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Finding solutions for high-quality, affordable health care requires innovative thinking and a deep commitment to supporting our State partners. At UnitedHealthcare Community & State, we believe that our local presence and commitment to the community, combined with our experience as America’s largest Medicaid Managed Care Organization, helps us deliver new ideas and better outcomes.

Our mission is to help people live healthier lives — so it’s easier for expectant mothers and children to get the health care they need, simpler for people with disabilities to navigate the complex health care system, and more personal for those with chronic conditions to receive individual attention and lead more fulfilling lives.

Stop by our booth (No. 14-15). We’d like to hear about what you’re trying to accomplish and see if we can help.

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Colleagues:

On behalf of the National Association of Medicaid Directors we welcome you to the 2011 conference. This conference is the only conference designed for and tailored to the nation’s Medicaid directors. This year was filled with many challenges for Medicaid directors as we navigated a historic economic downturn that brought additional Medicaid clients, placed additional pressure on an already stretched provider base, and made for even tighter state budgets. Looking ahead, the future of the Medicaid program is as difficult to predict as it has ever been, presenting Directors with an extraordinary combination of difficult and uncertain choices.

This year’s conference is designed to address the Medicaid program’s most timely and important issues. The broad agenda showcases promising practices in eligibility determination; building provider capacity; and supporting infrastructures. Medicaid directors will discuss efforts to design benefit packages; use evidence-based practices in Medicaid programming; and design health benefit exchanges. Attendees will learn about managing complex populations including the dually eligible and those with behavioral health issues. Policymakers will also share information about how to improve quality and program integrity.

We want to extend a special thank you to the NAMD Board of Directors for their help in establishing the new Association over the past year, and for their assistance in preparing the stellar agenda. We also deeply appreciate our sponsors and exhibitors without whom this conference would not be possible. We encourage each of you to spend time in the exhibit hall.

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

Sincerely,

Andy Allison, PhD
President

Matt Salo
Executive Director
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Monday, November 7

7:30 – 9:00 A.M.
Breakfast
(Salon 4)

9:00 – 5:00 P.M.
State Only Meeting
(Salon 4)

5:00 – 7:00 P.M.
Exhibit Hall Opening/Welcome Reception
(Salons 1, 2 & 3)
Sponsored by CGI

Tuesday, November 8

7:45 – 9:00 A.M.
Breakfast with Alumni Members
(By Invitation Only)
(Roslyn)

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

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

- Andy Allison, NAMD President, Director, Division of Health Care Finance, Kansas Department of Health and Environment
- Darin J. Gordon, NAMD Vice President, Director of TennCare and Deputy Commissioner, Tennessee Department of Finance and Administration

9:30 – 10:15 A.M.
Opening Plenary Session

- Kathleen Sebelius, Secretary, U.S. Department of Health and Human Services

10:15 – 10:45 A.M.
Break—Visit Exhibit Hall
(Salons 1, 2 & 3)

10:45 – 12:15 P.M.
Concurrent Sessions

A. The New Eligibility Paradigm
(Salon J)

B. Capacity During Enrollment Surges
(Salon K)

C. Rx Innovations and Challenges
(Salon H)

D. Medicaid Infrastructure: Systems for Program Support
(Salons F & G)

12:30 – 2:00 P.M.
Lunch and Plenary Session—Things You Need to Know About Health System Reform
(Salons 4, 5 & 6)

- Mark B. McClellan, Director, Engelberg Center for Health Care Reform, Brookings Institution

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2:15 – 3:45 P.M.
Concurrent Sessions

E. What’s In? What’s Out? Designing a Functional Benefit Package
(Salon J)

F. Clinical Policy Making for Cost Savings
(Salons F & G)

G. Hot Spots: Managing Complex Populations
(Salon K)

H. Moving Past the Hype: Real-world Payment Reforms
(Salon H)

3:45 – 4:00 P.M.
Break—Visit Exhibit Hall
(Salons 1, 2 & 3)
Tuesday, November 8
Continued

4:00 – 5:30 P.M.
Plenary Session—Future of Medicaid
(Salons 4, 5 & 6)
Moderator: Susan Dentzer, Editor-in-Chief, Health Affairs

- The Honorable James H. Douglas, former Governor of Vermont
- Bruce Siegel, MD, MPH, President and CEO, National Association of Public Hospitals and Health Systems
- Diane Rowland, Executive Vice President, The Henry J. Kaiser Family Foundation

Wednesday, November 9

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

9:00 – 10:00 A.M.
CMS Plenary Session
(Salons 4, 5 & 6)

- Dr. Donald M. Berwick, Administrator, Centers for Medicare and Medicaid Services
- Cindy Mann, Deputy Administrator and Director, Center for Medicaid, CHIP, and Survey & Certification, CMS

10:00 – 10:30 A.M.
Break—Visit Exhibit Hall
(Salons 1, 2 & 3)

10:30 – 12:00 P.M.
Concurrent Sessions

I. Managing Medicaid: Managed Care Trends, Challenges, and Opportunities
   (Salon J)

J. Do You Know Quality When You See It? A Discussion of Measurement
   (Salon K)

K. The Health Benefit Exchange Context
   (Salon H)

L. Opportunities and Barriers in Behavioral Health Integration
   (Salons F & G)

12:00 – 1:00 P.M.
Lunch
(Salons 4, 5 & 6)

1:15 – 2:45 P.M.
Concurrent Sessions

M. Congressional Staff Forum
   (Salon J)

N. Achieving Real Program Integrity
   (Salons F & G)

O. Duals: Alignment, Data and Demonstrations
   (Salon K)

P. The Next Wave in Balancing Long-term Care Services and Supports: Current Context, Future Challenges
   (Salon H)

3:00 – 4:00 P.M.
Closing Plenary Session—Preparing Medicaid Enrollees to Navigate the Health Care System
(Salons 4, 5 & 6)

Moderator: Nancy Atkins, Commissioner, West Virginia Department of Health and Human Resources

- Alison Betty, Senior Vice President, GMMB
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7:30 – 9:00 A.M.
Breakfast
(Salon 4)

9:00 – 5:00 P.M.
State Only Meeting
(Salon 4)

5:00 – 7:00 P.M.
Exhibit Hall Opening/Welcome Reception
(Salons 1, 2 & 3)
Sponsored by CGI

Tuesday, November 8

7:45 – 9:00 A.M.
Breakfast with Alumni Members
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Welcome and Opening Remarks
(Salons 4, 5 & 6)

• Andy Allison, PhD, NAMD President, Director, Division of Health Care Finance, Kansas Department of Health and Environment

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

9:30 – 10:15 A.M.
Opening Plenary Session

• Kathleen Sebelius, Secretary, U.S. Department of Health and Human Services

Kathleen Sebelius was sworn in as the 21st Secretary of the Department of Health and Human Services (HHS) on April 28, 2009. Since taking office, Secretary Sebelius has led ambitious efforts to improve America’s health and enhance the delivery of human services to some of the nation’s most vulnerable populations, including young children, those with disabilities, and the elderly.

As part of the historic Affordable Care Act, she is implementing reforms that have ended many of the insurance industry’s worst abuses and will help 34 million uninsured Americans get health coverage. She is also working with doctors, nurses, hospital leaders, employers, and patients to slow the growth in health care costs through better care and better health.

Under Secretary Sebelius’s leadership, HHS is committed to innovation, from promoting public-private collaboration to bring life-saving medicines to market, to building a 21st century food safety system that prevents outbreaks before they occur, to collaborating with the Department of Education to help states increase the quality of early childhood education programs, and give parents more information to make the best choices for their children.

Secretary Sebelius served as Governor of Kansas from 2003 until her Cabinet appointment in April, 2009, and was named one of America’s Top Five Governors by Time Magazine.
10:15 – 10:45 A.M.
Break—Visit Exhibit Hall
(Salons 1, 2 & 3)

10:45 – 12:15 p.m.
Concurrent Sessions
(Salon J)

A. The New Eligibility Paradigm
As the 2012 legislative calendar draws near, states will need to address several major policy issues. The eligibility regulations require states to align existing Medicaid eligibility requirements with new standards for Medicaid, CHIP and Exchange-based premium tax credits. Furthermore, the issues of eligibility integration with other human services programs will remain important. This session will focus on a discussion of the state policy implications of the eligibility changes and the timeline for alignment efforts, as well as examples of legislative strategies relevant to this issue.

• Toby Douglas, Director, California Department of Health Care Services
• Vikki Wachino, Director, Children and Adults Health Program Group, Center for Medicaid, CHIP, and Survey & Certification, Centers for Medicare and Medicaid Services
• Vernon K. Smith, PhD, Managing Principal, Health Management Associates

B. Capacity During Enrollment Surges
(Salon K)
This session will focus on maintaining and expanding system capacity, particularly in the context of the pending influx of new enrollees in 2014. In contrasting state experiences with evolving federal policies on access, speakers will highlight possible innovations, as well as lessons learned from previous expansions and the changing roles of safety net providers. Speakers will discuss options and challenges for ensuring access to both primary care, behavioral health care, and other providers and services.

• Craigan Gray, MD, Director, Division of Medical Assistance, Department of Health and Human Services, State of North Carolina
• Vincent D. Gordon, Deputy Secretary, Office of Medical Assistance Programs, Pennsylvania Department of Public Welfare
• Becky Slifkin, Director, Office of Planning, Analysis & Evaluation, Health Resources and Services Administration, U.S. Department of Health and Human Services
• Edwin L. Walker, Deputy Assistant Secretary for Program Operations, Administration on Aging, U.S. Department of Health and Human Services

C. Rx Innovations and Challenges
(Salon H)
The rate of growth in prescription drug spending has increasingly become a focus of Medicaid programs as well as other insurers. Many states are employing a broad array of strategies to maximize the benefits of prescription drugs, in ways that also minimize costs. States continue to examine best practices in the pricing and reimbursement of prescription drugs as well as delivery and utilization-related strategies such as generic substitution, evidence-based clinical pharmacy practices, and improving care coordination and quality. This session will focus on initiatives under way at CMS and emerging state practices to provide cost effective, high quality care.

• Jerry Dubberly, Pharm D., MBA, Chief of the Medicaid Division, Georgia Department of Community Health
• Joseph L. Fine, RPh MPA, Technical Director, Pharmacy Division, Centers for Medicare and Medicaid Services
• John Coster, PhD, RPh, Senior Vice President, Government Affairs, National Community Pharmacists Association
• Molly Finnerty, MD, Psychiatrist, New York
D. Medicaid Infrastructure: Systems for Program Support
(Salons F & G)
This session will focus on broad goals in data collection and uses for a range of programmatic purposes and policy making. While other sessions will address eligibility determination, this session will focus on systems concerns and needs, including the connection with the federal hub. Speakers will also discuss MITA opportunities and challenges, as well as Medicaid participation in health information exchange.

- **Pat Casanova**, Director of Medicaid, Indiana Family and Social Services Administration
- **Julie Boughn**, Deputy Center Director, Center for Medicaid, CHIP and Survey & Certification, Centers for Medicare and Medicaid Services
- **Don Gregory**, Medicaid Director, Louisiana Department of Health and Hospitals
- **Lee Stevens**, State HIE Policy Program Manager, Office of the National Coordinator, U.S. Department of Health and Human Services

12:30 - 2:00 P.M.
Lunch and Plenary Session—Things You Need to Know About Health System Reform
(Salons 4, 5 & 6)

- **Mark B. McClellan**, Director, Engelberg Center for Health Care Reform, Brookings Institution

**Mark B. McClellan**
Mark B. McClellan is the director of the Engelberg Center for Health Care Reform at the Brookings Institution. The Center studies ways to provide practical solutions for access, quality and financing challenges facing the U.S. health care system. Additionally, Dr. McClellan is the Leonard D. Schaeffer Chair in Health Policy Studies and a Senior Fellow of Economic Studies.

Dr. McClellan was the former administrator for the Centers for Medicare and Medicaid Services (2004–2006) and the commissioner of the Food and Drug Administration (2002–2004). He served as a member of the President’s Council of Economic Advisers and senior director for health care policy at the White House (2001–2002). He also served as the deputy assistant secretary for economic policy at the Treasury Department.

Dr. McClellan has also served as an associate professor in both economics and medicine at Stanford University where he directed Stanford’s Program on Health Outcomes Research.

Dr. McClellan received a Master’s Degree in Public Administration and Medical Degree from Harvard University and a Doctor of Philosophy in Economics from MIT.

_Cosponsored by the National Association of Chain Drug Stores (NACDS)_

2:15 – 3:45 P.M.
Concurrent Sessions

E. What’s In? What’s Out? Designing a Functional Benefit Package
(Salon J)
The recently released Institute of Medicine (IOM) report provides recommendations to HHS for crafting guidelines and the content for an “essential health benefit” package. While the report provides a suggested roadmap for moving forward, many key details remain outstanding. This session will explore how the EHB could drive benefit design and contracting policies across public coverage programs and the health care system more broadly. Speakers will also address the implications for benefit design for special populations and benchmark plans.

- **Nancy Atkins**, Commissioner, West Virginia Department of Health and Human Resources
- **Sandeep Wadhwa, M.D.**, Chief Medical Officer and Vice President of Reimbursement and Payer Markets, 3M Health Information Systems and Member of the Institute of Medicine’s Committee on Defining and Revising an Essential Health Benefits Package for Qualified Health Plans
• **Brett Davis**, Medicaid Director, Wisconsin Department of Health Services

**E. Clinical Policy Making for Cost Savings**  
(*Salons F & G*)
The issues of comparative effectiveness, evidence-based medicine, and the spread of costly new technologies have critical implications for quality and cost containment policies. This session will focus on bringing the Medicaid directors and the medical directors into dialogue on this topic, seeking balance between the clinical and the policy decision process.

• **Judy Zerzan, MD**, Medicaid Medical Director, Colorado

• **Michael Speer, MD**, Baylor College of Medicine

• **Jeffery Thompson, MD, MPH**, Chief Medical Officer, Health Care Authority, State of Washington

• **Mark Gibson**, Director, Center for Evidence Based Medicine, Oregon Health & Science University

**F. Clinical Policy Making for Cost Savings**  
(*Salons F & G*)
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• **Michael Speer, MD**, Baylor College of Medicine

• **Jeffery Thompson, MD, MPH**, Chief Medical Officer, Health Care Authority, State of Washington

• **Mark Gibson**, Director, Center for Evidence Based Medicine, Oregon Health & Science University

**G. Hot Spots: Managing Complex Populations**  
(*Salon K*)
A growing body of research points to the need for targeted, intensive care initiatives for high-cost Medicaid enrollees with complex conditions. A number of states are looking to move beyond traditional disease management programs into more advanced techniques that leverage technology and momentum to improve care coordination and integration. Discussion will center on emerging opportunities and best practices in cost-containment including innovations in care management and data use to identify, track and improve care and outcomes for high-cost enrollees.

• **Carolyn Ingram**, Senior Vice President, Center for Health Care Strategies, Inc.

• **Julian Harris, MD**, Medicaid Director, Massachusetts Department of Health and Human Services

• **Eleanor Larrier, MPA**, Chief Executive Officer, Bronx Community Health Network

• **Meg Murray**, CEO, Association for Community Affiliated Plans

**H. Moving Past the Hype: Real-world Payment Reforms**  
(*Salon H*)
There is a lot of excitement around the concepts of accountable care organizations (ACOs) and other payment reforms. This session will look at the impetus for reform and the practicalities and real-world solutions that contain costs and have programmatic relevance. Topics will include working with Medicare and with multi-payer efforts, as well as Medicaid-specific reforms.

• **Len Nichols**, Director, Center for Health Policy Research and Ethics, George Mason University

• **Cynthia B. Jones**, Director, Virginia Department of Medical Assistance Services

• **Judy Mohr-Peterson**, Medicaid Director, Oregon Department of Human Services

• **Tom Betlach**, Director, Arizona Health Care Cost Containment System

• **Michael Hales**, Deputy Director, Utah Department of Health

3:45 – 4:00 P.M.

**Break—Visit Exhibit Hall**  
(*Salons 1, 2 & 3*)
Tuesday, November 8

4:00 – 5:30 P.M.
Plenary Session—Future of Medicaid
(Salons 4, 5 & 6)

Moderator: Susan Dentzer, Editor-in-Chief, Health Affairs

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

Dentzer is an elected member of the Institute of Medicine, the health arm of the National Academy of Sciences, and of the Council on Foreign Relations, the independent, nonpartisan membership organization and think tank dedicated to exploring the foreign policy choices facing the United States and other countries.

At Health Affairs, Dentzer oversees the journal’s team of nearly 30 editors and other staff in producing the monthly publication and web site. Health Affairs has been described by the Washington Post as the “Bible” of health policy. Its articles and their authors are frequently cited in the Congressional Record and in congressional testimony as well as in the news media. The Health Affairs web site recorded 50 million page views in 2010.

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

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

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

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

A graduate of Dartmouth and holder of an honorary master of arts from the institution, Ms. Dentzer is a Dartmouth trustee emerita and chaired the Dartmouth Board of Trustees from 2001 to 2004. She serves on the Board of Overseers of Dartmouth Medical School.
• The Honorable James H. Douglas, former Governor of Vermont

The Honorable James H. Douglas

James H. Douglas is the former Governor of Vermont, a position he held for four, two-year terms, starting in 2002 and ending in 2010. Mr. Douglas has been a director of the Bank and NBT Bancorp, Inc. since January 24, 2011. Mr. Douglas served the people of Vermont for more than 35 years, having been elected to the Vermont House of Representatives after graduating from Middlebury College in 1972. Mr. Douglas was elected Secretary of State in 1980, a position he held until 1992. He was then elected as State Treasurer in 1994, a position he held until his election as Governor. Mr. Douglas was chosen for several leadership positions by his colleagues, including president of the Council of State Governors, chair of the New England Governors’ Conference, chair of the Coalition of Northeastern Governors and chair of the National Governors Association. He was also appointed by President Obama as co-chair of the Council of Governors. Outside of government, Mr. Douglas is an executive in residence at Middlebury College and has been active in numerous community organizations. Mr. Douglas’s experience in politics at the highest state level provides the Board with insight into the needs of NBT’s customers. Mr. Douglas also brings executive, management and governance experience from his previous positions to the Board. Further, the skills he developed as State Treasurer provide the Board with additional finance experience.

• Bruce Siegel MD, MPH, President and CEO, National Association of Public Hospitals and Health Systems

Bruce Siegel

Dr. Bruce Siegel has an extensive background in health care management, policy and public health. Before joining the National Association of Public Hospitals and Health Systems, he served as Director of the Center for Health Care Quality and Professor of Health Policy at the George Washington University School of Public Health and Health Services. He also previously served as President and CEO of two NAPH members: Tampa General Healthcare and the New York City Health and Hospitals Corporation. In addition, Dr. Siegel has served as Commissioner of Health of the State of New Jersey.

Among many accomplishments, Dr. Siegel has led groundbreaking work on quality and equity for the Robert Wood Johnson Foundation, as well as projects for the Commonwealth Fund, the California Endowment, and the Agency for Healthcare Research and Quality. He also has been named by Modern Healthcare as one of the “50 Most Influential Physician Executives” in 2011. Currently, he chairs the National Advisory Council for Healthcare Research and Quality. Dr. Siegel earned an A.B. from Princeton University, a Doctor of Medicine from Cornell University Medical College, and a Master of Public Health from Johns Hopkins University School of Hygiene and Public Health.
Diane Rowland is the executive vice president of the Henry J. Kaiser Family Foundation and the executive director of the Kaiser Commission on Medicaid and the Uninsured. She is also an adjunct professor in the department of health policy and management at the Bloomberg School of Public Health of the Johns Hopkins University. Dr. Rowland is a noted authority on health policy, Medicare and Medicaid, and health care for low-income, elderly, and disadvantaged populations and has published widely on these subjects. She is a nationally recognized expert with a distinguished career in public policy and research. Her federal health policy experience includes service on the staff of the Subcommittee on Health and the Environment of the Committee on Energy and Commerce in the House of Representatives of the U.S. Congress, as well as senior health policy positions in the Department of Health and Human Services in the Office of the Secretary and the Health Care Financing Administration. She is a member of the Institute of Medicine, a founding member of the National Academy of Social Insurance, Past President and Fellow of the Association for Health Services Research, and a Brookdale National Fellow in Gerontology. Dr. Rowland holds a bachelor’s degree from Wellesley College, a Masters in Public Administration from the University of California at Los Angeles, and a Doctor of Science in health policy and management from the Johns Hopkins University.
Wednesday, November 9

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

9:00 – 10:00 A.M.
CMS Plenary Session
(Salons 4, 5 & 6)

- **Dr. Donald M. Berwick**, Administrator, Centers for Medicare and Medicaid Services
- **Cindy Mann**, Deputy Administrator and Director, Center for Medicaid, CHIP, and Survey & Certification, Centers for Medicare and Medicaid Services

**Dr. Donald M. Berwick**

Donald M. Berwick, M.D., M.P.P., is the Administrator for the Centers for Medicare and Medicaid Services (CMS). As Administrator, Dr. Berwick oversees the Medicare, Medicaid, and Children’s Health Insurance Program (CHIP). Together, these programs provide care to nearly one in three Americans.

Before assuming leadership of CMS, Dr. Berwick was President and Chief Executive Officer of the Institute for Healthcare Improvement, Clinical Professor of Pediatrics and Health Care Policy at the Harvard Medical School, and Professor of Health Policy and Management at the Harvard School of Public Health. He also is a pediatrician, adjunct staff in the Department of Medicine at Boston’s Children’s Hospital and a consultant in pediatrics at Massachusetts General Hospital.

Dr. Berwick has served as Chair of the National Advisory Council of the Agency for Healthcare Research and Quality, and as an elected member of the Institute of Medicine (IOM). He also served on the IOM’s governing Council from 2002 to 2007. In 1997 and 1998, he was appointed by President Clinton to serve on the Advisory Commission on Consumer Protection and Quality in the Healthcare Industry.

Dr. Berwick is the recipient of numerous awards and honors for his work, including the 1999 Ernest A. Codman Award, the 2001 Alfred I. DuPont Award for excellence in children’s health care from Nemours, the 2002 American Hospital Association’s Award of Honor, the 2006 John M. Eisenberg Patient Safety and Quality Award for Individual Achievement from the National Quality Forum and the Joint Commission on Accreditation of Healthcare Organizations, the 2007 William B. Graham Prize for Health Services Research, and the 2007 Heinz Award for Public Policy from the Heinz Family Foundation.

A summa cum laude graduate of Harvard College, Dr. Berwick holds a Master in Public Policy degree from the John F. Kennedy School of Government. He received his medical degree from Harvard Medical School, where he graduated cum laude.
Wednesday, November 9
Continued

Cindy Mann
Cindy Mann, J.D. has served as the Director of the Center for Medicaid, CHIP and Survey & Certification (CMCS) within the Centers for Medicare & Medicaid Services (CMS) since June 2009. As CMS Deputy Administrator and Director of CMCS, Ms. Mann is responsible for the development and implementation of national policies governing Medicaid, the Children’s Health Insurance Program (CHIP), and the agency’s provider survey and certification activities. CMCS also serves as the focal point for all CMS interactions with State and local governments and the Territories.

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. Cindy served as Director of the Family and Children’s Health Programs Group in the CMS (then HCFA) Center for Medicaid and State Operations from 1999–2001, where she played a key role in implementing the SCHIP program and led the Center’s broader work on Medicaid policies affecting children and families. Before joining HCFA in 1999, Cindy directed the Center on Budget and Policy Priorities’ federal and State health policy work. She also has extensive State-level experience, having worked on health care, welfare, and public finance issues in Massachusetts, Rhode Island, and New York.

Cindy holds a law degree from the New York University School of Law.

10:00 – 10:30 A.M.
Break—Visit Exhibit Hall
(Salons 1, 2 & 3)

10:30 – 12:00 P.M.
Concurrent Sessions

I. Managing Medicaid: Managed Care Trends, Challenges, and Opportunities
(Salon J)
After two decades of experimenting with managed care in Medicaid, a growing number of states are expanding its use and expanding it to fit the needs of their current and future enrollees. Presenters will discuss their innovative efforts in managed care, including the use of competitive contracting and pricing, enrolling aged, blind and disabled populations in managed care, and the next wave of managed care initiatives. Presenters will also discuss opportunities and emerging challenges within the new regulatory framework for care delivery models.

- Roberta Bradford, former Deputy Secretary for Medicaid, Florida Agency for Health Care Administration
- Mark Schaefer, Director of Medical Care Administration/State Medicaid Director, Connecticut Department of Social Services
- Thomas Johnson, Executive Director, Medicaid Health Plans of America
- Susan Reinhard, Senior Vice President for Public Policy, Association of American Retired Persons
J. Do You Know Quality When You See It?  
A Discussion of Measurement  
(Salon K)  
Quality measurement efforts continue to arise in a variety of programs and contexts, including CMMI-funded programs, insurance exchanges, and payment reforms. This session will explore the emerging trends in measurement, discuss standardization and certification of measurement tools, and describe efforts to streamline data collection and promote data use in policymaking.

- Billy Millwee, Deputy Executive Commissioner, Office of Health Services, Texas Health and Human Services Commission
- Peggy O’Kane, President, National Committee for Quality Assurance
- Patrick Miller, University of New Hampshire, Institute for Health Policy and Practice
- Katie Dunn, Director, Office of Medicaid Business and Policy, New Hampshire Department of Health and Human Services

K. The Health Benefit Exchange Context  
(Salon H)  
Medicaid programs will soon be operating in the context of insurance exchanges, either state run or federally administered. Coordination—around eligibility, enrollment churn, and provider/plan participation—will offer many new challenges. As the planning for exchanges continues, there are a number of critical choices and programmatic changes necessary. Speakers will outline the various considerations and the variety of approaches being implemented in different states, and focus on the Medicaid-relevant concerns in the exchange environment.

- Darin J. Gordon, Director of TennCare and Deputy Commissioner, Tennessee Department of Finance and Administration
- Steve Larsen, Deputy Administrator and Director of Center for Consumer Information and Insurance Oversight, U.S. Department of Health and Human Services
- Krista Drobac, Director, Health Division, National Governors Association
- Deborah Bachrach, Counsel, Healthcare Transaction & Policy, Manatt, Phelps & Phillips, LLP

L. Opportunities and Barriers in Behavioral Health Integration  
(Salons F & G)  
A number of states have recently made moves to address the bifurcation of clinical and behavioral health care services. A handful of states have attempted to better align Medicaid and behavioral health agencies and programs while many others are evaluating new Medicaid delivery system and payment models to drive integration at the service level. Speakers will present options for making progress on service integration, as well as the potential benefits and remaining pitfalls in agency culture and payment policies.

- Jennifer Vermeer, Medicaid Director, Iowa Department of Human Services
- John O’Brien, Senior Adviser on Health Care Financing, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
- Harold Pincus, MD, Professor and Vice Chair of the Department of Psychiatry and Co-director of the Irving Institute for Clinical and Translational Research, Columbia University Medical Center
- Robert Glover, Executive Director, National Association of State Mental Health Program Directors

12:00 – 1:00 p.m.  
Lunch  
(Salons 4, 5 & 6)
Wednesday, November 9

1:15 - 2:45 P.M.

Concurrent Sessions

M. Congressional Staff Forum
(Salon J)
During this session, attendees will hear from key congressional committee staff. They will provide insight on deficit reduction efforts and what we can expect from Congress in the coming months.

- **Andy Allison, PhD**, NAMD President and Director, Division of Health Care Finance, Kansas Department of Health and Environment
- **Kelly Whitener**, Health Policy Advisor, Senate Finance Committee, Chairman Baucus
- **Stephanie Carlton**, Health Policy Advisor, Senate Finance Committee, Ranking Member Hatch
- **Monica Popp**, Professional Staff, House Energy and Commerce Committee, Subcommittee on Health
- **Purvee Kempf**, Minority Counsel, House Committee on Energy and Commerce, Minority Staff

N. Achieving Real Program Integrity
(Salons F & G)
The Medicaid enrollment expansion and new payment and delivery system models will require states to think differently about their approach to program integrity. Speakers will discuss program integrity in the context of new, coordinated eligibility systems and policies. They will offer perspectives on the role of program integrity in planning and program management, contracting, communication and many other core functions of state Medicaid agencies. Presenters will also discuss federal PI activities and ways to leverage and coordinate federal and state resources. Congressional staff will offer reactions and insights about legislative efforts on program integrity.

O. Duals: Alignment, Data and Demonstrations
(Salon K)
Throughout 2011, CMS, particularly the Center for Innovation and the Federal Coordinated Health Care Office, have put considerable emphasis on efforts to improve care for individuals eligible for Medicare and Medicaid—the “duals.” These offices are focused on improving federal-state coordination around data and aligning, programmatic policy and financing for the two programs. This session will highlight progress that has already been made in these initiatives, ongoing challenges, and areas for future development. Presenters will discuss efforts by states with design contracts with the Medicare-Medicaid Coordination office as well as initiatives underway in other states to improve integration and leverage Medicare data.

- **Doug Porter**, Administrator, Washington Department of Social and Health Services
- **Angela Brice-Smith**, Director, Medicaid Program Integrity Group, Center for Program Integrity, Centers for Medicare and Medicaid Services
- **Cindy Roberts**, Deputy CEO for Policy, Planning and Integrity, Oklahoma Health Care Authority
- Reactor: **Matt Kazan**, Health Policy Advisor, Majority Staff, Senate Finance Committee
- Reactor: **Kimberly Brandt, MA, JD**, Chief Healthcare Investigative Counsel, Senate Finance Committee, Minority Staff
- **Chuck Milligan**, Deputy Secretary, Health Care Financing, Maryland Department of Health and Mental Hygiene
- **John McCarthy**, Medicaid Director, Ohio Department of Job and Family Services
- **Melanie Bella**, Director, Federal Coordinated Health Care Office, Centers for Medicare and Medicaid Services
- **Peter Begans**, Senior Vice President, Public and Government Affairs, Scan Health Plan
P. The Next Wave in Balancing Long-term Care Services and Supports: Current Context, Future Challenges

(Salon H)
Over the last decade, states have expanded and improved their Medicaid home and community based services (HCBS) programs as the demand for services has grown in breadth and scope. In addition, CMS is working with some states to examine new options to expand Medicaid community-based services and supports. However, the fiscal crisis and new federal regulatory requirements together are placing unprecedented pressure on Medicaid HCBS programs. This session will explore some of the main barriers, challenges and opportunities in the area of HCBS, including new delivery system and payment models.

- **Martha Roherty**, Executive Director, National Association of States United for Aging and Disabilties
- **Mark Larson**, Commissioner, Vermont Department of Health Access
- **Barbara Edwards**, Director, Disabled & Elderly Health Programs Group, Center for Medicaid, CHIP and Survey & Certification, Centers for Medicare and Medicaid Services
- **Henry Claypool**, Director, Office on Disability, U.S. Department of Health and Human Services

3:00 – 4:00 P.M.

Closing Plenary Session—Preparing Medicaid Enrolees to Navigate the Health Care System

(Salons 4, 5 & 6)

**Moderator:** **Nancy Atkins**, Commissioner, West Virginia Department of Health and Human Resources

- **Alison Betty**, Senior Vice President, GMMB

**Alison Betty**

Alison has more than 15 years of experience in strategic communications, issue-based advocacy and social marketing, with specific expertise in campaign management, corporate and organizational partnerships, grassroots organizing, event planning, advertising and public relations.

She joined GMMB in 2002.

Currently, Alison manages multiple projects in the areas of health care and health care reform. She leads the firm’s work with the Robert Wood Johnson Foundation’s health care coverage campaigns. Alison provides strategic counsel, message, advertising and campaign management expertise to a variety of clients, including the American Hospital Association, Americans for Stable Quality Care, the American Medical Association, the Bipartisan Policy Center, Alliance for Justice, State Coverage Initiatives, Trinity Health and the States of Maryland, Oregon and Vermont.

Alison’s past work includes fundraising for Representative Rosa DeLauro (D-Conn.) and corporate partnership development, grassroots organizing and event planning at Share Our Stregnth, a leading anti-hunger organization. She directed corporate partnerships and business development at Foodfit.com, a food and nutrition Web site, and the National Campaign Against Youth Violence, an outgrowth of the 2000 White House Conference on Youth Violence.

Alison holds a Bachelor of Science from Indiana University in Bloomington.
Exhibitor Floorplan
CLARITY REALIZED

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Sellers Dorsey is a national health care consulting firm that provides strategic consulting services to state government, private sector companies and advocacy organizations.

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Exhibitors

BOOTH NO: 20

3M Health Information Systems

Contact: Jack Ijmas
575 W. Murray Blvd.
Murray, UT 84123
P: 801-265-4649

For more than 25 years, 3M Health Information Systems has offered innovative and comprehensive solutions to help payers and providers successfully navigate in a payment transformation environment by successfully cutting costs through quality-based payment reform. This has been accomplished by accurately tracking and monitoring member populations and their encounters with healthcare systems. Using reliably available claims data, 3M solutions deliver information on resources, quality reporting, outcomes and claims management helping to build a win-win partnership between payers and providers. Recent 3M innovations have focused on reducing potentially preventable complications, reducing potentially preventable readmissions and population risk adjustment.

Policy Studies Inc.

No matter your vision for an insurance marketplace, we’ve got a solution that’ll see it through.

PSI can address the requirements—and deadlines—of the Affordable Care Act (ACA) with a solution that also removes barriers to future policy innovations.

Talk to us at NAMD: visit us in the McLean and Mt. Vernon Rooms.

www.policy-studies.com
Resource-constrained government agencies are enhancing the efficiency of their Medicaid and other health programs to help ensure the health of citizens and controlling costs in the process. ACS, A Xerox Company, helps government agencies meet a wide array of needs and address the requirements of health reform, from Health Insurance Exchanges... to long-term care solutions... to Health Information Exchange... to analytics and reporting... to fraud and abuse prevention... to management and administration of health programs, pharmacy benefits, care and disease management, payment methods and more. Across state governments, and across the healthcare ecosystem, we are your partner in the business of healthcare. We help to improve health outcomes, increase administrative and operational efficiencies, and save money for patients, payers, and providers by helping deliver the right care to the right people at the right time.
**Booth No: 46**

**Adherence Management Services**

**Contact:** Danielle Stroupe  
229 Shoreline Drive  
Columbia, SC 29212  
P: 803-407-1364

Adherence Management Services works with at-risk clients who take multiple medications at multiple times of the day to assist them with medication adherence, thus reducing nursing home placements, hospitalizations, and emergency department visits.

Medication non-adherence is the unintended misuse of prescription medicine, and is most prevalent in segments of the population that have multiple disease states, requiring complex drug therapies (i.e., at-risk elderly and disabled). Non-adherence is estimated to cost our healthcare system $300 BILLION annually.

Nursing home admissions, hospitalizations, and ER visits comprise a high percentage of these costs. Adherence Management Services created a program called “Medication Adherence Management Service” (MAMS) to directly impact these three cost components through the creation of a service designed to avoid costly institutionalizations.

**Booth No: 52**

**Adobe**

**Contact:** Melissa Barrack  
7930 Jones Branch Drive 5th Floor  
McLean, VA 22102  
P: 571-765-5483

Comprehensive health data delivered anytime, on any device. Secure access to interactions that are intuitive and engaging. In today’s digital age, it’s what connected citizens expect—and what your agency can deliver.

Adobe is an expert in customer experience management (CEM). Our solutions are designed to help agencies provide high-quality health benefits and services in the wake of shrinking resources. Governments around the world use Adobe solutions to provide satisfying, immersive experiences that improve citizen engagement. At the same time, Adobe solutions optimize efficiencies through automated processes and streamlined workflows that deliver a measurable impact to the bottom line. For more information, please visit [www.adobe.com/government](http://www.adobe.com/government).
Exhibitors

Booth No: 43
Alliant Health Solutions
Contact: Will Battles
1455 Lincoln Parkway Suite 800
Atlanta, GA 30346
P: 678-527-3672
Alliant Health Solutions is a professional services organization offering custom health care solutions that increase the value, effectiveness and accessibility of health care. We do this through our three major service lines: utilization management, program integrity, and quality improvement. To learn more visit www.alliantaso.org or send an inquiry to info@allianthealth.org.

Booth No: 32
Alphanumeric Systems
Contact: Harvey Braswell
3801 Wake Forest Road
Raleigh, NC 27609
P: 919-781-7575
Alphanumeric IDEAS is simple. It enables states to deter, detect, and document incidents of fraud by enabling easy and automated identification and eligibility verification at the service-provider level. Every year, billions of dollars are lost to fraudulent use of Medicaid benefits. Yet many states are still using cards with few, if any, security measures to prevent counterfeiting, and few, if any, means of confirming the identity of a recipient. Likewise, there are no automated eligibility systems to confirm a patient is eligible to receive treatments—and to confirm a provider is actually providing the services they report. IDEAS, the Identification and Eligibility Affirmation Solution built from the combined innovations and experiences of Alphanumeric Systems, Inc. and WEI Inc., is an efficient and effective measure in the fight against fraud. For more information, contact Harvey Braswell, President, hbraswell@alphanumeric.com or 919-781-7575.

Booth No: 21
American Cancer Society
Cancer Action Network
Contact: Citseko Staples Miller
901 E. Street, NW Suite 500
Washington, DC 20004
P: 770-865-5124
ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. ACS CAN works to encourage elected officials and candidates to make cancer a top national priority. ACS CAN gives ordinary people extraordinary power to fight cancer with the training and tools they need to make their voices heard.

Medicaid plays a vital part in our health care system, covering many of the nation’s poorest and sickest patients and providing a critical financing mechanism for health care services these individuals receive— including care related to cancer. For many low-income uninsured or underinsured people under the age of 65, Medicaid is the only source of regular cancer care. Approximately 29% of children with cancer are enrolled in Medicaid and CHIP and 6% of all adults with cancer are enrolled in Medicaid. Medicaid is a main source of treatment for uninsured or underinsured low-income women in the United States who are screened and diagnosed for treatment through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). For more information about ACS CAN, visit us at www.acscan.org.
**Booth No: 53**

**Amerihealth Mercy Family of Companies**

**Contact:** Flora Castillo  
100 Stevens Drive  
Philadelphia, PA 19113  
P: 215-863-5605

The AmeriHealth Mercy Family of Companies is a national leader in healthcare solutions for the underserved, touching the lives of more than 4 million people.

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**Booth No: 41**

**Arbor Healthcare**

**Contact:** Kristen Comstock  
381 Riverside Drive Suite 300  
Franklin, TN 37064  
P: 615-550-2395

Founded in 2002, Arbor Healthcare is a reimbursement integrity company. Arbor uses a productive national network of onsite overpayment recovery analysts. With access to the providers’ complete payment record of each claim, our analysts accurately resolve errors, optimize recoveries for health plans and minimize processing time and costs for payers and providers. Arbor offers personalized service to every client. Our analysts process the entire overpayment backlog, down to the smallest claims.

Additionally, administrative costs are reduced through the direct payer-provider connection.

Lumen™ is Arbor’s web-based automation technology solution. This real-time secure client interface reports data seamlessly in a transparent environment and generates detailed reports, including the ability to identify the root cause. Lumen replicates work that used to be performed manually and resolves any issues or problems that might occur with a faster, higher rate of accuracy than a human operator. Lumen’s efficiency improves quality, reduces resource cost and makes turnaround time, real-time.

Our business represents public and private health plans insuring over 60 million lives. We have established partnerships with over 1,000 providers nationwide. For more information, please contact Bryon Wells at bwells@arborhealth.com.
Booth No: 17/18

BerryDunn/Medical Learning Center
Contact: Nicole Carrier
100 Middle Street
Portland, ME 04101
P: 207-775-2387

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, IV&V, and financial and regulatory analysis. Our objective advisory services help state Medicaid agencies maintain existing programs and take advantage of new opportunities.

We help people understand Medicaid—both individuals and organizations. Our training is not confined to a campus or constrained by work schedules. We offer Medicaid training...Anytime, Anywhere. The Medicaid Learning Center is the front-runner in web-based, online Medicaid training. Our catalog of courses covers topics ranging from the basics of Medicaid to Healthcare Reform. If you need to know the foundations of the Medicaid program—we can help; if you need to know about HIT and Medicaid—we can help; if you need to know about Healthcare Reform—we can help. Furthermore, we understand that for organizations, each has different needs when it comes to Medicaid training for your staff, we can collaborate with you to enhance the standard curriculum and develop additional customized modules to meet targeted organizational needs.

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

Please visit us at booth 36/37.

You can also visit us online at www.qualishealth.org or contact us at (800) 949-7536.

Qualis Health.
**Booth No: 33**

**Centers for Medicare and Medicaid Services**  
Contact: Darlene Pfeffer  
7500 Security Blvd.  
Baltimore, MD 21244  
P: 410-786-0761

The Centers for Medicare & Medicaid administers several critical programs: Medicare, Medicaid, the State Children’s Health Insurance program, and more recently, the Pre-existing Conditions Insurance program. CMS will have information available about the programs we offer to the public, including information that shows how new legislation affects the general public and CMS beneficiaries. Specifically, CMS will feature information on prescription drug coverage, extra help for people with limited income and assets, and how to choose and join from various plans to meets your needs.

**Booth No: 51**

**Clifton Gunderson, LLP**  
Contact: Sheryl Pannell  
9515 Deereco Road Suite 500  
Timonium, MD 21093  
P: 888-778-9588

Clifton Gunderson is one of today’s premier CPA and management consulting firms. Founded in 1960 utilizing a client service philosophy, the teamwork of our professionals has made CG one of the fastest growing CPA firms providing services to a wide cross-section of state and federal agencies. Public sector health care, including state Medicaid agencies, is a focus of our practice nationwide. We have demonstrated a strong commitment to our clients by providing creative solutions to today’s complex Medicare and Medicaid audit and reimbursement issues.

**Booth No: 5**

**Consumer Direct**  
Contact: Heidi Davis  
607 SW Higgins Avenue  
Missoula, MT 59803  
P: 406-532-1907

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

Consumer Direct is a home and community based provider for long-term care (Medicare, Medicaid and Private Pay), mental health and developmental disabilities services. Now providing services in nine states, Consumer Direct’s skilled and experienced staff offers highly effective and innovative tools: thorough training and support for clients, 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](http://www.consumerdirectonline.net) or stop by the Consumer Direct booth to meet our staff and for more information on our company and services.
**Exhibitors**

**Booth No: 7**

**Emdeon**

**Contact:** Robbie Mitchell  
3055 Lebanon Pike  
Nashville, TN 37214  
P: 615-932-3222

Emdeon is a proven provider of claims, payment 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 No: 6**

**eQHealth Solutions**

**Contact:** Tricia Canella  
8591 United Plaza Blvd. Suite 270  
Baton Rouge, LA 70809  
P: 225-248-7064

eQHealth Solutions provides medical management and quality improvement services in the both the public and private sectors. Founded in 1986, we have a proven track record across an array of federal and state health care contracts. We are a trusted partner for both Medicaid agencies and the Centers for Medicare & Medicaid Services (CMS).

eQHealth Solutions provides care coordination, utilization management, health IT, analytics, and other medical management services to state and federal agencies, large self-insured organizations, Third Party Administrators (TPAs) and insurance companies. As a CMS-designated quality improvement organization (QIO), our focus on quality and accuracy guarantees best practices to our clients across the continuum of care.

For more information about eQHealth Solutions and our products and services, please contact Mayur Yermaneni at 225.926.6353 or visit our website at www.eqhs.org.

**Booth No: 44**

**Equifax Verification Systems**

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

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

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

Contact: Patricia Shea
One Canal Park 4th Floor
Cambridge, MA 02141
P: 202-441-0856

Founded in 1984, Exeter Group, Inc. (Exeter) is a privately-held information technology consulting firm that serves its clients throughout the United States and worldwide from its headquarters in Cambridge, Massachusetts, and branch offices in Los Angeles and San Francisco. Since its inception, Exeter has maintained a core focus on serving state and local government agencies, including health and human services organizations, delivering high-quality management and technology solutions to over 100 of the most complex organizations in the world. Exeter has achieved an outstanding reputation for delivering technical solutions that enable state agencies to realize new efficiencies, create economies of scale, contain costs, leverage resources and improve customer services through cutting-edge IT strategies and solutions.

Exeter offers its public sector clients a wide range of services, including:

- Designing, developing and implementing an array of custom solutions and commercial products, including financial, human resources, budget management and business warehouse/reporting systems;
- Implementing and using rules engine technology to streamline business processes and policy development for clients;
- Conducting strategic evaluations and integration of IT infrastructure and management;
- Assisting with selecting and procuring administrative systems; and
- Upgrading legacy systems to modern technology environments.

For more information, please visit our website: www.exeter.com.

GlaxoSmithKline

Contact: Thomas Radice
Five Morre Drive
Research Triangle Park, NC 27709
P: 404-921-5182

GlaxoSmithKline offers a number of programs to support effective health management strategies and improve patient care. Visit our exhibit for information about our products and programs.

Golden Living

Contact: Paul Goss
1000 Fianna Way
Fort Smith, AZ 72919
P: 479-201-5564

The Golden Living family of companies is dedicated to helping people live fuller, longer and more productive lives through a full spectrum of integrated health and wellness programs, services and products. We offer skilled, compassionate care that is focused on the individual and led by physicians. Utilizing this model of care, we strive to improve our patients’ care outcomes and avoid hospital readmissions. We are dedicated to improving patient and family satisfaction and providing full-service recovery care. Our healthcare services include rehabilitation therapy, skilled nursing care, home health and hospice. Additionally, we provide healthcare staffing and purchasing solutions.
Hayes Inc.

Contact: Cici Collins
157 S. Broad Street
Lansdale, PA 19446
P: 215-855-0615

Hayes, Inc., a certified Women’s Business Enterprise (WBE), is an internationally recognized comparative effectiveness research and consulting firm that evaluates a wide range of medical technologies to determine their efficacy and impact on patient safety, health outcomes, resource utilization, and return on investment. Since its founding in 1989, Hayes has supported the integration of evidence into policy development and decision making so that transparent, defensible coverage policies can be created by State Medicaid agencies and managed care organizations.

Hayes’ unbiased information also enables State Medicaid agencies and managed care organizations to design and implement care management protocols and best practice guidelines. Hayes is also a leader in the evaluation of genetic tests. As we anticipate the release of the new molecular CPT codes in January 2012, the Hayes Genetic Test Evaluation (GTE) Program is working proactively to ensure that evidence reviews are available for each of the tests or disorders covered by the new codes.

Our clients include more than 35% of State Medicaid agencies, health plans, hospitals, health systems, government programs, and employers.

HP Health & Human Services

Contact: Sue Arthur
8320 BrookStone Lane
Clarkston, MI 48348
P: 609-714-8931

HP helps health and human services organizations create new possibilities for technology to improve the quality of services, control costs and streamline processes. With more than 45 years of delivering IT services to health and human services organizations, we bring innovative ideas, vast industry knowledge, and an unmatched portfolio of services to help connect organizations to healthier results.

The world’s largest technology company, HP brings together a portfolio that spans printing, personal computing, software, services and IT infrastructure at the convergence of the cloud and connectivity, creating seamless, secure, context-aware experiences for a connected world. More information about HP is available at http://www.hp.com.
LexisNexis
Contact: Kathy Mosbaugh
100 Alderman Drive
Alpharetta, GA 30005
P: 407-922-2734

LexisNexis® has developed a full suite of industry leading health care products that deliver significant value, measured in real-dollar return on investment, to our Medicaid customers and their Integrator partners. Our world-class databases offer easy searching and fast, accurate results for Provider and Beneficiary Evaluation, and comprehensive Identity Verification and Authentication.

LexisNexis maintains the largest and fastest growing data repository of public records and commercially available data in the country. Our vast data storehouse contains in excess of 33 billion records drawn from 20,000 disparate sources that map to 585 million unique identities. LexisNexis solutions are based on our comprehensive public records database and our patented linking technology which uniquely identifies individuals.

Our technology provides a comprehensive set of solutions and tools to locate, authenticate, verify and alert Government Agencies on the status of individuals.

For more information call 866-396-7703 or email healthcare@lexisnexis.com.

Magellan Health Services
Contact: Beverly Tye
14100 Megallan Plaza
Maryland Heights, MO 63043
P: 410-953-2450

Magellan Health Services, Inc., is a leading specialty health care management organization with expertise in managing behavioral health, radiology and specialty pharmaceuticals, as well as public sector pharmacy benefits programs. Magellan delivers innovative solutions to improve quality outcomes and optimize the cost of care for those we serve. Magellan’s customers include health plans, employers and government agencies, serving approximately 31.5 million members in our behavioral health business, 18.5 million members in our radiology benefits management segment, and 4.9 million members in our medical pharmacy management product. In addition, the specialty pharmaceutical segment serves 41 health plans and several pharmaceutical manufacturers and state Medicaid programs. The Company’s Medicaid Administration segment serves 25 states and the District of Columbia. For more information, visit www.MagellanHealth.com.
BOOTH NO: 26/27

Maximus, Inc.
Contact: Pam Corbett
11419 Sunset Hills Road
Reston, VA 20190
P: 703-251-8528

For nearly 40 years, MAXIMUS has been committed to our founding mission of “Helping Government Serve the People®.” We deliver administrative solutions for Medicare, Medicaid and CHIP, long-term care and home and community-based services programs, welfare-to-work programs, child welfare and support services, as well as provide specialized consulting services for all levels of government. MAXIMUS offers a single-market focus and a unique understanding of how to deliver high quality, cost-effective solutions tailored for government service. Our clients include many U.S. federal agencies, each of the 50 states, every major U.S. city and county, as well as international government agencies in Canada, Australia, the United Kingdom, and Israel. Headquartered in Reston, Virginia, MAXIMUS has more than 6,500 employees located in over 220 offices worldwide. Our success and solid brand reputation reflects our employees’ dedication to public service and uncompromising commitment to our government clients and the citizens they serve. With annual revenue of more than $800 million, strong recurring cash flows, and no debt, MAXIMUS has the financial strength that represents a high level of stability and reliability to our clients.

BOOTH NO: 47

Mercer Government Human Services
Contact: April Linquist
333 S. 7th Street, Suite 1600
Minneapolis, MN 55402
P: 612-642-8889

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

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

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

BOOTH NO: 9

MedSolutions
Contact: Kaitlin Collignon
730 Cool Springs Blvd, Suite 800
Franklin, TN 37067
P: 615-468-7287

Using independently validated savings methodologies, MedSolutions specializes in quality-driven intelligent cost management of medical services for commercial, Medicare and Medicaid payors. The company maintains management contracts for approximately 30 million individuals nationwide. Using robust data, predictive intelligence technology and evidence-based clinical expertise, the company’s innovative solutions extend beyond Radiology Management to other areas of medical specialty, including Medical and Radiation Oncology, Cardiac Imaging, Sleep Diagnostics, Ultrasound Imaging, Lumbar Spine Surgery, Implantable Cardioverter Defibrillator Surgery, and MedSolutions’ groundbreaking Premerus® Diagnostic Accuracy program—the nation’s first solution for reducing diagnostic error rates to improve the quality and cost of care. MedSolutions has been recognized for outstanding customer service and effective call center management by the International Customer Management Institute and for four consecutive years by the prestigious J.D. Power and Associates Award. To learn more, visit www.medsolutions.com.
In the highly visible and often contentious world of healthcare policy, government policy makers look to Milliman for impartial assessments of proposed policies and programs. Our contributions are particularly valued because Milliman’s evaluations and recommendations are based on quality data, expert tools, and unbiased analysis.

Milliman also brings to the policy arena knowledge and broad experience with all stakeholders in today’s healthcare landscape.

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

- Medicaid acute care and long-term care programs
- State Children’s Health Insurance Programs (SCHIP)
- The effect of healthcare reform on Medicaid and related populations
- 1915(b) and 1915(c) Cost Effectiveness Waiver Filings
- New comprehensive health insurance programs
- Program of All Inclusive Care for the Elderly (PACE) programs
- Medicaid mental health and substance abuse programs

Milliman assists government agencies by analyzing healthcare programs’ projections, including population and financial forecasts. We help develop and certify actuarially sound rates for managed care programs, develop waiver filings, and determine fiscal impact caused by legislative policy so that state governments can make informed decisions about policy and budget. We also have assisted many clients to evaluate and use risk adjusters.

Molina Healthcare, Inc. 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. Molina’s 10 licensed health plans currently serve approximately 1.6 million members, and its subsidiary, Molina Medicaid Solutions, provides business processing and information technology administrative services to Medicaid agencies in 5 states and drug rebate administration services in Florida. In total Molina serves nearly 4.3 million Medicaid and Medicare beneficiaries in 16 states. Molina’s newest subsidiary Molina Pathways can provide an array of care management services including care transition programs and a 24 nurse advice line for state partners. Thirty years ago Molina Healthcare was envisioned by Dr. C. David Molina who believed that everyone regardless of social or economic standing, deserved respect and access to quality health care. Dr. Molina’s vision continues today in the services and programs offered by Molina Healthcare, Inc.
Myers and Stauffer LC

Contact: Amy Manske
11440 Tomahawk Creek Parkway
Leawood, KS 66211
P: 913-234-1026

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

- Cost Report Audit, Desk Review and Settlements
- Nursing Facility Case Mix Rate Setting and MDS Verification
- Hospital DRG, APC and DSH Consulting
- Fraud and Abuse Detection; Recovery Audits; MMIS Audits
- Payment Error Rate Measurement
- Pharmacy Dispensing; Ingredient Reimbursement; State Maximum Allowable Cost
- Claims Review and Program Integrity
- Litigation Support
- Reimbursement System Design and Implementation

Optum

Contact: Kelly Gillitzer
12125 Technology Drive
Eden Prairie, MN 55344
P: 952-883-6591

Optum is an information and technology-enabled health services company serving the health marketplace, including care providers, state and federal government agencies, life sciences companies, commercial sponsors, and consumers. Optum’s business units—OptumInsight (formerly Ingenix), OptumHealth and OptumRx, employ more than 30,000 people worldwide who are committed to making the health system work better for everyone. Find out more at www.optum.com.

NCPDP

Contact: Tom Collins
9240 E. Raintree Drive
Scottsdale, AZ 85260
P: 480-477-1000

Founded in 1977, NCPDP is a not-for-profit, ANSI-accredited, Standards Development Organization with over 1500 members representing virtually every sector of the pharmacy services industry.
Qualis Health
Contact: Derek Fulwiler
10700 Meridan Avenue North Suite 100
Seattle, WA 98133
P: 206-364-9700

Qualis Health is a nonprofit healthcare consulting and care management organization that works to improve the health of individuals and populations. The company’s healthcare quality improvement, health information technology and MMIS consulting, and care management services directly influence the care that is delivered to more than 10 million people across the country. Our customers include five Medicaid agencies, the Centers for Medicare & Medicaid Services, other government agencies, managed care organizations, private sector organizations, and foundations. Please visit us online at www.qualishealth.org to learn more.

ResCare—Rest Assured
Contact: Ken Lovan
9901 Linn Station Road
Louisville, KY 40223
P: 502-394-2335

ResCare, with more than 35 years of experience helping people reach their highest level of independence, is one of the largest providers of home care to the elderly and persons with disabilities. It also offers residential and support services to people with intellectual and developmental disabilities and provides education, vocational training and job placement for people of all ages and skill levels. Based in Louisville, Kentucky, ResCare and its nearly 50,000 dedicated employees serve over 60,000 people daily throughout the United States.

Rest Assured® is caring people using remarkable technology to help individuals to: improve the quality of their lives; increase their independence, and maintain their privacy, health and safety.

The Rest Assured® patented web-based Telecare system uses the latest wireless technology to offer their customers and their clients real-time interactive in home support services.

Rest Assured® services have been specifically designed to support adults who have cognitive, intellectual and developmental disabilities in order to help them grow, develop, and enhance the quality of their lives.
Roche Diabetes Care is a pioneer in the development of blood glucose monitoring systems and a global leader for diabetes management systems and services. For more than 30 years, Roche has been committed to helping people with diabetes live lives that are as normal and active as possible and has been helping healthcare professionals manage their patients’ condition in an optimal way. Today, the ACCU-CHEK® portfolio offers people with diabetes and healthcare professionals innovative products, services and comprehensive solutions for convenient, efficient and effective diabetes management—from blood glucose monitoring through information management to insulin delivery. The ACCU-CHEK brand encompasses blood glucose meters, insulin delivery systems, lancing and data management systems. For more information, please visit [accu-chek.com](http://www.accu-chek.com).

Seniorlink offers expertise in managing care for frail elders and people with disabilities, and an innovative, person-centered service model called Structured Family Caregiving (SFC) and branded as Caregiver Homes™. Keys to the success of Caregiver Homes™ are a live-in family or non-family caregiver available to provide assistance around the clock; professional support and care coordination through a registered nurse and social worker; and a web-based care management system.

Seniorlink’s Caregiver Homes™ began in Massachusetts in 2007, was launched in Rhode Island in 2010 as part of the global waiver, and started providing service to people with developmental disabilities in Ohio in 2011. By year end, Seniorlink will serve more than 1,500 consumers, providing a higher quality of life and saving millions annually for Medicaid and Medicare.

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

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

The Lewin Group is a national health and human services policy, research and consulting firm with more than 40 years’ experience delivering objective analyses and strategic counsel to federal, state and local governments; foundations; associations; hospitals and health systems; providers; and health plans. Lewin has worked with agencies in more than 40 of the nation’s states on health policy, planning and evaluation projects. Projects include coverage and reform analysis, Medicaid purchasing and performance improvement efforts, Medicaid benefit and eligibility studies and modeling, electronic health record incentive programs, cost containment analysis, managed care, disease management, care management initiatives and long-term care. The Lewin Group combines real world experience with a broad, national perspective on state health policy to address our clients’ needs. For more information, visit [www.lewin.com](http://www.lewin.com).
As the leader in Medicaid decision support Thomson Reuters is dedicated to improving care, expanding access, and fighting fraud, waste, and abuse in Medicaid. As the world’s leading source of intelligent information for businesses and professionals, Thomson Reuters combines industry expertise with innovative technology to deliver critical information to leading decision makers in the financial, legal, tax and accounting, healthcare and science, and media markets, powered by the world’s most trusted news organization. By employing broad and deep experience with our Advantage Suite decision support system and our INTERCEPT suite of fraud-fighting solutions, Thomson Reuters brings to your agency a high level of expertise and a proven record of delivering results.

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

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

UMass Medical School, and its health care consulting division, Commonwealth Medicine, offer clients a dedicated team of consultants who understand today’s health care challenges and know what it takes to navigate the ever-changing health care landscape. Unlike most health consulting firms, UMass is itself a public entity driven by a mission to serve. Home to Nobel Prize research, UMass brings all the experience, global reach, and thought leadership of a world-class
academic health center to our work. We understand the issues that disproportionately impact vulnerable populations and know how to work collaboratively with state Medicaid agencies to help improve health care delivery, manage costs, and maximize revenue.

Our services range from health care financing to care coordination for vulnerable populations, health care reform policy development and implementation, and pharmacy services. Our team of experts brings decades of experience and innovation to health and human services program areas. Learn more about us at commed.umassmed.edu.

**Booth No: 14/15**

**UnitedHealthcare Community and State**

Contact: Rita Johnson-Mills
9701 Data Park Drive MN006-E900
Minnetonka, MN 55343
P: 952-931-5366

Building healthier communities. Finding solutions for high-quality, affordable health care requires innovative thinking and a deep commitment to supporting the mission of our State partners. At UnitedHealthcare Community & State, we believe that our local presence and commitment, combined with our experience as America’s largest Medicaid Managed Care Organization, helps us deliver new ideas and better outcomes. Our mission is to help people live healthier lives—so it’s easier for expectant mothers and children to get the health care they need, simpler for people with disabilities to navigate the complex health care system, and more personal for those with chronic conditions to receive individual attention and lead more fulfilling lives. To learn more about UnitedHealthcare Community & State, contact Alice Ferreira, Vice President, Communications at 203-459-7775 or visit www.UHCCommunityandState.com.

**Booth No: 45**

**URAC**

Contact: Mara Osman
1220 L Street, NW, Suite 1400
Washington, DC 20005
P: 202-216-9010

URAC, an independent, nonprofit organization, is well-known as a leader in promoting health care quality through its accreditation, education and measurement programs. URAC offers a wide range of quality benchmarking programs and services that keep pace with the rapid changes in the health care system, and provide a symbol of excellence for organizations to validate their commitment to quality and accountability. Through its broad-based governance structure and an inclusive standards development process, URAC ensures that all stakeholders are represented in establishing meaningful quality measures for the entire health care industry. For more information, visit www.urac.org.

**Booth No: 12/13**

**Watson Pharma, Inc.**

Contact: Alethea Willis
400 Interpace Parkway
Parsippany, NJ 07054
P: 862-261-7000

Watson Pharmaceuticals has a clear objective to expand our presence in Women’s Health through internal research and development and alliances that will expand our brand offerings in pre-term birth, infertility, emergency and oral contraception. Watson, a long-standing and committed partner to women throughout their reproductive lives—and beyond.

**Booth No: 24/25**

**WellPoint, Inc.**

Contact: Andrew Jones
4553 La Tienda Drive MS: CAT101-H06B
Thousand Oaks, CA 91320
P: 805-914-4600

WellPoint is committed to improving the lives of the people we serve and the health of our communities. Our more than 37,000 associates work every day to meet the unique needs of our diverse customers and help create the best health care value. WellPoint understands that every state has different budget concerns and health care needs. And we’re ready to provide programs that help your Medicaid population achieve better health outcomes—and reduce your health care costs. With more than 17 years of experience in offering Medicaid solutions, we want to collaborate with your state to implement innovative, cost-effective solutions for Medicaid managed care. You can rely on WellPoint’s experience as one of the nation’s largest health benefits companies. Wellpoint.com
What’s the state of your health IT?

Whether your state is challenged with launching and managing programs or protecting IT systems from fraud, waste and abuse, CGI can help. Our expert guidance is built on 20+ years of experience delivering complex state, federal and commercial health and insurance programs. Let us help you build a connected network across government agencies, providers and consumers.

Medicaid and state health reform solutions:

- Health insurance exchange & eligibility
- MMIS modernization
- EHR incentive payment programs
- Improper payments audit & recovery

Make the right connections with CGI.

www.cgi.com/stateandlocal
For over 30 years, Molina Healthcare has provided our state clients with a variety of solutions to help administer their Medicaid programs. Here’s how...

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<th>Molina Healthcare</th>
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<td>Medicaid managed health plans offer quality and cost savings. Molina continues to be a leader in quality as all eight of our eligible health plans are accredited by the National Committee for Quality Assurance (NCQA). And, a recent study from the Lewin Group strongly suggests that the Medicaid managed care model typically yields cost savings (for states). Currently, Molina operates Medicaid health plans in 10 states and serves approximately 1.6 million members.</td>
<td>Owning and operating primary care clinics is at the roots of Molina Healthcare. It’s how we started. Now, Molina Medical owns and operates 23 primary care clinics in California and Washington states and manages 3 clinics for Fairfax County in Virginia. Our company is still run by a physician which helps us understand firsthand the challenges of running practices and working with our physician network partners.</td>
<td>Molina Medicaid Solutions is the only healthcare company providing business processing and information technology administrative services to Medicaid agencies. Molina’s MMIS design, development, implementation and operation expertise provides the technological foundation needed by state agencies to meet current and future MITA business process and regulatory healthcare requirements. Currently we operate in Idaho, Louisiana, Maine, New Jersey, and West Virginia, and offer drug rebate administration services in Florida.</td>
<td>Our newest solution offers our state clients access to our expert care management programs that before now were only available to our health plan members. Molina Pathways provides an integrated array of services that focuses on putting the patient at the center of care — as we have done for the past three decades. Our care management services increase quality of care, are cost-effective and promote member satisfaction.</td>
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Molina Healthcare understands the entire continuum of options for state agencies to manage their government sponsored healthcare. Ask us how we can help lower costs, increase member satisfaction and improve quality.
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