



**4TH ANNUAL SNP
LEADERSHIP
★★ FORUM ★★**



OCTOBER 21-22, 2008

**WESTIN CITY CENTER
WASHINGTON, DC**

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Agenda

Tuesday, October 21, 2008

- 7:30am-8:30am** **Registration**
National Ballroom Foyer
- 7:30am-8:30am** **Continental Breakfast**
National Ballroom Foyer
- 8:45am-9:00am** **WELCOME: Introductions and Meeting Overview**
National Ballroom
Richard Bringewatt, President, National Health Policy Group, and Chair, The SNP Alliance
- 9:00am-10:00am** **SESSION: “SNPs: Small Market Niche or Central Mast for a New Generation of Complex Care”**
National Ballroom
FACILITATOR: *Richard Bringewatt, President, National Health Policy Group, and Chair, The SNP Alliance*
- 9–9:45am** **Keynote Presentation**
Joanne Lynn, MD, Bureau Chief for Chronic Disease and Cancer, Washington, DC Department of Health
- 9:45–10am** **Open Forum Discussion**
- 10:00am–12:00pm** **SESSION: “Defining the Gold Standard in Specialty Managed Care”**
National Ballroom
FACILITATOR: *Richard Bringewatt, President, National Health Policy Group, and Chair, The SNP Alliance*
- 10–10:20am** **SNP Alliance Recommendations**
Robert Master, MD, President & CEO Commonwealth Care Alliance
- 10:20–10:30am** **Q&A Session**
- 10:30–10:45am** **Break**
- 10:45–11:45am** **PANEL: Stakeholder Perspectives on Gold Standards**
- Are the proposed gold standards the right ones?
 - What are the major barriers and opportunities for advancing them?
 - What can each of the stakeholder groups do to help advance them?
- PANELISTS:**
- *Renée Markus Hodin, Esq., Project Director, Special Needs Plans, Consumer Education Project*
CONSUMER ADVOCATE PERSPECTIVE

11:45–12pm

12:00pm–1:00pm
Monticello Room

1:00pm–5:00pm
National Ballroom

1–1:45pm:

1:50–2:25pm:

2:30–3:05pm:

- *Teresa DeCaro, Acting Director, Medicare Drug & Health Plan Contract Administration Group, CMS*
FEDERAL REGULATORY PERSPECTIVE
- *Pamela Parker, Special Needs Purchasing Manager, Minnesota Department of Human Services*
STATE REGULATORY PERSPECTIVE
- *Kathleen Curran, JD, Senior Director of Public Policy, Catholic Health Association*
PROVIDER PERSPECTIVE
- *Brian Burwell, PhD, Vice President, Chronic Care and Disability, Thomson Reuters*
HEALTH SERVICES RESEARCH PERSPECTIVE

Open Forum Discussion

Lunch

SESSION: “Identifying Advanced Practices in Specialty Care”

FACILITATOR: *Valerie Wilbur, Vice-President, National Health Policy Group, and Co-Chair, The SNP Alliance*

Findings from SNP Alliance Member Profile
Joel Menges, Vice President, The Lewin Group

- Profile of High-Risk Beneficiaries
- Evidence of Specialization
- Demonstration of Added Value

Review of Advanced Practices: Consumer Empowerment

- Empowering Frail Elderly and their Caregivers
Lois Simon, Chief Operating Officer Commonwealth Care Alliance
- Empowering Adults with Disabilities
Christopher Duff, CEO, AXIS Healthcare

Review of Advanced Practices: Specialized Care System Expertise

- Integrating the Physical, Mental and Behavioral Aspects of Health
Robert Mirsky, MD, Vice President & Chief Medical Officer, Gateway Health Plan
- Managing Polypharmacy Risks and Medication Compliance
Julie Faulhaber, Director, Medicare and Dual Eligible Products & Compliance, Medica Health Plan

- 3:05–3:20pm:** **Break**
- 3:20–3:40pm:** **Review of Advanced Practices: High-Risk Screening, Assessment and Care Management Processes**
- A Day in the Life of a Special Needs Care Manager
Sandy McClellan, RN, Partnership Nurse Practice Leader, Care Wisconsin
- 3:45–4:20pm:** **Review of Advanced Practices: Aligning Care Providers**
- Advanced Medical Home for High-Risk Populations
Doug Allen, MD, Vice-President, Clinical Programs, CareMore
 - Advancing Inter-provider Communications through Care Manager- PCP Site Interface
John Lovelace, Vice-President of Medicaid, and President, UPMC Health Plan
- 4:25–5pm:** **Review of Advanced Practices: System Management Methods**
- Partnering with Network Providers in Changing Usual Care Practices
Judy Knudson, Product Manager, Medicaid Programs and Medicare Advantage Special Needs Program, HealthPartners
 - Reordering the Mix of Health Care Services to Improve Outcomes
Christopher Palmieri, Executive Director, VNS Choice
- 5:30pm – 7:00pm** **Reception**
Monticello Room

Wednesday, October 22, 2008

- 8:00am–8:45am** **Continental Breakfast**
National Ballroom Foyer
- 8:45am–10:00am** **SESSION: “Advancing Medicare/Medicaid Integration through SNP Partnerships with States”**
FACILITATOR: *Julie Faulhaber, Director of Medicare and Dual Eligible Products and Compliance Medica Health Plan*

- 8:45–9am:** **Status of SNP-State Contracting: Preliminary Findings from a National Study Study of SNP Applications**
Jessica Kasten, Senior Research Leader, Thomson Reuters
- 9–9:45am:** **Issues and Options for Advancing SNP-State Partnerships for Integration**
- *John Baackes, CEO, Senior Whole Health*
 - *Kathlyn Wee, Vice-President, State Public Affairs Evercare*
 - *Suzanne Gore, Integrated Care Program Manager, VA Department of Medical Assistance*
 - *Mary Kennedy, Director, Medicare Programs Association for Community Affiliated Plans*
 - *Ann Clemency Kohler, Executive Director National Association of State Medicaid Directors*
- 9:45–10am:** **Open Forum Discussion**
- 10:00am–11:15am** **SESSION: “Advancing and Retooling SNP Performance Measurement”**
National Ballroom
FACILITATOR: *Eileen Kunz, Director of Policy & Government Relations, On Lok*
- PANELISTS:
- *Brett Kay, Director of Special Needs Assessment NCQA*
 - *Michael Adelberg, Director, Division of Special Programs, CMS*
 - *Timothy Schwab, MD, Chief Medical and Information Officer, SCAN Health Plan*
 - *David Martin, MD, National Medical Director Ovations*
 - *Connie Snyder, Vice President of Operations, Compliance Officer, HMO California*
- 10–10:45am:** **2008 SNP Performance Measurement Process**
- 10:45–11:05am:** **Review of 2009 SNP Performance Measurement Process**
- 11:05–11:15am:** **Open Forum Discussion**
- 11:15am–11:30am** **Break**
- 11:30am–12:30pm** **SESSION: “Improving HCC Payment Methods for SNPs Serving High-Cost or High-Risk Beneficiaries”**
National Ballroom
FACILITATOR: *Robb Cohen, Chief Government Affairs Officer, XLHealth*

11:30am–12pm:

Findings from Medicare Payment Research

- Johns Hopkins Analysis of SNP Payment Adequacy for High-Risk Beneficiaries
Gerard Anderson, PhD, Professor of Health Policy and Management, Johns Hopkins University Bloomberg School of Public Health

12–12:15pm:

Respondent

- *Joel Hoffman, Managing Principal, Reden and Anders*

12:15– 12:30pm:

Open Forum Discussion12:30pm–1:30pm
*Monticello Room***Distinguished Service Awards Luncheon**

FACILITATOR: *Valerie Wilbur, Vice-President, National Health Policy Group, and Co-Chair, The SNP Alliance*

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Lunch

1pm–1:30pm

SNP Alliance Distinguished Service Awards Presentation1:30pm–2:30pm
*National Ballroom***SESSION: “2009 Medicare, Medicaid and Health Care Reform Agenda: Perspectives from the Hill and Opportunities for SNPs”**

FACILITATOR: *Brian Coyne, Senior Vice President, Federal Government Relations, AMERIGROUP*

PANELISTS:

- *Shawn Bishop, Professional Staff Member Senate Finance Committee*
- *Kristin Bass, Health Policy Advisor, Senate Finance Committee*
- *Chiquita Brooks LaSure, Professional Staff Member, House Ways & Means Committee*
- *Kate Spaziani, Legislative Director, Office of Rep. Ron Kind*
- *Karin Hope, Legislative Director and Tax Counsel, Office of Rep. Jim Ramstad*

2:30pm–3:45pm
*National Ballroom***SESSION: “Raising the Bar for SNPs: Key Implementation Issues for Medicare Improvements for Patients & Providers Act”**

FACILITATOR: *Mark Joffe, Esq., Law Offices of Mark Joffe, and Counsel, The SNP Alliance*

Implementation Opportunities and Challenges for SNPs

- *Jim Introne, President & CEO, Catholic Health Care Services*
INSTITUTIONAL SNP PERSPECTIVE

- *Ghita Worcester, Senior Vice President of Public Affairs, UCare Minnesota*
DUAL-SNP PERSPECTIVE
- *Gretchen McGinnis, Director of Strategic Planning and Business Development, Colorado Access*
CHRONIC SNP PERSPECTIVE
- *Joyce Binder, Product Development Manager iCare*
ISSUES AFFECTING ALL SNPs PERSPECTIVE

Respondent Panel: CMS Interpretation of MIPPA

- *Michael Adelberg, Acting Director, Division of Special Programs, CMS*
CMS MEDICARE PERSPECTIVE
- *Michael Fiore, Director, Division for Medicare Enrollment Coordination, Medicare Enrollment and Appeals Group of CMS/CPC*
CMS MEDICARE PERSPECTIVE
- *Terry Pratt, Deputy Director, Disabled and Elderly Health Program Group, CMS*
CMS MEDICAID PERSPECTIVE

3:45pm–4:00pm

Break4:00pm–4:30pm
*National Ballroom***SESSION: “SNP Alliance Agenda for 2009: Where Do We Go from Here?”**

FACILITATOR: *Richard Bringewatt, President, National Health Policy Group, and Chair, The SNP Alliance*

PANELISTS:

- *Renée Markus Hodin, Project Director, Special Needs Plan Consumer Education Project*
CONSUMER PERSPECTIVE
- *John Mach, Chairman, Evercare*
PLAN PERSPECTIVE
- *Michael Adelberg, Director, Division of Special Programs, CMS*
FEDERAL REGULATORY PERSPECTIVE
- *Pamela Coleman, Deputy Director, Managed Care Operations, Texas Health and Human Services Commission*
STATE PERSPECTIVE
- *Valerie Wilbur, Vice-President, NHPG, Co-Chair, The SNP Alliance*
LEGISLATIVE PERSPECTIVE

4:30pm

Adjourn

Speaker Bios

Michael Adelberg

Director, Division of Medicare Advantage Operations, CMS

Mr. Adelberg is the Director of Medicare Advantage Operations, presently acting as the Director of the Division of Special Programs in CMS's Center for Drug and Health Plan Choice. He is responsible for the Medicare Advantage application/contracting process and Medicare Advantage contractor monitoring. He is also charged with overseeing Special Needs Plans and PACE contracts. Earlier in his CMS career, Mike served as the Associate Regional Administrator for Medicare Operations in CMS's Chicago Regional Office and the Director of HCFA division charged with beneficiary outreach and the SHIP program. Mike has also worked in the private sector – including as a Vice President for Product Development at a Medicare Advantage plan and as a consultant to health plans in the Medicare market. Mike holds Master degrees in Public Policy and History.

Doug Allen, MD, MMM

Vice-President, Clinical Programs, CareMore Health Plan

Dr. Allen joined CareMore as Vice President, Clinical Programs in October 2007, where he is accountable for healthcare data analysis, EMR, HCC coding, UM and quality, Pharmacy, and systems support for the clinical programs. In addition to 14 years of management experience, he also has five plus years of clinical practice as a board certified internist. Before joining CareMore, Dr Allen's most recent affiliation was with Greater Newport Physicians IPA, where he served six years as Chief Medical Officer. In this role, Dr. Allen oversaw all clinical costs and quality associated with this IPA, which was affiliated with Hoag Hospital in Newport Beach, and served over 125,000 members. Dr. Allen was also the first national medical director of Prescription Solutions, a pharmacy benefit management company, and was for three years a regional medical director for PacifiCare of California. He has also served as a corporate medical director for HealthCare Partners Medical Group, Unified Physicians IPA, a hospital and skilled nursing facility. Dr. Allen earned his bachelor's degree in chemistry from Eastern Oregon University. He received his MD degree at Oregon Health Sciences University in Portland, and completed an internal medicine residency in Fresno, CA. In 1998, Dr. Allen completed a Masters in Medical Management at Tulane School of Public Health.

Gerard Anderson, PhD

Professor of Health Policy and Management, Johns Hopkins University Bloomberg School of Public Health

Dr. Anderson is a professor of Health Policy and Management and professor of International Health at the Johns Hopkins University Bloomberg School Public Health, professor of medicine at the Johns Hopkins University School of Medicine, Director of the Johns Hopkins Center for Hospital Finance and Management, and co-Director of the Johns Hopkins Program for Medical Technology and Practice Assessment. Dr. Anderson is currently conducting research on chronic conditions, comparative insurance systems in developing countries, medical education, health care payment reform and technology diffusion. He has directed reviews of health care systems for the World Bank and USAID in multiple countries. He has authored two books on health care payment policy, published over 200 peer reviewed articles, testified in Congress over 40 times as an individual witness, and serves on multiple editorial committees.

John Baackes

CEO, Senior Whole Health

Mr. Baackes is chief executive officer for Senior Whole Health, a Massachusetts-based health plan for low income people age 65 and older, that provides comprehensive, high touch, personalized case management and advocacy for its members. All facets of care physical, hospital, non health and long-term care are coordinated and integrated involving member, caregiver, provider and plan involvement, using a medical psychosocial care plan. Mr. Baackes serves on the Medicaid Managed Care Advisory Review Panel, is a frequent lecturer and a former faculty member of the National HMO Management Fellowship Program based in Washington, DC. He also has been active in numerous community organizations, including Unity House, The Center for Disability Services and Woodland Hills Montessori School. He was also board chairman at public broadcaster WMHT Educational Communications.

Kristin Bass

Health Policy Advisor, Senate Finance Committee

Kristin Bass currently serves as the Health Policy Advisor for the Senate Committee on Finance. Prior to that position, she was Vice President of Federal Affairs at WellPoint, Inc. (2000-2005); Executive Director for Legislative Affairs for the American Association of Health Plans (1996-2000); as well as served as the Senior Vice President of Policy at the Healthcare Leadership Council. Ms. Bass earned her Bachelor of Arts degree and an MBA from Yale.

Joyce Binder*Product Development Manager, iCare*

Joyce Binder, in Business Development activities at Independent Care Health Plan (iCare) in Milwaukee, Wisconsin assisted iCare with their initial application to become a Dual Eligible Special Needs Plan in 2007. Joyce has over 12 years experience in specialized managed care programs both with the Wisconsin Medicaid Program and at iCare, an innovative health care model that coordinates managed care with social services for individuals with special needs. iCare was founded by Milwaukee Center for Independence (MCFI) in 1994 under a Health Research Services Association (HRSA) grant to demonstrate managed care can work for people with disabilities and improve consumer outcomes. This is the foundation from which iCare has grown and matured to assist members navigate the often fragmented and confusing health service delivery system. Ms. Binder's background includes a Masters Degree in Social Work from the University of Wisconsin and experience in special education. Joyce and iCare remain committed to creating an innovative fully integrated model to improve and demonstrate consumer outcomes to all stakeholders in and proactive delivery system that actively supports persons with disabilities across the life span to live independently in the community

Shawn Bishop*Professional Staff Member, Senate Finance Committee*

Ms. Bishop is a Professional Staff Member to Senator Max Baucus, Chairman of Senate Finance Committee. Her responsibilities on the committee staff include Medicare Parts C and D, which encompass the Medicare Advantage and prescription drug programs. Prior to her current position, she was a Principal Analyst at the Congressional Budget Office (CBO), where she developed models to estimate the cost of legislative proposals related to Medicare health plans and competition. Shawn has worked in federal health payment policy at the Centers for Medicare and Medicaid Services, CBO, the Prospective Payment Assessment Commission (now MedPAC) and in the private sector at Price Waterhouse, LLC. She has a Master's degree in public policy from the University of California, Berkeley.

Richard Bringewatt*President, National Health Policy Group, and Chair, The SNP Alliance*

Mr. Bringewatt is co-founder and President of the National Health Policy Group (NHPG). The NHPG provides health policy and consultation services to government agencies, health plans and health systems, and national and international professional organizations. Mr. Bringewatt also is co-founder and chair of the SNP Alliance. The SNP Alliance provides national leadership and advocacy for Special Needs Plans, a Medicare Advantage option established in 2003 to specialize in care of dually eligible, institutional and other Medicare beneficiaries with severe or disabling chronic conditions. Prior to his current leadership positions, Mr. Bringewatt co-founded and served as President and CEO of the National Chronic Care Consortium (NCCC), a strategic alliance of leading acute and long-term care systems seeking to advance improvements in care for persons with severe or disabling chronic conditions as their conditions evolve over time and across care setting. Functioning as a policy entrepreneur and catalyst for change, Mr. Bringewatt works with other national health leaders and groups to improve health policy and practice for high-risk beneficiaries. He speaks and writes extensively on improving total quality and cost performance for persons with complex chronic conditions.

Chiquita Brooks LaSure*Professional Staff Member, House Ways & Means Committee*

Chiquita Brooks-LaSure is currently majority staff on the House Ways & Means Committee where she focuses primarily on Medicare Advantage, Part D, and health care reform. Prior to joining the Committee, Chiquita was a Director at Avalere Health, a strategic advisory group that advises clients on health policy. From 1999 to 2003, she worked at the White House Office of Management and Budget, where she advised OMB and White House policy officials on Medicaid and SCHIP waivers, the uninsured, and Medicaid reform. Chiquita received her AB from Princeton University and her MPP from Georgetown University.

Karen Bullock*CEO, Community Health Partnership*

Ms. Bullock is currently the CEO of Community Health Partnership, Inc. (CHP) based in Eau Claire, Wisconsin. Founded in 1997 by Karen, CHP is a non-profit, Medicare Special Needs Plan and Medicaid care management organization which provides integrated health and long-term support services for low-income frail elderly and physically disabled adults. A graduate of the University of Wisconsin — Eau Claire, Karen earned BA degrees in Sociology and Psychology and also holds a MS degree in Vocational Evaluation from the University of Wisconsin — Stout, in Menomonie, Wisconsin. She has nearly 40 years experience working with persons having chronic conditions and disabilities.

Brian Burwell, PhD*Vice President, Community Living Systems, Thomson Reuters*

Mr. Burwell is Vice President, Community Living Systems, at Thomson Reuters. Located in the Cambridge, Massachusetts office of Thomson Healthcare, Mr. Burwell has been with the company for over 24 years. Mr. Burwell's career has focused on the management and financing of long-term care and supportive services for frail elders and persons with disabilities. He is a recognized national expert on Medicaid financing of long-term care, and on federal and state spending trends for Medicaid-financed services. Mr. Burwell's recent work has focused on initiatives to expand private financing of long-term care services, and on state initiatives to integrate Medicare and Medicaid financing and delivery systems for dually eligible individuals. He is the Project Director of a contract with the Department of Health and Human Services to examine the role of Special Needs Plans in meeting the health and long-term care needs of dual eligibles. He is also the Project Director for the Long-Term Care Partnership Program contract with the Department of Health and Human Services to provide technical support to the Department and to states in the implementation of the Partnership Program, an initiative to promote the expansion of private financing.

Robb Cohen*Chief Government Affairs Officer, XLHealth*

Mr. Cohen is Chief Government Affairs Officer for XLHealth. He has worked with XLHealth since 1998, starting with working on the business plan as a consultant, and joining full time in 2003. Most recently, Robb has been responsible for the Company's Medicare Advantage Chronic Care Special Needs Plan strategy, development, and implementation activities, for beneficiaries with Diabetes, Heart Conditions, and ESRD, and for what are now the largest Chronic Care Special Needs Plans in the United States. Also, Robb has played a key role in the strategy and development of the Company's Medicare Health Support Program that was awarded to XLHealth in Tennessee. Robb has over 20 years of health care experience, working with both payer and provider organizations, and in healthcare consulting and investment banking. He graduated from The Wharton School, with an MBA in Finance and Healthcare Management.

Pamela Coleman*Deputy Director, Managed Care Operations, Texas Health and Human Services Commission*

Ms. Coleman has a long career in health and human services, with an emphasis on developing new service delivery models and evaluating alternative payment methodologies for the Medicaid acute and long-term care programs. She currently serves as the Deputy Director of Managed Care Operations for the Texas Health and Human Services Commission. In this position she oversees the contracting and performance of 18 Medicaid and CHIP health plans as well as the state's PCCM contractor. She is also responsible for direction and leadership of managed care initiatives for aged and disabled Medicaid clients. She led the development of the STAR+PLUS Program, an integrated acute and long-term care managed care program that currently serves over 150,000 disabled and elderly recipients. Prior to this, Pam was the Project Director on the development of a case mix payment system for the Texas nursing home program and also led the hospital and nursing facility utilization review function for the Texas Department of Human Services. Pam earned her BA and MBA from the University of Massachusetts in Amherst.

Brian Coyne

Senior Vice President, Federal Government Relations, AMERIGROUP

Mr. Coyne is Senior Vice President, Federal Government Relations for AMERIGROUP Corporation. AMERIGROUP is a multi-state managed health care company serving low-income families and children, people with disabilities and the elderly through publicly sponsored programs, including the Medicaid, S-CHIP and Medicare programs. AMERIGROUP operates in eleven states, and provides health coverage to approximately 1.7 million individuals in these markets. He has served in this position since March, 2001. Previous to this position, Mr. Coyne spent the past 10 years in various governmental positions. In 2006, Mr. Coyne was appointed by Virginia Governor Tim Kaine to serve on his Commission on Health Reform which issued its report in September, 2007. He served as Co-Chair of the Long Term Care Workgroup. Mr. Coyne has a Bachelor of Arts Degree with Honors in Government from Cornell University. He also holds a Master in Public Administration Degree from the John F. Kennedy School of Government at Harvard University.

Kathleen Curran, JD

Senior Director of Public Policy, Catholic Health Association

Ms. Curran is Senior Director of Public Policy at the Catholic Health Association of the United States. Ms. Curran coordinates the development of public policy positions for the Association and works with other CHA staff to interact with Congress and the Executive Branch to promote CHA's advocacy agenda. Previously, Ms. Curran was with the United States Conference of Catholic Bishops where she served as Interim Director of the Office of Domestic Social Development and as a policy advisor on health and welfare issues. Ms. Curran has also worked at the U.S. Department of Labor and on the U.S. Senate Committee on Health, Education, and Pensions. Prior to coming to Washington, DC, Ms. Curran practiced law in Boston, MA, following a year serving with the Jesuit Volunteer Corps. Ms. Curran received her law degree from the University of Virginia and her undergraduate degree from Yale University.

Teresa DeCaro, RN, MS

Acting Director, Medicare Drug & Health Plan Contract Administration Group, CMS

Since May 2006, Ms. DeCaro has served as the Deputy Director of the Medicare Advantage Group in the Center for Beneficiary Choices (CBC) within the Centers for Medicare and Medicaid Services (CMS).

The Medicare Advantage Group is responsible for the development and implementation of policies and procedures for the operations of the Medicare Advantage Program including qualification and operations requirements, which includes new product types such as Special Needs Plans and Medicare Savings Accounts; contracting; bid negotiations; plan performance; and related data analyses. Prior to that she was the Director of Drug Benefit Purchasing in the Center for Beneficiary Choices within the Centers for Medicare and Medicaid Services and was responsible for contracting and oversight of the Part D contractors. Prior to that, she was a senior policy advisor to the Director of the Center for Beneficiary Choices, and the cross-agency team leader on policy development and implementation of the Medicare prescription drug discount card program.

Christopher Duff

CEO, AXIS Healthcare

Mr. Duff is the President/CEO of AXIS Healthcare, a disability care coordination organization. Prior to starting AXIS in 2000, he worked in the rehabilitation field for 20+ years, developing a variety of community-based programs and services for persons with physical disabilities. He has been active in health care system reform at both the State and Federal levels, focusing on the financial alignment of resources to support the integration of persons with disabilities into their community of choice.

Julie Faulhaber

Director of Medicare and Dual Eligible Products and Compliance, Medica Health Plan

Ms. Faulhaber, Director of Medicare and Dual Eligible Products and Compliance, is responsible for directing Medica Health Plan's Medicare, Special Needs Plans and Dual Eligible products and also leads Medica's compliance efforts as Medica's Medicare Compliance Officer. She leads a team of nurses and social workers who coordinate home based services for seniors and people with disabilities. Medica is a 1.3 million member health plan doing business in Minnesota, Wisconsin and North and South Dakota. Previous to her work with Medica, Ms. Faulhaber directed Medical Assistance programs for regional health plans. Ms. Faulhaber received a Bachelor of Arts degree from Creighton University in Omaha, Nebraska and her Masters of Business Administration from the University of Wisconsin-Milwaukee.

Michael Fiore

Director, Division for Medicare Enrollment Coordination, Medicare Enrollment and Appeals Group, CMS/CPC

Mr. Fiore is the Director of the Division of Medicare Enrollment and Coordination in CMS' Medicare Enrollment and Appeals Group. He is responsible for coordinating the operations and policy related to eligibility and enrollment for Parts A, B, C, and D of the Medicare Program. In particular, the Division directs the enrollment of the low-income subsidy population into Medicare Part D plans. Previously, Mike was the Director of the Division responsible for Medicaid managed care policies and health care reform demonstrations. He has also worked in other parts of CMS including its policy staff, regulations office, and the research component. He has been a civil servant since 1975 and Federal manager for over 20 years. Mike has a BS in Behavioral Health and Social Work, and an MBA.

Suzanne Gore

Integrated Care Program Manager, VA Department of Medical Assistance

Ms. Gore is the Integrated Care Program Manager with the Virginia Department of Medical Assistance Services (DMAS). In this position she manages the development of the Virginia Acute and Long-Term Care (VALTC) integration program. Once developed, this program will provide managed care coverage for individuals who receive home and community-based long-term care services as well as for individuals who participate in both Medicare and Medicaid. Prior to this position, Suzanne was a Senior Policy Analyst, responsible for analysis, development, implementation, and evaluation of a wide range of health policy initiatives including Virginia's Long-term Care Partnership, its disease management program for Medicaid participants, maternal and child health programs, and community integration initiatives for seniors and individuals with disabilities. Suzanne received a B.S. from the McIntire School of Commerce at the University of Virginia, a J.D. from the George Mason University School of Law, and a M.S.W. in Social Work Policy, Planning, and Administration from Virginia Commonwealth University.

Renée Markus Hodin, Esq.

Project Director, Special Needs Plan Consumer Education Project

Ms. Markus Hodin directs the activities of the Special Needs Plan Consumer Education Project and the Hospital Accountability Project. From 2003 to 2007, Ms. Hodin was the Associate Director of the Prescription Access Litigation Project at Community Catalyst. In that role, she coordinated a broad coalition of nearly 130 organizations that work to make prescription drugs accessible and affordable. From 1998-2003, Ms. Hodin served as a staff attorney with the Community Health Assets Project, another project of Community Catalyst. In that role, she provided assistance and technical advice to consumer groups, regulators, legislators and others about health care conversions. She also provided training and assistance to consumer groups on the issue of community benefits. Before joining the staff of Community Catalyst, Ms. Hodin served as a Special Assistant Attorney General in the Civil Litigation Department of the Vermont Attorney General's Office. She graduated with honors from the University of Maryland School of Law and received her B.A. from the State University of New York at Binghamton.

Joel Hoffman FCA, ASA, MAAA

*Managing Principal, Reden & Anders
Senior Vice President, Ingenix Consulting*

Mr. Hoffman is a Managing Principal of Reden & Anders. He shares responsibility for the firm's national health care consultancy. Joel has over 20 years of actuarial experience in all aspects of health insurance and managed care, and has been involved in health care actuarial and consulting engagements across the country. His responsibilities have focused on both the financial and clinical aspects of health care, with direct experience in product development and plan design, pricing and capitation, provider reimbursement, clinical economics, care, case and disease management, outpatient prescription drugs and other health care carve-out programs, reinsurance and financial reporting. Given his experience in care, case and disease management, Joel has also developed a particular expertise with clinical performance initiatives, including those that touch coding and performance benchmarking for traditional MA and MA SNP Products, the latter in helping operationalize Dual Eligible, Institutionalized and Chronic Care SNPs. He is a frequent speaker at industry conferences addressing the levers of financial feasibility of SNPs, understanding the interplay between revenue and claims for these products given the unique health care needs of the SNP populations, as well as at time dual funding sources and other regulatory issues.

Karin Hope

Legislative Director and Tax Counsel, Office of Rep. Jim Ramstad

Ms. Hope currently serves as Legislative Director for Rep. Jim Ramstad and is his counsel on oversight, tax and health care matters before the House Ways and Means Committee. Prior to joining Rep. Ramstad's staff at the beginning of 1995, she served as a Legislative Assistant to Senator Dave Durenberger (R-MN), for whom she worked for six years. Ms. Hope graduated magna cum laude from Bethel College (St. Paul, MN) with a B.A. in political science. She received a J.D. from Georgetown University and is admitted to the State Bar of Minnesota and the United States Supreme Court. She is a frequent speaker at public policy conferences and has received staff appreciation awards for her legislative work from Employee-Owned S Corporations of America, the National Association of Police Organizations and the Reserve Officers Association.

Jim Introne

President & CEO, Catholic Health Care Services

James E. Introne currently serves as the President & CEO of the Catholic Health Care System, a charitable organization comprised of seven long-term care facilities that serve as a haven for the elderly, the chronically ill, and the developmentally disabled, as well as a cancer hospital that provides specialized care to those nearing the end of their lives. Prior to this role, from July 1986 to January 2007, Mr. Introne was president of Loretto, a non-profit human service organization providing a range of residential and community support services for elderly individuals in the Syracuse, New York area. Mr. Introne is a recognized leader in the field of housing and health care services to the elderly. He also had served as CEO for Loretto Management Corporation, and all of the Loretto corporations. Mr. Introne is the former Executive Director for United Cerebral Palsy Association, Inc.; and Executive Vice President for Continental Health Affiliates. From 1968 to 1982, Mr. Introne served the State of New York in a succession of financial and policy positions, including Deputy Director of the New York Division of Budget; Commissioner of the New York State Office of Mental Retardation and Developmental Disabilities; and Director of State Operations in the Governor's Office. Mr. Introne has chaired or served on the boards of numerous organizations including the New York Association of Homes and Services for the Aging, the National Chronic Care Consortium, and the Health Services Medical Corporation. the Central New York Health Systems Agency, the Governor's Task Force on Long Term Care. Mr. Introne received his Bachelor's degree from Saint Lawrence University and a MPA from Pennsylvania State University.

Mark Joffe, Esq.

Attorney, Law Offices of Mark Joffe, and Counsel, The SNP Alliance

Mr. Joffe is an attorney in private practice in Washington D.C. Mr. Joffe specializes in legal and business issues affecting managed care organizations with a particular focus on Medicare and Medicaid managed care. Mr. Joffe was previously the Associate Counsel, Group Health Association of America (currently AHIP), the managed care and health insurance trade association. Prior to that position, Mr. Joffe was a Senior Attorney with the Office of the General Counsel, Department of Health and Human Services. Mr. Joffe is currently AHIP's Outside Counsel for public programs. Mr. Joffe is also Special Counsel to the SNP Alliance. Mr. Joffe has a Masters of Arts degree in Health Services Administration from George Washington University.

Jessica Kasten

Senior Research Leader, Thomson Reuters

Ms. Kasten is a Senior Research Leader at Thomson Reuters. Ms. Kasten has extensive experience in health care financing, specializing in government programs and long-term care. For the past thirteen years, she has worked on Medicaid, Medicare, and long-term care issues in a variety of policy research and government settings, including: the State of Wisconsin; the Centers for Medicare & Medicaid Services; and several private sector organizations. Ms. Kasten has assumed a lead role in data-driven projects requiring expertise in analyzing Medicaid and Medicare expenditure and administrative data. At Thomson Reuters, she focuses mainly on Medicare/Medicaid integrated care programs for special needs populations and state long-term care systems. Ms. Kasten received a Master's degree in public policy from the University of Wisconsin-Madison and a Bachelor's degree from Barnard College.

Brett Kay

Director of Special Needs Assessment, NCQA

Mr. Kay is the Director, Special Needs Plan Assessment. In this role, he is responsible for overseeing the development of structure and process measures for the SNP evaluation program and managing the assessment of the SNPs using NCQA's web-based Interactive Survey System (ISS). Prior to that, Mr. Kay was a Program Manager, Product Development at NCQA responsible for new business development, with projects ranging from developing new physician recognition programs for specialty care to analyzing opportunities to develop performance measures and standards in areas such as health promotion, retail clinics and Special Needs Plans. He also managed NCQA's annual strategic planning process. Brett has a Masters Degree in Public Policy (MPP) from the Johns Hopkins University, and a B.A. in Comparative Literature from Brandeis University.

Mary Kennedy

Director, Medicare Programs, Association for Community Affiliated Plans

Ms. Kennedy works with the community based, not-for-profit health plans in ACAP who are operating or establishing Special Needs Plans. Before joining ACAP Mary Kennedy served as Senior Vice President for Evercare (part of the Ovations segment of the United Health Group). Prior to joining Evercare in November 2004, Ms. Kennedy held a variety of positions related to health care reform, Medicaid and state health care programs for close to 30 years within both the Minnesota Department of Human Services and the Minnesota Department of Health. From 1997 until late 2004, she served as Minnesota's Medicaid Director, responsible for federal Medicaid and S-CHIP relations and securing federal funding for the state's public health care programs. Part of her role as Medicaid Director included management of DHS health initiatives with tribes and urban American Indian communities.

Judy Knudson

Product Manager, State Public Programs, HealthPartners

Ms. Knudson has 30 years of experience working in the health care industry. She currently works for HealthPartners in Minneapolis Minnesota, and is the product manager for Medicaid Programs, and the Medicare Advantage Special Needs Program. While at HealthPartners, she has also held leadership positions in health plan operations and as the manager of internal compliance monitoring. Previous to HealthPartners, she worked for Aetna in health plan operations and was responsible for managing the claims, customer service and enrollment areas for senior programs. She has also served as a volunteer responsible for assisting refugee families resettle in her community.

Ann Clemency Kohler

Executive Director, National Association of State Medicaid Directors Director, American Public Human Services Association

Ms. Kohler is the Director of the Health Unit at the American Public Human Services Association (APHSA). In this role she oversees the Center for Workers with Disabilities and serves as Executive Director of the National Association of State Medicaid Directors (NASMD). Prior to this, Ann was Deputy Commissioner of the Department of Human Services from March 2007 until July 2008. In her capacity as Deputy Commissioner for the Department, Ann had oversight for the Division of Medical Assistance and Health Services, the Division of Disability Services, the Office of Budget Planning and the Office of

Finance. She also served as the Director of the New Jersey Division of Medical Assistance and Health Services (DMAHS) in the Department of Human Services. In her capacity as Deputy Commissioner, she also served as a member of the Executive Committee of the National Association of Medicaid Directors (NASMD), Chair of both the Long Term Care Technical Advisory Group (TAG) and the Quality TAG for the Association of Public Health Services Administration (APHS), as well as, a member of the Medicare Modernization Act State Workgroup. Ms. Kohler received her Bachelor of Arts degree, as well as, a Masters in City and Regional Policy from Rutgers, the State University.

Eileen Kunz

Director of Policy & Government Relations, On Lok

Ms. Kunz is the Director for Policy and Government Relations for On Lok. In this role, she works with the federal Center for Medicare and Medicaid Services and the California Department of Health Care Services to implement On Lok Senior Health Services programs. She monitors federal and legislative developments and provides analyses of their implications for On Lok and PACE. Ms. Kunz joined On Lok in 1986 as On Lok's Replication Project Coordinator and was involved with formulating the initial replication criteria and in overseeing the PACE replication project as it progressed. She was instrumental in the formation of the National PACE Association and served as its Deputy Director until 1998. Ms. Kunz serves on a number of state and local advisory committees including the California Olmstead Advisory Committee. Ms. Kunz holds a bachelor's and a master's degree in Health Policy and Administration from U.C. Berkeley.

John Lovelace

Vice-President, Medicaid, UPMC Health Plan

Mr. Lovelace holds several positions with the UPMC (University of Pittsburgh Medical Center) Health System in the Insurance Services Division. He is the President of UPMC for You, Inc, (Medicaid managed care program), and is also the Vice President of the UPMC Health Plan responsible for management of the Medicare Special Needs Plan (UPMC for Life Specialty Plan) and the Children's Health Insurance Program (UPMC for Kids). In addition, he has served for more than ten years as the Chief Program Officer for Community Care Behavioral Health Organization, which is a federally tax exempt non-profit specializing in behavioral health managed care (mental health and substance abuse) for individuals enrolled in the Pennsylvania Medical Assistance program, as well as commercial and Medicare health plan membership through the UPMC Health Plan.

He holds graduate degrees in Rehabilitation Counseling from the State University of New York at Buffalo and in Information Science from the University of Pittsburgh. He resides in the Highland Park area of Pittsburgh.

Joanne Lynn, MD, MA, MS

*Bureau Chief for Chronic Disease and Cancer, Washington, DC
Department of Health*

Dr. Lynn is Bureau Chief for Chronic Diseases and Cancer in the Community Health Administration of the Department of Health for Washington, DC. She has been a faculty member with the Institute for Healthcare Improvement, a researcher at RAND, and a Professor of Medicine and community health at Dartmouth Medical School and the George Washington University. Her work has focused upon shaping American health care so that every person can count on living comfortably and meaningfully through the period of serious illness and disability in the last years of life, at a sustainable cost to the community. She has published more than 250 articles, and her dozen books include *The Handbook for Mortals*, a guide for the public; *The Common Sense Guide to Improving Palliative Care*, an instruction manual for clinicians and managers seeking to improve quality; and *Sick to Death and Not Going to Take it Any More!*, an action guide for policymakers and advocates. She is a member of the Institute of Medicine and of the National Academy of Social Insurance, a Fellow of the American Geriatrics Society and The Hastings Center, and a Master of the American College of Physicians.

John Mach, Jr., MD

Chairman, Evercare

Dr. Mach, an internist and geriatrician, serves as Chairman of Evercare, a division of UnitedHealth Group after having served as CEO of Evercare for 6 years. Evercare, established in 1987, serves over 350,000 very frail, disabled and chronically ill people in community and long term care settings. Evercare operates in 38 states. Dr. Mach joined Evercare as Chief Medical Officer in 1996. Previously, he served ten years at the Minneapolis VA Geriatric Research Education and Clinical Center (GRECC) as Acting Director and Medical Director and several years as a community-based primary care internist.

David Martin, MD

National Medical Director, Ovations

Dr. Martin joined United Health Group in 2006 as a National Medical Director for Evercare and Vice President for Emerging Clinical Services. Before coming to United, he founded the Division of Geriatric Medicine at the University of Pittsburgh Medical Center in 1981, along with one of the first fellowship programs in Geriatric Medicine and one of the first national Alzheimer Disease Research Centers. In 1993, Dr. Martin also founded Net Health Systems, a software company providing a web-enabled expert system to the wound care industry in 34 states. He was recognized by the Allegheny County Medical Society and Pennsylvania chapter of the American Geriatrics Society with the creation of research awards in his honor, five of which are awarded annually to medical students in support of research into problems of aging.

Robert Master, MD

President & CEO, Commonwealth Care Alliance

Dr. Master is a practicing physician, board-certified in Internal Medicine with over thirty years of experience in the clinical management of patients with advanced chronic illness and disability. He was the first physician and Medical Director at the Uphams Corner Health Center, and founder of the Urban Medical Group in Boston until 1985 where new approaches to nursing home and home medical care using nurse practitioners were defined; approaches that transferred hospital level services to the home and to the community. In 2003, Bob was awarded a Soros/Open Society Institute, two year fellowship, and concurrently became the President and CEO of the Commonwealth Care Alliance, a statewide nonprofit consumer governed care system whose mission is to expand clinical programs such as those offered by CMA to a statewide scale, for large numbers of Medicaid and Medicare eligible individuals with chronic illness and disability.

Sandy McClellan, RN*Partnership Nurse Practice Leader, Care Wisconsin*

Ms. McClellan is a newly appointed RN Practice Lead with Care Wisconsin. For the past year, she has held a position as a team RN with Care Wisconsin's Partnership Program and brings "front line" experience with utilization of a team driven approach to care management. Sandy has spent the last 22 years involved in the health care field, focused on the LTC setting. As a former RN Case Manager at St. Therese Care Center of New Hope, MN, she was involved with many different aspects of care management including Wound Care consultation/education and collaboration of care with medical providers. In her role, she has collaborated extensively with outside care management organizations including EverCare, and end of life/hospice care.

Gretchen Flanders McGinnis, MSPH*Director of Strategic Planning & Network Development, Colorado Access*

Ms. McGinnis is the Director of Strategic Planning and Business Development for Colorado Access, a Colorado based non-profit managed Care Company that serves the Medicare and Medicaid populations. Colorado Access has 5 Medicare Advantage plans, one D-SNP, two C-SNPs and two MA-PD plans. In addition, Colorado Access provides Medicaid physical health services for elderly and disabled members in a four county area and holds the contract for behavioral health services for all Medicaid recipients in Denver county. Gretchen has also worked in state health policy development at the National Conference of State Legislatures as well as in clinical and bench research at the University of Colorado Health Sciences Center. Mrs. Flanders McGinnis received her undergraduate degree at Vassar College and her masters' at the University of Colorado Health Sciences Center.

Joel Menges*Vice President, The Lewin Group*

Mr. Menges is a Vice President at The Lewin Group who joined the firm in 1993. He has worked extensively designing, developing, strengthening and evaluating Medicare and Medicaid managed care initiatives. He has directed or co-directed engagements for dozens of health plans and for more than 30 state Medicaid agencies. He has conducted work in both the Medicare and Medicaid managed care arena throughout the past 20 years. Recent engagements include an assessment of Medicaid pharmacy policy options in the managed care arena, Medicaid capitation rate-setting support in Delaware and New

York, assisting various health plans in assessing Medicaid expansion opportunities and preparing bids, evaluating the impacts of New York's Medicaid HIV Special Needs Plan program, and assisting a Teacher's Association in participating in the Medicare Advantage program. Mr. Menges is a nationally recognized leader in identifying and promoting growth opportunities for the Medicaid managed care industry as a whole.

Robert Mirsky, MD, MMM, FAFP*Gateway HealthPlan*

Dr. Mirsky is Gateway Health Plan's Vice President and Chief Medical Officer. In this role, Dr. Mirsky works with physicians and staff members to improve the personal health of Gateway's members by ensuring the availability of quality medical care. He assists Gateway Health Plan in addressing the specific health needs of its members. Gateway Health Plan offers numerous programs that focus on managing Diabetes, treating obesity, smoking cessation among pregnant mothers, controlling asthma and a multitude of other initiatives. Gateway Health Plan is committed to improving the quality of life for its members, in addition to serving as a model for cutting-edge health care management. Prior to joining Gateway Health Plan in June 2007, Dr. Mirsky was Blue Cross and Blue Shield of Florida's (BCBSF) Senior Medical Director for Professional Programs. He holds a Doctor of Medicine from SUNY Downstate in Brooklyn, NY. Dr. Mirsky also holds a Master of Medical Management from Tulane University School of Public Health and Tropical Medicine.

Christopher Palmieri*Executive Director, VNS Choice*

Mr. Palmieri is the Executive Director for Medicare Advantage at VNS CHOICE and is responsible for the development of and operational oversight of VNS' dual eligible Medicare Advantage Special Needs Plans. VNS CHOICE, a health maintenance organization affiliated with the Visiting Nurse Service of New York (VNSNY), offers a Medicaid Managed Long-Term Care plan and several Medicare Advantage Special Needs Plans for dual eligibles. The Visiting Nurse Service is the largest voluntary home health care organization in the United States, providing acute, rehabilitative, end-of-life, mental health, long-term care services and managed care plans to residents of the New York City region. Mr. Palmieri graduated from Ithaca College with a Bachelors of Science in Healthcare Administration, with a concentration in managed care. He has a Masters in Healthcare Administration, with honors, from the Rochester Institute of Technology and a certificate in organizational leadership from Cornell University.

Pamela Parker, MPA

Special Needs Purchasing Manager, MN Department of Human Services

Ms. Parker is manager of Special Needs Purchasing, within the Health Care Administration Purchasing and Service Delivery Division in the Minnesota Department of Human Services. She directs the integrated Medicare and Medicaid Minnesota Senior Health Options and Minnesota Disability Health Options programs including responsibility for contracting with 17 Medicare Special Needs Plans for dually eligible enrollees. MSHO/MnDHO programs provide integrated primary, acute and long term care Medicaid and Medicare services to about 37,000 elderly and people with disabilities through specialized managed care delivery systems. She also manages Minnesota Senior Care and Minnesota Senior Care Plus, for seniors required to enroll in Medicaid managed care, as well as Special Needs BasicCare, a new voluntary Medicare and Medicaid integrated program for people with disabilities. She has 35 years of experience in health care financing, Medicare and Medicaid managed care including Medicare Advantage Special Needs Plans and Part D, and long term care policy as well as a long history of consumer advocacy at the state and national levels. Pamela has a Masters of Public Administration degree from Harvard's Kennedy School of Government and was a 1982 Bush Leadership Fellowship Recipient.

Terry Pratt

Deputy Director, Disabled and Elderly Health Program Group Centers for Medicare and Medicaid Services

Ms. Pratt is the Deputy Director for the Disabled and Elderly Health Programs Group in the Center for Medicaid and State Operations, within the Federal Centers for Medicare & Medicaid Services (CMS). Ms. Pratt began her federal career with the Social Security Administration in 1978, and since that time has been devoted to working with programs that serve our nation's most vulnerable populations. She started working at CMS, formerly the Health Care Financing Administration, in 1989 and has extensive experience with long term policy and program areas such as hospice, home and community based care, managed care, mental health, 1115 demonstrations, the Program of All-inclusive Care for the Elderly (PACE), self direction, integrated care initiatives, and Medicaid State plan Amendments.

Timothy Schwab, MD, FACP, MHA

Chief Medical & Information Officer, SCAN Health Plan

Dr. Schwab joined SCAN Health Plan in 1990 and now serves as Chief Medical/ Information Officer. Dr. Schwab oversees and manages all of the SCAN medical policies, pharmacy, medical informatics, non-HMO case management programs, and government relations. He is responsible for strategic initiatives designed to enhance the health care experience for members. He serves as Social HMO site director in the Social HMO demonstration project activities, and has participated in development and implementation activities of future-generation Social HMO sites. Prior to joining SCAN Health Plan, Dr. Schwab served as Medical Director of Physicians of Greater Long Beach, an independent physicians association. He also practiced internal medicine for 10 years as a Partner with Harriman Jones Medical Group based in Long Beach, California. Dr. Schwab received a Doctor of Medicine from the University of Colorado and a Master's Degree in Health Administration from the University of LaVerne. He received a Bachelor of Science degree from Colorado State University.

Lois Simon, MPH

Chief Operating Officer, Commonwealth Care Alliance

Ms. Simon, Chief Operating Officer (COO) for Commonwealth Care Alliance (CCA), is a principal founder of this organization, working with Dr. Robert J. Master, President and Chief Executive Officer to formulate the vision for the organization and initiate its start up as a specialized care delivery system designed to address the needs of all elders and persons with disabilities across the age spectrum. As the COO of CCA, Ms. Simon is responsible for overseeing the organization's planning and development functions as well as program operations. Currently, CCA operates several innovative enhanced primary care and care management programs. The Senior Care Options Program (SCO) is funded by the state's Division of Medical Assistance (DMA) in collaboration with the Centers for Medicare and Medicaid Services (CMS) and is a fully capitated medical, behavioral health and long term care services program utilizing a multi-disciplinary geriatric model of care for elder Medicaid beneficiaries and dual eligibles in Massachusetts. Ms. Simon has over 20 years of experience in clinical program development, government service and management.

Connie Snyder

Compliance Officer & Vice President of Medicare Programs, Brand New Day / HMO California

Ms. Snyder is the Compliance Officer and Vice President of Medicare Programs for Brand New Day / HMO California, a Universal Care company. Ms. Snyder is a co-founder of the health Industry Collaboration Effort (ICE) and is currently serving as co-chair of its leadership team. Concurrently, she is co-facilitator of the national ICE Risk Adjustment Data Acquisition and Reporting (RADAR) team which serves to collaboratively educate providers and health plans regarding best practices for risk adjustment. Ms. Snyder began her work in the health care field in 1995 with Health Net after serving six years as president and CEO of a California based not-for-profit sports training center for Olympic hopefuls, Gymnastics Olympica USA.

Kate Spaziani

Legislative Director, Office of Rep. Ron Kind

Since early 2007, Kate Spaziani has served as Legislative Director for the Office of Congressman Ron Kind (D-Wisconsin). Prior to that position from September 2005 to February 2007, she was an Associate providing regulatory and legislative counsel to health care clients at the law firm of Powell Goldstein, LLP and a Legislative Assistant for Congressman Marion Berry (D-Arkansas) in 2001 to 2002. Ms. Spaziani earned her Bachelor's degree in Public Policy at Duke University and her Juris Doctorate from the Georgetown University Law Center.

Lois Wattman

Senior Policy Counsel, BCBS of Minnesota

Ms. Wattman is Senior Policy Counsel in the Public Affairs Department of Blue Cross and Blue Shield of Minnesota. She previously had served as Vice President of Public Policy for Allina and Medica and had earlier in her career been at BCBSM as Legislative Counsel. In addition, Lois was Director of Special Projects for the Minnesota Medical Association and began her career as the committee assistant to the Minnesota Senate Finance Subcommittee on Health, Welfare and Corrections. Lois served as Vice-Chair of the Minnesota Health Care Commission and was a member of the committee that designed the Minnesota Prepaid Medical Assistance Program. She is a graduate of William Mitchell College of Law and Augsburg College.

Kathlyn Wee

Vice-President, State Public Affairs, Evercare

Kathlyn Wee is Vice President, State Government Affairs for Evercare, a UnitedHealth Group Company. Kathlyn supports Evercare's relationships with States for integrated Medicaid long-term care programs and Medicare Advantage Dual Special Needs Plans. Kathlyn joined Evercare in 2003, initially with Evercare of Minnesota, a care system participating in the Minnesota Senior Care Options Program. Prior to joining Evercare, Kathlyn worked at the Maryland Department of Health and Mental Hygiene, focusing on Medicaid long-term care issues. She also has prior experience as a consultant with The Lewin Group. Ms. Wee holds a bachelor's degree from Oberlin College and an MBA from the Wharton School, University of Pennsylvania.

Valerie Wilbur

Vice-President, National Health Policy Group, and Co-Chair, The SNP Alliance

Ms. Wilbur is co-founder and Vice President of the National Health Policy Group (NHPG), a Washington, DC-based consulting group with a special focus on improving policy and practice for health plans and providers that serve high-risk Medicare and Medicaid beneficiaries. NHPG provides strategic planning and government relations services to health plans and providers, trade associations, health care coalitions, state agencies and other stakeholders in the areas of specialty care for high-risk beneficiaries. Ms. Wilbur leads NHPG's government relations practice and co-chairs of the SNP Alliance, an initiative of the NHPG. As a seasoned, health policy consultant, and former Vice President for Policy of a Washington law firm, Ms. Wilbur has provided policy consultation and support to multiple national innovations, including to the National Chronic Care Consortium, dually eligible demonstrations, the Social HMO Consortium, national health care and insurance trade associations and health care plan and provider systems. Her experience as a former Congressional staff member, relationships with key Administrative and Congressional staff and knowledge of plan and provider operations have enabled her to help elevate the national importance of chronic care reform and achieve important changes in Medicare and Medicaid rules, regulations, and payment methods.

Website Resources

The following is an alphabetical listing of handouts, articles, PowerPoint presentations and other Leadership Forum session materials available online. To download materials, visit www.nhpg.org

Tuesday, October 21

“SNPs: Small Market Niche or Central Mast for a New Generation of Complex Care”

Website Resources:

- Lynn, J. Living Long in Fragile Health: The New Demographics Shape End of Life Care. Improving End of Life Care: Why Has it Been so Difficult? A Hastings Center Special Report. November/December 2005.
- SNP Conference Report Language from MMA
- *SNP Alliance Strategy for Change: Establishing a New Generation of Care for Medicare Beneficiaries with Complex Care Needs*

“Defining the Gold Standard in Specialty Managed Care”

Website Resources:

- SNP Gold Standards Issue Brief: Executive Summary
- SNP Gold Standards Issue Brief

“Identifying Advanced Practices in Specialty Care”

Website Resources:

- SNP Alliance Member Profile and Advanced Practice Survey
- SNP Alliance Gold Standards Issue Brief

Wednesday, October 22

“Advancing Medicare/Medicaid Integration through SNP Partnerships with States”

Website Resources:

- Kasten PowerPoint on HHS National Study of SNP Applications
- SNP Alliance Recommendations to NCQA on Medicare/Medicaid Integration Structure and Process Measures
- State Perspectives on Emerging Medicaid Long-Term Care Policies and Practices. National Association of State Medicaid Directors, 2007.
- National Governor’s Association Policy Position on Long-Term Care
- Purchasing Strategies to Improve Care Management for Complex Populations: A National Scan of State Purchasers. Center for Health Care Strategies, Inc. March 2008.

“Advancing & Retooling SNP Performance Measurement”

Website Resources:

- 2008 HEDIS Measures
- 2008 Structure & Process Measures
- 2009 HEDIS Measures
- 2009 Proposed Structure & Process Measures
- NCQA PowerPoint on SNP Evaluation

“Improving HCC Payment Methods for SNPs Serving High-Cost or High-Risk Beneficiaries”

Website Resources:

- Anderson PowerPoint on Research Design
- Joel Hoffman PowerPoint on SNP Alliance Analysis

“Raising the Bar for SNPs: Key Implementation Issues for Medicare Improvements for Patients and Providers Act”

Website Resources:

- Selected MIPPA Provisions
- MIPPA Rules
- MIPPA Additional Guidance
- SNP Alliance MIPPA Chart

Membership

- The SNP Alliance is the only national advocacy group exclusively for Special Needs Plans.
- SNP leaders represent all major SNP types, organizational structures and regions of the US, with involvement from key dual integration States.
- Our mission is to improve the long-term business viability of Special Needs Plans.
- Our goal is to improve total quality and cost performance in serving high-risk beneficiaries.
- Our work is to improve policy and practice for high-risk care through legislative and regulatory advocacy.
- Membership is by invitation only and requires an application and signed quality attestation for applicants accepted for membership.

Current Members

- AMERIGROUP - Virginia Beach, VA
- AXIS – St. Paul, MN
- Blue Cross Blue Shield of MN – St. Paul, MN
- CareMore – Downey, CA
- Care Wisconsin – Madison, WI
- Catholic Health Care System – New York, NY
- Colorado Access, Denver, CO
- Commonwealth Care Alliance - Boston, MA
- Community Care Organization – Milwaukee, WI
- Community Health Partnership – Eau Claire, WI
- Evercare – Minneapolis, MN
- Gateway Health Plan, Pittsburgh, PA
- HealthPartners, Minneapolis, MN
- HMO California – Signal Hill, CA
- iCare Health Plan – Milwaukee, WI
- Independence Care System – NY, NY
- Independent Health’s Medicare Family Choice Plan, Buffalo, NY
- INSPIRIS – Brentwood, TN
- Medica Health Plan, Minneapolis, MN
- Metropolitan Jewish Health System/Elderplan – Brooklyn, NY
- On Lok – San Francisco, CA
- Passport Health Plan – Louisville, KY
- SCAN Health Plan – Long Beach, CA
- Senior Whole Health – Cambridge, MA
- UCare Minnesota – St. Paul, MN
- UPMC (University of Pittsburgh Medical Center) Health Plan – Pittsburgh, PA
- Village Health – El Segundo, CA
- Virginia Premier Health Plan, Richmond, VA
- Visiting Nurse Service of New York –NY, NY
- XLHealth – Baltimore, MD

Affiliated State MMI Programs

- Massachusetts Senior Care Organization
- Minnesota Disability Health Options
- Minnesota Senior Health Options
- Texas Star+Plus Program
- Virginia Integrated Care Program
- Wisconsin Partnership Program

About Us

The NHPG founded and manages the SNP Alliance. SNP Alliance leadership includes:

- Rich Bringewatt – *SNP Alliance Chair and NHPG President*
- Valerie Wilbur – *SNP Alliance Co-chair and NHPG Vice President*

Please visit our website at www.nhpg.org or contact The SNP Alliance or the National Health Policy Group at:

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- Save the Date -

The SNP Alliance Spring Meeting
March 30-31, 2009
Omni Shoreham Hotel, Washington, DC
(For Members Only)

2009 SNP Leadership Forum
October 29-30, 2009
Omni Shoreham Hotel, Washington, DC
(By Invitation)

**National Health Policy Group
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