2012 CONFERENCE PROGRAM

Fall 2012
NAMD Conference

OCTOBER 28-30, 2012 ★ MARRIOTT CRYSTAL GATEWAY ★ ARLINGTON, VA

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For the past 30 years, AmeriHealth Mercy has partnered with states to provide quality health care to the nation’s most vulnerable residents while managing escalating health care costs. From our alliances with key provider groups to our innovative care models that integrate physical and behavioral health, we have the unique ability to develop state-specific, leading-edge programs that empower our members to stay healthy.

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Fall 2012 NAMD Conference

OCTOBER 28-30, 2012
MARRIOTT CRYSTAL GATEWAY
ARLINGTON, VA
It all began with one clinic.

The story of Molina Healthcare began in 1980 with the vision of Dr. C. David Molina, a Long Beach, California emergency room physician who believed that everyone, no matter what their social or economic standing, deserved respect and access to quality care.

From that simple beginning, Molina Healthcare has grown into one of the largest and most successful Medicaid managed care companies in the United States, serving the diverse needs of 1.8 million beneficiaries. All of our eligible health plans are accredited by the National Committee of Quality Assurance (NCQA). We also continue to expand the footprint of our Molina Medical offices—remaining committed to accessible quality care and the principles of our founder, Dr. C. David Molina.

Our newest additions, Molina Medicaid Solutions and Molina Pathways, have become the next chapter in a story about caring for people.

Stop by booths 26 & 27 to learn more.
Colleagues:

On behalf of the National Association of Medicaid Directors (NAMD), we welcome you to the 2012 Fall conference. This is the only conference designed for and tailored to the nation’s Medicaid Directors. This year was filled with many challenges as well as opportunities for the program. While ongoing budget pressures are creating difficulties across the country, many states are taking advantage of the old axiom to never let a good crisis go to waste, and are aggressively tackling major systemic reforms in the delivery and payment systems of both Medicaid and the broader U.S. health care system. Many consider the program to be in the middle of its most transformational years.

Change is hard, and changing a sector that represents 17 percent of the nation’s Gross Domestic Product is extremely hard, but states can’t wait. For many reasons, change is coming to Medicaid. This will be true whether the change is driven by state budgetary shortfalls, the federal deficit, long standing desires to improve care for the nation’s most vulnerable, or implementation of the Affordable Care Act.

This year’s conference is designed to address the Medicaid program’s most timely and important issues as it continues this transformational change. The broad agenda showcases promising practices areas such as behavioral health integration, systems infrastructure and reform, managed long term services and supports, dual eligible care integration, quality improvement, and more. Key plenary sessions will include thoughtful and provocative discussions of the future of Medicaid in the context of state and federal budget challenges, as well as the new health insurance paradigm.

We deeply appreciate our sponsors and exhibitors without whom this conference would not be possible, and we encourage each of you to spend time in the exhibit hall.

The Fall NAMD conference offers an exceptional learning and networking opportunity for professionals who administer the Medicaid program and the vendors and providers who partner with us and we welcome you. Enjoy the conference!

Sincerely,

Andy Allison
President

Matt Salo
Executive Director
The next chapter in a story about caring for people.

Molina Healthcare’s story continues through the growth of Molina Medicaid Solutions — the only healthcare company providing business processing and information technology administrative services to Medicaid agencies. Molina’s MMIS design, development, implementation and operation expertise provides the technological foundation needed by state agencies to meet current and future MITA business process and regulatory healthcare requirements.

Our newest solution, Molina Pathways, offers our state clients access to our expert care management programs that before now were only available to our health plan members. Molina Pathways provides an integrated array of services that focuses on putting the patient at the center of care—as we have done for the past three decades.

Molina is proud to be known as a quality-focused organization and a committed, loyal and trustworthy Medicaid and Medicare service provider to the people, governments and communities we serve.

Stop by booths 26 & 27 to learn more.
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Tuesday Lunch
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AGENDA AT A GLANCE

Sunday, October 28

8:30 - 9:30 A.M.
State Only Breakfast
(Salons A, B & C Foyer)

9:30 - 5:00 P.M.
State Only Meeting
(Salons A, B & C)

5:00 - 6:30 P.M.
Opening Reception/Exhibit Hall Open
(Salons 1, 2, & 3)

Monday, October 29

8:00 - 9:00 A.M.
Continental Breakfast
(Salons 1, 2 & 3)
Sponsored by: CVS Caremark

9:00 - 9:30 A.M.
Welcome and Opening Remarks
(Salons 4, 5 & 6)

• Andy Allison, NAMD President, Director, Division of Medical Services, Arkansas Department of Human Services

• Darin 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
(Salons 4, 5 & 6)
Moderator: Susan Dentzer, Editor-in-Chief, Health Affairs

• Tony Keck, Director, South Carolina Department of Health and Human Services

• Chuck 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
(Salons 1, 2 & 3)

11:00 - 12:30 P.M.
Concurrent Sessions

• Integrating Behavioral and Physical Health Care
(Salon C)

• Challenges in Community Integration
(Salon H)

• Building Capacity for Data Analytics
(Salon J)

• Access to Care: Balancing Medicaid’s Goals and Capacity
(Salon K)
Monday, October 29
Continued

12:30 – 1:45 P.M.
Networking Lunch
(Salons 1, 2 & 3)

2:00 – 3:30 P.M.
Plenary Session—Health Care: Charting the Course through a Volatile Economy
(Salons 4, 5 & 6)
Moderator: Zach Patton, Senior Editor, GOVERNING Magazine

• Douglas Holtz-Eakin, President, The American Action Forum
• Chris Jennings, President, Jennings Policy Strategies
• Mark Zandi, Chief Economist, Moody’s Analytics

3:30 – 4:00 P.M.
Break—Visit Exhibit Hall
(Salons 1, 2 & 3)

4:00 – 5:30 P.M.
Concurrent Sessions
• Shaping and Responding to Marketplace Dynamics
  (Salon C)
• Looking through the Congressional Crystal Ball
  (Salon H)
• Improving the Eligibility and Enrollment Experience
  (Salon J)
• Trends in Medicaid Long Term Services and Supports
  (Salon K)

5:30 – 7:30 P.M.
Exhibit Hall Reception
(Salons 1, 2 & 3)
Tuesday, October 30

8:00 – 9:00 A.M.
Continental Breakfast
(Salons 1, 2 & 3 Foyer)
Sponsored by: Golden Living

9:00 – 10:30 A.M.
Plenary Session—New Insurance Paradigm
(Salons 4, 5 & 6)
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
  (Salon C)
- Dual Eligible Integration Demos
  (Salon H)
- The Future of Medicaid Drug Policy
  (Salon J)

12:30 – 1:30 P.M.
Networking Lunch
(Salons 4, 5 & 6 Foyer)
Sponsored by: National Association of Chain Drug Stores

1:45 – 3:00 P.M.
Closing Plenary Session
(Salons 4, 5 & 6)
- Cindy Mann, CMS Deputy Administrator/Director, Center for Medicaid and CHIP Services, Centers for Medicare and Medicaid Services
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Sunday, October 28

8:30 - 9:30 A.M.
State Only Breakfast
(Salons A, B & C Foyer)

9:30 – 5:00 P.M.
State Only Meeting
(Salons A, B & C)

5:00 – 6:30 P.M.
Opening Reception/Exhibit Hall Open
(Salons 1, 2, & 3)

Monday, October 29

8:00 – 9:00 A.M.
Continental Breakfast
(Salons 1, 2 & 3)
Sponsored by: CVS Caremark

9:00 – 9:30 A.M.
Welcome and Opening Remarks
(Salons 4, 5 & 6)

• Andy Allison, NAMD President, Director, Division of Medical Services, Arkansas Department of Human Services
• Darin 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
(Salons 4, 5 & 6)

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

• Tony Keck, Director, South Carolina Department of Health and Human Services
• Chuck Milligan Jr., Deputy Secretary for Health Care Financing, Maryland Department of Health and Mental Hygiene

Susan Dentzer

Susan Dentzer is the editor-in-chief of Health Affairs, the nation’s leading peer-reviewed journal focused on the intersection of health, health care, and health policy in the United States and internationally. One of the nation’s most respected health and health policy journalists, she is an on-air analyst on health issues with the PBS NewsHour, and a frequent guest and commentator on such National Public Radio shows as This American Life and The Diane Rehm Show.

Ms. Dentzer is an elected member of the Institute of Medicine, the health arm of the National Academy of Sciences, and of the Council on Foreign Relations, the independent, nonpartisan membership organization and think tank dedicated to exploring the foreign policy choices facing the United States and other countries.
At *Health Affairs*, Dentzer oversees the journal’s team of nearly 30 editors and other staff in producing the monthly publication and web site. *Health Affairs* has been described by the *Washington Post* as the “Bible” of health policy. Its articles and their authors are frequently cited in the Congressional Record and in congressional testimony as well as in the news media. The *Health Affairs* web site recorded 50 million page views in 2010.

Before joining *Health Affairs* in May 2008, Dentzer was on-air Health Correspondent at the *PBS NewsHour*. From 1998 to 2008, she led the show’s unit providing in-depth coverage of health care and health policy. Prior to joining the *PBS NewsHour*, she was chief economics correspondent and economics columnist for *U.S. News & World Report*, and previously was a senior writer at *Newsweek*.

Dentzer’s other work in television has included appearances as a regular analyst or commentator on CNN and The McLaughlin Group. Her writing has also earned her several fellowships, including a Nieman Fellowship at Harvard University, where she studied health economics and policy, and a U.S.-Japan Leadership Program Fellowship, during which she researched the effects of the rapidly aging Japanese population.

Dentzer is an elected member of the National Academy of Social Insurance, a nonprofit, nonpartisan organization made up of the nation’s leading experts on social insurance, is a fellow of the Hastings Center, a nonpartisan research institution dedicated to bioethics and the public interest.

Dentzer is a member of the Board of Directors of Research!America, the nation’s largest not-for-profit public education and advocacy alliance committed to making research to improve health a higher national priority. She is also a member of the Board of Overseers of the International Rescue Committee, a humanitarian organization providing relief to refugees and displaced persons around the world. She chairs the IRC board’s Program Committee, which oversees the organization’s activities in resettling refugees in the United States and in dealing with refugees and displaced persons in roughly 25 countries. Formerly, Dentzer served on the Board of Directors of the Global Health Council and was its chair from 2008–2010.

A graduate of Dartmouth and holder of an honorary master of arts from the institution, Ms. Dentzer is a Dartmouth trustee emerita and chaired the Dartmouth Board of Trustees from 2001 to 2004. She serves on the Board of Overseers of Dartmouth Medical School.

Dentzer, her husband and their three children live in the Washington, DC area.

**Tony Keck**

Anthony (Tony) Keck is the Director of Health and Human Services for South Carolina Governor Nikki R. Haley. He has more than twenty-four years of experience in health care management, consulting, policy and academics in the United States and Latin America. Prior to his appointment in South Carolina, Mr. Keck served three years in the administration of Louisiana Governor Bobby Jindal as health and social services policy advisor to the governor, and chief of staff and deputy secretary of the Louisiana Department of Health & Hospitals. In the private sector, Mr. Keck managed and consulted for organizations such as Johnson & Johnson where he was Director of Operations for Latin American Consulting and Services, as Director of Management Engineering at Ochsner Clinic New Orleans, and as Administrator of St. Thomas Health Services, a community clinic. He holds both a Bachelor of Industrial & Operations Engineering and Master of Public Health from the University of Michigan and is completing his doctoral thesis in health systems management at the Tulane University School of Public Health & Tropical Medicine focusing on physician workforce issues. He also serves on the Board of the National Association of Medicaid Directors, has an appointment at the Tulane University School of Medicine Department of Family and Community Medicine and was recently appointed to the Institute of Medicine’s Committee on Governance and Financing of Graduate Medical Education.

A D S G h o m a S
Monday, October 29

Chuck Milligan

Charles Milligan was appointed deputy secretary for health care financing at the Maryland Department of Health in March 2011. In this role, he administers the state’s Medicaid program, and serves as the department’s overall operational lead on health care reform efforts.

From 2004 to 2011, Mr. Milligan was executive director of The Hilltop Institute at the University of Maryland, Baltimore County (UMBC). Hilltop is a health policy research center. Mr. Milligan guided Hilltop’s work with the Maryland Medicaid program, CMS, the Medicaid programs in other states, and private foundations.

Before joining Hilltop, Mr. Milligan was vice president at The Lewin Group, where he provided consulting services to 20 separate states (testifying before eight state legislatures), primarily involving the Medicaid program, public purchasing pools, and performance measurement in publicly-financed health care.

Prior to that, he was Medicaid and SCHIP director for the state of New Mexico and practiced health care law earlier in his career.

Mr. Milligan holds a J.D. from Harvard Law School, an M.P.H. from the University of California at Berkeley, and a B.B.A. from the University of Notre Dame.

10:30 – 11:00 A.M.

Break—Visit Exhibit Hall

11:00 – 12:30 P.M.

CONCURRENT SESSIONS

Integrating Behavioral and Physical Health Care

(Salon C)

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

(Salon H)

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
Building Capacity for Data Analytics
(Salon J)
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 Medicaid should be Medicine and Community Health, and Chief Health Policy Strategist, UMASS Medicaid should be Medical School
- **Elizabeth Lukanen**, Senior Research Fellow, State Health Access Data Assistance Center

Access to Care: Balancing Medicaid’s Goals and Capacity
(Salon K)
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.

- **Tom 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**
(Salons 1, 2 & 3)

2:00 – 3:30 P.M.
**PLENARY SESSION—Health Care: Charting the Course through a Volatile Economy**
(Salons 1, 2 & 3)
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*

- **Douglas Holtz-Eakin**, President, The American Action Forum
- **Chris Jennings**, President, Jennings Policy Strategies
- **Mark Zandi**, Chief Economist, Moody’s Analytics
Monday, October 29
Continued

Zach Patton

Zach Patton is GOVERNING Magazine’s senior editor. He writes about a range of topics, including education, social policy issues, and urban planning and design. Patton is also the editor of GOVERNING’s Management e-newsletter. Originally from Tennessee, he received the 2011 Jesse H. Neal Award for Outstanding Journalism for his GOVERNING story on economic cutbacks in Colorado Springs.

Douglas Holtz-Eakin

Douglas Holtz-Eakin has a distinguished record as an academic, policy adviser, and strategist. Currently he is the President of the American Action Forum and most recently was a Commissioner on the Congressionally-chartered Financial Crisis Inquiry Commission. Since 2001, he has served in a variety of important policy positions. During 2001-2002, he was the Chief Economist of the President’s Council of Economic Advisers (where he had also served during 1989-1990 as a Senior Staff Economist). At CEA he helped to formulate policies addressing the 2000-2001 recession and the aftermath of the terrorist attacks of September 11, 2001. From 2003-2005 he was the 6th Director of the non-partisan Congressional Budget Office, which provides budgetary and policy analysis to the U.S. Congress. During his tenure, CBO assisted Congress as they addressed numerous policies—notably the 2003 tax cuts (JGTRRA), the Medicare prescription drug bill (MMA), and Social Security reform. During 2007 and 2008 he was Director of Domestic and Economic Policy for the John McCain presidential campaign. Following the 2008 election Dr. Holtz-Eakin was the President of DHE Consulting, an economic and policy consulting firm providing insight and research to a broad cross-section of clients.

Dr. Holtz-Eakin has held positions in several Washington-based think tanks. He was Senior Fellow at the Peter G. Peterson Institute for International Economics (2007–2008), and the Director of the Maurice R. Greenberg Center for Geoeconomic Studies and the Paul A. Volcker Chair in International Economics at the Council on Foreign Relations (2006). He has also been a visiting Fellow at the American Enterprise Institute, Heritage Foundation, and American Family Business Foundation.

Dr. Holtz-Eakin built an international reputation as a scholar doing research in areas of applied economic policy, econometric methods, and entrepreneurship. He began his career at Columbia University in 1985 and moved to Syracuse University from 1990 to 2001. At Syracuse, he became Trustee Professor of Economics at the Maxwell School, Chairman of the Department of Economics and Associate Director of the Center for Policy Research.

Dr. Holtz-Eakin serves on the Boards of the Tax Foundation, National Economists Club and Committee for a Responsible Federal Budget, and the Research Advisory Board of the Center for Economic Development.

Chris Jennings

Chris Jennings is a 28-plus-year health policy veteran of the Congress, the White House, and the private sector. He currently serves as president of Jennings Policy Strategies (JPS), a nationally respected health care consulting firm that specializes in the development and implementation of policies designed to secure higher quality, more affordable health care for all Americans.

Since he left the White House in 2001, he has been a senior health care advisor to four Democratic Presidential campaigns, served as the health care policy advisor to the 2008 Democratic Platform Drafting Committee and served as co-staff director of the 2008-09 Bipartisan Policy Center’s (BPC) comprehensive health reform policy project for former Senate Majority Leaders’ Baker, Daschle, Dole and Mitchell. Currently, in addition to his consulting work, he provides strategic guidance and staff support to multiple foundation-supported state-based Affordable Care Act (ACA) implementation projects. He is also a frequent contributor on health reform issues to the New England Journal of Medicine.
Prior to his current work, Jennings held senior positions in the Clinton White House for eight years. He was President Clinton’s senior health care advisor for six years and made major contributions toward the enactment and implementation of the Children’s Health Insurance Program (CHIP), the Health Insurance Portability and Accountability Act, the Work Incentive Improvement Act and a host of major Medicare reforms. In the first two years of the Clinton Administration, he served as senior advisor to Health Care Financing Administration Administrator (now CMS) and congressional liaison to First Lady Hillary Clinton during her work on the Health Security Act (HSA). Before his work in the White House, Jennings served in the U.S Senate for nearly a decade (from 1983 to 1993) as chief health advisor for three Senators, including his home state Senator John Glenn as well as Special Committee on Aging Chairman David Pryor.

Mark Zandi

Mark M. Zandi is chief economist of Moody’s Analytics, where he directs economic research. Moody’s Analytics, a subsidiary of Moody’s Corp., is a leading provider of economic research, data and analytical tools. Dr. Zandi is a co-founder of Economy.com, which Moody’s purchased in 2005.

Dr. Zandi’s broad research interests encompass macroeconomics, financial markets and public policy. His recent research has focused on foreclosure mitigation policy and the determinants of mortgage foreclosure and personal bankruptcy; he has analyzed the economic impact of various tax and government spending policies and assessed the appropriate monetary policy response to bubbles in asset markets.

A trusted adviser to policymakers and an influential source of economic analysis for businesses, journalists and the public, Dr. Zandi frequently testifies before Congress on topics including the economic outlook, the nation’s daunting fiscal challenges, the merits of fiscal stimulus, financial regulatory reform, and foreclosure mitigation.

Dr. Zandi conducts regular briefings on the economy for corporate boards, trade associations, and policymakers at all levels. He is often quoted in national and global publications and interviewed by major news media outlets, and is a frequent guest on CNBC, NPR, CNN, Meet the Press, and various other national networks and news programs.

Dr. Zandi is the author of Financial Shock: A 360° Look at the Subprime Mortgage Implosion, and How to Avoid the Next Financial Crisis, described by the New York Times as the “clearest guide” to the financial crisis. His forthcoming book, Paying the Price, provides a road map for meeting the nation’s daunting fiscal challenges.

Dr. Zandi earned his B.S. from the Wharton School of the University of Pennsylvania and his M.A. and Ph.D. at the University of Pennsylvania. He lives with his wife and three children in the suburbs of Philadelphia.

3:30 – 4:00 P.M.

Break—Visit Exhibit Hall

4:00 – 5:30 P.M.

CONCURRENT SESSIONS

Shaping and Responding to Marketplace Dynamics

(Salon C)

Keying off critical themes 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, NAMD President, Director, Division of Medical 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, Professor of Practice at the Batten School of Leadership and Public Policy, The University of Virginia
Looking through the Congressional Crystal Ball

(Salon H)
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, Senior Counsel, U.S. House Energy and Commerce Committee

Improving the Eligibility and Enrollment Experience

(Salon J)
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

Trends in Medicaid Long Term Services and Supports

(Salon K)
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 Medicare and CHIP Services, Centers for Medicare and Medicaid Services
- Debra Lipson, Senior Researcher, Mathematica Policy Research

5:30 – 7:30 P.M.
Exhibit Hall Reception
CONFERENCE PROGRAM

Tuesday, October 30

8:00 - 9:00 A.M.
Medicaid Directors-Only Breakfast with Alumni
(Roslyn 1 & 2)
By Invitation Only

8:00 - 9:00 A.M.
Continental Breakfast
(Salons 1, 2 & 3 Foyer)
Sponsored by: Golden Living

9:00 - 10:30 A.M.
PLENARY SESSION—New Insurance Paradigm
(Salons 4, 5 & 6)
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

Noam Levey
Noam N. Levey writes about national healthcare policy for the Los Angeles Times/Tribune Washington bureau. His stories about passage and implementation of the Affordable Act and other healthcare issues appear regularly in newspapers nationwide, including the Chicago Tribune, Baltimore Sun, Hartford Courant and Orlando Sentinel. He has written for Health Affairs and is a frequent guest on nationally broadcast public radio programs. Prior to joining the Times in 2003, Noam was an investigative reporter for the San Jose Mercury News in Silicon Valley. A Boston native, he has a degree in Middle Eastern history from Princeton University.

Karen Ignagni
As President and Chief Executive Officer of America’s Health Insurance Plans (AHIP), Karen Ignagni is the voice of health insurance plans, representing members that provide health and supplemental benefits to more than 200 million Americans. Ms. Ignagni joined the organization as its Chief Executive in 1993. During her tenure as CEO, she has led two mergers with other organizations to form AHIP in 2003, making AHIP the leading voice for the health plan community in America.

Ms. Ignagni has won many accolades for her leadership, earning recognition by leading publications, including the New York Times, National Journal, The Hill, Time Magazine, The Washingtonian, Fortune Magazine, and Modern Healthcare, for her extensive health policy background and intrinsic feel for politics. The National Journal said she is “among the most respected and effective lobbyists in Washington,” and also named her as one of the top 25 most influential women in D.C. Ms. Ignagni is one of only eight individuals to be included in Modern Healthcare’s annual rankings of the “Most Influential People in Healthcare” for each year of its existence, a testament to her continued success and leadership in the industry.

Prior to 1993, Ms. Ignagni directed the AFL-CIO’s Department of Employee Benefits. In the 1980s, she was a Professional Staff Member on the U.S. Senate Labor and Human Resources Committee, preceded by work at the Committee for National Health Insurance and the U.S. Department of Health and Human Services.

**Ron Pollack**

Ron Pollack is the Founding Executive Director of Families USA, the national organization for health care consumers. Families USA’s mission is to achieve high-quality, affordable health coverage and care for everyone in the U.S. Families USA’s numerous analyses—on such matters as health coverage for the uninsured and underinsured, Medicaid, Medicare, long-term care, and other topics—are frequently cited at congressional hearings, in state legislatures, by the media, and by consumer organizations that Families USA works with across the country.

Mr. Pollack is a frequent guest on a variety of television and radio programs, such as *The PBS NewsHour, NBC’s Today show, ABC’s Good Morning America,* all of the network nightly news programs, and *NPR’s All Things Considered and Morning Edition.* He is often quoted in such leading newspapers as *The New York Times, The Washington Post, The Wall Street Journal,* and *The Los Angeles Times.*

Mr. Pollack has received various honors. The Hill, a publication serving members of Congress and their staffs, named Mr. Pollack one of the nine top nonprofit lobbyists. Modern Healthcare named Mr. Pollack one of the 100 Most Powerful People in Health Care. National Journal named him one of the top 25 players in Congress, the Administration, and the lobbying community on Medicare prescription drug benefits.

Mr. Pollack is the Founding Board Chairman of Enroll America, an organization composed of very diverse stakeholders working together to secure optimal enrollment of uninsured people through effective implementation of the Affordable Care Act.

In 2007, at the 25th anniversary of Search for Common Ground, a nationally renowned conflict management organization, Mr. Pollack received the “Common Ground” co-award for his work with a group of ideologically diverse health organizations that reached an historic consensus proposal about expanded health coverage for the uninsured. Previous winners of the award included former President Jimmy Carter, Archbishop Desmond Tutu, and Muhammad Ali.

In 1997, Mr. Pollack was appointed by President Clinton as the sole consumer representative on the Presidential Advisory Commission on Consumer Protection and Quality in the Health Care Industry. In that capacity, Mr. Pollack helped prepare the patients’ bill of rights that has been enacted by many state legislatures.

Prior to his current position at Families USA, Mr. Pollack was the Dean of the Antioch School of Law.

Mr. Pollack was also the Founding Executive Director of the Food Research and Action Center (FRAC), a leading national organization focused on eliminating hunger in the U.S. Two of his notable accomplishments at FRAC include: (1) arguing two successful cases on the same day in the U.S. Supreme Court to secure food aid for low-income Americans, and (2) the successful federal litigation that resulted in the creation of the WIC program for malnourished mothers and infants.

Mr. Pollack received his law degree from New York University where he was the Arthur Garfield Hays Civil Liberties Fellow.
Andrew Webber

Andrew Webber joined the National Business Coalition on Health (NBCH) as President and CEO in June of 2003. NBCH is a national, not-for-profit, membership organization of 56 purchaser-based coalitions on health, dedicated to improving health, transforming health care, community by community. As President and CEO, Mr. Webber is responsible for overseeing all association activities including value based purchasing programs, government and external relations, educational programs, member communications, technical assistance, and research and evaluation.

Mr. Webber sits on the Board of Directors for the Patient Centered Primary Care Collaborative (PCPCC), The Alliance to Make US Healthiest, and the Health Care Incentives Improvement Institute (HC3)—the combined Bridges to Excellence and Prometheus Payment organizations. He is a Principal of the Quality Alliance Steering Committee (QASC) and NBCH is a member of the Ambulatory Quality Alliance (AQA). Mr. Webber is also a member of the Purchaser/Business Advisory Councils for the National Committee for Quality Assurance, the Joint Commission for the Accreditation of Healthcare Organizations, and the eHealth Initiative.

Prior to joining NBCH, Mr. Webber was a Vice President for External Relations and Public Policy at the National Committee for Quality Assurance. In this role, Mr. Webber directed all government relation activities and outreach efforts to the employer and consumer communities. Previous positions also include Senior Associate for the Consumer Coalition for Quality Health Care and Executive Vice President for the American Medical Peer Review Association (currently renamed the American Health Quality Association). Mr. Webber started his health policy career in 1978 as an employee of the Washington Business Group on Health (currently renamed the National Business Group on Health), rising to the position of Vice President for Public Policy.

Mr. Webber is a frequent speaker and lecturer on health policy issues. He is a graduate of Harvard University.

10:30 – 11:00 A.M.

Break—Visit Exhibit Hall

11:00 – 12:30 P.M.

CONCURRENT SESSIONS

Medicaid Innovations: Quality Improvement
(Salon C)
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
(Salon H)
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.
The Future of Medicaid Drug Policy
(Salon J)
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 Officer, Arizona Health Care Cost Containment System
- Kamala Allen, Vice President, Program Operations, Center for Health Care Strategies
- Stephen Crystal, Board of Governors Professor and Director, Center for Health Services Research, Rutgers, The State University of New Jersey
- Leonard Paulozzi, MD, 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
(Salons 4, 5 & 6 Foyer)
Sponsored by: National Association of Chain Drug Stores

1:45 – 3:00 P.M.
CLOSING PLENARY SESSION—
A Conversation with the Center for Medicaid and CHIP Services
(Salons 4, 5 & 6)

- Cindy Mann, CMS Deputy Administrator/ Director, Center for Medicaid and CHIP Services, Centers for Medicare and Medicaid Services

Cindy Mann
Cindy Mann, J.D. has served as the Director of the Center for Medicaid and CHIP Services (CMCS) within the Centers for Medicare and Medicaid Services (CMS) since June 2009. As CMS Deputy Administrator and Director of CMCS, Cindy is responsible for the development and implementation of national policies governing Medicaid, the Children’s Health Insurance Program (CHIP) and works closely with states as they design and administer their Medicaid and CHIP programs.

Prior to her return to CMS in 2009, Cindy served as a research professor at the Georgetown University Health Policy Institute and was the Executive Director of the Center for Children and Families at the Institute. Her work at Georgetown focused on health coverage, financing, and access issues affecting low-income populations and states. She was also a senior advisor at the Kaiser Commission on Medicaid and the Uninsured. Cindy served as Director of the Family and Children’s Health Programs Group in the CMS (then HCFA) Center for Medicaid and State Operations (now CMCS) from 1999–2001, where she played a key role in implementing the SCHIP program and led the center’s broader work on Medicaid policies affecting children and families. Before joining HCFA in 1999, Cindy directed the center on Budget and Policy Priorities’ federal and state health policy work. She also has extensive state-level experience, having worked on health care, welfare, and public finance issues in Massachusetts, Rhode Island, and New York.

Cindy received a law degree from the New York University School of Law and a B.A. from Cornell University.
Let’s reach a healthier state together.

Get a Medicaid solutions that can lower costs — and make lives better.

How? We can offer people in your state customized Medicaid solutions, so you know you’re getting a managed care plan that fits your state’s population and needs. Plus, coverage comes with proven wellness programs that help people get healthy — and stay healthy. That lowers costs for everyone.

Find out how our health plans have helped increase prenatal care dramatically, and helped people manage other chronic diseases, lowering nonessential emergency room visits. Plus, learn more about our model of care approach to serving Dual Eligibles.

Visit our booth to see how we can help you make a difference in your state.

Proud to sponsor the National Association of Medicaid Director’s Fall 2012 Conference.

Healthy moms make for healthy babies. Infants born to moms in our prenatal program were 53% less likely to visit the emergency room in their first year of life.
Exhibitor Floorplan
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Building healthier communities.

As a proud sponsor of the NAMD Conference, we look forward to spending time with you and sharing ideas.

Our mission is to help people live healthier lives. We’re working to make it easier for expectant moms and children to get the health care they need. Easier for members to access dental care. Simpler for the elderly and people with disabilities to navigate the complex health care system. And more personal for those with chronic conditions to receive individual attention and lead more fulfilling lives.

Please visit us at Booth 24-25 and find out how, together with our state partners, we’re making a real difference in the lives of our members by helping them improve their overall health.

See you at NAMD.
Exhibitors

**BOOTH #: 7**

3M Health Information Systems  
**Contact:** Jack Ijmas  
575 W. Murray Blvd.  
Murray, UT 84123  
Phone: 801-265-4649

Best known for market-leading coding and ICD-10 expertise, 3M Health Information Systems offers classification and grouping solutions to measure inpatient, outpatient and population care. Widely used for payment and public reporting, 3M methodologies support patient safety initiatives, quality reporting, performance improvement and alternative payment models such as bundled payment and accountable care. Recent 3M innovations have focused on reducing potentially preventable complications and readmissions, population risk adjustment and episodes of care. [www.3Mhis.com/pay4outcomes](http://www.3Mhis.com/pay4outcomes)

**BOOTH #: 50**

Aetna Medicaid  
**Contact:** Taira Green-Kelly  
4645 E Cotton Center Blvd., Building One  
Phoenix, AZ 85040  
Phone: 602-659-1127

Aetna Medicaid is a leading managed health care company. For 25 years, we have owned and managed Medicaid and CHIP plans. With 1.2 million members, we have built a national reputation for caring for the sickest of the sick and working closely with states to build high quality programs. We are active proponents for program innovation—including integrated dual eligible and managed long-term care programs that reward best outcomes, and patient-centered medical homes.

**BOOTH #: 44**

Altegra Health  
**Contact:** Linda Bylow  
1801 S. Extension Rd., #111  
Mesa, AZ 85210  
Phone: 480-337-6606

Altegra Health is a national provider of technology-enabled performance improvement services for Medicare and Medicaid health plans, health systems and medical groups. Altegra Health (formerly Social Service Coordinators) is dedicated to providing clients the best dual eligible administration and member engagement education and communications in the industry.

Our solutions provide a broad range of eligibility, enrollment and member engagement services that lead to better member experiences and improved plan retention. Members of contracted Medicare Advantage Plans are provided application assistance with Medicare Savings Programs and once enrolled, receive annual reminders to maintain their enrollment. Similarly, recertification management services are available for the members of contracted Medicaid managed care plans.

Golden Touch® and Community Assistance, Referral and Enrollment Services—CARES® provide the members of participating managed care plans with social service education and advocacy benefits that help them gain a greater understanding of what public or private benefits and services are available. This service includes Social Service CheckUp® to screen for program eligibility such as energy or telephone assistance, transportation and nutrition, to name a few.

Learn more at [AltegraHealth.com](http://AltegraHealth.com).
Golden Living is proud to be a NAMD Sponsor!

Golden Living is a family of companies that specialize in recovery care. Its mission is to help people recover health and improve quality of life through a network of healthcare services, including rehab, home care, assisted living, skilled nursing care, pharmacy, and hospice. The Golden Living family of companies include Golden LivingCenters, Aegis Therapies, AseraCare, AlixaRx, and 360 Healthcare Staffing. There are more than 300 Golden LivingCenters in 21 states. Golden Living also offers assisted living services at more than 30 locations. In addition, the Golden Living companies provide services to more than 1,000 nursing homes, hospitals and other healthcare organizations in 40 states and the District of Columbia. Collectively, the Golden Living family of companies has more than 41,000 employees who provide quality healthcare to more than 60,000 patients every day.

www.goldenliving.com

Contact Paul Goss at (479) 619-8848 or paul.goss@goldenliving.com
For the past 30 years, AmeriHealth Mercy Family of Companies has partnered with states to provide quality health care to the nation’s most vulnerable residents while managing escalating health care costs. We’ve built advanced technologies, developed innovative coordinated care models that integrate physical and behavioral health, and implemented leading-edge programs that empower our members to stay healthy.

With 4.5 million members in 12 states, AmeriHealth Mercy is driven by a mission to help people get care and stay well. We focus on delivering managed care solutions for Medicaid, Medicare and CHIP—plus pharmacy, behavioral health, and administrative services. We establish alliances with key provider groups to offer customized, state-specific solutions that improve health outcomes while saving precious public funds.

AmeriHealth Mercy is uniquely positioned to help Medicaid directors easily navigate the shifting health care landscape, working with them to interpret and implement processes that meet or exceed government and health industry standards. Through integrated care management, “best practice” models, and award-winning, culturally competent health outreach programs, AmeriHealth Mercy is a national leader in improving health outcomes and reducing costs for state governments. Learn more at www.amerihealthmercy.com.

For almost a decade, Avysion Healthcare Services has focused on meeting the healthcare program and staffing needs of State and Federal entities with a specialization on the unique requirements relating to Medicaid, CHIP and Medicare. With over 350 clinical and healthcare administrative employees servicing over 40 Health and Human Service Agencies, we understand the challenges facing our State Governmental clients, including the impact PPACA will have on Medicaid expansion and the need to measure and improve member health outcomes—all to be accomplished within tight budgetary constraints.

In addition to senior staff members with State Medicaid Fee-for-Service, CHIP and Medicaid Managed Care experience, Avysion also offers proven expertise and capabilities including but not limited to:

- Certification by CMS as a Quality Improvement (QIO-like) entity
- URAC Accreditation in Health Utilization Management and Case Management
- The Joint Commission Certification for healthcare staffing
- Qualified by CMS as a External Quality Review Organization (EQRO)
- Specialized clinical and administrative healthcare staffing
- PERM eligibility audit experience
- Medical necessity and fraud audits to ensure regulatory compliance

For more information, please visit our website (www.avysionhealthcare.com) or contact echestnut@avysion.com.
BerryDunn’s Government Consulting Group has been providing management and information technology consulting services to clients in state government for 25 years. Our team of Medicaid professionals understands the daily and long-term challenges facing today’s state Medicaid agencies, including fiscal constraints, evolving state and federal regulations, and loss of institutional knowledge due to attrition. We offer demonstrated experience providing state business and systems planning, project management, independent verification and validation, and financial and regulatory analysis. Our objective advisory services help state Medicaid agencies maintain existing programs and take advantage of new opportunities.

Laboratorio Buena Salud does not operate as a traditional English-speaking business with bilingual capabilities, but as a Spanish-speaking service that is able to accommodate English-speakers when necessary. The laboratory has an extensive support staff, including over 30 dedicated customer service representatives on duty 24 hours a day.

The mission of Laboratorio Buena Salud is to become an integral member of the nation’s Hispanic communities and make it convenient and comfortable for Spanish-speaking individuals and families to take care of their testing needs. For more information, visit www.laboratoriobuenasalud.com.
**EXHIBITORS**

**BOOTH #: 47**

**BIORX**

**Contact:** Robert Sorenson  
10328 Kenwood Road,  
Cincinnati, OH 45242  
Phone: 704-577-1573

BioRx is a national pharmacy and home infusion services provider that specializes in the delivery of extremely complex and costly pharmaceutical therapies—typically those with orphan drug designation and an annual per-patient expenditure of more than $50,000.

These specialized medications treat some of the rarest diseases and usually require lifelong clinical and educational support for home or self-administration. BioRx services include the delivery of specialty intravenous and injectable pharmaceuticals, medical supplies, nursing, reimbursement support, consumer advocacy, and highly customized care plans. The company’s primary disease specialties include hemophilia and related bleeding disorders, immune deficiency disorders, autoimmune disorders, hereditary angioedema, alpha-1 antitrypsin deficiency; and through its ThriveRx division, nutrition and digestive disorders.

BioRx is a licensed pharmacy and wholesale distributor in all 50 states. To learn more, contact us at 866.442.4679 or visit www.biorx.com.

**BOOTH #: 52**

**Consumer Direct**

**Contact:** Heidi Davis  
1903 S. Russell Street  
Missoula, MT 59801  
Phone: 406-532-1907

The Consumer Direct Family of Companies provides superior support for individuals and families to direct their own services. Our goal is to give people maximum control and choice over the services they receive, and over who provides their in-home care. We are partners with those who want to be as independent as possible, and want to remain in their own homes, communities and villages. Those who choose to direct their own in-home care have an enhanced quality of life, and care provided in the home is the most efficient use of available resources.

Consumer Direct is a home and community based provider for long-term care (Medicare, Medicaid and Private Pay), mental health and developmental disabilities services. Now providing services in 10 states, Consumer Direct’s skilled and experienced staff offers highly effective and innovative tools: thorough training and support for individuals, additional support for their families and caregivers, and comprehensive fiscal systems that help people thrive in their self-directed programs.

Please visit www.consumerdirectonline.net or stop by the Consumer Direct booth to meet our staff and for more information on our company and services.

**BOOTH(S) #: 38/39**

**CGI**

**Contact:** Megan Walker  
11325 Random Hills Road  
Fairfax, VA 22030  
Phone: 703-267-7217

At CGI, we’re in the business of satisfying clients. For more than 35 years, we’ve operated upon the principles of sharing in clients’ challenges and delivering quality services to address them. A leading IT and business process services provider, CGI has 31,000 professionals operating in 125 offices worldwide. As a long-standing partner to health and human services agencies, we provide the experience, vision and technology to help clients transform and integrate operations to improve efficiency and better serve constituents. We partner with these clients on large, complex programs spanning healthcare reform, health insurance, child welfare, child support enforcement, eligibility and workforce development systems. Learn more at www.cgi.com.
**BOOTH #: 17**

**DentaQuest, LLC**  
**Contact:** Brianne Boettcher  
12121 N Corporate Parkway  
Mequon, WI 35092  
Phone: 262-387-3370

DentaQuest is the pre-eminent dental benefits administrator for the public sector, servicing Medicaid, CHIP and Medicare Advantage recipients in 23 states plus DC, via direct contracts or sub-contracts with Medicaid managed health plans. The innovative solutions we offer are delivering better outcomes at a lower cost to more than 17 million members across the United States.

Our goal is to improve the quality of our clients’ programs. We build and manage dentist networks to specifically match client needs and then provide cost-effective administration, supported by smart claims management oversight. That’s actionable knowledge that enables clients to individualize their plans for more effective results.

DentaQuest is changing the paradigm of dental care, from one based primarily upon treatment of disease to one that emphasizes disease prevention. We are supported by the work of the DentaQuest Institute to strengthen the oral health safety net and the philanthropic leadership of the DentaQuest Foundation.

In an environment where expenditures for health care are under increasing scrutiny, DentaQuest provides fresh thinking, managing costs not by eliminating care but by improving the preventive nature of care.

Talk to us about your dental health plan. We’re at Booth 17. Call DentaQuest at 888.224.8482 or email learnmore@dentaquest.com

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**BOOTH #: 8**

**Emdeon**  
**Contact:** Katie Rogers  
3055 Lebanon Pike  
Nashville, TN 37214  
Phone: 615-932-3222

Emdeon is a proven provider of claims, payment, clinical exchange and fraud and abuse management solutions that increase efficiencies through intelligent transaction services. Emdeon helps government entities do more with less by streamlining processes and reducing administrative costs while lowering the overall cost of healthcare.

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**BOOTH #: 21**

**Equifax Verification Systems**  
**Contact:** Debbie Rohlman  
11432 Lackland Road  
St. Louis, MO 63146  
Phone: 314-214-7000

The Work Number®, a service of Equifax, is the market leader in providing outsourced employment, income and identity verifications. In addition to direct connections with the IRS and SSA, it has also amassed the nation’s largest proprietary database of employment and income information for use by the private and public sector.

The Work Number offers a wide range of verification services specifically designed to meet the additional detail-levels required by government agencies that administer public assistance and self-sufficiency programs. Current pay-period employment and income detail is available instantly, or in short order by streamlined fulfillment with the employer; while personal and business income tax information is delivered in just hours through our direct connection with the IRS. Identity authentication and SSN verification results are compiled from numerous, unique data sources including the SSA. Using any route, all of your income determination and identity risk assessment requests can be fulfilled rapidly, and with ease.
Booth #: 9

Harmony Information Systems
Contact: John Byer
12120 Sunset Hills Rd., Suite 500
Reston, VA 20190
Phone: 703-657-1519

Harmony Information Systems provides off-the-shelf solutions for managing the delivery of home- and community-based, long-term care. The company’s software is used by more than 900 human services organizations to improve service delivery efficiency, ensure compliance with funding source requirements, and enable consumer-driven care delivery models. For more information visit www.harmonyis.com or call 866.951.2219.

Booth #: 48

Health Management Associates
Contact: Vernon Smith
120 N. Washington Square, Suite 705
Lansing, MI 48933
Phone: 517-482-9236
www.healthmanagement.com

HMA is an independent, national research and consulting firm with 15 offices nationwide—100 consultants strong and still growing. We hire the best-of-the-best—former Medicaid, public health, mental health and budget officials—to keep doing what they love to do. HMA knows the value and importance of state health care programs and the increasingly demanding role for states. We share a commitment to publicly-financed health programs that serve vulnerable, low income and uninsured individuals. We are unwavering in our commitment to creative, practical solutions, the best information, analysis, counsel and results, every time.
**EXHIBITORS**

**BOOTH(S) #: 40/41**

**Health Management Systems**

**Contact:** April Howard  
350 Worthington Road, Suite G  
Westerville, OH 43082  
Phone: 614-839-3437

HMS is the nation’s leader in coordination of benefits and program integrity services for state Medicaid agencies, child support agencies, and state employer health benefit plans. HMS delivers solutions that span the payment continuum from pre-pay through recovery. Last year alone HMS recovered $2.5 billion and recovered $7 billion in cost avoidance savings.

**BOOTH #: 16**

**HP**

**Contact:** Susan Arthur  
8320 Brookstone Lane  
Clarkston, MI 48348  
Phone: 248-620-2931

As a trusted partner and advisor to health and human services organizations, HP offers proven capabilities, unmatched experience, and solid domain expertise. With more than 45 years of delivering IT services to health and human services organizations, we bring innovative ideas, vast industry knowledge, and an unmatched portfolio of services to help connect organizations to healthier results.

HP creates new possibilities for technology to have a meaningful impact on people, businesses, governments, and society. The world’s largest technology company, HP brings together a portfolio that spans printing, personal computing, software, services, and IT infrastructure to solve our clients’ problems.

More information about HP is available at [http://www.hp.com](http://www.hp.com).

**BOOTH #: 43**

**IPRO**

**Contact:** Harry Feder  
1979 Marcus Avenue, Suite 105  
Lake Success, NY 11042  
Phone: 516-209-5403

IPRO is a national organization providing a full spectrum of healthcare assessment and improvement services that foster more efficient use of resources and enhance healthcare quality to achieve better patient outcomes. IPRO’s core services include data collection and validation; program oversight and monitoring (including fraud & abuse); utilization review and quality assurance; performance measure development; value-based purchasing and payment reform infrastructure support; clinical performance improvement; and healthcare transparency.

As a Utilization Review agent, IPRO annually conducts more than 110,000 Medicaid inpatient case reviews to assess medical necessity and appropriateness. IPRO also serves as the External Quality Review Organization (EQRO) for seven states and a U.S. territory. IPRO works with state agencies to help eligible ambulatory practices achieve NCQA primary care medical home (PCMH) recognition and to support the implementation of the health home model of service delivery.

For more than 25 years, IPRO has been highly regarded for the independence of its approach, the depth of its knowledge and experience, and the integrity of its programs. IPRO holds contracts with federal, state and local government agencies and corporate clients in more than 30 states and territories and the District of Columbia. A not-for-profit organization, IPRO’s affiliates include Lumetra Healthcare Solutions and Logiqual Health Management Solutions. For more information, please visit [www.ipro.org](http://www.ipro.org).
EXHIBITORS

BOOTH #: 33

Keystone Peer Review Organization

Contact: Bethany Smith
777 East Park Drive
Harrisburg, PA 17105
Phone: 717-564-8288

KePRO has been designing and delivering care management and quality improvement solutions that meet the unique needs of our customers since 1985. We partner with our clients to achieve improved health outcomes for your members and reduce health care costs for you. Become one of the more than 19 million members we serve, and see how our clinically driven, client focused, and value based solutions deliver significant results!

Clinically Driven
You want to keep your members at their best. KePRO is dedicated to ensuring that all members get the care they need, when and where they need it. We were founded by the Pennsylvania Medical Society on that simple philosophy. Our nine medical directors ensure that all our solutions are predicated on the use of evidence-based medicine, leading to better health outcomes for all.

Client Focused
You and your population are unique. Why settle for an off the shelf solution designed for a larger population? KePRO’s flexibility enables us to provide the programs that best target your members and deliver the results you expect. We are the right size to solve your health care issues, and are known for the high quality services we deliver to clients of all sizes.

Valued Based
You want an experienced vendor that will be there for you year after year, improve the overall health of your members, and control your health care costs. KePRO has serviced the commercial and public health care markets for over a quarter century.

Utilization Management
KePRO’s utilization management program provides assessment of medical necessity and appropriateness of care. KePRO performs pre-certification review, continued stay review, retrospective and discharge planning services. The program focuses on improving the effectiveness of health care services delivered to members, while minimizing or eliminating inappropriate levels of care, admissions, and procedures, as well as untimely or premature discharge.

Qualis Health’s Services:
- Patient-Centered Medical Home Implementation Support
- Healthcare Quality Consulting
- MMIS and Health IT Consulting
- Care Management Services

Please visit us at booth 22.
You can also visit us online at www.qualishealth.org or contact us at (800) 949-7536.
**EXHIBITORS**

**BOOTH #: 45**

**LeFleur Transportation**

**Contact:** Steve Buckner  
219 Industrial Drive  
Ridgeland, MS 39157  
Phone: 601-397-5359

Since 1993, LeFleur Transportation has been successfully providing and managing passenger transportation systems that deliver the best service available. Today, LeFleur Transportation manages more than 2 million annual trips in Arkansas, Mississippi, Ohio, Oklahoma, and Texas. LeFleur utilizes over 18 years’ experience in providing non-emergency transportation for multiple Medicaid environments, managed care organizations, social service programs, public transit agencies, and healthcare facilities, to give its clients the most cost effective, efficient, and safe option for their transportation needs. Email: steve.buckner@lefleur.net; www.lefleur.net

**BOOTH #: 11**

**LexisNexis**

**Contact:** Kathy Mosbaugh  
100 Alderman Drive  
Alpharetta, GA 30005  
Phone: 407-922-2734

LexisNexis® delivers full suite of health care products that deliver significant value, measured in real-dollar return on investment, to Medicaid customers and their Integrator partners. Our world-class databases and linking technology enhance provider and beneficiary enrollment processes and help plans improve program integrity through automation of often manual processes. We maintain the largest and fastest growing data repository of public records and commercially available data containing in excess of 33 billion records drawn from 20,000 disparate sources that map to 585 million unique identities. The result is a suite of identity management, fraud prevention, and predictive analytic solutions that help agencies root out fraudulent activity and improve overall program integrity.  

Visit us in booth 11. Or, for more information call 866-396-7703 or email healthcare@lexisnexis.com.

**BOOTH(S) #: 14/15**

**MAXIMUS**

**Contact:** Blake Travis  
11419 Sunset Hills Road  
Reston, VA 20190  
Phone: 703-251-8398

For nearly 40 years, MAXIMUS has operated under our founding mission of Helping Government Serve the People.® We deliver administrative solutions for Medicaid, CHIP, and Medicare and are the leading Medicaid Enrollment Broker in the U.S. MAXIMUS offers a single-market focus and a unique understanding of how to deliver high quality, cost-effective solutions tailored for all levels of government. Headquartered in Reston, Virginia, MAXIMUS has more than 8,800 employees located in the United States, Canada, Australia and the United Kingdom.
EXHIBITORS

**BOOTH #: 1**

**The Medicaid Learning Center**  
**Contact:** Marie Schwartz-Day  
100 Middle Street  
Portland, ME 04101  
Phone: 918-810-6939

The Medicaid Learning Center is a training and education company that provides Medicaid training. We deliver effective and essential online education to individuals and organizations, equipping people to understand Medicaid, Medicaid IT Architecture (MITA), Health Information Technology (HIT), and Healthcare Reform. The HIT and Medicaid courseware qualifies for the 90% federal match when combined with a state’s SMHP effort. A must-have for every State Medicaid Agency.

**BOOTH #: 5**

**Mercer Government Human Services**  
**Contact:** April Lindquist  
333 S. 7th Street, Suite 1600  
Minneapolis, MN 55402  
Phone: 612-642-8889  
www.mercer-government.mercer.com

Mercer Government Human Services Consulting (Mercer) specializes in creating innovative solutions to transform health care. We assist government-sponsored programs in becoming more efficient purchasers of health services. Mercer brings a team of consultants, clinicians, actuaries, analysts and accountants to a project to ensure a coordinated approach to the administrative, operational, actuarial and financial components of public-sponsored health and welfare programs.

Mercer’s consultant team has assisted state and local governments for more than 25 years and has experience in over 30 states. Throughout an engagement, Mercer draws on the extensive experience gained in working with numerous states to develop a strategy that fits the unique needs and specifications of our client state.

Mercer’s full range of consulting services, customized to your needs, geographic location and budget, will help you streamline and maximize the benefits of your health services.

**BOOTH #: 29**

**Milliman, Inc.**  
**Contact:** Darleen Jeske  
15800 Bluemound, Suite 100  
Brookfield, WI 53005  
Phone: 262-784-2250

In the highly visible and often contentious world of healthcare policy, government policy makers look to Milliman for impartial assessments of proposed policies and programs. Our contributions are particularly valued because Milliman’s evaluations and recommendations are based on quality data, expert tools, and unbiased analysis.

Milliman also brings to the policy arena knowledge and broad experience with all stakeholders in today’s healthcare landscape. Our broad experience is particularly important to our clients during this historic period of change.

Our consultants have analyzed and developed many different kinds of public programs, including:

- Medicaid acute care and long-term care programs
- Health Benefit Exchange financial and operational considerations
- The effect of healthcare reform on Medicaid and related populations, including 2014 expansion populations
- Integrated programs for dual eligibles
- Program of All Inclusive Care for the Elderly (PACE) programs
- Medicaid mental health and substance abuse programs

Milliman assists government agencies by analyzing healthcare programs’ projections, including population and financial forecasts. We help develop and certify actuarially sound rates for managed care programs, develop waiver filings, and determine fiscal impact caused by legislative policy so that state governments can make informed decisions about policy and budget. We also have assisted many clients to evaluate and use risk adjusters.
Molina Healthcare provides accredited quality health care and Medicaid health information management services to help our state government partners meet the diverse needs of more than 5 million Medicaid and Medicare beneficiaries in 15 states across the country. As a national leader in managed care, Molina serves populations with high rates of chronic disease and disability and through its experience, has been able to improve access and health outcomes for its members. Molina’s history began in 1980 with the vision of Dr. C. David Molina, a Long Beach, Calif. physician. Dr. Molina believed that everyone, regardless of social or economic standing, deserved respect and access to quality health care. Dr. Molina’s vision was to make quality medical care accessible for everyone—a legacy that continues today and serves as a guiding principle.

Molina Healthcare continues to serve the health care needs of a diverse population with a mission of service, a deeply rooted tradition of respect for personal dignity and an unwavering commitment to quality.

Myers and Stauffer, LC
Contact: Amy Manske
11440 Tomahawk Creek Parkway
Leawood, KS 66211
Phone: 913-234-1026

Myers and Stauffer LC is a nationally-based public accounting firm specializing in accounting, consulting, data management and analysis services to state and federal agencies managing government-sponsored health care programs. Myers and Stauffer has more than 30 years experience assisting Medicaid agencies with complex reimbursement issues for hospitals, long term care facilities, home health agencies, federally qualified health centers, rural health clinics, pharmacy providers, physicians and other practitioners. Services include:

Proud sponsor of the 2012 National Association of Medicaid Directors Conference.

Sellers Dorsey successfully navigates the ever-changing health care landscape within the public and private sectors. Learn more at www.sellersdorsey.com.
Cost Report Audit, Desk Review and Settlements  
Nursing Facility Case Mix Rate Setting and MDS Verification  
Hospital DRG, APC and DSH Consulting  
Fraud and Abuse Detection; Recovery Audits; MMIS Audits  
Payment Error Rate Measurement  
Pharmacy Dispensing; Ingredient Reimbursement; State Maximum Allowable Cost  
Claims Review and Program Integrity  
Litigation Support  
Reimbursement System Design and Implementation

National Research Corporation  
Contact: Mary Oakes  
1425 4th Avenue, 6th Floor  
Seattle, WA 98101  
Phone: 206-674-4777

For more than 30 years, National Research Corporation (NASDAQ: NRCI) has been at the forefront of patient-centered care. Today, the company’s focus on empowering customer-centric healthcare across the continuum extends patient-centered care to incorporate families, communities, employees, and other stakeholders.

Currently recognized by Modern Healthcare as one of the largest patient satisfaction measurement firms in the U.S., National Research is dedicated to representing the true voice of patients and other healthcare stakeholders. This integration of cross-continuum metrics and analytics uncovers insights for effective performance improvement, quality measurement, care transitions, and many other factors that impact population health management.

For more information call 800-388-4264, write to info@nationalresearch.com, or visit www.nationalresearch.com.

Booth(s) #: 36/37  
Navigant Health  
Contact: Mouzhan Mangum  
3325 Paddocks Parkway, Suite 425  
Suwanee, GA 30024  
Phone: 678-848-7640

Navigant Healthcare brings together a team of more than 500 seasoned consulting professionals and industry thought leaders. We assist health plans, medical delivery systems, physician practice groups, and payers in designing, developing, and implementing integrated solutions that create high-performing and innovative healthcare organizations. With our unique interdisciplinary approach leveraging the depth and breadth of our experience as healthcare executives, clinicians, and physicians, we enable clients to develop the strategies and capabilities to achieve sustainable peak performance around quality of care, cost, leadership, and culture in today’s changing healthcare environment.
Founded in 1977, NCPDP is a not-for-profit, ANSI-accredited, Standards Development Organization with over 1,600 members representing virtually every sector of the pharmacy services industry. Our diverse membership provides leadership and healthcare business solutions through education and standards, created using the consensus building process. NCPDP has been named in federal legislation, including HIPAA and the MMA. NCPDP members have created standards such as the Telecommunication Standard and Batch Standard, the SCRIPT Standard for e-Prescribing, the Manufacturers Rebate Standard and more to improve communication within the pharmacy industry. Our data services include the NCPDP Provider Identification Number, a unique identifier of over 76,000 pharmacies, and HCIdea, “The Prescriber Identity Solution”. For more information about NCPDP Standards, Data Services, Educational Programs and Work Group meetings, go online at www.ncpdp.org or call (480) 477-1000.

Optum is an information and technology-enabled health services business serving the broad health marketplace, state and federal government agencies, including care providers, life sciences companies, commercial sponsors, and consumers. Its business units—OptumInsight, OptumHealth and OptumRx—employ more than 30,000 people worldwide who are committed to making the health care system work better for everyone. Find out more at www.optum.com.
PHBV Partners, LLP
Contact: Sheryl Pannell
4461 Cox Road, Suite 210
Glen Allen, VA 23060
Phone: 888-832-0856

PHBV Partners is one of today’s premier CPA and management consulting firms specializing in regulatory health care.

We have served regulatory and enforcement agencies and worked with Medicare and Medicaid agencies for more than 40 years. Our experience in providing health care assurance and consulting services to state Medicaid programs, Medicare, CMS, and DOJ is unrivaled. We have performed full and limited scope audits (Medicaid compliance audits), claim reviews, cost settlements, and rate setting for just about every provider type. We have represented Medicaid and Medicare in various levels of appeals throughout the country, and we have assisted the DOJ and state Medicaid Fraud Control Units in both civil and criminal actions related to health care fraud. Additionally, we have provided health care consulting services to multiple state and federal clients.

We know that it takes a continuous effort to stay current on the latest issues affecting Medicaid. We have more than 175 staff, including nine Partners, who work full time with regulatory health care programs. Our team, including former State Medicaid and CMS leaders, is nationally recognized for its ability to effectively communicate on the complexities of Medicaid reimbursement and auditing.

For more information, please visit www.phbvpartners.com or call 888-832-0856.

Public Consulting Group
Contact: Paul Buckley
148 State Street, 10th Floor
Boston, MA 0 2109
Phone: 617-426-2026

A division of Public Consulting Group (PCG), PCG Health offers in-depth programmatic knowledge and regulatory expertise to help state and municipal health agencies expand program financing options available from public and private sources, adjust to changing regulations, reduce or contain costs, consolidate programs, develop partnerships with private providers, improve business processes, achieve compliance, and promote improved client outcomes. We have implemented systems and process improvements for agencies across the U.S., helping them to receive billions of dollars in federal reimbursement for qualified programs. PCG Health professionals rely on their vast experience in the field to strengthen their understanding of current project requirements in order to consistently deliver high quality results. PCG Health is a national leader in state and municipal health care agency consulting and is a recognized leader in health care reform and Health Benefit Exchange consulting, currently serving 21 states and Guam. The division is also a leading provider of revenue enhancement, rate setting, and cost settlement consulting and a leading U.S. provider of health care expense management and other cost containment services. For more information, please see www.pcghealth.com.
Qualis Health

Contact: Michael Garrett
10700 Meridian Avenue North, Suite 100
Seattle, WA 98133
Phone: 206-364-9700

Qualis Health is a national leader in improving care delivery and patient outcomes. We work with clients throughout the public and private sector to advance the quality, efficiency, and value of healthcare for millions of Americans every day. Our customers include Medicaid agencies, the Centers for Medicare & Medicaid Services, other government agencies, managed care organizations, private sector organizations, and foundations.

Our service offerings include care management programs such as utilization management, case management, and care coordination. We also offer healthcare quality improvement services, including Patient-Centered Medical Home technical assistance, care transitions consulting, and other quality improvement projects and special studies. In addition, we provide health information technology consulting services, which include Medicaid Management Information Systems implementation assistance, State Medicaid Health Information Technology Plans development, technical assistance related to achieving meaningful use standards, and other systems planning and technology integration projects.

Please visit us online at www.qualishealth.org to learn more. You can also stay up-to-date on the latest industry news by following us on Twitter via @qualishealth.

Roche

Contact: Bill McKee
9114 Hague Road
Indianapolis, IN 46256
Phone: 317-521-3269

Roche Diabetes Care is a pioneer in the development of blood glucose monitoring systems and a global leader for diabetes management systems and services. For more than 30 years, Roche has been committed to helping people with diabetes live lives that are as normal and active as possible and has been helping healthcare professionals manage their patients’ condition in an optimal way. Today, the ACCU-CHEK portfolio offers people with diabetes and healthcare professionals innovative products, services and comprehensive solutions for convenient, efficient and effective diabetes management—from blood glucose monitoring through information management to insulin delivery. The ACCU-CHEK brand encompasses blood glucose meters, infusion pumps, lancing and data management systems. For more information, please visit accu-chek.com.
**EXHIBITORS**

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**BOOTH #: 18**

**Sandata Technologies**

Contact: Karen Brouillette  
26 Harbor Park Drive  
Port Washington, NY 11050  
Phone: 516-484-4400

Sandata Technologies provides a complete package of information technology solutions, including scheduling, time and attendance, billing, payroll, compliance and clinical applications for home healthcare agencies as well as a “jurisdictional view” dashboard for governments and managed care organizations.

Using real-time information provided by caregivers at the point-of-care, our industry leading Electronic Visit Verification™ technology tracks caregiver arrival and departure times, location, member and home care provider IDs and tasks performed during a visit. Rules-based claims checking increase compliance and claims accuracy, virtually eliminating inappropriately billed services resulting in improved oversight into HCBS program delivery, streamlined claims, and reductions in fraud.

**Santrax Payor Management (SPM)** provides a strong foundation for greater control and insight by giving payors a single, real-time composite view of all authorized services and care delivered providing accurate, up-to-date business intelligence for monitoring and auditing encounters, billing, care plan delivery and service benchmarks.

Additionally, **Santrax Point-of-Care (SPoC)** deploys on smartphones or tablets and completely automates the recording and submission of clinical documentation. Workers have full access to electronic health records and schedules, regardless of setting of care.

Today, Sandata has over 2,000 customers in 50 states and processes over 100 million telephone calls annually. For additional information, please visit: [www.sandata.com](http://www.sandata.com).

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**BOOTH #: 2**

**Seniorlink**

Contact: Mickey Palone  
500 Boylston St., Suite 640  
Boston, MA 02116  
Phone: 617-456-3709

Seniorlink’s mission is to enable elders and persons with disabilities to receive market-leading care and services in the community. Seniorlink today offers expertise in complex populations and serves 1,800 consumers in four states in a lower cost, 24/7 alternative to nursing home placement known as Structured Family Caregiving (SFC) and branded as Caregiver Homes™.

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**LexisNexis**

Visit booth 11

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*Shed light on the risk associated with providers and beneficiaries in your Medicaid program.*
**Telligen**

**Contact:** Mike Speight  
1776 West Lakes Parkway  
West Des Moines, IA 50266  
Phone: 515-440-8251

Telligen is dedicated to delivering innovative solutions to our clients, with over 40 years of proven success. We improve the quality and cost-effectiveness of healthcare for millions of members nationwide.

**Turning Data Into Action**

Telligen goes beyond the numbers and makes sense of what the raw data is telling us. We have the understanding and insight needed to develop customized solutions to healthcare challenges that help improve patient care. We bring clinical, analytical and technical expertise together to turn information into action, improving quality and reducing the cost of healthcare. This is what we call Healthcare Intelligence.

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**Healthcare Intelligence**

- Allows doctors, nurses, hospitals and other entities to deliver better care to their patients
- Allows Medicare, Medicaid, private health plans and commercial payers to bend the cost curve and make healthcare more efficient
- Allows the chronically ill and others to better manage their health and stay healthier, stay active and live a more productive life

**The Telligen Difference**

We use a hands-on, high-touch approach to ensure the right care, in the right place, at the right time and at the right cost. Better care and lower costs are the Telligen Difference.

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**The Lewin Group**

**Contact:** Yvonne Powell  
3130 Fairview Park Drive, Suite 800  
Falls Church, VA 22042  
Phone: 703-269-5669

The Lewin Group is a national health and human service policy, research and consulting firm with more than 40 years’ experience delivering objective analyses and strategic counsel to federal, state and local governments; foundations; associations; hospitals and health systems; providers; and health plans. Lewin has worked with agencies in more than 40 of the nation’s states on health policy, planning and evaluation projects. Projects include coverage and reform analysis, Medicaid purchasing and performance improvement efforts, Medicaid benefits and eligibility studies and modeling, electronic health record incentive programs, cost containment analysis, managed care, disease management, care management initiatives and long-term care. The Lewin Group combines real world experience with a broad, national perspective on state health policy to address our clients’ needs. For more information, visit www.lewin.com.
**Booth #: 46**

**The National Academy For State Health Policy**

**Contact:** Sonya Schwartz  
1233 20th Street, NW, Suite 303  
Washington, DC 20009  
Phone: 202-238-3339

State Refor(u)m is an online network for health reform implementation. It is an initiative of the National Academy for State Health Policy, funded by the Robert Wood Johnson Foundation.

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**Booth #: 6**

**Treo Solutions**

**Contact:** Mike McCarthy  
125 Defreest Drive  
Troy, NY 12180  
Phone: 518-426-4315

Treo Solutions is the Healthcare Payment Transformation Company. Since 2002, Treo Solutions has been providing payment policy advisory and analytics services to help healthcare providers, payers, and state agencies analyze system performance, identify opportunities for improvement, design payment policies, align incentives, strengthen financial performance and cut costs, improve the quality of care, and manage population health. One particular area of expertise is in payment policy design and the transformation of Medicaid programs.

The Treo experts work closely with Medicaid and state government agencies throughout the country to bolster the value of Medicaid spending. Laying the foundation of payment transformation through changes in provider practices and systems, such as the implementation of medical homes; engaging in full scale transformation of inpatient and outpatient reimbursement systems; and establishing value-based purchasing or accountable care programs are among the ways in which Treo and its clients are improving the health of Medicaid recipients and containing the costs of these vital state programs.

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**Booth(S) #: 3/4**

**Truven Health Analytics**

**Contact:** Stephanie Perkins  
6200 S Syracuse Way, Suite 300  
Greenwood Village, CO 80111  
Phone: 303-486-6540

Truven Health Analytics, formerly the Healthcare business of Thomson Reuters, delivers unbiased information, analytic tools, benchmarks, and services to the healthcare industry. Hospitals, government agencies, employers, health plans, clinicians, pharmaceutical, and medical device companies have relied on us for more than 30 years. We combine our deep clinical, financial, and healthcare management expertise with innovative technology platforms and information assets to make healthcare better by collaborating with our customers to uncover and realize opportunities for improving quality, efficiency, and outcomes. With more than 2,000 employees globally, we have major offices in Ann Arbor, Mich.; Chicago; and Denver. Advantage Suite, Micromedex, ActionOI, MarketScan, and 100 Top Hospitals are registered trademarks or trademarks of Truven Health Analytics. For more information, please visit www.truvenhealth.com.
Commonwealth Medicine is UMass Medical School’s health care consulting and operations division. Our evidence-based solutions improve health care outcomes and access for people in need, while controlling costs and maximizing return on our clients’ spending.

As health care reform leaders, we recognize and plan for the impact that change has on health care delivery systems—and on patients. We develop and implement large-scale solutions for health insurance exchanges and integrated eligibility systems. Our team also provides health law analysis, legislative drafting, and policy and program analysis, design, and implementation. We offer operational and policy consulting on long-term support services, pharmacy programs, service delivery for special populations, and other Medicaid-related areas.

With public service experience and objective academic research informing our work, we developed our unique public university partnership model to facilitate collaboration and provide enhanced services to other public entities, such as state Medicaid agencies. Many state and local health care agencies—particularly those that serve Medicaid populations—have increased the value of their health care spending and improved access for at-risk and uninsured populations by implementing our customized programs for maximizing federal reimbursement and avoiding costs.

Visit us at [http://commed.umassmed.edu/](http://commed.umassmed.edu/) to learn more.

**BOOTH(S) #: 24/25**

**UnitedHealthcare Community & State, a UnitedHealth Group Company**

Contact: Rita Johnson-Mills
9701 Data Park Drive, MN006-W900
Minnetonka, MN 55343
Phone: 952-931-5368

Finding solutions for high-quality, affordable health care requires innovative thinking and a deep commitment to supporting the mission of our state partners. At UnitedHealthcare Community & State, we believe that our local presence and commitment, combined with our experience as America’s largest Medicaid Managed Care Organization, helps us deliver new ideas and better outcomes. Our mission is to help people live healthier lives—so it’s easier for expectant mothers and children to get the health care they need, simpler for people with disabilities to navigate the complex health care system, and more personal for those with chronic conditions to receive individual attention and lead more fulfilling lives.

To learn more about UnitedHealthcare Community & State, contact Alice Ferreira, Vice President of Communications at 203-459-7775, or visit [www.UHCCommunityandState.com](http://www.UHCCommunityandState.com).
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Chronic disease is a health crisis — and prevention is the cure.
**WellPoint**

**Contact:** Chad Westover  
One WellPoint Way, MS: CAT201-M002  
Thousand Oaks, CA 91362  
Phone: 805-557-6037

WellPoint is committed to improving the lives of the people we serve and the health of our communities. Our more than 35,000 associates work every day to meet the unique needs of our diverse customers and help create the best health care value. WellPoint understands that every state has different budget concerns and health care needs. And we’re ready to provide programs that help your Medicaid population, including dual beneficiaries, achieve better health outcomes—and reduce your health care costs. With more than 18 years of experience in offering Medicaid solutions, we are ready to collaborate with your state to implement innovative, cost-effective solutions for Medicaid managed care. You can rely on WellPoint’s experience as one of the nation’s largest health benefits companies. [Wellpoint.com](http://Wellpoint.com)

**Xerox**

**Contact:** Allyson Burroughs  
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Atlanta, GA 30350  
Phone: 770-829-1248

Healthcare systems are experiencing unprecedented change. More people are moving into government programs, stretching critical resources while the care costs continue to rise. At the same time, states must balance budget pressures with the new challenges and opportunities of healthcare reform. Xerox can help. As the world’s leading enterprise for business process and document management, we simplify the way that work gets done through the power of our innovations and the expertise of our people. By teaming with us, state Medicaid agencies are enhancing the efficiency of their programs, reducing overall costs, and improving care outcomes. Our end-to-end capabilities address many needs—from MMIS to Health Insurance Exchanges, from analytics to reporting, and from fraud prevention to pharmacy benefits management. We enable you to make better decisions, ease administrative burdens and improve access to care. With our solutions, you can go beyond mere member enrollment and claims processing to supporting a holistic, person-focused healthcare ecosystem.

Xerox’s technology, expertise and services make healthcare programs more efficient and effective, driving out unnecessary cost and providing new insights into populations. That helps you to focus on what matters most: better serving your citizens and state.

You can learn more about us at [www.xerox.com/govhealthcare](http://www.xerox.com/govhealthcare).
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