEXAS SPECIALTY PHYSICIANS**

3:30 Networking Break

4:00 **Panel: Evolve the Marketplace with Health Plan-Provider Value-Based Arrangements**

- Discuss the implications of value-based arrangements for traditional employer groups, government programs and public exchanges
- Understand how to succeed in the evolving marketplace as value-based arrangements take hold

**Leonard Kirschner, M.D., MPH, former President, AARP; former Arizona Medicaid Director**

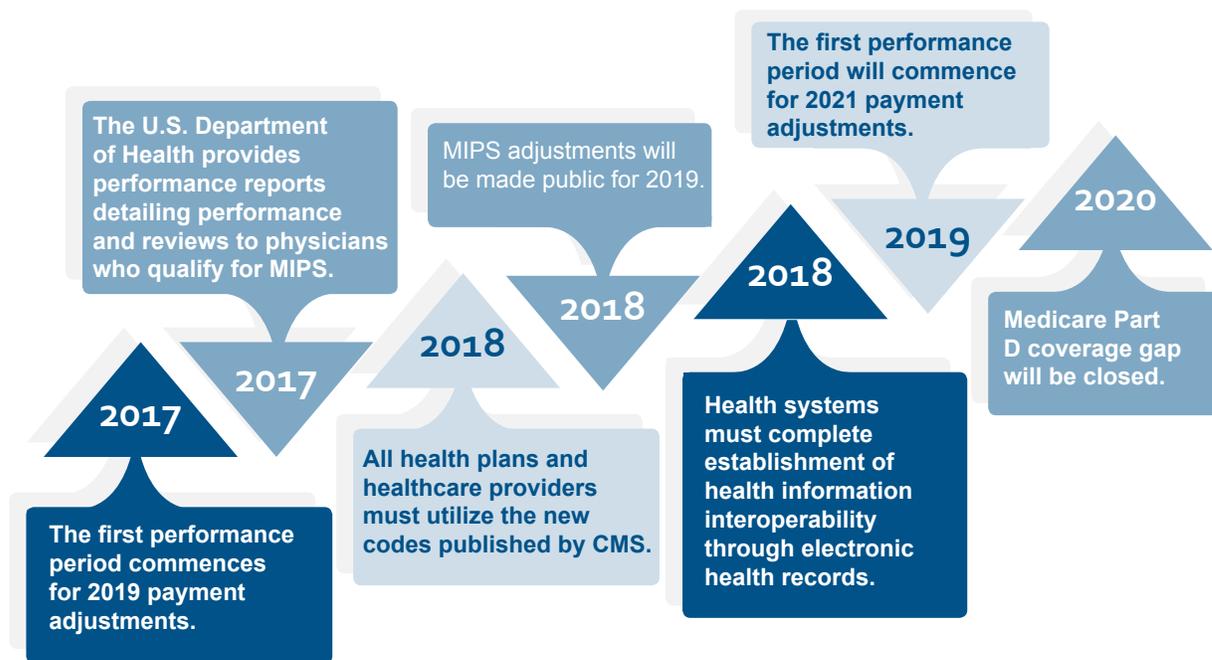
**Scott Sarran, M.D., Chief Medical Officer, HEALTH CARE SERVICE CORPORATION**

**Jerry L. Halverson, M.D., Medical Director, ROGERS MEMORIAL HOSPITAL OCONOMOWOC; Adjunct Professor, UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH**

5:00 Closing Remarks

5:15 Conference Concludes

**The Future of Medicare**



## MEDIA PARTNERS



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**web: <http://pmaconference.com/>**  
**Mail: POB 2303 Falls Church Va 22042**

## REGISTRATION FEES

### Pricing Information for Medicare Conference 2017

EARLY BIRD PRICING – Register By January 13, 2017	PRICE
Health Plans .....	\$1,395
Solution Providers.....	\$1,795
Government Entities/Hospitals/Nonprofits .....	\$795

STANDARD PRICING – Register After January 13, 2017	PRICE
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FEATURED SPEAKERS



Melissa Smith, Vice President of Stars, **GORMAN HEALTH GROUP**



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