



10TH ANNUAL
LEADERSHIP
★★ FORUM ★★
ON INTEGRATION AND
SPECIALIZED MANAGED CARE



OCTOBER 23-24, 2014
THE CAPITAL HILTON HOTEL
WASHINGTON, DC

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Agenda

Thursday, October 23

- 7:30am**
Foyer 1 **Registration**
- 7:30am–8:30am**
Foyer 1 **Continental Breakfast**
- 8:30am–8:35am**
Presidential Ballroom **WELCOME: Introductions and Meeting Overview**
Rich Bringewatt, President, National Health Policy Group and Chair, SNP Alliance
- 8:35am–9:15am**
Presidential Ballroom **KEYNOTE SESSION: “A Healthcare Agenda for the 21st Century”**
FACILITATOR: *Rich Bringewatt, President, National Health Policy Group and Chair, SNP Alliance*
SPEAKER: *Sean Cavanaugh, Deputy Administrator and Director of the Center for Medicare at the Centers for Medicare & Medicaid Services*
- 9:15am–10:00am**
Presidential Ballroom **SESSION: “Congressional Update: Prospects for Permanent Statutory Authority and Improved Alignment of Payment and Performance Methods for SNPs**
FACILITATOR: *Shawn Bishop, Principal, SB Health Policy and SNP Alliance Consultant*
- 9:15–9:45am:** **Panel Discussion**
PANELISTS:
- *Katie Meyer Simeon, Health Policy Advisor, Senate Finance Committee, Republican Staff*
 - *Brian Sutter, Staff Director, House Ways & Means Health Subcommittee*
 - *Melanie Egorin, Professional Staff Member, House Ways and Means Committee, Democratic Staff*
 - *Josh Trent, Professional Staff Member, House Energy and Commerce Committee*

9:45–10:00am: *Open Forum Discussion*

10:00am–10:15am
Foyer 1

Break

10:15am–11:15am
Presidential Ballroom

SESSION: “Progress Report on Financial Alignment and Alternative Demonstrations
FACILITATOR: *Thomas Standring, JD, General Manager, Medicare Products and Medicare Lead for Medicare-Medicaid Plans, Molina Healthcare*

10:15–11:00am:

Panel Discussion

PANELISTS:

- *Tim Englehardt, Director of Demonstrations, Modeling and Analytics, Medicare-Medicaid Integration Office, CMS*
- *Edith G. Walsh, Senior Health Services Researcher, RTI International*

11:00am–11:15am:

Open Forum Discussion

11:15am–12:00pm
Presidential Ballroom

SESSION: “Point-Counter-Point Debate on Advancing Full Integration: Federal vs. State Issues and Options
FACILITATOR: *Rich Bringewatt, President, National Health Policy Group and Chair, SNP Alliance*

11:15–11:45am:

Panel Discussion

PANELISTS:

- *Matt Salo, Executive Director, National Association of Medicaid Directors*
- *Judith Feder, PhD, Professor of Public Policy, McCourt School of Public Policy, Georgetown University*

11:45am–12:00pm

Open Forum Discussion

12:00pm–1:30pm
South American AB

LUNCHEON SESSION: “Consumer Perspectives on Progress toward Integration
FACILITATOR: *Robert Master, MD, CEO, Commonwealth Care Alliance*
SPEAKER: *Rob Restuccia, Executive Director, Community Catalyst*

1:30pm–3:00pm
Presidential Ballroom

SESSION: “Financial Alignment Demonstrations and Alternative Integration Initiatives: Experience to Date”

FACILITATOR: *Pamela J. Parker, MPA, Manager of Special Needs Purchasing, Minnesota Department of Human Services*

1:30–2:45pm:

Panel Discussion

PANELISTS:

- *Corrine Altman Moore, Director of Policy, MassHealth*
- *Kari Price, Assistant Director, Division of Health Care Management, Arizona Health Care Cost Containment System*
- *Shanon D. Vollmer, Project Director, Fully Integrated Dual Advantage Demonstration Project, New York State Department of Health*
- *Elizabeth Wood, MPAP, Director of Dual Integration, Office of Managed Health Care, NJ Division of Medical Assistance and Health Services*
- *Tammy J. Whitlock, Division Director, Integrated Care & Behavioral Services, Virginia Department of Medical Assistance Services*

2:45–3:00pm:

Open Forum Discussion

3:00pm–3:15pm
Foyer 1

Break

3:15pm–4:00pm
Presidential Ballroom

SESSION: “The Impact of the 2014 Election on the Congressional Health Care Agenda and Implications for the SNP Alliance Policy Agenda

FACILITATOR: *Tracy Lawless, Legislative Director, Gateway Health Plan*

3:15–3:45pm:

Panel Discussion

PANELISTS:

- *Tracy Spicer, Principal, Avenue Solutions*
- *Stacey Hughes, Partner, The Nickles Group*

3:45–4:00pm:

Open Forum Discussion

4:00pm–5:00pm
Presidential Ballroom

SESSION: “Strategies for Effective Clinical Management of the Care of SNP and MMP Beneficiaries: SNP Medical Directors’ Perspectives”

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

4:00–4:45pm:

Panel Discussion

PANELISTS:

- *Tae Park, MD, Associate Senior Medical Officer, CareMore Health Plan (C-SNPs)*
- *Thomas von Sternberg, MD, Associate Medical Director of Geriatrics and Hospice Services, Government Programs and Care Management, HealthPartners (FIDESNPs)*
- *Ronald J. Shumacher, MD, FACP, CMD, Chief Medical Officer, Optum Complex Population Management (I-SNPs)*

4:45–5:00pm:

Open Forum Discussion

5:30pm–7:00pm
Senate Room

Reception

Friday, October 247:30am
*Foyer 1***Registration**7:30am–8:30am
*Foyer 1***Continental Breakfast**8:45am–10:15am
*Presidential Ballroom***SESSION: “Research Update on Social Determinants of Health: Implications for Plan Ratings, Quality Measures and Federal Policy Action**FACILITATOR: *Shawn Bishop, Principal, SB Health Policy and SNP Alliance Consultant*

8:45–9:55am:

PresentationSPEAKERS:

- *Helen Burstin, MD, MPH, Senior Vice President, Performance Measures, National Quality Forum*
- *Christie Tieglund, PhD, Director of Statistical Research, Inovalon*
- *Shawn Bishop, Principal, SB Health Policy and SNP Alliance Consultant*

9:55–10:15am:

Panel DiscussionPANELISTS:

- *Leota Lind, President & CEO, South Country Health Plan*
- *Thomas Lutzow, PhD, President & CEO, Independent Care Health Plan (iCare)*

10:15am–10:30am
*Foyer 1***Break**10:30am–12:00pm
*Presidential Ballroom***SESSION: “Improving Payment and Risk Adjustment Methods for Special Needs Beneficiaries: Perspectives from SNP Finance and Risk Adjustment Experts**FACILITATOR: *Eric Goetsch, FSA, MAAA, Principal and Consulting Actuary, Milliman*

10:30–11:45am:

Panel DiscussionPANELISTS:

- *Annmarie Covone, Senior Vice President/Chief Financial Officer, ArchCare*
- *Timothy Rude, Senior Director, Government Programs Finance, Medica*
- *Eugene C. Wallace, Chief Financial Officer, Commonwealth Care Alliance*

11:45am–12:00pm:

Open Forum Discussion12:00pm–1:30pm
*South American AB***Lunch**

1:30pm–3:00pm

SESSION: “Performance Measurement for High-Risk/High-Need BeneficiariesFACILITATOR: *Christine van Reenen, PhD, Policy Consultant, SNP Alliance*

1:30–2:45pm:

Panel DiscussionPANELISTS:

- *Eric Cahow, Vice President, Medicare Revenue Management, WellPoint*
- *Gale P. Arden, Vice President, Complex Care, Centene Corporation*
- *Kevin C. Park, MD, Vice President of Quality, Molina Healthcare, Inc.*

2:45–3:00pm:

Open Forum Discussion3:00pm–3:15pm
*Foyer 1***Break**

3:15pm–4:00pm <i>Presidential Ballroom</i>	SESSION: “CMS Open Forum on Key SNP Regulatory Issues FACILITATOR: <i>Mark Joffe, Esq., Law Offices of Mark Joffe</i>
3:15–3:45pm:	Panel Discussion <u>PANELISTS:</u> <ul style="list-style-type: none"> ■ <i>Jennifer Smith, Director of the Division of Analysis, Policy and Strategy, Medicare Parts C and D Oversight and Enforcement Group, Centers for Medicare and Medicaid Services</i> ■ <i>Arlena Williams Smith, Health Insurance Specialist, Division of Surveillance, Compliance, and Marketing, Medicare Drug and Health Plan Contract Administration Group, Centers for Medicare and Medicaid Services</i>
3:45–4:00pm:	Open Forum Discussion
4:00pm	Adjourn

Speaker Bios

Corrine Altman Moore

Director of Policy, MassHealth

Corrinne Altman Moore is the Director of Policy at MassHealth, the Medicaid program for the Commonwealth of Massachusetts. She is responsible for developing policy initiatives and addressing policy issues, as well as negotiating and collaborating with CMS. She was a lead developer for the Commonwealth’s Demonstration to Integrate Medicare and Medicaid for Dual Eligible Individuals, now called One Care, which launched in October 2013. Previously as the Director of Federal Finance for MassHealth, Corrinne influenced policy and new program development from a fiscal perspective, including Massachusetts’ Money Follows the Person Demonstration, the 1115 MassHealth Waiver, and Home and Community-Based Waiver programs. She also supported the work of the Long Term Care Financing Advisory Committee convened by the Executive Office of Health and Human Services in January 2009. From 2002 to 2007, she served as a Fiscal Policy Analyst in the Commonwealth’s Executive Office for Administration and Finance, working on Medicaid, Massachusetts health care reform, and disability policy and fiscal analysis. Corrinne has a BS in the Coordinated Program for Dietetics from Syracuse University (SU), and a MPA from the Maxwell School at SU.

Gale P. Arden

Vice President, Complex Care, Centene Corporation

Gale Arden has an extensive background in health care policy and operations. She has a unique background combining extensive federal health care regulatory and policy leadership with experience in the private payor environment. In her career with CMS, she held senior executive positions in both the Medicare and Medicaid programs. From 1993 through 1995, she established the Office of Managed Care for CMS which regulated and provided oversight for managed care in both the Medicare and Medicaid programs. Later in her career, from 2004-2009, she served as Director of Disabled and Elderly Health Programs. In that position she had senior executive responsibility for Medicaid programs serving the long-term care needs of the elderly and disabled. She had oversight of home and community-based programs as well as grant and demonstration programs assisting States in transforming their long-term care Medicaid programs. After leaving CMS, Ms. Arden gained experience in the private payor sector at Blue Cross Blue Shield Tennessee (BCBST). At BCBST, Ms. Arden was a senior advisor from 2009-2010 helping the company anticipate and prepare for changes due to federal health care reform legislation. From 2010 to 2011,

Ms. Arden was the Vice President and General Manager for the Medicare managed care operations for BCBST with responsibility for managed care and Part D prescription drug benefit lines of business. Ms. Arden has been with Centene since April 2013. Her primary responsibility is Medicare Advantage Special Needs Plans focusing on improving Stars performance. She also has advised Centene on strategy and operation of the Financial Alignment Demonstrations.

Shawn M. Bishop

Principal, SB Health Policy and SNP Alliance Consultant

Shawn Bishop is a Principal with SB Health Policy. Prior to founding this consulting group, she served from 2005-2010 as a senior democratic staff member on the US Senate Finance Committee, where she had primary responsibility for legislation and oversight of the Medicare Advantage and prescription drug benefit programs. She played a lead role in drafting provisions of the Affordable Care Act of 2010 and other laws affecting Medicare, including the Medicare Improvement for Patients and Providers Act of 2008, the Medicare, Medicaid, and SCHIP Extension Act of 2007, the Tax Relief and Health Care Act of 2006, and the Deficit Reduction Act of 2005. Prior to joining the Senate Finance Committee staff, she was Principal Analyst at the Congressional Budget Office (CBO) and a staff analyst at CMS, the Prospective Payment Assessment Commission (a predecessor to MedPAC) and, in the private sector, at Price Waterhouse and at a hospital trade group in California. After leaving the Senate, and before starting SB Health Policy, Ms. Bishop split her time as an independent consultant and as Senior Vice President of Research at the Marwood Group. Ms. Bishop has a master's degree in public policy from UC Berkeley and bachelor's degree from UC Irvine.

Rich Bringewatt

President, National Health Policy Group and Chair, SNP Alliance

Mr. Bringewatt is Co-Founder and President of the National Health Policy Group (NHPG). Mr. Bringewatt also is Co-Founder and Chair of the SNP Alliance, which 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 settings. 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.

Helen Burstin, MD, MPH

Senior Vice President, Performance Measures, National Quality Forum

NQF is a nonprofit membership organization created to develop and implement a national strategy for health care quality measurement and reporting. Dr. Burstin joined NQF in January 2007 and is responsible for the NQF consensus development process and projects related to performance measures and practices. Prior to joining NQF, Dr. Burstin was the Director of the Center for Primary Care, Prevention, and Clinical Partnerships at the Agency for Healthcare Research and Quality (AHRQ). In her role, she oversaw the development of the Health Information Technology (IT) portfolio which invested over \$166 million on research at the intersection of health IT and quality of care. Her center also supported the US Preventive Services Task Force and an extensive body of research on primary care and prevention. Prior to joining AHRQ, Dr. Burstin was an Assistant Professor at Harvard Medical School and the Director of Quality Measurement at Brigham and Women's Hospital. In her role, she developed a hospital-wide electronic Quality Measurement Reporting System. She also served as the Chair of the Medical Staff Executive Committee on Quality Assurance and Risk Management. Dr. Burstin is a graduate of the State University of New York at Upstate College of Medicine and the Harvard School of Public Health. She is the author of over 70 articles and book chapters on patient safety, quality, and disparities. She serves on a number of boards and professional committees.

Eric Cahow

Vice President, Medicare Revenue Management, WellPoint

Eric currently serves as Vice President for Medicare Revenue at WellPoint. In this role, he is accountable both for Medicare Stars improvement efforts as well as Medicare Risk Adjustment activities. Previously, he served at Aetna as Head of Medicare Stars, where he led enterprise efforts and improvement of quality across consumer experience, operational, medical and pharmacy domains. Under his leadership, Aetna improved from having 2% of members in 4-star plans to over 63%. In prior roles, Eric served at Ingenix (now Optum) as Senior Director and at WellCare Health Plans, he served as Vice President of Product Development. While at Ingenix, Eric led the national Stars practice, ultimately working with 40% of the top 25 MA plans. At WellCare he coordinated bids and developed products for Medicare HMO, POS, Special Needs Plans, private fee-for-service and PDP, as well as Medicaid and Managed Long Term Care. Eric earned his doctorate at the Heller School for Social Policy and Management at Brandeis University. He is a Returned Peace Corps Volunteer, having served two years in Paraguay.

Sean Cavanaugh

Deputy Director, Programs and Policy, Center for Medicare and Medicaid Innovation, CMS

Sean Cavanaugh is the Deputy Director of Programs and Policy, in the Center for Medicare and Medicaid Innovation at the Centers for Medicare and Medicaid Services (CMS). Previously, Mr. Cavanaugh was Director of Health Care Finance at the United Hospital Fund in New York City. He has also served in senior positions at Lutheran Healthcare (Brooklyn, NY), the New York City Mayor's Office of Health Insurance Access, and the Maryland Health Services Cost Review Commission. He started his career on Capitol Hill working for a member of the Ways and Means Health Subcommittee. He attended the University of Pennsylvania and the Johns Hopkins School of Hygiene and Public Health.

Annmarie Covone

Senior Vice President/Chief Financial Officer, ArchCare

Annmarie Covone is the Senior Vice President and CFO for Catholic Health Care System, Archcare (CHCS). Ms. Covone's experience also includes treasurer of health system, Board Member of certified home health agency, and Committee Member for hospital and pension plans. CHCS currently consists of five nursing homes (1,719 beds), social care programs, a long-term acute care hospital (200 beds), a specialty hospital (50 beds), Article 16 and 28 Clinics, a Medicare Advantage Plan (ISNP/IESNP), a Medicaid Managed Care Plan (MLTC), a PACE Program, a Foundation, a Certified Home Health Agency, an Assisted Living Program, and Hospice Home Care. Ms. Covone's experience includes: financial administration, information systems and purchasing for the system. The financial activities include all budgeting, reimbursement, financial planning, cash management, pension plan, self insurance trust, financial and statistical reporting and general accounting. Oversight of the centralization of the finance functions and the management of all accounting functions (patient accounting, payroll, accounts payable, accounts receivable and cost reporting and filings). Monitoring of all fiscal policies and procedures; prepare detailed analysis of monthly financial statements in accordance with GAAP and SAP; and oversight of all treasury functions.

Melanie Egorin, PhD

Professional Staff Member, Democratic Staff, Committee on Ways and Means, US House of Representatives

Melanie Egorin has over 15 years of health policy experience including more than 10 years in the federal government. She currently serves as Professional Staff for the Democratic Staff of the Committee on Ways and Means in the US House of Representatives. She is the lead staff person for Affordable Care Act policy and implementation as well as Medicare Advantage, dual-eligible beneficiaries, and Medicare program integrity. Prior to joining Ways and Means, Dr. Egorin was a Senior Analyst at the US Government Accountability Office (GAO). During her time at GAO, Dr. Egorin's research focused on a range of public payer health policy issues, including Medicare managed care programs for dual-eligible beneficiaries, Medicare payment policy for novel technologies, the Ryan White CARE Act, and veteran's health care services. She holds both bachelor's and master's degrees from Emory University and a PhD from the University of California San Francisco.

Tim Englehardt

Director, Demonstrations, Modeling and Analytics, Medicare Medicaid Coordination Office, CMS

CMS' Demonstrations, Modeling and Analytics' MMCO was created in the Affordable Care Act to improve systems for individuals dually eligible for Medicaid and Medicare. Prior to joining CMS, Mr. Englehardt was a consultant with The Lewin Group, where he supported a variety of health and long-term care initiatives for federal, state and local government agencies. Mr. Englehardt previously served as the Deputy Director for Long Term Care Financing at the Maryland Department of Health and Mental Hygiene (the state Medicaid agency). His experience includes policy development, reimbursement, long-term care reform and managed care implementation. Mr. Englehardt received a BA in Sociology from the University of Notre Dame and an MHS from the Johns Hopkins School of Public Health.

Judith Feder, PhD

Professor of Public Policy, Georgetown University, Fellow, Brookings Institute

Dr. Judy Feder is a professor of public policy and, from 1999 to 2008, served as dean of what is now the McCourt School of Public Policy at Georgetown University. A nationally-recognized leader in health policy, Dr. Feder has made her mark on the nation's health insurance system, through both scholarship and public service. A widely published scholar, her health policy research began at the Brookings Institute, continued at the Urban Institute, and, since 1984, flourished at Georgetown University. In the late 1980s, Dr. Feder moved from policy research to policy leadership, actively promoting effective health reform as staff director of the congressional Pepper Commission in 1989-90; principal deputy assistant secretary for planning and evaluation at the Department of Health and Human Services in former President Bill Clinton's first term; a senior fellow at the Center for American Progress (2008-2011) and, today, as an Institute Fellow at the Urban Institute. Dr. Feder is an elected member of the Institute of Medicine, the National Academy of Public Administration, and the National Academy of Social Insurance; a former chair and board member of AcademyHealth; a member of the Center for American Progress Action Fund Board, the Board of the National Academy of Social Insurance, and the Hamilton Project's Advisory Council; and a senior advisor to the Kaiser Commission on Medicaid and the Uninsured. In 2006 and 2008, Dr. Feder was the Democratic nominee for Congress in Virginia's 10th congressional district. She is a political scientist, with a BA from Brandeis University, and a master's and PhD from Harvard University.

Eric Goetsch, FSA, MAAA

Principal and Consulting Actuary, Milliman

Eric Goetsch is a Principal and Consulting Actuary with the Milwaukee office of Milliman. He joined the firm in 1994. Mr. Goetsch's area of expertise is health insurance and managed healthcare programs, including being a firm-wide leader in Medicare Advantage and Part D consulting. His client work has been in the areas of feasibility and strategic analyses, premium and capitation rate development, experience and risk score analysis, liability estimation, and other actuarial projections. He has advised managed care organizations, state government agencies, insurance companies, employers, and other organizations. Each year, Mr. Goetsch provides Medicare Advantage and Medicare Part D feasibility analysis and bid development/support for over 100 bids across eight states, including feasibility analysis and bid development for numerous SNPs for the dual eligible, chronic disease, and institutionalized populations. He is a frequent industry speaker on Medicare Advantage and Part D topics.

Stacey Hughes

Partner, The Nickles Group

Stacey Hughes is one of four founding partners of The Nickles Group and is widely recognized for combining her deep understanding of complex health care policy with counsel that is specific to client needs. Leading The Nickles Group health care team, Ms. Hughes ensures that clients have a proactive partner in Washington, one who anticipates opportunities and challenges on legislative and regulatory work including the complexities of DME, Medicare reimbursement, and pharma issues among others. Her work runs the gamut from Fortune 500 companies with broad advocacy goals to small coalitions united to change specific regulatory requirements. Prior to co-founding The Nickles Group, Ms. Hughes held multiple positions as leadership staff in the Senate, immersing herself in health care policy, managing major legislation on the Senate floor, coordinating with various members and offices on both sides of the aisle and running House-Senate conference committees. She served as Deputy Staff Director for the Senate Budget Committee, Senior Policy Advisor in the Assistant Republican Leader's Office, and lead staff on the Committee on Aging for Senator William Cohen. Ms. Hughes has a bachelor's degree from Florida State University.

Mark S. Joffe, Esq.*Counsel, Law Offices of Mark S. Joffe*

Mark Joffe is an attorney in private practice in Washington, DC. Mr. Joffe specializes in legal and business issues affecting providers and 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 America's Health Insurance Plans), the health plan 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 has a Master of Arts degree in Health Services Administration from George Washington University. Mr. Joffe's areas of expertise and activities include:

- Assisting organizations develop Medicare Advantage, Medicare prescription drug plan or Medicaid managed care programs and advising health plans on Medicare Advantage, Medicare cost, Medicare Part D and Medicaid managed care program requirements;
- Outside counsel to America's Health Insurance Plans on Medicare, Medicaid and other Federal Government Program issues; and
- Assisting Medicaid managed care organizations to comply with Federal and state waiver requirements under Section 1115 and Section 1915(b) of the Social Security Act and general Medicaid managed care requirements.

Tracy Lawless*Legislative Director, Gateway Health Plan*

Tracy Lawless serves as Legislative Director for Gateway Health, a leading Medicaid and Medicare Advantage managed care organization located in Pittsburgh, Pennsylvania. In her role at Gateway, Ms. Lawless is responsible for direct communication and lobbying activity aimed at Members of Congress, state legislatures and local governments to obtain support for Gateway's positions on bills and policies. At the state level she articulates Gateway's position on issues affecting its health care business segments such as the Healthy PA Medicaid reform initiative, Department of Public Welfare budget process, and state legislative constituency matters. She is responsible for the development, implementation and monitoring of state and federal legislation and regulations. Ms. Lawless also works as the Administrator of Gateway's Political Action Committee and manages Gateway's corporate grassroots initiatives. As an experienced government relations and public policy professional on both the state

and federal levels, Ms. Lawless has advised numerous government and non-profit leaders on how to successfully navigate our complex health care environment, bio-medical research, and economic development issues. She has a vast understanding of all aspects of public policy including health care reform, Medicaid, Medicare, disability, long-term care, community revitalization and workforce issues.

Leota Lind*Chief Executive Officer, South Country Health Alliance*

Leota Lind is CEO of South Country Health Alliance, Minnesota's first multi-county County-Based Purchasing (CBP) organization. Since its inception in 2001, Ms. Lind has been instrumental in the development and implementation of the county-owned health plan integrating medical services with county public health and social services programs. Committed to serving the disadvantaged, frail and vulnerable, South Country administers Minnesota Health Care Programs benefits to members in 12 rural Minnesota counties. In her career at South Country, Ms. Lind also served as Chief Operating Officer. As COO, she was key to South Country becoming the first Special Needs Plan for dual eligible individuals with disabilities in Minnesota and later becoming a fully integrated program by contracting with the State of Minnesota for the Special Needs Basic Care Program (SNBC). South Country has been actively involved with the Minnesota Department of Human Services to improve the integration of Medicaid and Medicare dual programs. Currently, South Country administers two Fully Integrated Dual Eligible (FIDE) SNPs, SeniorCare Complete (MN Seniors Health Options program) and AbilityCare (SNBC program). The plan thrives from her strong and compassionate commitment to the members we serve, built on her many years of experience in the field of mental health and chemical dependency. Ms. Lind is the current chair of the Minnesota Association of County Health Plans. She is a graduate of Winona State University and a 2012-2013 Policy Fellow, Humphrey School of Public Affairs, University of Minnesota.

Thomas Lutzow, PhD*President & CEO, Independent Care Health Plan (iCare)*

Dr. Lutzow is the President and CEO of the Independent Care Health Plan (iCare) in Milwaukee. He previously served as the Vice-President at the Milwaukee Center for Independence. Independent Care Health Plan (iCare) is a for-profit health plan in southeastern Wisconsin that serves older adults and people with disabilities. iCare was formed in 1994 through a partnership between Humana, a managed care organization operating nationwide, and the Centers for Independence, a locally-based social service organization serving people with special needs (from children to older adults) and their families. An in-depth understanding of community-based disability services combined with insurance management expertise allows iCare to provide its members with insurance coverage that is individualized and person-centered. Dr. Lutzow serves on the Milwaukee County Mental Health Board. Dr. Lutzow received his Doctor of Philosophy from Marquette University and a Master of Business Administration from the Keller Graduate School of Management.

Robert J. Master, MD*CEO, Commonwealth Care Alliance*

Dr. Master is Chief Executive Officer of Commonwealth Care Alliance, a nonprofit prepaid Medicare and Medicaid financed care system caring for thousands of Medicaid and Dual eligible elders and younger individuals with disabilities through multidisciplinary primary care teams in 26 primary care sites in Massachusetts' low-income communities. He is also a practicing physician, board certified in internal medicine, with over 30 years of experience in the clinical management of patients with advanced chronic illness and disability. In 2009, Dr. Master was recognized by the NCQA with a National Health Quality Award for his leadership in improving the quality of care for vulnerable populations. Prior to his role at Commonwealth Care Alliance, he served as the Medical Director of the Massachusetts Medicaid program in the Dukakis Administration, where he was responsible for all programs, policies, and external relations of the Medicaid Program, as well as directing a staff of 300 people. Until 1985, he was the first physician and Medical Director at the Upham's Corner Health Center, and founder of the Urban Medical Group in Boston, 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 the community.

Kevin C. Park, MD*Vice President of Quality, Molina Healthcare, Inc.*

Dr. Kevin Park is the Vice President of Quality at Molina Healthcare, Inc., a Medicaid and Medicare Special Needs Plan, dual-eligible Medicaid/Medicare, and Exchange health maintenance organization operating in 11 states and based in Long Beach, California. He has over 16 years of experience working in the healthcare industry and is a recognized expert on health plan quality. Prior to coming to Molina, he has worked for the largest HEDIS Compliance Audit firm in the nation and spent many years in the consulting and advisory practices of a Big Four accounting firm. He is board certified in internal medicine and trained at Harvard Medical School and Massachusetts General Hospital. He serves on the editorial board of the *Journal for Healthcare Quality*.

Tae Park, MD*Associate Senior Medical Officer, CareMore Health Plan*

Dr. Park is an Associate Senior Medical Officer for CareMore Health Plan. Started over 15 years ago, caring for seniors as a Medical Group, today CareMore Health Plan is an HMO/HMO SNP plan with a Medicare contract and dedicated to the senior market in five states with plans for future expansion. Dr. Park joined CareMore following his residency at Saint Vincent Medical Center in New York City, he has been with the company 10 years. In conjunction with his clinical responsibilities, Dr. Park has assumed administrative duties in the past several years.

Pamela J. Parker, MPA

Manager of Special Needs Purchasing, Minnesota Department of Human Services

Pamela Parker has over 34 years of experience in Medicaid and Medicare policy including health care financing and rate setting, integration of Medicare and Medicaid for people with dual eligibility, design and implementation of managed long-term services and supports programs (MLTSS) and Medicare Advantage Dual Eligible-Special Needs Plan (MA D-SNP) policy at the Minnesota Department of Human Services (DHS). Ms. Parker was responsible for development and implementation of the nation's first integrated Medicare and Medicaid demonstration for people with dual eligibility approved by CMS in 1995 (Minnesota Senior Health Options-MSHO) and helped facilitate that program's transition to the MA D-SNP platform in 2005. For over 20 years, she directed the design, development and operation of several managed long term supports and services programs for Medicaid seniors and people with disabilities where she was responsible for contracting and rates for eight Medicaid health plans and 11 MA D-SNPs serving about 100,000 Medicaid enrollees with total annual costs of over \$1 billion. More recently, she facilitated the return of MSHO to demo status under the first integrated Medicare Medicaid SNP demonstration approved through the CMS Medicare Medicaid Coordination Office's alignment initiative for people with dual eligibility. After retiring from her DHS management position, Ms. Parker continues to serve as a part time consultant to the state on the integrated alignment D-SNP demonstration. She has a Masters of Public Administration degree from Harvard's Kennedy School of Government and was a 1982 Bush Leadership Fellowship Recipient.

Kari Price

Assistant Director, Division of Health Care Management, Arizona Health Care Cost Containment System

Kari Price is currently an Assistant Director at the Arizona Health Care Cost Containment System (AHCCCS) responsible for oversight of the Division of Health Care Management. The Division of Health Care Management is primarily responsible for the procurement and oversight of the managed care organizations (that are also contractually required to be Dual-SNP plans) and sister state agencies serving over 1.3 million members. In this capacity as Assistant Director, Ms. Price's primary areas of oversight include plan operations, clinical quality management, medical management, Medicare and behavioral health. All units are working to ensure

quality of care, operational and clinical accountability, and access to care for members. Ms. Price has been with AHCCCS for over 19 years in various roles. Prior to AHCCCS, she worked in management for an AHCCCS contracted health plan as well as an Arizona hospital system and public accounting. Ms. Price earned her bachelor's degree in Accounting from the University of Arizona and was also a Certified Public Accountant.

Rob Restuccia

Executive Director, Community Catalyst

Robert Restuccia is the Executive Director of Community Catalyst, a national non-profit organization founded in 1998 to build state-level advocacy networks and consumer leadership to improve health and health care in America. Mr. Restuccia has built Community Catalyst into one of the most respected and effective consumer advocacy organizations in the country. Under his leadership, Community Catalyst has established an impressive track record of working with national, state and local partners to achieve health care reforms in more than 40 states and at the federal level. Community Catalyst has led successful national campaigns to expand children's health coverage, curb conflicts of interests created by pharmaceutical marketing, protect consumer interests in hospital and insurer conversions, strengthen hospital community benefits and protect Medicaid from federal and state budget cuts. Mr. Restuccia has a long history of fighting for the right to health care. He was a founder of Health Care For All in Massachusetts and became its Executive Director in 1989. During his tenure, he led numerous successful campaigns to expand Massachusetts residents' health coverage. He also worked closely with Dr. Robert Master on the creation of the Commonwealth Care Alliance, a consumer-governed, non-profit organization offering a full spectrum of medical and social services for people with complex health care needs. Mr. Restuccia has a bachelor's degree from Harvard University and a master's degree in Public Administration from The John F. Kennedy School of Government at Harvard University. He is an adjunct professor at the Boston University School of Public Health.

Timothy Rude*Senior Director, Government Programs Finance, Medica*

Timothy Rude brings 20-plus years of finance and leadership experience in government programs and managed healthcare. Joining Medica in 2010, he provides financial and operational services for the Medicare and Medicaid products in the Government Programs business segment, including the Minnesota Senior Health Options (MSHO) and Special Needs Basic Care (SNBC) populations. Previously, Mr. Rude provided financial and operational leadership to Blue Cross Blue Shield of Minnesota, Blue Cross Blue Shield Northern Plains Alliance, and to UnitedHealth Group, including service as CFO and Regional Vice President of Evercare Operations. His experience encompasses Medicare (Cost, MA and SNP plans), Medicaid, and fee-base related businesses, with an emphasis on programs serving the aging, vulnerable, and chronically-ill populations.

Matt Salo*Executive Director, National Association of Medicaid Directors*

Matt Salo was named the first executive director, and at the time, only staff member of the National Association of Medicaid Directors (NAMD) in February 2011. This was a bit of a homecoming, as his first real job out of college was working for the Medicaid Directors from 1994 to 1999. Mr. Salo formerly spent 12 years at the National Governors Association, where he worked on the governors' health care and human services reform agendas, and where he firmly believes he was responsible for securing the entire tobacco settlement for the states, getting more than \$100 billion in state fiscal relief, and in modernizing the Medicaid program. Mr. Salo taught high school for two years at T.C. Williams High in Alexandria, Virginia, which actually bears no resemblance to the school they profiled in the Disney movie, "Remember the Titans." He holds a BA in eastern religious studies from the University of Virginia, and is still trying to find ways to explain how that got him to where he is today.

Ronald J. Shumacher, MD, FACP, CMD*Chief Medical Officer, Optum Complex Population Management*

Dr. Ronald Shumacher currently serves as CMO for Optum Complex Population Management, one of the nation's largest care delivery and care coordination companies for chronically-ill, medically complex and post-acute care patients. Dr. Shumacher previously served as Executive Director and Senior Medical Director for Evercare of the Mid-Atlantic, and Medical Director and Vice President of Clinical Delivery for UnitedHealthcare Medicare & Retirement, responsible for the business operations and clinical programs for Medicare Advantage Special Needs Plans for dual eligible, chronically ill, and institutionalized Medicare beneficiaries. Prior to his position within United Health Group, Dr. Shumacher practiced internal medicine and geriatrics in Montgomery County, Maryland and served as the Medical Director of the Trinity Senior Living Community in Burtonsville, Maryland. He has extensive experience as a clinician and medical director in post-acute and long term care. Dr. Shumacher is board certified in internal medicine, is a fellow of the American College of Physicians, a member of the American College of Physician Executives and AMDA, The Society for Post-Acute and Long-Term Care Medicine. He is a Certified Medical Director in Long Term Care. He received his BA from Stanford University, his MD from The George Washington University School of Medicine and Health Sciences, and completed his training in Internal Medicine at the Georgetown University Hospital in Washington, DC.

Jennifer Smith

Director of the Division of Analysis, Policy and Strategy, Medicare Parts C and D Oversight and Enforcement Group, Centers for Medicare and Medicaid Services

Jennifer Smith is the Director of the Division of Analysis, Policy and Strategy in CMS' Medicare Oversight & Enforcement Group. Ms. Smith joined CMS in 1998 as a presidential management Intern and has spent much of her career focusing on Medicare contractor and plan oversight, operations and compliance. She has held a variety of positions within CMS' Program Integrity Group, Medicare Enrollment and Appeals Group, the Employer Policy & Operations Group, and her current Group's predecessor, the Program Compliance and Oversight Group. In her current position, Ms. Smith is responsible for developing the audit strategy for the Medicare Advantage, Prescription Drug and PACE programs, as well as developing audit, enforcement and compliance program effectiveness policy for the MA and Part D programs. Ms. Smith received her bachelor's degree in Criminal Justice and her master's degree in Public Administration, both from the University of Delaware.

Tracy Spicer

Principal, Avenue Solutions

Avenue Solutions' founding partner Tracy Spicer is a 20-year veteran of political campaigns at every level. Ms. Spicer began her involvement in politics in 1992 in former US Senator Edward M. Kennedy's Senate office before transitioning to his campaign staff in 1994 to assist in his successful re-election campaign and quickly rose to Political Director and Deputy Chief of Staff. Since that time, she has worked with and coordinated numerous campaigns, ranging from municipal and state candidates to the US Congress as well as the White House. During her decade of experience on Capitol Hill, she coordinated successful political and legislative strategies for Senator Kennedy and managed his legislative priorities in the areas of healthcare, education, labor and economic development. Ms. Spicer is widely recognized for her political acumen and expertise in designing legislative and regulatory strategies and her established network of long-standing professional contacts among elected officials, appointed policymakers and their staffs. She draws on her vast political and legislative experience to help clients navigate the labyrinth of Capitol Hill and government bureaucracy and to position them strategically to head off obstacles, find common ground and achieve success. Ms. Spicer has played a leading role in the consideration, negotiation and implementation of the Affordable Care Act; Medicare and Medicaid legislation; healthcare information technology initiatives; mental health parity legislation; genetic non-discrimination legislation; small business incentive proposals; and prescription drug coverage legislation.

Tom Standing, JD

General Manager, Medicare Products and Medicare Lead for Medicare-Medicaid Plans, Molina Healthcare

Tom Standing is general manager of Molina Healthcare's Medicare products and Medicare lead for the company's emerging Medicare-Medicaid Plans in several states. Mr. Standing's responsibilities include Parts C and D, compliance, sales, quality and, risk adjustment. Mr. Standing joined Molina's legal department in June 2005 from a national healthcare law firm. Prior to his current role, Mr. Standing was responsible for general legal matters for Medicaid plans in Florida, Ohio and Texas, business development and PBM contracting. Mr. Standing has a BS with high honors in business administration from UC Berkeley, and a JD from UCLA School of Law. Prior to attending law school, he started his professional career at Ernst & Young LLP.

Brian Sutter

Staff Director, House Ways and Means Subcommittee on Health – Majority

Brian Sutter is the Staff Director for the US House Ways and Means Subcommittee on Health under Ways and Means Committee Chairman Dave Camp. In this role, he is responsible for managing all health legislation that comes before the Committee, working with the Chairman to develop hearing schedules, serving as the Chairman's liaison with other Committee members and taking the lead on selected Medicare Advantage and Part D issues, including SNPs. Prior to assuming this role, he served as Professional Staff for the Subcommittee and was the primary staff responsible for Medicare Advantage, SNPs and the Part D program. Prior to joining the Ways and Means staff, Mr. Sutter was Chairman Camp's Legislative Director and also served as his primary health care policy staffer.

Christie Teigland, PhD

Director of Statistical Research, Inovalon, Inc.

Dr. Teigland serves as Director of Statistical Research for Inovalon, Inc., where she leads a team of 10 healthcare research professionals in the design and implementation of internal and external health outcomes research projects, including comparative effectiveness and pharmaco-economic studies, risk modeling and predictive analytics, and performance measure development and testing. She serves on the Pharmacy Quality Alliance (PQA) Measures Work Group and has directed performance measure projects awarded by the National Committee on Quality Assurance (NCQA) and Heart Rhythm Society. Prior to joining Inovalon, Dr. Teigland specialized in quality measurement and quality improvement research at the Foundation for Long Term Care in New York where she directed the development of innovative technology solutions to advance the use of data-driven decision-making to improve outcomes and reduce healthcare costs. Dr. Teigland served as Principal Investigator for large grant funded studies, including an Agency for Healthcare Research and Quality (AHRQ) patient safety project that developed predictive risk alerts for adverse events common in the elderly population, along with patient-centered risk profiles to guide preventive actions. She developed new quality of life measures for patients with dementia under two Alzheimer's Association grants, including a predictive model to identify undetected pain. Dr. Teigland has served on CMS expert panels including a CMS workgroup to improve the Five Star Rating System, participated in development and field-testing of the AHRQ CAHPS satisfaction and patient safety tools, and serves on the American Medical Director's Association (AMDA) Technology Work Group.

Josh Trent

Professional Staff Member, Energy and Commerce Committee, US House of Representatives

Josh Trent is a professional staff member handling health care policy for the Energy and Commerce Committee in the US House of Representatives. Mr. Trent's primary portfolio on the Committee is entitlement reform, Medicare Advantage and Medicaid. He also works with colleagues on Medicare Part D, program integrity, oversight of the Affordable Care Act, and other issues. In 2012, Mr. Trent was identified by *POLITICO* as an emerging health care leader "who will change health care policy." He has developed a reputation on Capitol Hill for being an even-handed and data-driven policy staffer who seeks to navigate policy matters with respect and candor. Mr. Trent came to the Committee after serving five years as the health care policy advisor for Sen. Tom Coburn, MD (R-OK). In this role, he served Dr. Coburn during the historic health reform debate, his service on the Senate HELP and Finance Committees, and his participation on the President's Fiscal Commission and the subsequent bipartisan "Gang of Eight," which attempted to reach a deficit reduction agreement. Mr. Trent also developed comprehensive market-driven proposals related to health reform, Medicare, and Medicaid. Previously, he served as the deputy director of the refugee resettlement office at HHS, where he focused on both operations and policy, such as updating new refugee health screening protocols and developing new staff training procedures. Prior to that, Mr. Trent served in the (George W. Bush) White House office of Presidential Personnel for three years, where he recruited, interviewed, and recommended for Presidential approval senior appointees to serve in Senate-confirmed positions in eight cabinet departments, including HHS.

Christine van Reenen, PhD*Policy Consultant, National Health Policy Group*

Chris van Reenen is a health policy consultant focused on issues of specific interest to health plans specialized to meet the needs of high-risk, high-cost populations. Until recently, Dr. van Reenen was Senior Vice President of Public Policy at the National PACE Association. There she worked on a variety of legislative and regulatory issues beginning with implementation of the PACE model as a national demonstration program and later, following Congress' authorization of PACE as a permanent Medicare and Medicaid provider, with the program's regulatory evolution and growth. She has expertise in the areas of health care financing, including risk-adjustment for capitated programs; Medicare managed care; and Medicaid long-term services and supports. Dr. van Reenen has a doctorate in social policy from Brandeis University and a master's of public policy from the University of Michigan.

Shanon D. Vollmer*Project Director, Fully Integrated Dual Advantage Demonstration Project, New York State Department of Health*

Ms. Vollmer is currently the Project Director of the Fully Integrated Duals Advantage (FIDA) Demonstration program for the New York State Department of Health. As Director, she is responsible for overseeing the State's implementation activities for the FIDA demonstration. Ms. Vollmer's previous experience includes most recently working as National Director of Provider Network Contracting for ValueOptions where she led projects related to dual eligible populations in both Massachusetts and New York. Prior to that position, Ms. Vollmer was an associate counsel for MVP Healthcare where she focused her practice on both federal and state health care reform initiatives. Ms. Vollmer received her undergraduate degree from DePauw University in Indiana and a Juris Doctor from Albany Law School in Albany, NY. She lives in Clifton Park, NY with her husband and two children.

Thomas von Sternberg, MD*Associate Medical Director of Geriatrics and Hospice Services, Government Programs and Care Management, HealthPartners*

Dr. Thomas von Sternberg is the Associate Medical Director of Geriatrics and Hospice Services, Government Programs and Care Management at HealthPartners. HealthPartners serves 850,000 members including 50,000 Medicare participants. In this role, Dr. von Sternberg develops and coordinates programs for the geriatric population at HealthPartners with emphasis on frail complex elders and Medicare Advantage and Dual Eligible population. He has developed and helps manage post-hospital subacute care network for HealthPartners' Medicare patients, as well as developed geriatrics care management services, including member screening and targeting. He is involved in coordinating care of HealthPartners' 4000 nursing home and assisted living, as well as post-acute transitional care network patients. He has helped develop HealthPartners' Palliative Care Program and is medical director support for virtuwel[®], a web-based convenience care company and developed geriatric protocols that resulted in CMS approval of virtuwel[®] for Medicare recipients. He is a member of the faculty of geriatrics at the University of Minnesota Medical School, is the medical director for a long-term care facility, Ebenezer Hall, and is a member of the Minnesota Nursing Home Medical Directors. He is also a member of the American Geriatrics Society. Dr. von Sternberg was the past medical director of Seniors Plus, a social HMO. He received his medical degree from Ohio State University in 1980, did his residency at the University of Minnesota and had additional geriatrics education at the Westminster Medical School in London, United Kingdom. He is board certified in geriatrics and family medicine.

Eugene C. Wallace

Chief Financial Officer, Commonwealth Care Alliance

Gene Wallace has over 35 years of healthcare financial leadership experience. He is well respected not only as a finance leader in the Massachusetts healthcare industry, but as someone who takes pride in mentoring and promoting skill development in those working for him and with him. Prior to joining Commonwealth Care Alliance, Mr. Wallace served as Chief Financial Officer and then interim Chief Executive Officer at Signature Healthcare, where, amongst other achievements, he led a financial turnaround of the organization from a \$7M loss to a gain of \$6M in 2010. Mr. Wallace also served as CFO at Atrius Health/Harvard Vanguard Medical Associates for eight years. He was CFO of Beth Israel Hospital/Beth Israel Deaconess Medical Center for 25 years, where he was responsible for all finance, including accounting, financial reporting, budgeting, reimbursement, and managed care contracting. He led the development of annual operating plans and coordinated annual external audit reports.

Edith G. Walsh

Director, Aging, Disability and Long-Term Care Program, RTI International

Edith Walsh is the Director of the Aging, Disability and Long-Term Care Program at RTI International and currently directs the federal evaluation of state demonstrations under the Financial Alignment Initiative. Dr. Walsh has conducted health services and health policy research since 1994, building on her previous 12 years of experience in administrative and clinical work serving Medicare and Medicaid beneficiaries. Dr. Walsh is a nationally-recognized expert on Medicare/Medicaid dual eligibles, managed care and long-term care delivery systems, health and functional status measurement for persons with chronic conditions and disabilities, and on the use of such measures to risk adjust payments to managed care plans. Her methodological expertise includes administrative data analysis (e.g., Medicare and Medicaid claims and enrollment data, and assessment data such as the Nursing Home Minimum Data Set), survey development and analysis, quality measure development, and the use of qualitative methods to evaluate program implementation and the impact of new and existing programs on a range of stakeholders.

Tammy J. Whitlock

Division Director, Integrated Care & Behavioral Services, Virginia Department of Medical Assistance Services

Tammy Whitlock received her bachelor's degree from Longwood University and her Master's in Health Administration from Virginia Commonwealth University. Prior to coming to the Department of Medical Assistance Services (DMAS), Ms. Whitlock worked in the areas of physical rehabilitation, mental health, and juvenile justice. Ms. Whitlock started working with DMAS in 1994 as a Rehabilitation Analyst and has held various positions in Long Term Care and Maternal & Child Health. She currently serves as the Division Director for Integrated Care & Behavioral Services.

Valerie Wilbur

Vice President, National Health Policy Group and Co-Chair, 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. Ms. Wilbur co-chairs the SNP Alliance, a national leadership group for specialty care plans and programs. 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 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.

Arlena Williams Smith

Health Insurance Specialist, Division of Surveillance, Compliance, and Marketing, Medicare Drug and Health Plan Contract Administration Group, Centers for Medicare and Medicaid Services

Arlena Williams Smith works on the marketing team in the Division of Surveillance, Compliance and Marketing in the Medicare Drug and Health Plan Contract Administration Group. She oversees the updates to the Medicare marketing guidelines. Prior to joining CMS, Arlena worked for an HMO as the Quality Improvement and Compliance Manager, where she was responsible for communicating new mandates to ensure compliance with regulatory standards and guidelines. Arlena received her Bachelor of Science degree in Business Administration from the University of Maryland University College.

Elizabeth Wood, MPAP

Director of Dual Integration, Office of Managed Health Care, NJ Division of Medical Assistance and Health Services

Elizabeth Wood is Director of Dual Integration at the New Jersey Department of Human Services, Division of Medical Assistance and Health Services, where she oversees operations, contract management and ongoing program development for the Dual Eligible Special Needs Plan Program (D-SNP), as well as program planning for full integration across all Medicare and Medicaid acute care, chronic care, and managed long-term services and supports by 2016. She received a Master of Public Affairs and Politics from the Rutgers Edward J. Bloustein School of Planning and Public Policy.

Session Notes

Thursday, October 23: 8:35am–9:15am

“A Healthcare Agenda for the 21st Century”

Facilitator:

Rich Bringewatt, President, National Health Policy Group and Chair, SNP Alliance

Keynote Speaker:

Sean Cavanaugh, Deputy Administrator and Director of the Center for Medicare at the Centers for Medicare & Medicaid Services

Key Issues:

1. Vision for how to care for high-risk, high-need Medicare beneficiaries, most of whom are dually-eligible, emphasizing SNPs’ role now and in the future.
2. Strategies for mainstreaming CMS CMMI initiatives related to managing SNP targeted populations.
3. Perspectives on SNP Alliance policy priorities on topics including Medicare and Medicaid integration, SNP/MMP payment, and SNP/MMP performance evaluation for duals and other high-risk beneficiaries.

SPEAKERS

SESSIONS

SESSIONS

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SESSIONS

Lined writing area for session notes on page 37.

Thursday, October 23: 9:15am–10:00am

“Congressional Update: Prospects for Permanent Statutory Authority and Improved Alignment of Payment and Performance Methods for SNPs”

Facilitator:

Shawn Bishop, Principal, SB Health Policy and SNP Alliance Consultant

Panelists:

- *Katie Meyer Simeon, Health Policy Advisor, Senate Finance Committee, Republican Staff*
- *Brian Sutter, Staff Director, House Ways & Means Health Subcommittee*
- *Melanie Egorin, Professional Staff Member, House Ways and Means Health Committee, Democratic Staff*
- *Josh Trent, Professional Staff Member, House Energy and Commerce Committee*

Key Issues:

1. Prospects for Lamie Duck action on Medicare and implications for SNP policy priorities.
2. Potential for robust, “low-cost” SRG fix and impact on health care extenders.
3. Potential for enactment of permanent SNP authority and refinement of SNP payment, performance and integration policies.

SESSIONS

SESSIONS

Thursday, October 23: 10:15am–11:15am
“Progress Report on Financial Alignment and Alternative Demonstrations”

Facilitator:

Thomas Standring, JD, General Manager, Medicare Products and Medicare Lead for Medicare-Medicaid Plans, Molina Healthcare

Panelists:

- *Tim Englehardt, Director of Demonstrations, Modeling and Analytics, Medicare-Medicaid Integration Office, CMS*
- *Edith G. Walsh, Senior Health Services Researcher, RTI International*

Key Issues:

1. Update on the FAD and related Demonstrations and other MMCO Integration Initiatives
2. Review of Evaluation Design for Financial Alignment Demonstration

SESSIONS

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SESSIONS

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Thursday, October 23: 3:15pm–4:00pm
“The Impact of the 2014 Election on the Congressional Health Care Agenda and Implications for the SNP Alliance Policy Agenda”

Facilitator:

Tracy Lawless, Legislative Director, Gateway Health Plan

Panelists:

- *Tracy Spicer, Principal, Avenue Solutions*
- *Stacey Hughes, Partner, The Nickles Group*



SESSIONS

Thursday, October 23: 4:00pm–5:00pm

“Strategies for Effective Clinical Management of the Care of SNP and MMP Beneficiaries: SNP Medical Directors’ Perspectives”

Facilitator:

Rich Bringewatt, President, National Health Policy Group and Chair, SNP Alliance

Panelists:

- *Tae Park, MD, Associate Senior Medical Officer, CareMore Health Plan (C-SNPs)*
- *Thomas von Sternberg, MD, Associate Medical Director of Geriatrics and Hospice Services, Government Programs and Care Management, HealthPartners (FIDESNPs)*
- *Ronald J. Shumacher, MD, FACP, CMD, Chief Medical Officer, Optum Complex Population Management (I-SNPs)*

Key Issues:

1. Identifying and triaging high-risk beneficiaries into appropriate levels of care and clinical programs.
2. Ensuring access to condition-specific specialists, benefits and services via provider contracting, qualifications, payment rates, and other strategies.
3. Strategies for reducing hospital readmissions and improving pharmacy management.
4. What benefits and services and related expenditures are most important to improving outcomes for high-risk beneficiaries?
5. What performance measures are most important in facilitating and documenting clinical success?

SESSIONS

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Friday, October 24: 8:45am–10:15am
“Research Update on Social Determinants of Health: Implications for Plan Ratings, Quality Measures and Federal Policy Action”

Facilitator:
 Shawn Bishop, Principal, SB Health Policy and SNP Alliance Consultant

- Speakers:*
- Helen Burstin, MD, MPH, Senior Vice President, Performance Measures, National Quality Forum*
 - Christie Tieglund, PhD, Director of Statistical Research, Inovalon*
 - Shawn Bishop, Principal, SB Health Policy and SNP Alliance Consultant*

- Panelists:*
- Leota Lind, President & CEO, South Country Health Plan*
 - Thomas Lutzow, PhD, President & CEO, Independent Care Health Plan*

- Key Issues:*
1. Overview of NQF 2014 Report and Recommendations on Risk Adjustment for Socioeconomic Status or Other Sociodemographic Factors.
 2. Preliminary Results of Phase II Inovalon Study on the Casual Relationship between Socioeconomic Status and Health Plan and Provider Ratings
 3. SNP Alliance Recommendations on SES.
 4. Facilitated discussion among respondent panel.

Friday, October 24: 10:30am–12:00pm

“Improving Payment and Risk Adjustment Methods for Special Needs Beneficiaries: Perspectives from SNP Finance and Risk Adjustment Experts”

Facilitator:

Eric Goetsch, FSA, MAAA, Principal and Consulting Actuary, Milliman

Panelists:

- *Annmarie Covone, Senior Vice President/Chief Financial Officer, ArchCare*
- *Timothy Rude, Senior Director, Government Programs Finance, Medica*
- *Eugene C. Wallace, Chief Financial Officer, Commonwealth Care Alliance*

Key Issues:

1. Factors that contribute to greater financial risk for SNPs/MMPs than standard MA plans.
2. Significant disparity in MA payments for duals vs. non-duals and low-risk vs. high-risk beneficiaries with specified conditions.
3. Failure to account for direct and indirect costs related to social determinants of health.
4. The financial implications of having to align and track Medicare/Medicaid services and costs for the same person.
5. Operational challenges plans face with physicians in areas such as such as contracting, conflicting Medicare and Medicaid requirements for the same services, creative incentive programs to encourage compliance with SNP/MMP-specific requirements, etc.

Friday, October 24: 1:30pm–3:00pm

“Performance Measurement for High-Risk/High-Need Beneficiaries”

Facilitator:

Christine van Reenen, PhD, Policy Consultant, SNP Alliance

Panelists:

- *Eric Cahow, Vice President, Medicare Revenue Management, WellPoint*
- *Gale P. Arden, Vice President, Complex Care, Centene Corporation*
- *Kevin C. Park, MD, Vice President of Quality, Molina Healthcare, Inc.*

Key Issues:

1. SNP Alliance recommendations on population-specific measures for targeted SNP subsets.
2. Analysis of impact of changes in Star cut-points and 4 star predefined thresholds on SNP Star ratings.
3. Facilitated discussion of key regulatory issues regarding Stars and potential solutions.

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Friday, October 24: 3:15pm–4:00pm
“CMS Open Forum on Key SNP Regulatory Issues”

Facilitator:

Mark Joffe, Esq., Law Offices of Mark Joffe

Panelists:

- *Jennifer Smith, Director of the Division of Analysis, Policy and Strategy within Medicare Parts C and D Oversight and Enforcement Group*
- *Arlena Williams Smith, Health Insurance Specialist, Division of Surveillance, Compliance, and Marketing, Medicare Drug and Health Plan Contract Administration Group, Centers for Medicare and Medicaid Services*

Key Issues:

1. Updates on SNP Model of Care, SNP audits and related requirements.
2. Updates on marketing issues, with a special focus on I-SNPs.

Selected Website Resources

The following is a partial listing of handouts, articles, PowerPoint presentations and other Leadership Forum session materials available online. Additional materials may be added after the Forum. To download materials, visit <http://www.nhpg.org/snp-meetings.aspx>

THURSDAY, OCTOBER 23

“Congressional Update: Prospects for Permanent Statutory Authority and Improved Alignment of Payment and Performance Methods for SNPs ”

Website Resources:

- SNP Alliance 2014 Policy Priorities
- SNP Alliance Policy Summary
- SNP Alliance Position on Star Rating System
- SNP Alliance Position on Removing Financial Barriers to Integration
- SNP Alliance Position on Removing Barriers to Medicare/Medicaid Integration
- *SNP Alliance Issue Brief: GAO Report on Medicare/Medicaid Integration*
- *SNP Alliance Issue Brief: Paying for Social Determinants of Health under Medicare*
- SNP Provisions included in S. 2110, “Medicare SGR Repeal and Beneficiary Access Improvement Act of 2014.”

“Progress Report on Financial Alignment and Alternative Demonstrations”

Website Resources:

- Overview of MMCO/RTI Evaluation Design for Financial Alignment Demonstration

“Point-Counter-Point Debate on Advancing Full Integration: Federal vs. State Issues and Options”

Website Resources:

- *Refocusing Responsibility For Dual Eligibles: Why Medicare Should Take The Lead.* Judy Feder, Lisa Clemans-Cope, Teresa Coughlin, John Holahan, Timothy Waidmann. Robert Wood Johnson and The Urban Institute, October 2011.
- *Advancing Medicare and Medicaid Integration: Improving the D-SNP Model for Dually Eligible Beneficiaries.* NAMD Working Paper Series. National Association of Medicaid Directors, September 2013.
- *NGA Health Care Sustainability Task Force Report.* National Governors Association, February 2014.

Luncheon Session: “Consumer Perspectives on Progress toward Integration”

Website Resources:

- Bibliography of Community Catalyst Publications on Medicare/Medicaid Integration and Related Issues

“Financial Alignment Demonstrations and Alternative Integration Initiatives: Experience to Date”

Website Resources:

- Highlights of Integration Initiatives in Arizona
- Highlights of Integration Initiatives in Massachusetts
- Highlights of Integration Initiatives in Minnesota
- Highlights of Integration Initiatives in New Jersey
- Highlights of Integration Initiatives in New York
- Highlights of Integration Initiatives in Virginia

FRIDAY, OCTOBER 24

“Research Update on Social Determinants of Health: Implications for Plan Ratings, Quality Measures and Federal Policy Action”

Website Resources:

- *NQF Report: Risk Adjustment for Socioeconomic Status or Other Sociodemographic Factors.* National Quality Forum, August 2014.
- *NQF Expert Panel Responses to Comments on the Draft Report: Risk Adjustment for Socioeconomic Status or Other Sociodemographic Factors.*
- *Building a Framework for Paying for Social Determinants of Health in Medicare.* Shawn Maree Bishop, SB Health Policy, November 2013.
- SNP Alliance Issue Brief on Social Determinants of Health.
- *Medicare Advantage: Star System’s Disproportionate Impact on MA Plans Focusing on Low-Income Populations.* Howard Weiss and Sara Pescatello. Health Affairs Blog, September 22, 2014.

“Performance Measurement for High-Risk/High-Need Beneficiaries”

Website Resources:

- Impact of Stars Rating System on Special Needs Plan (PowerPoint) – Eric Cahow
- SNP Alliance Issue Brief on Star Ratings System
- SNP Alliance Initiative on Identifying Condition Specific Performance Measures for SNP High Risk Subgroups” (PowerPoint) – Chris van Reenen, PhD

Membership

The SNP Alliance is a national leadership organization for specialty health care plans and programs. Our mission is to advance specialty care for poor, frail, disabled and chronically-ill persons.

Membership Criteria

The SNP Alliance invites others to join that:

- Demonstrate high-quality and cost performance in care of high-risk beneficiaries.
- Exhibit national leadership capabilities.
- Support The SNP Alliance's mission, vision, values and general business strategy.
- Are committed to the further transformation of health policy and financing, including integration of Medicare and Medicaid and related continuum providers.
- Are committed to working with plans, providers and regulators to improve long-term business viability of specialized managed care plans.

Members Represent

- MAOs represent more than 300 SNPs in 41 states and the District of Columbia serving nearly 1 million beneficiaries.
- Enrollees have higher rates of chronic and mental illnesses and higher risk scores than FFS.
- High-quality, diversified population-based benefits, services and care management interventions.
- Plans with substantially lower inpatient and SNF usage compared to FFS Medicare.
- Two-thirds of the membership is non-profit and one-third is for-profit.

Current Members

- AIDS Healthcare Foundation - Los Angeles, CA
- Amerigroup Corporation – Virginia Beach, VA
- AmeriHealth Caritas – Philadelphia, PA
- ArchCare Advantage – New York, NY
- Brand New Day – Signal Hill, CA
- Care1st Health Plan – Monterey Park, CA
- CareMore Health Plan – Downey, CA
- Care Wisconsin – Madison, WI
- Centene– St. Louis, MO
- Cigna HealthSpring – Baltimore, MD
- Commonwealth Care Alliance – Boston, MA
- Community Care, Inc. – Milwaukee, WI
- Elderplan – Brooklyn, NY
- Family Choice of New York – Buffalo, NY
- Gateway Health Plan – Pittsburgh, PA
- HealthPartners – Minneapolis, MN
- Health Partners Plans – Philadelphia, PA
- Independent Care Health Plan (iCare) – Milwaukee, WI
- Kaiser Permanente – Oakland, CA
- Medica Health Plan – Minneapolis, MN
- Molina Health Care – Sacramento, CA
- SCAN Health Plan – Long Beach, CA
- Senior Whole Health – Cambridge, MA
- South Country Health Alliance – Owatonna, MN
- Tufts Health Plan – Boston, MA
- UCare Minnesota – St. Paul, MN
- UnitedHealthcare – Minneapolis, MN
- UPMC (University of Pittsburgh Medical Center) Health Plan – Pittsburgh, PA

About Us

The National Health Policy Group founded and manages the SNP Alliance.

SNP Alliance Staff and Leadership

- **Rich Bringewatt**, President, National Health Policy Group and Chair, SNP Alliance
- **Valerie Wilbur**, Vice President, National Health Policy Group and Co-Chair, SNP Alliance
- **Christine van Reenen, PhD**, Policy Consultant, SNP Alliance
- **Mark S. Joffe, Esq.**, Attorney at Law, Law Offices of Mark S. Joffe
Legal and Regulatory Counsel
- **Tracy Spicer**, Partner, Avenue Solutions
- **Elizabeth Barnett**, Partner, Avenue Solutions
Legislative Strategists
- **Shawn Bishop**, Principal, SB Health Policy
SNP Alliance Policy Consultant
- **Pamela J. Parker, MPA**, Manager of Special Needs Purchasing, Minnesota Department of Human Services
Policy Consultant on Medicare/Medicaid Integration
- **Joel Menges**, President, The Menges Group
SNP Alliance Member Survey Consultant
- **Karen Seidman**, President, Seidman Says Communications
National Health Policy Group Communications Coordinator
- **Diane Fulton**, President, Meeting Masters, Inc.
- **Shelly O'Neill**, Conference Registrar, Meeting Masters, Inc.
Meeting and Events Management

SNP Alliance Member Leadership Groups

Policy Group
Performance Evaluation Group
M/M Integration Group

Key SNP Alliance Affiliations

State Dual Integration Initiatives

Advancing dual integration is a core mission of the SNP Alliance. NHPG leadership has been actively engaged in state dual integration efforts since 1983. Dual integration plans in Massachusetts, Minnesota and Wisconsin were the nucleus of our founding members. Integration and specialty care were our primary interests in advancing the initial SNP legislation. We also provided overall leadership in advancing Congressional efforts to establish a Dual Office within CMS. As a result, we maintain affiliation with leading dual integration states.

Randall S. Brown, Vice President, Director of Health Research
Mathematica Policy Research, Inc. (*Policy Research*)

Joel Menges, Chief Executive Office, The Menges Group
(*SNP Alliance Annual Survey*)

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

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