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NAMD
National Association of Medicaid Directors

Fall 2013
NAMD Conference

NOVEMBER 11–13, 2013
MARRIOTT CRYSTAL GATEWAY
ARLINGTON, VA

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Colleagues:

On behalf of the National Association of Medicaid Directors (NAMD), we welcome you to the 2013 Fall conference. This is the only conference designed for the full spectrum of issues facing the Medicaid program, and this is a monumental time in the program’s history. Our conference will take place at the exact halfway point between the October 1 roll-out of the Insurance Marketplaces and the January 1 start of the new coverage expansions. Much has been done in preparation for this, and yet, much remains to be finalized.

This year was filled with many challenges as well as opportunities for the program. The crushing budget pressures of the past several years are starting to let up and state budget forecasts are beginning to rebound. States have been completely immersed in the massive preparations required for implementation of the Affordable Care Act and at the same time engaged in full scale reform of the delivery and payment systems inherent in Medicaid.

While the decisions about the Medicaid expansion option and the choice between a state-based or federally-facilitated Marketplace have consumed much of the headlines, every state has been hard at work overhauling and modernizing their eligibility and enrollment systems, so that they can communicate seamlessly with the federal data hub. These preparations have been lengthy, complicated, expensive and in many cases, all consuming. Yet we still know that challenges remain before the system will truly be “working as intended”.

This year’s conference is designed to address the Medicaid program’s most timely and important issues as it continues these transformational changes. 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 provocative discussions of the future of Medicaid, health insurance, and care delivery in a session we call “Health Care 2.0”, an exclusive conversation with White House Health Care Czar Chris Jennings, and an intense discussion of ACA implementation readiness with key state and federal officials.

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,

Darin Gordon
President

Matt Salo
Executive Director
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8:00 – 9:00 A.M.
State Only Breakfast
(Salon 3 Foyer)

9:15 – 5:00 P.M.
State Only Meeting
(Salon 3)

5:00 – 7:00 P.M.
All Attendee Exhibit Hall Reception
(Salons B, C, D, E, F, G, H and J)

Tuesday, November 12

8:00 – 8:45 A.M.
All Attendee Continental Breakfast
(Arlington Foyer)

9:00 – 9:15 A.M.
Welcome and Opening Remarks
(Salons 3, 4, 5, and 6)

• Darin J. Gordon, NAMD President, Director, TennCare and Deputy Commissioner, Tennessee Department of Finance and Administration

• Tom Betlach, NAMD Vice President, Director, Arizona Health Care Cost Containment System

9:15 – 10:45 A.M.
PLENARY—ACA Implementation: A Window into the Early Days
(Salons 3, 4, 5, and 6)

Moderator: Trish Riley, MS, Senior Fellow and Adjunct Professor of Health Policy and Management, Muskie School of Public Service, University of Southern Maine

• Darin J. Gordon, NAMD President, Director, TennCare and Deputy Commissioner, Tennessee Department of Finance and Administration

• Toby Douglas, Director, California Department of Health Care Services

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

• Joel S. Ario, Managing Director, Manatt Health Solutions

10:45 – 11:15 A.M.
Break—Visit Exhibit Hall
(Salons B, C, D, E, F, G, H and J)

11:15 – 12:45 P.M.
CONCURRENT SESSIONS

• Dual Eligibles: An Update on Demonstrations and Next Steps
(Salon 1)

• Innovations in Payment Modernization
(Salon 2)

• Medicaid’s Children: Birth to Launch
(Salon A)

• Meeting the Needs of Today’s Health Care Workforce
(Salon K)

12:45 – 2:00 P.M.
Networking Lunch
(Salons 3, 4, 5, and 6)
Tuesday, November 12

Continued

2:15 – 3:30 P.M.
PLENARY—Health Care 2.0: The Business and Practice of Medicine
(Salons 3, 4, 5, and 6)
Moderator: Len Nichols, Ph.D., Director, Center for Health Policy Research and Ethics, George Mason University

• Ted Kennedy, Jr., Co-founder and President, Marwood Group

• Karen Ignagni, President and Chief Executive Officer, America’s Health Insurance Plans

• Mark B. McClellan, MD, Ph.D., Senior Fellow, Director of the Engelberg Center for Health Care Reform and Leonard D. Schaeffer Chair in Health Policy Studies, Brookings Institution

3:30 – 4:00 P.M.
Break – Visit Exhibit Hall
(Salons B, C, D, E, F, G, H and J)

4:00 – 5:30 P.M.
CONCURRENT SESSIONS

• Advances in Behavioral Health and Substance Use Disorders
(Salon 1)

• Quality Measurement to Enhance Care
(Salon 2)

• The National View of Program Integrity
(Salon A)

• Trends, Transitions and the Road Ahead for Long-term Care
(Salon K)

Wednesday, November 13

8:00 – 9:00 A.M.
Medicaid Directors-Only Breakfast with Alumni
(Jackson)

8:00 – 9:00 A.M.
All Attendee Continental Breakfast
(Arlington Foyer)

9:00 – 10:30 A.M.
CONCURRENT SESSIONS

• Modern Day Chronic Care Management
(Salon 1)

• Performance Indicators: Measuring Medicaid Operations
(Salon 2)

• Medicaid Health IT in the Post HITECH World
(Salon A)

• Integrating Models for Better Primary Care
(Salon K)

10:30 – 11:00 A.M.
Break – Visit Exhibit Hall
(Salons B, C, D, E, F, G, H and J)

11:00 – 12:15 P.M.
PLENARY—2014 and Beyond: The Federal Vision
(Salons 3, 4, 5, and 6)
Keynote: Chris Jennings, White House Coordinator for Health Reform Implementation & Policy

12:15 – 1:00 P.M.
Networking Lunch and Closing
(Salons 3, 4, 5 and 6)
C O N F E R E N C E  P R O G R A M

Monday, November 11

8:00 – 9:00 A.M.
State Only Breakfast
( Salon 3 Foyer)

9:15 – 5:00 P.M.
State Only Meeting
( Salon 3)

5:00 – 7:00 P.M.
All Attendee Exhibit Hall Reception
( Salons B, C, D, E, F G, H and J)

Tuesday, November 12

8:00 – 8:45 A.M.
All Attendee Continental Breakfast
( Arlington Foyer)

9:00 – 9:15 A.M.
Welcome and Opening Remarks
( Salons 3, 4, 5, and 6)

• Darin J. Gordon, NAMD President, Director, TennCare and Deputy Commissioner, Tennessee Department of Finance and Administration

• Tom Betlach, NAMD Vice President, Director, Arizona Health Care Cost Containment System

9:15 – 10:45 A.M.
PLENUMARY—ACA Implementation:
A Window into the Early Days
( Salons 3, 4, 5, and 6)
The NAMD conference begins with an intense conversation examining the successes and challenges for states and the federal government in rolling out the initial stages of the Affordable Care Act. This session comes at a perfect time: six weeks after the October 1 open enrollment and launch of HealthCare.gov, and six weeks prior to the January 1 start date for coverage and subsidies. Join key state and federal officials including Cindy Mann, Director of the Center for Medicaid and CHIP Services, Darin Gordon, Commissioner of TennCare, Toby Douglas, Medicaid Director in California, and Joel Ario of Manatt Health Solutions assess how far along we are, and what needs to happen next.

Moderator: Trish Riley, MS, Senior Fellow and Adjunct Professor of Health Policy and Management, Muskie School of Public Service, University of Southern Maine

• Darin J. Gordon, NAMD President, Director, TennCare and Deputy Commissioner, Tennessee Department of Finance and Administration

• Toby Douglas, Director, California Department of Health Care Services

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

• Joel S. Ario, Managing Director, Manatt Health Solutions

Trish Riley
Trish Riley is a Senior Fellow and Professor of Health Policy at the Muskie School of Public Service, University of Southern Maine and Lecturer in State Health Policy at George Washington University, where she previously served as a Distinguished Fellow. She served as Director of Governor Baldacci’s Office of Health Policy and Finance, from 2003–2011, leading the effort to develop a comprehensive, coordinated health system in Maine and to assure affordable health insurance for all Maine citizens. She was the principal architect of Dirigo Health Reform and served as the state’s liaison to the federal government and Congress, particularly during deliberations around national health reform. She chaired the Governor’s Steering Committee to develop a plan to implement the Affordable Care Act in Maine.

Riley previously served as Executive Director of the National Academy for State Health Policy and President of its Corporate Board from 1989-2003. There she built a major national organization, regularly called upon by policy officials and the press. She has also held appointive positions under four
Maine governors, including directing the aging office, Medicaid and state health agencies, including health planning and licensing programs.

Riley has published and presented widely about state health reform. She serves as a member of the Kaiser Commission on Medicaid and the Uninsured, the Medicaid and CHIP Payment and Access Commission and was a member of the Institute of Medicine’s Subcommittee on Creating an External Environment for Quality. She also previously served as a member of the Board of Directors of the National Committee on Quality Assurance. Riley holds a B.S. & M.S. from the University of Maine.

**Darin Gordon**

Darin Gordon is TennCare’s director and deputy commissioner for the state Department of Finance and Administration. Under Mr. Gordon’s leadership since 2006, the state’s Medicaid managed care insurance program has retained control of its finances, placed full financial risk back with the managed care organizations in the Middle Region and refocused TennCare’s management energy on improving the healthcare status of enrollees.

Mr. Gordon’s history with the TennCare Bureau includes more than seven years of experience with the program. As a budget analyst with the Department of Finance and Administration, he had the tasks of preparing and analyzing TennCare’s finances for inclusion in the Governor’s state budget presentation to the General Assembly. Since October 2002, Mr. Gordon has held senior management positions inside TennCare, with responsibility for the management and oversight of its managed care providers and assisting in contract negotiations with the federal government. He also created a managed care analytics unit to better assess cost and utilization information provided by TennCare MCOs.

Before becoming TennCare Director in 2006, Mr. Gordon served as the Bureau’s chief financial officer in 2004 and played a key role in developing TennCare’s current leadership team.

**Toby Douglas**

On January 7, 2011, Governor Brown appointed Toby Douglas as director of the California Department of Health Care Services (DHCS). Home to the state’s Medicaid program, called Medi-Cal, DHCS administers programs to support the vital health care needs of more than 8.5 million Californians. DHCS employs 3,400 staff members and manages expenditures of more than $70 billion in public funds. Douglas had been chief deputy director since 2009 and held leadership positions in the department since 2005.

From 2001 to 2005, Douglas was a senior manager of activities related to health access, policy, and planning at the San Mateo County Health Department. Before that, Douglas was a research associate at the Urban Institute, a non-partisan, social policy research organization in Washington, D.C., and an AmeriCorps VISTA volunteer.

Douglas graduated from the University of California, Berkeley (Cal), with a bachelor’s degree in economics. He also earned master’s degrees in public health and public policy from Cal.

**Cindy Mann, J.D.**

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 and 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 in Medicaid and the Uninsured. Cindy served as Director of
Prior to his federal service, Mr. Ario was Pennsylvania Insurance Commissioner from 2007 to 2010 and Oregon Insurance Commissioner from 2000 to 2007. Mr. Ario served on the Executive Committee of the National Association of Insurance Commissioners (NAIC) for a decade and was an NAIC officer from 2003 to 2005.

Mr. Ario serves as an advisor to the Robert Wood Johnson Foundation in support of its State Health Reform Assistance Network, and is a member of the Leavitt Partners Future Panel. His publications include “Post Election, the Affordable Care Act Leaves the Intensive Care Unit for Good,” (with Larry Jacobs, Health Affairs Entry Point, Dec. 2012) and “Public Exchanges Dominate the Headlines, but Will Private Exchanges Really Shape the Future?” (Manatt Healthcare Newsletter, June 2013).

10:45 – 11:15 A.M.
Break—Visit Exhibit Hall
(Salons B, C, D, E, F, G, H and J)

11:15 – 12:45 p.m.
CONCURRENT SESSIONS

Dual Eligibles: An Update on Demonstrations and Next Steps
(Salon 1)
For many months, a pioneer group of states have been engaged with CMS, with health plans and with the beneficiary and advocacy communities in their states to seize the opportunity to improve care for the dual eligible population. In this session a few of the early forerunners will go in-depth on the status of their efforts, including the opportunities and challenges that they still see ahead. Presenters will also examine CMS’ evaluation strategy and ways it will continue to work with other states to better serve dual eligibles.

Moderator: Carolyn Ingram, Senior Vice President, Center for Health Care Strategies and former New Mexico Medicaid Director

• John McCarthy, Director, Ohio Department of Medicaid
• MaryAnne Lindeblad, Director, Washington Health Care Authority
• **Melanie Bella**, Director, Federal Coordinated Health Care Office, Centers for Medicare and Medicaid Services

**Innovations in Payment Modernization**  
(Salon 2)  
As major payers and organizations that care for individuals with significant health care needs, state Medicaid agencies are at the forefront of payment modernization. This session will feature a conversation with three states that have significant efforts underway to change how Medicaid delivers and reimburses for services by paying for value over volume. States will describe their efforts, their successes, and the challenges ahead.  

*Moderator:* **Billy Millwee**, President, BM&A Public Policy Consulting and former Deputy Executive Commissioner, Texas Health and Human Services Commission

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

• **Kay Ghahremani**, Associate Commissioner for Medicaid/CHIP, Texas Health and Human Services Commission  

• **Mark Larson**, Commissioner, Department of Vermont Health Access

**Medicaid’s Children: Birth to Launch**  
(Salon A)  
Even with the recent focus on potential expansion and eligibility system changes, states continue to engage in initiatives to improve care for children in Medicaid. This session will highlight three such efforts: better serving foster kids; reducing early elective inductions and improving infant outcomes; and health homes for children with special health care needs.

• **Elena Nicoletta**, Director of Policy and Innovation, Executive Office of Health and Human Services, Rhode Island  

• **Mary Applegate, MD**, Medicaid Medical Director, Ohio Department of Medicaid  

• **Michael Lu, MD, MPH**, Associate Administrator, Maternal and Child Health, Health Resources and Services Administration, U.S. Department of Health and Human Services

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**Meeting the Needs of Today’s Health Care Workforce**  
(Salon K)  
Medicaid programs are finding that the demands on physicians are outstripping capacity, leaving a shortage of providers in crucial areas of health care. Many non-physician workers want to fill the gap, but questions arise on how to put this idea into practice. This session will discuss the prospects and challenges of expanding the scope of practice of non-physicians.

*Moderator:* **Carol Backstrom**, Program Director for Medicaid and System Transformation, National Governors Association and former Minnesota Medicaid Director

• **Julie Weinberg**, Director, Medical Assistance Division, New Mexico Human Services Department  

• **Stephen Cha, MD**, Chief Medical Officer, Center for Medicaid and CHIP Services, Centers for Medicare and Medicaid Services  

• **Jane Koppelman**, Research Director, Children’s Dental Campaign, Pew Charitable Trusts

12:45 – 2:00 P.M.  
**Networking Lunch**  
(Salons 3, 4, 5, and 6)
Tuesday, November 12
Continued

2:15 – 3:30 P.M.
PLENARY—Health Care 2.0: The Business and Practice of Medicine
(Salons 3, 4, 5, and 6)
Our keynote plenary session on Tuesday afternoon will be a thoughtful and provocative look at the future of health care, from a business, a delivery, and an insurance perspective. George Mason University professor of health policy Len Nichols will host a session that will feature AHIP President Karen Ignagni, Marwood Group co-founder Ted Kennedy Jr., and Dr. Mark McClellan of the Brookings Institution to talk briefly about current trends in the health care world, but primarily to speculate about what the future holds in terms of efforts at reform, implementation of the ACA, the nature of health insurance, and how the business model and practice of medicine are changing.

Moderator:  Len Nichols, Ph.D., Director, Center for Health Policy Research and Ethics, George Mason University

• Ted Kennedy, Jr., Co-founder and President, Marwood Group

• Karen Ignagni, President and Chief Executive Officer, America’s Health Insurance Plans

• Mark B. McClellan, MD, Ph.D., Senior Fellow, Director of the Engelberg Center for Health Care Reform and Leonard D. Schaeffer Chair in Health Policy Studies, Brookings Institution

Len M. Nichols

Len M. Nichols became Director of the Center for Health Policy Research and Ethics (CHPRE) and a Professor of Health Policy at George Mason University on March 1, 2010. As he works to strengthen CHPRE’s connections to national, state, and private sector conversations about ways to improve the performance, sustainability, and equity of the US health care system, he continues to bridge the worlds of health policy, health politics, health economics, health services research, and to help make sense of it all for policy makers, private sector leaders, other researchers, and journalists. Len’s most recent prior position was Director of the Health Policy Program at the New America Foundation, where he contributed to the national health reform debate through testimony, briefings, writing, news commentary, and public speaking. He has been intimately involved in health reform debates, policy development, and communication for over 18 years, and is one of the few analysts in Washington that maintains the respect and engagement of elected officials from both sides of the aisle. In addition to testimony Len often is asked to provide technical expertise to members of Congress, governors, state legislators, and other policy officials around the country. He has consistently sought to add moral arguments to the technical health policy debate, and in so doing helps journalists and others remember why the issue is so important to our country. Because of his reputation as an unbiased and knowledgeable health reform analyst, he is frequently interviewed and quoted by major media outlets including the  New York Times, Washington Post, Los Angeles Times, National Journal, the Wall Street Journal, Time and Newsweek magazines, National Public Radio, Lerher News Hour, the British Broadcasting Service, NBC Nightly News, ABC News Tonight, and CBS Evening News.
Len has served as Vice President of the Center for Studying Health System Change, a Principal Research Associate at the Urban Institute and during the first two years of the Clinton Administration, the Senior Advisor for Health Policy at the Office of Management and Budget (OMB). Len was also a visiting Public Health Service Fellow at the Agency for Health Care Policy and Research during 1991–1992, and prior to that he was an Associate Professor and Economics Department Chair at Wellesley College, where he taught from 1980–1991.
Edward M. Kennedy, Jr.
Edward M. Kennedy, Jr. is the president and co-founder of Marwood Group & Co., a healthcare focused financial services firm with offices in New York City, Washington, D.C. and London specializing in propriety healthcare research, asset management and private equity advisory services.

Previously, Mr. Kennedy served as an Associate and later as Counsel to the law firm of Wiggin & Dana located in New Haven, CT. Mr. Kennedy’s health law practice focused primarily on state and federal regulatory and reimbursement issues affecting hospitals, home care agencies, long-term care providers, physicians, and mental health providers. In addition, Mr. Kennedy served as Director of Legal and Regulatory Affairs at the Connecticut Hospital Association, counseling acute care providers and policymakers on a wide variety of emerging health care issues.

Mr. Kennedy has also been an active leader in the civil rights movement for persons with disabilities. In his disability law practice, he advised companies about how to best expand opportunities for persons with disabilities and how to avoid liability under the Americans with Disabilities Act. He continues to serve on the corporate and advisory boards of numerous disability organizations and lectures nationwide on topics relating to health and disability law. Mr. Kennedy received an undergraduate degree from Wesleyan University, a master’s degree from Yale University’s School of Forestry and Environmental Studies, and a law degree from the University of Connecticut School of Law.

Karen Ignagni
Karen Ignagni, President and Chief Executive Officer of America’s Health Insurance Plans (AHIP), 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.

Mark McClellan, MD, PhD
Mark McClellan, MD, PhD, is a senior fellow and director of the Health Care Innovation and Value Initiative at the Brookings Institution. Within Brookings, his work focuses on promoting quality and value in patient centered health care.

A doctor and economist by training, he also has a highly distinguished record in public service and in academic research. Dr. McClellan is a former administrator of the Centers for Medicare & Medicaid Services (CMS) and former commissioner of the U.S. Food and Drug Administration (FDA),
where he developed and implemented major reforms in health policy. These include the Medicare prescription drug benefit, the FDA’s Critical Path Initiative, and public-private initiatives to develop better information on the quality and cost of care. Dr. McClellan chairs the FDA’s Reagan-Udall Foundation, is co-chair of the Quality Alliance Steering Committee, sits on the National Quality Forum’s Board of Directors, is a member of the Institute of Medicine, and is a research associate at the National Bureau of Economic Research. He previously served as a member of the President’s Council of Economic Advisers and senior director for health care policy at the White House, and was an associate professor of economics and medicine at Stanford University.

From time to time, McClellan advises U.S. government officials on health care policy issues. In his capacity as a health policy expert, he is the co-director of the Bipartisan Policy Center’s Leaders’ Project on the State of American Health Care; co-chair of the Robert Wood Johnson Foundation Commission to Build a Healthier America; and chair of the FDA’s Reagan-Udall Foundation. McClellan is also co-chair of the Quality Alliance Steering Committee, sits on the National Quality Forum’s Board of Directors, is a member of the Institute of Medicine of the National Academy of Sciences, and is a research associate at the National Bureau of Economic Research.

McClellan holds an MD from the Harvard University–Massachusetts Institute of Technology (MIT) Division of Health Sciences and Technology, a PhD in economics from MIT, an MPA from Harvard University, and a BA from the University of Texas at Austin. He completed his residency training in internal medicine at Boston’s Brigham and Women’s Hospital, is board-certified in Internal Medicine, and has been a practicing internist during his career.

3:30 – 4:00 P.M.
Break—Visit Exhibit Hall
(Salons B, C, D, E, F, G, H and J)

4:00 – 5:30 P.M.
CONCURRENT SESSIONS

Advances in Behavioral Health and Substance Use Disorders
(Salon 1)
Behavioral health, including the treatment of substance use disorders, is gaining in relevance to Medicaid programs, and sometimes in controversy. This session will explore the trends toward integration, data exchange issues, and other opportunities and challenges in behavior health improvement.

**Moderator:** Jennifer Vermeer, Medicaid Director, Iowa Department of Human Services

- Robert Glover, PhD, Executive Director, National Association of State Mental Health Program Directors
- Vaughn Frigon, MD, Medicaid Medical Director, Tennessee Department of Finance and Administration
- Deborah Bachrach, Partner, Health Care Industry, Manatt, Phelps & Phillips, LLC

Quality Measurement to Enhance Care
(Salon 2)
States have long used quality metrics to ensure that adequate and accountable care is given to Medicaid beneficiaries. In the new era of reform, quality measurement is taking on an enhanced role as a means to validate the effectiveness of non-traditional and newer services and to further improve health outcomes. This session will focus on the growing role of quality measurement and ways that Medicaid Directors are forging ahead to integrate effective quality measurement into their programs.

**Moderator:** Rachel Nuzum, Vice President, Federal and State Health Policy, The Commonwealth Fund

- John Supra, Deputy Director for Information Management and Chief Information Officer (CIO), South Carolina Department of Health and Human Services
- Ana López-De Fede, Ph.D., Research Professor, Institute for Families in Society, University of South Carolina
An Evolving Approach to Medicaid Program Integrity
(Salon A)
States are on the verge of major policy and operational changes to their Medicaid programs. Not only are they planning for growth in enrollment, they are also focused on efforts that will reengineer the delivery of services to drive better value. Speakers will examine what these efforts mean for the integrity of the Medicaid program and what states, CMS and Congress are doing to prepare for these changes.

Moderator: Doug Porter, Principal, Health Management Associates and former Washington State Medicaid Director

• Robert Saunders, Ph.D., Senior Program Officer, Institute of Medicine

• Jerry Dubberly, Chief, Medicaid Division, Georgia Department of Community Health

• Kim Brandt, Chief Oversight Counsel, Minority Staff, Senate Finance Committee

• Andy Schneider, Senior Advisor, Center for Program Integrity and Center for Medicaid & CHIP Services, CMS

Trends, Transitions and the Road Ahead for Long-term Care
(Salon K)
The federal Long-Term Care Commission was tasked with developing plans for a sustainable, high-quality system of long-term care. However, Congress has not yet cleared a path forward for comprehensive policy changes. This session will focus on the Commission’s vision. It will also highlight some of the different paths states are taking to alleviate the growing demands on Medicaid to serve as the primary source for LTSS for the aging population and people with disabilities.

Moderator: Roger Auerbach, Senior Consultant, The Lewin Group and former Oregon Medicaid Director

• Justin Senior, Deputy Secretary for Medicaid, Florida Agency for Health Care Administration

• Cynthia Jones, Director, Virginia Department of Medical Assistance Services

• G. Lawrence Atkins, Ph.D., President, National Academy of Social Insurance
Wednesday, November 13

8:00 – 9:00 A.M.
Medicaid Directors-Only Breakfast with Alumni
(Jackson)

8:00 – 9:00 A.M.
All Attendee Continental Breakfast
(Arlington Foyer)

9:00 – 10:30 A.M.
CONCURRENT SESSIONS

Modern Day Chronic Care Management
(Salon 1)
Medicaid beneficiaries often confront multiple medical conditions that are best treated in a coordinated manner. States are increasingly working towards identifying and caring for these individuals with a holistic approach in order to improve health and lower costs. This session will highlight the innovative ways that states are moving forward to provide care to beneficiaries with chronic conditions.
Moderator: Craigan Gray, MD, Chief Medical Officer, Salient Management Company and former North Carolina Medicaid Director
• Judy Mohr Peterson, Director, Medical Assistance Programs, Oregon Health Authority
• Peggy O’Kane, President, National Committee for Quality Assurance
• Mike Herndon, D.O., Medical Director, Health Care Management, Oklahoma Health Care Authority

Performance Indicators: Measuring Medicaid Operations
(Salon 2)
This session will examine mechanisms for monitoring the on-the-ground experiences and early information about transitions to new eligibility rules and systems. Attendees will hear from senior level federal and state officials about specific measures they are tracking, how these will evolve, and the expectations for ongoing performance monitoring.
Moderator: Joan Henneberry, Principal, Health Management Associates and former Executive Director, Colorado Department of Health Care Policy and Financing
• Brett Davis, Medicaid Director, Wisconsin Department of Health Services
• Jason Helgerson, Medicaid Director and Deputy Commissioner, New York Department of Health
• Penny Thompson, Deputy Director, Center for Medicaid and CHIP Services, Centers for Medicare and Medicaid Services

Medicaid Health IT in the Post HITECH World
(Salon A)
Much health care innovation—including system reform in Medicaid—relies on regular and effective exchange of clinical data. However, the federal support from a wide range of health IT grants to states will end over the next year. What does Medicaid need to do to adapt? This session will address issues of HIT financing, data access, and other impacts of the post-HITECH environment.
Moderator: Pat Casanova, former Indiana Medicaid Director
• Hunt Blair, Special Assistant, Office of the National Coordinator for Health IT, U.S. Department of Health and Human Services
• Susan Mosier, MD, Medicaid Director, Kansas Department of Health and Environment
• Manu Tandon, Secretariat Chief Information Officer, Massachusetts Department of Health and Human Services
Integrating Models for Better Primary Care
(Salon K)
Re-envisioned primary care is a critical component of delivery system reform. Initiatives like health homes rely on strong, fully integrated primary care supported by and interactive with community services. This session will explore models of primary care and public health partnership and concrete means of improving integration.

Moderator: Steve Fitton, Medicaid Director, Michigan Department of Community Health
• Tony Keck, Director, South Carolina Department of Health and Human Services
• Judith A. Monroe, MD, Director, Office for State, Tribal, Local, and Territorial Support, Centers for Disease Control and Prevention
• Karen Matsuoka, Director, Health Systems and Infrastructure Administration, Maryland Department of Health and Mental Hygiene

10:30 – 11:00 A.M.
Break—Visit Exhibit Hall
(Salons B, C, D, E, F, G, H and J)

11:00 – 12:15 P.M.
PLENARY—2014 and Beyond: The Federal Vision
(Salons 3, 4, 5, and 6)
The NAMD conference concludes with an exclusive conversation with Chris Jennings, the White House point person for health care policy and strategy. A veteran of two Presidential administrations and nationally renowned expert on both politics and policy of health care, Jennings will talk about the Administration’s agenda for implementing the Affordable Care Act, the future of state Medicaid expansion proposals, and other ways that states and the federal government can work together to improve health care for all Americans.

Keynote: Chris Jennings, White House Coordinator for Health Reform Implementation & Policy

Chris Jennings
Chris Jennings was recently appointed as the White House Coordinator for Health Reform Implementation & Policy. Chris has 30-plus-years as a health policy veteran of Congress, the White House, and the private sector.

12:15 – 1:00 P.M.
Networking Lunch and Closing
(Salons 3, 4, 5 and 6)
Exhibitor Floorplan
### Exhibitors By Booth

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Exhibitors

**BOOTH #: 108**

21CT
Contact: Kyle Flaherty
6011 W. Courtyard Drive
Bldg. 5, Suite 300
Austin, TX 78730
Phone: 512-682-4784

21CT’s patented technology solution LYNXeon exposes malicious behavior to uncover and root out complex Medicaid fraud networks. Using powerful graph pattern matching, behavioral analysis, and data visualization technology LYNXeon empowers any investigator to find the unknown unknowns within their data. Moving from predictive analytics and machine learning, all the way through sophisticated social network analysis and graph pattern matching, LYNXeon produces results in the form of fraud cases, not simply leads. Illuminate your intelligence and fight Medicaid fraud at [www.21ct.com](http://www.21ct.com).

**BOOTH #: 506**

3M Health Information Systems
Contact: Jack Ijams
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 #: 508**

Addus HealthCare, Inc.
Contact: Diane Kumarich
2401 S. Plum Grove Road
Palatine, IL 60067
Phone: 847-303-5300

Addus has been dedicated to keeping its clients healthy, safe, and independent in their own homes since 1979. As one of the largest providers of Home and Community-Based Services in the country, Addus employs over 14,000 direct care givers, providing services to over 26,000 clients per week, from 93 locations, in 20 states. As a client-focused provider of in-home services, we develop individualized, cost-effective treatment plans focused on consistent care and patient education.

Addus operates under its unique Dual Advantage™ model. By coordinating with insurers and other providers in the health care system, Addus practices to the lowest cost of care and serves as the “pre-acute solution to the post-acute problem.” Addus in home personnel are trained to monitor their clients’ conditions, and report changes through a customized telephony system, allowing Service Coordinators and Supervisors to coordinate appropriate intervention before more serious health complications occur. The results are a lower utilization of emergency and acute care services, lower health care costs, better health outcomes, and enhanced quality of life.

For more information on Addus services, visit us at booth number 12, or contact Diane Kumarich at dkumarich@addus.com.
Better health outcomes and lower costs through coordinated care
In the face of an increasingly aging population, rising health care costs and strained budgets, cost-effective high-quality care is an urgent national priority. Aetna Medicaid has more than 25 years’ experience managing health care for the most medically vulnerable. Through coordinated, integrated care and innovative approaches, we work to help get our members access to quality health care by partnering effectively with providers through a broad range of service models.

We work cooperatively with community partners to administer programs in 16 states for these populations: Medicaid, CHIP, Aged, Blind and Disabled, Developmentally Disabled, Temporary Assistance for Needy Families, children in foster care, people who need Long Term Services and Supports and people who are dually eligible for Medicaid and Medicare.

Aetna Medicaid employees are proud to improve the lives we touch as good stewards to those we serve.

Alliant Health Solutions
Contact: Will Battles
1455 Lincoln Parkway, Suite 800
Atlanta, GA 30346
Phone: 678-527-3434

Alliant Health Solutions is a nonprofit family of companies serving public agencies to ensure the value, effectiveness and accessibility of health care. Alliant provides:

- **Utilization management**—ensuring appropriate utilization of services through prior authorization and medical review
- **Program Integrity**—program surveillance to drive out waste and fraud

- **Quality Improvement**—educating providers on best practices and facilitating collaboration to improve quality of care

Led by clinicians and driven by policy, Alliant has a rich history in working with Medicaid that dates back to the 1970s. Its proven methodologies and web-based tools offer real-time reporting capabilities for ongoing program performance evaluation. Included among its services is Quantum XL, a proprietary web-based utilization management system that is easily customized based on program needs, offers faster turnaround and more effective data capture, and provides a high degree of reliability in performing prospective, concurrent and retrospective reviews.

To learn more visit www.allianthealth.org or contact Will Battles at will.battles@allianthealth.org or 678.527.3672.

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

Altegra Health leads the industry in providing innovative solutions that align healthcare resources for payers, providers and members. Our mission is to help healthcare organizations and their members receive the financial resources and other benefits to which they are entitled, enabling quality care at the right time, leading to improved health at a lower cost, and overall, a better quality of life.

All Altegra Health solutions, products and services are organized into four product segments:

- **Program Assistance**—provides continuous monitoring of Medicare Savings Program and social program eligibility and enrollment status to ensure appropriate access to benefits to which members are entitled.
- **Healthcare Enhancement**—provides continuous member engagement and quality measurement tools to ensure appropriate and satisfactory levels of care.
- **Risk Adjustment**—provides coding and continuous monitoring of risk scores to ensure members are appropriately risk-adjusted and, in turn, qualify for properly calculated premiums.
Reimbursement & Advisory Services
offers professional services for health plans and provider organizations, including reimbursement and operations improvement, enterprise risk management, financial valuation and litigation support.

BOOTH #: 500/501
AmeriHealth Caritas Family of Companies
Contact: Flora Castillo
100 Stevens Drive
Philadelphia, PA 19113
Phone: 215-863-5605

For more than 30 years, AmeriHealth Caritas 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 nearly 5 million members in 15 states and the District of Columbia, AmeriHealth Caritas 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 Caritas 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 Caritas is a national leader in improving health outcomes and reducing costs for state governments. Learn more at www.amerihealthcaritas.com.

BOOTH #: 314
Assura Technology Group
Contact: Ron Dunbar
110 E. Broadway, Suite 301
Missoula, MT 59802
Phone: 406-529-0129

Improve wellness, prevent hospital readmissions, and fight, fraud, waste and abuse with Assura’s flexible mHealth solutions. Assura offers an agency management system with care plan management, scheduling, web and mobile timesheets and payroll integration. Our point of care solution is utilized by providers, payers, state departments and hospitals to monitor care and prevent costly hospital readmissions.
Assurex Health, Inc.
Contact: Michael Longacre
6030 S. Mason-Montgomery Road
Mason, Ohio 45040
Phone: 513 701-5126

About Assurex Health
Assurex Health, Inc. is a personalized medicine company that specializes in pharmacogenomics and is dedicated to helping physicians determine the right medication for individual patients suffering from neuropsychiatric and other disorders. The company was founded in 2006 to commercialize industry-leading personalized medicine technology developed by Assurex Health based on technology licensed from Mayo Clinic and Cincinnati Children’s Hospital Medical Center who remain technology collaborators. For more information about Assurex Health, Inc., visit www.assurexhealth.com.

About GeneSight
GeneSight is a laboratory developed pharmacogenomic test that uses cutting edge technology to measure and analyze clinically important genomic variants in the treatment of psychiatric disorders and pain. The results of the GeneSight report can help a clinician understand the way a patient’s unique genomic makeup may affect the effectiveness of certain psychiatric medications. The analysis is based on pharmacogenomics, the study of genomic factors that influence an individual’s response to drug treatments, FDA approved manufacturer’s drug labels, peer-reviewed scientific and clinical publications, and proven drug pharmacology. Quick turnaround time, combined with a customized report of the patient’s genomic makeup, clinical experience and other factors can help a physician make better personalized drug treatment choices for each patient.

Avysion Healthcare Services & IT
Contact: Sage Winchester
1997 E Forest Creek Lane
Co Honwood Heights, UT 85121
Phone: 717-982-8001

Avysion Healthcare Services focuses 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 health care administrative employees servicing over 40 Health and Human Service Agencies, we understand the challenges facing our Governmental clients, such as the impact the Affordable Care Act and Medicaid expansion will have on the need to measure and improve member health outcomes—all to be accomplished within tight budgetary constraints.

Avysion is committed to innovation in its service offerings that include:

- Utilization Management and Reviews;
- Quality Audits and Reviews (Including focused work on Perm Eligibility Audits);
- Case Management (Including focused work on ED Re-direction); and
- Healthcare Focused Staffing, including both administrative and clinically focused personnel.

Certifications and Accreditations

- Certification by CMS as a Quality Improvement Organization (QIO-like) entity; qualified as an External Quality Review Organization (EQRO)
- URAC Certification in Healthcare Utilization Management
- URAC Certification in Case Management
- ISO 9001-2008 Certified
- Certified by the Joint Commission in Health Care Staffing Services
BerryDunn

Contact: Ed Daranyi
100 Middle Street
Portland, MD 04101
Phone: 207-205-8452

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.

Caregiver Homes

Contact: Mickey Palone
500 Boylston St., Suite 640
Boston, MA 02116
Phone: 6174563709

Caregiver Homes, a division of Seniorlink, is a multi-state, technology-enabled provider and the leader in Structured Family Caregiving. This innovative, proven model of full-time in-home care and support for elders and individuals with disabilities affords families a quality alternative to traditional care that depends on facilities or home health aides. Through financial assistance, as well as dedicated care managers and nurses who provide daily support and monitoring to ensure success for both the consumer and caregiver, Caregiver Homes makes it possible for families to provide around the-clock care for elders and those with disabilities. In addition to giving families a choice, Caregiver Homes has proven that people needing help with three or more personal care needs—often with multiple chronic conditions—can be cared for at home at half the cost of nursing facility placement, which makes Structured Family Caregiving more cost effective for Medicaid than nursing facilities. Since piloting our services in 2007, Caregiver Homes now proudly serves 2,000 consumers across Massachusetts, Rhode Island (2010), Ohio (2012), and Indiana (2013) in fee-for-service and as a valued partner to managed care plans.
**BOOTH #: 114**

**Cognosante, LLC**

**Contact:** Davis Foster  
7926 Jones Branch Drive, Suite 330  
McLean, VA 22102  
Phone: 480-481-5965

Cognosante is a leading provider of IT services to public and private healthcare organizations—47 States Strong! Our expertise includes standards development, interoperability, business and technical architecture, modular system integration, health informatics, Medicaid, health information exchange, improper payment, and health insurance marketplace. Visit cognosante.com for more information.

**BOOTH #: 115**

**Consumer Direct**

**Contact:** Heidi Davis  
1903 S. Russell  
Missoula, MT 59801  
Phone: 406-532-1934

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 #: 308**

**CSG Government Solutions**

**Contact:** Andrea Danes  
180 N. Stetson Avenue, Suite 3200  
Chicago, IL 60601  
Phone: 312-444-2760

A comprehensive approach to modernizing the Medicaid and other human services programs, including the complex information systems that support them such as the MMIS, is critical to the success and sustainability of the Medicaid enterprise. CSG Government Solutions is helping states across the nation manage comprehensive modernization projects by facilitating strategic visioning and planning, providing project management and oversight, and supplying comprehensive subject matter expertise. Our experience helps you maximize the return on your investment while adhering to federal and state regulations including CMS’ Seven Conditions and Standards.

CSG is a national leader in planning, managing, and supporting complex projects that modernize the information technology and business processes of large government programs. We provide strategy, planning, and project assurance services including PMO and IV&V that lead your most challenging modernization projects to successful outcomes. Since 1997, we have applied our expertise, innovation, and results-oriented mindset to the most complex program modernization projects of over 150 government and other organizations. We work with our clients in a spirit of partnership and collaboration to deliver the right results at the right time, for the right price.

**BOOTH #: 103**

**CVS Caremark**

**Contact:** Mike Sargent  
7578 West Broad Street  
Richmond, VA 23294  
Phone: 804-672-1215

CVS Caremark is dedicated to helping people on their path to better health as the largest integrated pharmacy company in the United States. Through the company’s more than 7,500 CVS/pharmacy stores; its leading pharmacy benefit manager serving more than 60 million plan members; and its retail health clinic system, with more than 600 MinuteClinic
locations, it is a market leader in mail order, retail and specialty pharmacy, retail clinics, and Medicare Part D Prescription Drug Plans. The company has supported Medicaid managed care organizations since 1988 and currently manages more than 30 managed Medicaid clients, representing nearly 1.8 million covered lives. The clinical, account and analytics experts within CVS Caremark’s managed Medicaid segment provide detailed consultative support to help their clients manage the complexities of their business. As a pharmacy innovation company with an unmatched breadth of capabilities, CVS Caremark continually strives to improve health and lower costs. Find more information about how CVS Caremark is reinventing pharmacy for better health at info.cvscaremark.com.

BOOTH #: 307

DentaQuest

Contact: MaryAnn Kozlowski
12121 N. Corporate Parkway
Mequon, WI 53092
Phone: 617-886-1432

DentaQuest is the most experienced dental benefits administrator in the nation. With more than a thousand employees and offices throughout the United States including Massachusetts, Wisconsin, Florida, Maryland, Texas and South Carolina, we have the resources and expertise to help people achieve better oral health. We’ve been a trusted partner in dental care for more than four decades. As we’ve grown, our products and services have expanded to include Medicaid, Medicare Advantage, and CHIP recipients, group and individual members in the commercial market, and adults and families seeking benefits through the new online healthcare marketplaces. Our mission is to improve the oral health of all.

Visit the Magellan Complete Care booth # 206

Helping those most challenged to navigate the health care system and providing well coordinated care.

MAGELLANCOMPLETECARE.COM

www.medicaiddirectors.org • national association of medicaid directors (namd) • 43
**Booth #: 414**

**EHR-LLC**

**Contact:** Jordan Cooper  
PO Box 13746  
Tallahassee, FL 32317  
Phone: 850-212-5367

Electronic Health Resources, LLC (EHR) is a consulting firm specializing in the strategic application of MITA principles. The company’s mission is to make MITA easy to understand and use and promote standardization of Medicaid solutions. EHR’s MITA compliance software, ReadyCert, is the only tool of its kind. It is purpose-built for MITA 3.0, the Seven Conditions, SS-As and the Medicaid Enterprise Certification Roadmap. ReadyCert is available for license and as a service. EHR’s resources are available on a project or staff augmentation basis.

**Booth #: 312**

**Emdeon**

**Contact:** Robbie Mitchell  
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.

**Booth #: 402/404**

**EngagePoint**

**Contact:** Heather Howard  
4061 Powder Mill Road, Suite 610  
Calverton, MD 20705  
Phone: 240-535-4245

EngagePoint helps government agencies and commercial payers tackle their most complex healthcare modernization and policy challenges. As experts in systems integration with a deep understanding of public and private health insurance, benefits management, and healthcare IT, we are able to deliver configurable and sustainable solutions that exceed client expectation in less time, at lower cost, and with greater assurance. Our platforms, applications, and integration services are helping state agencies address policy requirements for consumer health insurance access and coverage (ACA) as well as modernization of Medicaid legacy systems. For more information visit [http://www.EngagePoint.com](http://www.EngagePoint.com).

**Booth #: 311**

**Equifax Verification Systems**

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

Leveraging The Work Number® database, Equifax Verification Services provides a proven solution for improving efficiency for Medicaid agencies. The Work Number database is the leading resource for employment and income verifications. Today, nearly 3,000 employers—including over 70% of the Fortune 500 and the majority of federal government civilian employers—entrust Equifax to provide employment and income verifications on their behalf. Equifax Verification Services provides more than 10 million verifications annually to over 100 state and federal agencies—including the Social Security Administration and the Department of Treasury—and thousands of other national, regional, and local government and social service entities. The Work Number rapidly verifies current income information, online or in batch, and is used by agencies for eligibility determinations, reducing improper payments, improving customer service, and increasing staff efficiency.

**Booth #: 504**

**Fairbanks, LLC**

**Contact:** Rick Jacobs  
500 N. Michigan Avenue, Suite 300  
Chicago, IL 60611  
Phone: 312-450-6383

Fairbanks partners with state and local government agencies to provide strategic, operational, and technology solutions to support Medicaid and other programs. Our approach supports the monitoring and program integrity initiatives of the agencies responsible for program oversight. We provide a depth of industry, programmatic and technology expertise as a firm that
is dedicated to each client’s success, the excellence of our people, and a spirit of partnership. Our team has designed, implemented and managed Medicaid claiming in 15 states for state and local agencies. We are guided by our commitment to deliver uncompromised quality and client service to provide our clients with Medicaid expertise and solutions they can rely upon. We partner with clients to achieve efficiency, effectiveness and exactness in their business processes and to favorably impact their financial performance and improve operational excellence. We strive to provide exceptional client service, program administration and advanced web-based solutions to our clients.

Fairbanks understands the challenges of navigating complex Medicaid policies. Consistent with our core values, our goal is to enable every client and stakeholder to obtain all of the Medicaid reimbursement to which they are entitled while managing risk and strictly adhering to applicable guidance and regulations.

**Booth #: 204**

Genoa Healthcare

**Contact: Dale Masten**
3459 Washington Drive, Suite 200A
Egan, MN 55122
Phone: 651-688-0258

Genoa Healthcare is a specialized pharmacy provider committed to providing unique, cost effective services to patients in the mental health community. Patients’ safe, effective use of medication is our primary goal. Genoa specializes in helping our clients recover or live with the mental illness in order to live healthy productive lives.

Genoa builds and operates full-service pharmacies that are located inside mental health clinics. We understand the unique and special needs of the severe and persistent mentally ill (SPMI) population. Our pharmacies offer convenient, full-service, confidential and discrete pharmacy services to our clients. Genoa pharmacies have very low rates of unclaimed prescriptions, resulting in higher adherence and lower overall healthcare costs. Genoa also specializes in helping clients apply for Patient Assistance Programs, manage the dispensing and inventory of samples, and assists in completion of prior authorizations. This list of services is not all inclusive. To learn more, stop by our booth, #204.

**Booth #: 304**

Harmony Information Systems

**Contact: Paul Tierney**
11700 Plaza America Drive, Suite 1001
Reston, VA 20190
Phone: 703-657-1476

Harmony Information Systems provides purpose-built solutions for managing the delivery of long-term services and supports. The company’s software is used by more than 1,000 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](http://www.harmonyis.com) or call 866.951.2219.

**Booth #: 411**

Health Information Designs, Inc.

**Contact: Susan Cotten**
391 Industry Drive
Auburn, AL 36832
Phone: 334-466-3051

Data exists for two purposes: to verify what we already know and to expose us to what we don’t. Unfortunately, most data idles in a silo.

HID’s suite of healthcare analytics and pharmacy support services mobilizes your stagnant data and generates actionable information, so you can ensure your business achieves your clinical and financial goals. Our broad approach to saving money, reducing risk, and improving patient care can affect positive change throughout the claim life cycle—from point-of-prescribing through payment, dispensing, and beyond.

With clients in 35 states nationwide, HID provides solutions such as prior authorization, drug utilization review, e-prescribing, prescription drug monitoring, academic detailing, lock-in management, DUR Board support and more. Our solutions are scalable, flexible, and customizable in order to adapt to your needs, rather than the other way around. Stop by booth 411 to see how our solutions can work for you.
E X H I B I T O R S

B O O T H #: 3 0 6
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.

B O O T H #: 3 0 2
Hewlett Packard
Contact: Kelly Hiner
59 Summerlyn Way
Gurley, AL 35748
Phone: 281-203-7435

HP creates new possibilities for technology to have a meaningful impact on people, businesses, governments and society. With the broadest technology portfolio spanning printing, personal systems, software, services and IT infrastructure, HP delivers solutions to address the most complex challenges. For more information go to www.hp.com.

B O O T H #: 4 0 8
IPRO
Contact: Harry Feder
1979 Marcus Avenue
Lake Success, NY 11042
Phone: 516-209-5528

IPRO is a national, not-for-profit 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. IPRO has over 50 government contracts with more than 30 state agencies, the District of Columbia and Puerto Rico, as well as federal agencies including CMS and the Veterans Administration.

IPRO’s serves as the Medicaid 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. As a Utilization Review and Quality Improvement agent, IPRO annually conducts more than 110,000 Medicaid inpatient and long-term care case reviews to assess medical necessity and appropriateness and coding.
For nearly 30 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. For more information about IPRO and its affiliate organization, Lumetra Healthcare Solutions, please visit www.ipro.org or contact Edison A. Machado, Jr., MD, MBA, Vice President of Strategic Planning, 516-209-5457.

**BOOTH #: 111**

**JEN Associates**

**Contact:** Dee O’Connor  
5 Bigelow Street  
Cambridge, MA 02139  
Phone: 774-230-0466

JEN Associates is a health data analytics firm that seeks to inform health care policy through effective data analyses. Since 1985, JEN has focused on analyzing large health databases including claims, enrollment, assessment and clinical data on Medicare, Medicaid and commercial populations. Due to the company’s emphasis on vulnerable populations who are aging or living with disabilities, JEN has developed specialized risk adjusters for predicting risk of nursing home entry for frail elders and adults with disabilities and risk of hospitalization for adults with serious mental illness.

JEN licenses two core products:

1) **ADIT™**, a data integration, validation and standardization tool designed specifically for health data, and  
2) **iMMRS®**, a secure web-accessible analytical tool with an intuitive interface that aggregates detailed data on demand, producing charts, tables and statistics.

Using JEN’s secure, HIPAA-compliant tools, analysts can track populations dynamically over time, test policy models and measure therapy efficacy using standard and user-specified variables. The flexibility and ease of queries, ability to develop complex filters and create matched control populations, and built-in bi-variate and multi-variate statistics are some of the key features that distinguish JEN’s tools from other systems. Please visit us at www.jen.com.

**See the Data—Shape the Future**

**BOOTH #: 410**

**Keystone Peer Review Organization (KePRO)**

**Contact:** Jill Hawthorne  
777 East Park Drive  
Harrisburg, PA 17111  
Phone: 717-564-8288

KEPRO is a national care management and quality improvement organization, providing innovative and outcomes-focused solutions to reduce unnecessary healthcare utilization and optimize care quality to public program and commercial clients since 1985. In 2012, we achieved a 16:1 return on investment for our utilization management clients. For more than 28 years, we have provided exceptional customer service and intelligent value to 12 state Medicaid agencies; several federal and local government programs, and numerous employers, health plan, and third party administrators. Our holistic, member centric solutions go far beyond traditional utilization and case management by coordinating the care provided to members with acute, chronic, and complex conditions across the continuum. We identify members who are at the highest risk for future services, but have not yet had an acute event. KEPRO also offers specialty case management programs, such as heart failure, oncology and advanced illness. We tailor our programs to maximize member quality of life and realize greater cost savings for clients. KEPRO is accredited in health utilization management, case management, and disease management. Improving patient outcomes, reducing costs, and achieving ROI are our priorities. We focus on results and back our work with tangible performance commitments.
**EXHIBITORS**

**Exhibitors**

**Booth #: 109**

**KPMG**

**Contact:** Jason Ganns  
515 Broadway, 4th Floor  
Albany, NY 12207  
Phone: 518-427-4704

With broad industry experience, technical know-how, and a deep understanding of the operational needs and challenges facing health and human services organizations, the KPMG Government Practice is a leader in delivering advisory services to Medicaid programs. KPMG helps clients gain insight into emerging issues, consider leading approaches to service delivery, improve performance, manage costs, and explore transformation opportunities. KPMG’s focus on Medicaid includes a specific practice focused on Medicaid Transformation. KPMG’s Medicaid Transformation Practice assists our clients to enhance their program performance by delivering services related to Care System Redesign, Technology Modernization, and Program/Provider Integrity and Evaluation. In addition, KPMG is proud of our reputation as a market leader in assisting states and the Federal government with implementation of the Affordable Care Act. Our services to more than 20 states plus CMS have included regulatory gap analysis, needs assessments, business process and technology architectural design, establishment grant and Advance Planning Document assistance, technology enablement, quality assurance, actuarial analysis, and implementation.

**Booth #: 113**

**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

**Booth #: 214**

**Lexis Nexis**

**Contact:** Lizzy Feliciano  
1000 Alderman Drive  
Alpharetta, GA 30005  
Phone: 561-982-5147

LexisNexis® delivers full suite of fraud, identity, and clinical solutions to improve the oversight and coordination of care and related processes. Our analytics empower better member engagement, improves SIU efficiency, and enhances member and provider data used throughout health plan departments. We leverage public records data, identity and fraud analytics to help agencies automate inefficient and ineffective manual processes. We maintain the largest and fastest growing data repository of public records and commercially available data containing in excess of 37 billion records drawn from 20,000 disparate sources that map to 665 million unique identities. For more information email healthcare@lexisnexis.com.
**Liberty Healthcare Corporation**

**Contact:** Rick Robinson  
401 East City Avenue, Suite 820  
Bala Cynwood, PA 19004  
Phone: 610-686-8800

Medicaid managers striving to meet the quality assurances in their HCBS waivers for intellectual and developmental disabilities, autism, aging and disability, support services and other waivers will find an effective strategic partner in Liberty Healthcare Corporation. Our proven approaches yield valuable performance and outcome data about individual service recipients, management dashboards and user friendly provider report cards.

Program analytics identify, define and report data associated with CMS performance measures, local requirements, and associated evidence-based reports and help you evaluate return on investment of Medicaid dollars spent.

By tapping into years of experience as a provider of quality supports to a broad range of waiver populations, we also help agencies develop communications that promote performance improvements and accountability, turning data into actionable information.

Contracting with Liberty allows you to integrate review activities across HCBS waiver populations, reducing redundancies and cost. And, as a CMS designated “QIO-Like Entity,” we enable states to apply for a 75% match for HCBS quality assurance and quality improvement services.

Independent assessment and eligibility programs—tools, clinical and program staff, systems and experienced administration—are also available for personal care services and other State Plan and waiver services through a partnership with Liberty.

Liberty Healthcare Corporation is a national health care management organization based in suburban Philadelphia, Pennsylvania. For more information, please contact Rick Robinson (rickr@libertyhealth.com) or Mike Hanna (mhanna@libertyhealth.com), call 1-800-331-7122 or visit our website at www.libertyhealthcare.com.

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**Magellan Health Services**

**Contact:** Scott Markovich  
14100 Magellan Plaza  
Maryland Heights, MO 63043  
Phone: 410-953-2450

Magellan Health Services Inc. (Magellan) is a leading specialty health care management organization with expertise in managing behavioral health, radiology and pharmacy benefits programs, as well as integrated health care programs for special populations. Magellan delivers innovative solutions to improve quality outcomes and optimize the cost of care for those we serve.

Magellan Complete Care is a health plan that was created by Magellan to provide a comprehensive, integrated approach to care for people with serious mental illness while meeting the needs of all. It is our mission to help members navigate the health care system by establishing better access to care and by facilitating informed choices to improve members’ lives.

Magellan Behavioral Health uses innovation and clinical best practices to help individuals and their families recover, become resilient and achieve wellness. We manage behavioral health services for more than 33 million Americans and, through direct state contracts, serve three million Medicaid-eligible or otherwise publicly funded adults, children and adolescents. We work every day to be the partner of choice for states, providers, members and their families.
MAXIMUS

Contact: Blake Travis
1891 Metro Center Drive
Reston, VA 20190
Phone: 703-251-8398

MAXIMUS is a leading health and human services administrator for governments in the United States, United Kingdom, Canada, Australia and Saudi Arabia. The Company delivers administrative solutions to improve the cost effectiveness, efficiency and quality of government-sponsored benefit programs, such as Medicaid, Medicare, Children’s Health Insurance Program (CHIP), Health Insurance BC (British Columbia), as well as welfare-to-work and child support programs across the globe. MAXIMUS is the largest provider of Medicaid administrative services in the U.S., encompassing 18 states and the District of Columbia. The Company is also operating the health insurance exchange contact centers for 6 state-based exchanges. The Company’s primary customer base includes federal, provincial, state, county and municipal governments. Operating under its founding mission of Helping Government Serve the People®, MAXIMUS has approximately 9,750 employees worldwide. For more information, visit www.maximus.com.

MCG—Formerly Milliman Care Guidelines

Contact: Carol Johnson
901 Fifth Avenue, Suite 2000
Seattle, WY 98164
Phone: 206-389-5358

MCG helps providers and payors drive effective care in their own work and through the conversations that connect them. We provide fast access to global, validated best practices so you can leverage your clinical expertise and make decisions with confidence. Our guidelines are used by more than 2,200 clients in the United States and by major health systems throughout the world.
Exhibitors

Booth #: 102
Medicaid Learning Center
Contact: Marie Schwartz
300 Capitol Street, Suite 1610
Charleston, WV 25301
Phone: 681-205-8452

The Medicaid Learning Center (MLC) is a training and education company that provides Medicaid training. We deliver online, interactive education to individuals and organizations, equipping people to understand Medicaid, Medicaid IT Architecture (MITA), Health Information Technology (HIT), Healthcare Reform, and ICD-10. The HIT and Medicaid courseware qualifies for the 90% federal match when combined with a State Medicaid HIT Planning (SMHP) effort. This training is a “must have” for every State Medicaid Agency (SMA).

Booth #: 401
MedSolutions
Contact: Kristen Rice
730 Cool Springs Blvd., Suite 800
Franklin, TN 37067
Phone: 615-468-4293

MedSolutions is a medical management company. Our goal is to improve the lives of patients and benefit society by making health care more affordable, accessible and effective. We achieve this through a full suite of management programs, tools and services, including diagnostic imaging, comprehensive outpatient oncology, pain management, spine and musculoskeletal care, post-acute care and readmissions, obstructive sleep apnea diagnosis and therapy compliance, and implantable cardiac rhythm devices. We are proud to help 27 million Americans receive higher quality and lower cost healthcare. MedSolutions has been recognized for outstanding customer service and effective call center management by the International Customer Management Institute and J.D. Power and Associates. Visit www.medsolutions.com.
EXHIBITORS

BOOTH #: 110

Mercer Government Human Services Consulting
Contact: April Lindquist
333 South 7th Street, Suite 1600
Minneapolis, MN 55431
Phone: 612-642-8889

Since 1985, Mercer Government Human Services Consulting has consulted to more than 30 states and the federal government on a wide variety of health care and human service issues, including actuarial, data/systems analysis, clinical, policy, operations and procurement. Mercer specializes in assisting government-sponsored programs in becoming more efficient purchasers of health services. Mercer brings a team of consultants, clinicians, actuaries, policy specialists, 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. For more information, please view our website at www.mercer-government.mercer.com or email us at mercer.government@mercer.com.

BOOTH #: 309

Molina Healthcare
Contact: Laura Lovell
200 Oceangate, Suite 100
Long Beach, CA 90802
Phone: 571-408-0908

Molina Healthcare, Inc. (NYSE: MOH), a FORTUNE 500 company, provides quality and cost-effective Medicaid-related solutions to meet the health care needs of low-income families and individuals and to assist state agencies in their administration of the Medicaid program. The Company’s licensed health plans in California, Florida, Illinois, Michigan, New Mexico, Ohio, Texas, Utah, Washington, and Wisconsin currently serve approximately 1.8 million members, and its subsidiary, Molina Medicaid Solutions, provides business processing and information technology administrative services to Medicaid agencies in Idaho, Louisiana, Maine, New Jersey, the US Virgin Islands, and West Virginia, and drug rebate administration services in Florida. More information about Molina Healthcare is available at www.molinahealthcare.com.

BOOTH #: 105

Myers and Stauffer, LC
Contact: Amy Manske
11440 Tomahawk Creek Parkway
Leawood, KS 66211
Phone: 913-234-1801

Myers and Stauffer LC is a nationally-based certified public accounting firm specializing in accounting, consulting, data management and analysis services to state and federal agencies managing government-sponsored health care programs. With the acquisition of PHBV Partners, the firm now has 19 offices across the country. Myers and Stauffer has more than 35 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:
EXHIBITORS

- 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
- Fraud Investigation
- Reimbursement System Design and Implementation

Visit us at booth 105 for the 2013 NAMD conference and online at www.mslc.com.

BOOTH #: 202

Navigant Healthcare

Contact: Catherine Sreckovich
3325 Pakkocks Parkway, Suite 425
Suwanee, GA 30024
Phone: 678-845-7631

Navigant Healthcare’s 600 professionals are part of Navigant Consulting, Inc.’s (NYSE:NCI) global team of 2,500 employees, dedicated to assisting clients in creating and protecting value in the face of critical business risk and opportunities. These seasoned consulting professionals assist health systems, physician practice groups, payers, and life sciences companies in designing, developing and implementing integrated, technology-enabled solutions that create high-performing healthcare organizations. Through a unique interdisciplinary approach leveraging the depth and breadth of expertise from healthcare executives, clinicians and physicians, the team enables clients to build their capabilities and achieve sustainable peak performance around quality of care, cost, leadership and culture in today’s changing healthcare environment.


BOOTH #: 207

Optum

Contact: Kelly Cunningham
13625 Technology Drive
Eden Prairie, MN 55344
Phone: 715-386-4065

Optum is a leading information and technology-enabled health services business dedicated to helping make the health system work better for everyone. With more than 35,000 people worldwide, Optum delivers intelligent, integrated solutions that modernize the health system and help to improve overall population health. www.optum.com/government
**PhRMA**

**Contact:** Sharon Brigner  
950 F Street, N.W., Suite 300  
Washington, DC 20004  
Phone: 202-835-3489

The Pharmaceutical Research and Manufacturers of America (PhRMA) represents the country’s leading innovative biopharmaceutical research and biotechnology companies, which are devoted to discovering and developing medicines that enable patients to live longer, healthier, and more productive lives. Since 2000, PhRMA member companies have invested approximately $550 billion in the search for new treatments and cures, including an estimated $48.5 billion in 2012 alone.

**PresenceLearning**

**Contact:** Clay Whitehead  
1613 Olmstead Drive  
Ashville, NC 28803  
Phone: 828-215-3489

PresenceLearning ([www.presencelearning.com](http://www.presencelearning.com)) is the leading provider of online speech therapy and other special education-related services for K-12 districts and families of children with special needs. PresenceLearning’s nationwide network of hundreds of highly qualified clinicians includes speech language pathologists (SLPs), occupational therapists (OTs) and other related services professionals. Therapy sessions are delivered “anytime anywhere” via live videoconferencing using the latest in evidence-based practices combined with powerful progress reporting. Serving thousands of students in public, charter and virtual schools across the U.S. and globally, PresenceLearning has shown that online delivery of related services is practical, convenient and highly effective.

**Public Consulting Group**

**Contact:** Paul Buckley  
148 State Street, 10th Floor  
Boston, MA 02109  
Phone: 617-426-2026

PCG Health helps state and local health agencies achieve their performance goals. Our seasoned professionals and proven solutions help agencies to increase program revenue, cut costs, and improve compliance with state and federal regulations. From behavioral health cost reporting to public hospital rate setting, PCG Health offers a wide array of consulting services to help state and local health agencies operate more efficiently and improve service to the populations they serve.
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. These services include Medicaid Enterprise Systems design and implementation assistance, technical assistance related to implementing electronic health records and achieving meaningful use standards, and help with 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.

Salient HHS
Contact: Jack Bloise
12 Metro Park Road, Suite 201
Albany, NY 12205
Phone: 519-330-0214
Sandata Technologies provides a suite of solutions, including scheduling, time and attendance, billing, payroll, compliance and clinical applications for home care agencies, state Medicaid agencies and managed care organizations.

Using real-time information provided by caregivers at the point-of-care, our Electronic Visit Verification™ technologies accurately document caregiver arrival and departure times, location, member and caregiver IDs and tasks performed during a visit. Rules-based claims validation processes increase compliance and payment accuracy, virtually eliminating inappropriately billed services resulting in reductions in fraud, improved HCBS oversight, and streamlined processes across the HCBS continuum.

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Today, Sandata has over 4,500 customers in 50 states and processes over 110 million calls annually. For additional information, please visit: www.sandata.com.
These program components can be combined into a comprehensive population-level solution or deployed as individual modules to address a specific client need.

**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.

**BOOTH #: 315**  
The Joint Commission  
Contact: Nicole Hentges  
One Renaissance Blvd.  
Oakbrook Terrace, IL 60181  
Phone: 630-792-5689

An independent, not-for-profit organization, The Joint Commission awards accreditation and certification to more than 20,000 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization’s commitment to meeting certain performance standards. With a mission to continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value, The Joint Commission is the Gold Standard in accreditation. Recently, The Joint Commission has also started offering Primary Care Medical Home and Behavioral Health Home certification options for organizations seeking additional recognition in these areas. Learn more about The Joint Commission at www.jointcommission.org.

**BOOTH #: 209**  
The Lewin Group  
Contact: Yvonne Powell  
3130 Fairview Park Drive, #500  
Falls Church, VA 22042  
Phone: 703-269-5669

The Lewin Group is a national health care and human services policy, research and consulting firm with over 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. For more information, visit www.lewin.com.

**BOOTH #: 106**  
Treo Solutions  
Contact: Rich Keller  
125 Defreest Drive  
Troy, NY 12180  
Phone: 518-426-4315

Since 2002, Treo Solutions, a healthcare data analytics and business intelligence firm, has been the essential partner for anticipating and managing change in healthcare. Treo leverages enhanced data assets to deliver value to its payer and provider clients. Treo’s highly scalable tools, optimized claims database of over 45-million covered lives, and expertise in collaborative care logistics enables clients to make value-informed decisions to create new risk-sharing and total cost-of-care models. Treo’s focused experience and agility allows clients to anticipate—and rapidly react to—a constantly changing market.
Booth #: 210/212

Truven Health
Contact: Jessica Odden
6200 S. Syracuse Way, Suite 300
Greenwood Village, CO 80111
Phone: 202-486-6723

Truven Health Analytics 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.

Booth #: 405

UMASS Medical School
Contact: Patrice MacCune
333 South Street
Shrewsbury, MA 01545
Phone: 508-421-5827

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. Our team provides health law analysis, legislative drafting, and policy and program analysis, design, and implementation to states. We offer operational and policy consulting on long-term support services, pharmacy programs, service delivery for special populations, care delivery redesign, and other Medicaid-related areas. We develop and implement large-scale solutions for health insurance exchanges and integrated eligibility systems.

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/ to learn more.
Building Healthy Communities

Our medicines and vaccines help millions of people live longer and healthier lives.

But in order to fully achieve our mission of helping people do more, feel better and live longer, we need to go beyond discovering, developing and delivering new medicines, vaccines and healthcare products. That's why we support innovative health and education programs designed to bring sustainable, positive change in local communities across America.
**Booth #: 303/305**

**UnitedHealthcare, Community & State**

**Contact:** Rita Johnson-Mills  
9800 Health Care Lane, MN006-W900  
Minnetonka, MN 55343  
Phone: 952-931-5368

*We are UnitedHealthcare Community & State.*  
We are the largest health benefits company dedicated to providing diversified solutions to states that care for the economically disadvantaged, the medically underserved and those without benefit of employer-funded health care coverage.

We participate in programs in 24 states, serving approximately 3.9 million beneficiaries of acute and long-term care Medicaid plans, the Children’s Health Insurance Program (CHIP), Special Needs Plans and other federal and state health care programs. Our health plans and care programs are uniquely designed to address the complex needs of the populations we serve, including the chronically ill, those with disabilities and people with higher risk medical, behavioral and social conditions.

Community & State is one of four businesses of UnitedHealthcare, the health benefits company of UnitedHealth Group. Community & State leverages the national capabilities of UnitedHealth Group and delivers them at the local market level to support effective care management, strong regulatory partnerships, greater administrative efficiency, improved clinical outcomes and the ability to adapt to a changing market environment.

Please stop by Booth 303 to learn more about UnitedHealthcare and to have a conversation about what’s next in healthcare.

To learn more, visit www.uhccommunityandstate.com. Inquiries can be directed to: Rita Johnson-Mills at Rita_Mills@UHC.com.

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**Booth #: 112**

**URAC**

**Contact:** Aaron Turner  
1220 L Street, NW, Suite 400  
Washington, DC 20005  
Phone: 202-326-3957

URAC is a national accreditation leader, offering over 30 highly regarded accreditation programs that span the health care spectrum. Our programs are created and updated by independent industry-spanning experts to address the latest market trends and needs, exemplified by our recently launched Clinical Integration and Accountable Care Accreditation Programs. Our Health Plan Accreditation program carries HHS approval to accredit health plans on Exchanges in all 50 states and the District of Columbia. URAC’s Star Data System, now undergoing final development, represents an industry first, and will offer health plans the ability to submit and analyze quality data in real time, benefitting enrollees by rapidly addressing care gaps and deficiencies. URAC’s accreditation programs are formally recognized by six federal agencies, as well as 48 states. For more information, visit www.urac.org.
Visit NAMD on our website at www.medicaiddirectors.org to sign up for our bi-weekly newsletter, read about what’s happening across the states, and check out our publications and reports.

Thank you for participating in the 2013 NAMD Fall Conference!!

You can also follow us on Twitter @statemedicaid.
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.

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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.

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hp.com/enterprise/healthcare
Building healthier communities.

As a proud sponsor of the 2013 NAMD Conference, we look forward to spending time with you and sharing ideas.

We invite you to visit us at Booth 303 so we can have a conversation about how we’ve worked with our state partners to make a difference. Our mission is to help people live healthier lives – we know you join us in that mission.
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