# 2012 Fall NAMD Meeting
# Crystal Gateway Marriott, Arlington, VA
# October 28-30, 2012
# Draft Agenda

(as of October 11, 2012)

## Sunday, October 28 – State Only Day

8:30 - 9:30 a.m. **Breakfast**

9:30 – 5:00 p.m. **State Only Meeting**

5:00 – 6:30 p.m. **Opening Reception/Exhibit Hall Open**

## Monday, October 29

8:00 – 9:00 a.m. **Continental Breakfast**

9:00 – 9:30 a.m. **Welcome and Opening Remarks**

**Andy Allison**, NAMD President
Director, Division of Medicaid Services, Arkansas Department of Human Services
**Darin J. Gordon**, NAMD Vice President
Director, TennCare and Deputy Commissioner, Tennessee Department of Finance and Administration

9:30 – 10:30 a.m. **Opening Plenary Session – Medicaid: Views from the Front Line**

This dynamic and interactive panel will feature two of the nation's most prominent, innovative, and politically savvy Medicaid Directors, Chuck Milligan of Maryland and Tony Keck of South Carolina, engaging in an hour-long discussion around the future of the Medicaid program. Moderated by nationally renowned health policy expert and editor-in-chief of the influential Health Affairs magazine, Susan Dentzer, this session will address what about Medicaid works well and what needs to be fixed, how states are approaching the new decision whether to expand the program, and how federal reforms like block grants and per capita caps could impact them.

*Moderator:* **Susan Dentzer**, Editor-in-Chief, *Health Affairs*
**Anthony Keck**, Director, South Carolina Department of Health and Human Services
**Charles J. Milligan, Jr.,** Deputy Secretary for Health Care Financing, Maryland Department of Health and Mental Hygiene

10:30 – 11:00 a.m. ***Break – Visit Exhibit Hall***

11:00 – 12:30 p.m. **CONCURRENT SESSIONS**

- **Integrating Behavioral and Physical Health Care**

  One of the most important challenges in reforming Medicaid delivery system will be integrating behavioral and physical health care services. The new reality for states is a growing prevalence of mental and behavioral health needs among members, and recognition of the need for more holistic, coordinated care. This panel will focus on innovative approaches to integrating behavioral health with physical health care delivery, as well as provider integration dynamics, and care management practices.

  **Mark Larson**, Commissioner, Department of Vermont Health Access
  **Jennifer Crawford**, Deputy Director, SAMHSA-HRSA Center for Integrated Health Solutions, National Council for Community Behavioral Healthcare
  **Suzanne Fields,** Senior Advisor, Health Financing, Substance Abuse and Mental Health Services Agency
  **Pamela Greenberg,** President and CEO, Association for Behavioral Health and Wellness

- **Challenges in Community Integration**

  In the past decade, states have led important transformations to meet rising demand for new types of services in community settings for elderly and disabled Medicaid members. However, to date Medicaid has born the responsibility for addressing the comprehensive long-term service and support needs of Medicaid members. This session will examine successful state initiatives to integrate care, key challenges in ongoing evolution of supporting independent living in appropriate community-based settings—particularly housing—and efforts to align federal and state activities.

  **Jennifer Vermeer**, Medicaid Director, Iowa Department of Human Services
  **Barbara Edwards**, Group Director, Elderly and Disabled Health Programs Group, Center for Medicaid and CHIP Services, Centers for Medicare and Medicaid Services
  **Estelle B. Richman**, Senior Advisor to the Secretary, U.S. Department of Housing and Urban Development
  **Courtney Tarver**, Associate Commissioner, Alabama Department of Mental Health

- **Building Capacity for Data Analytics**

  As Medicaid agencies look to be more strategic purchasers of health care and to improve program oversight, the availability and use of data has become an essential program capacity. This session will examine ways to target data efforts to the "right data", enhance analytic capacity and data management, and tap into outside resources and expertise—particularly academia.

  **John Supra**, Deputy, South Carolina Department of Health and Human Services

**Brent Antony**, Chief Information Officer, Bureau of TennCare
**Jay Himmelstein,** Professor of Family Medicine and Community Health, and Chief Health Policy Strategist, UMass Medical School Center for Health Policy and Research
**Elizabeth Lukanen,** Senior Research Fellow, State Health Access Data Assistance Center

- **Access to Care in Medicaid: Balancing Goals and Capacity**

  The new option allowing states to expand Medicaid eligibility to childless adults has heightened interest at the national level in measuring and monitoring whether Medicaid members have sufficient access to services. New federal efforts are underway to develop a national access measurement framework for Medicaid, which presents challenges and opportunities for states to improve data collection and reporting and to identify areas where the state can impact access. This panel will explore federal and state perspectives on measuring access, as well as the potential roles for safety net providers in improving access.

  **Thomas J. Betlach**, Director, Arizona Health Care Cost Containment System
  **Heather Foster**, Assistant Director Federal Affairs, National Association of Community Health Centers
  **Rick Kronick**, Deputy Assistant Secretary, Office of Health Policy, Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services
  **Joe Moser,** Director of Government Affairs, Medicaid Health Plans of America

12:30 - 1:45 p.m. **Networking Lunch**

2:00 – 3:30 p.m. **Plenary Session – Health Care: Charting the Course through a Volatile Economy**

One of the most important issues facing our nation, and certainly one of the most compelling political storylines leading up to the November elections is the health of the economy. While the story of the national economy is well told, less has been discussed about the fate of state economies and the degree to which they are intertwined. The economic outlook has critical and direct impacts on the ability of the states to continue to finance the Medicaid program, as well as the motivation of the federal government to implement federal deficit austerity measures. This panel will examine economic trends and their interrelation to health care at the state, federal and local level.

*Moderator*: **Zach Patton**, Senior Editor, *Governing Magazine*
**Mark Zandi**, Chief Economist, Moody's Analytics
**Douglas Holtz-Eakin**, President, The American Action Forum
**Chris Jennings**, President, Jennings Policy Strategies

3:30 – 4:00 p.m. **Break – Visit Exhibit Hall**

4:00 – 5:30 p.m. **Concurrent Sessions**

- **Shaping and Responding to Marketplace Dynamics**

  Keying off critical themes of from the previous plenary this session will explore the Medicaid levers and impacts on the health care economy. Speakers will also examine the potential benefits and downsides of various system reforms, including provider consolidation issues; byproducts of new payment models; and the growing reliance on managed care and safety net providers.

  **Andy Allison**, Director, Division of Medicaid Services, Arkansas Department of Human Services
  **Beth Feldpush**, **DrPH**, Vice President for Advocacy and Policy, National Association of Public Hospitals
  **Meg Murray**, Chief Executive Officer, Association for Community Affiliated Plans
  **Raymond C. Scheppach, PhD,** Professor of Practice at the Batten School of Leadership and Public Policy, The University of Virginia

- **Looking through the Congressional Crystal Ball**

  Getting the nation's fiscal house in order remains high on the list of priorities for federal policymakers. At the same time, federal Medicaid spending is poised to skyrocket in 2014 when many states take up the new option to expand eligibility. Whether and how federal elected officials can strike a reasonable balance in addressing these issues is a looming question. During this session, Congressional committee staff will describe the landscape from their point of view.

  *Moderator*: **Matt Salo**, Executive Director, National Association of Medicaid Directors
  **Kelly Whitener**, Professional Staff, U.S. Senate Finance Committee
  **Stephanie Carlton**, Health Policy Advisor, U.S. Senate Finance Committee
  **Monica Popp**, Professional Staff, U.S. House Energy and Commerce, Health Subcommittee
  **Purvee Kempf**, U.S. House Energy and Commerce Committee (*Invited*)

- **Improving the Eligibility and Enrollment Experience**

  The theme of this session is coordination between Medicaid and other state and federal programs in the eligibility process. On January 1, 2014, states are slated to launch new eligibility and enrollment systems for the Medicaid program. These systems are being designed to integrate to different degrees with human services programs and insurance exchanges. This panel will focus on how states are approaching building new or revamping old systems to coordinate E&E functions with the Exchange and sister state agencies, including HIT systems, data sharing agreements, and governance issues.

  **Pat Casanova**, Director of Medicaid, Indiana Family and Social Services Administration**,** Office of Medicaid Policy and Planning

**Chuck Milligan**, Deputy Secretary, Health Care Financing, Maryland Department of Health and Mental Hygiene
**Deborah Bachrach**, Special Counsel, Healthcare Transaction & Policy, Manatt, Phelps & Phillips LLP
**Jess Kahn,** Center for Medicaid and CHIP Services, Centers for Medicare and Medicaid Services (CMS)

- **Trends in Medicaid Long Term Services and Supports**

  States have demonstrated that managed long term services and supports programs are an effective tool to improve quality, control costs, and drive a member-centered approach to services and desired outcomes. This session will highlight effective policy and practical lessons from states with mature programs while also providing valuable information on how other states are implementing this delivery model. Federal policy makers will discuss their roles in setting expectations for states and how they are working to leverage federal resources to coordinate with and support state activity.

  **Rosanne Mahaney**, Director, Delaware Division of Medicaid & Medical Assistance
  **Patti Killingsworth**, Assistant Commissioner, Chief of Long-Term Services and Supports, Bureau of TennCare
  **Suzanne Bosstick,** Deputy Director, Disabled and Elderly Health Programs Group, Center for Medicaid and CHIP Services, Centers for Medicare and Medicaid Services (CMS)
  **Debra Lipson**, Senior Researcher, Mathematica Policy Research

5:30 – 7:30 p.m. **Exhibit Hall Reception**

## Tuesday, October 30

8:00 – 9:00 a.m. **Directors-Only Breakfast with Alumni Members**
*By Invitation*

8:00 – 9:00 a.m. **Continental Breakfast**

9:00 – 10:30 a.m. **Plenary Session – New Insurance Paradigm**

The vast majority of Americans receive health insurance coverage through an employer, or through public programs such as Medicare and Medicaid. Those without these resources are left to navigate the individual and small-group markets or go uninsured. The introduction of insurance exchanges and the now optional expansion of Medicaid have the potential to significantly increase the number of Americans with health insurance, and thereby amplify some of the insurance reforms already underway. This panel will examine how states, the industry, and other major players are preparing for this shifting landscape of insurance and the resulting changes in health care delivery and payment.

*Moderator*: **Noam Levey**, *LA Times*
**Karen Ignagni,** President and CEO, America's Health Insurance Plans
**Ron Pollack**, Executive Director, Families USA
**Andrew Webber**, President and CEO, National Business Coalition on Health

10:30 – 11:00 a.m. ***Break – Visit Exhibit Hall***

11:00 – 12:30 p.m. **Concurrent Sessions**

- **Medicaid Innovations: Quality Improvement**

States utilize different approaches to measure and monitor quality of care in Medicaid. The approach is largely dependent on a state's priorities, goals, and the tools available across different Medicaid populations. As states transform their delivery and payment systems to become more active purchasers of health care services, they are faced with the challenge of maintaining if not improving quality. This panel will examine states' efforts to build responsive data collection and analytics systems, combine quality measurement initiatives under a single statewide framework, and grapple with the challenge of conducting rigorous program evaluations, as well as federal efforts to improve states' capacity to impact quality of care.

**Judy Mohr Peterson**, Oregon Medicaid Director, Oregon Health Authority
**William Golden**, **MD**, Medical Director, Arkansas Department of Human Services, Division of Medical Services
**Stephen Cha**, **MD**, Chief Medical Officer, Center for Medicaid and CHIP Services, Centers for Medicare and Medicaid Services

**Renee Mentnech**, Deputy Director, Rapid-Cycle Evaluation Group, Centers for Medicare and Medicaid Innovation, Centers for Medicare and Medicaid Services

- **Dual Eligible Integration**

  After decades of inaction, the federal government is facilitating a partnership through which states and the Centers for Medicare and Medicaid Services will jointly design, administer, and evaluate certain integrated models of care for those dually eligible for Medicare and Medicaid. Through these models states seek to leverage the strengths of their existing efforts and to innovate along with Medicare. This session will examine the core components and goals of several states' proposals, the status of the duals demonstrations program, and overarching questions and recommendations from national thought leaders.

  **John McCarthy**, Medicaid Director, Office of Ohio Health Plans
  **Julian Harris**, MD, Director, Office of Medicaid, Massachusetts
  **Melanie Bella**, Director, Federal Coordinated Health Care Office, Centers for Medicare and Medicaid Services
  **Peggy O'Kane,** President**,** National Committee for Quality Assurance

- **The Future of Medicaid Drug Policy**

  There is a long list of prescription drug issues in Medicaid, and this session will explore the impacts, best practices and implications of tackling some of them. The session will cover three discrete topics within prescription drug policy as a means to examine trends and identify tools and options, namely: 1) Foster children and anti-psychotic use; 2) Prescription drug coordination in long term care settings; and 3) Preventing prescription drug abuse in Medicaid.

  **Marc Leib**, **MD**, Chief Medical Director, Arizona Health Care Cost Containment System
  **Kamala Allen**, Vice President, Program Operations, Center for Health Care Strategies
  **Stephen Crystal**, **PhD**, Board of Governors Professor and Director, Center for Health Services Research, Rutgers, The State University of New Jersey
  **Leonard Paulozzi, MD, MPH**, Medicaid Epidemiologist, Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

12:30 – 1:30 p.m. **Networking Lunch**

1:45 – 3:00 p.m. **Closing Plenary Session**

**Cindy Mann**, Director, Center for Medicaid, CHIP, and Survey & Certification, Centers for Medicare and Medicaid Services