

## MHPA's April 18th afternoon Agenda "Medicare Advantage: Ready, Set, Enroll! "

1:30–2:30 pm

Session

### Reimbursement Challenges: 3 Key Impacts of CMS' Risk-based Premium Methodology

The risk-based approach is a fundamental shift in the Medicare program that has significant implications for all health plans—whether the plan contracts with physician groups on a capitated or fee-for-service basis. Mr. Taggart will address risk-based payment rules and discuss the impact on various populations. Until now, health plans and physicians have not been at risk for ensuring the ICD codes are complete and fully identify a patient's health conditions. Now erroneous coding can reduce health plan's revenues by up to 10%. Find out what issues are likely to exist and how it will impact your plan's premium revenue. Working with your provider network to establish recoding and claims resubmission processes—how to manage your Medicare Advantage revenue over the long haul. Review a case study with positive outcomes.

**Michael Taggart, FSA, CEO, IHMA Technologies**

2:30–2:45 pm

Break

2:45–3:30 pm

Session

### Delegation: Contractual Implications and Health Plan Responsibilities

Ms. Stamer will discuss general delegation requirements, Medicare Advantage Oversight and Beneficiary Protection Guidance, Reporting Requirements and Compliance with other laws and regulations. Organizations likely to apply for Medicare Advantage contracts commonly enter into business relationships with entities that they place under contract to perform certain functions that otherwise would be the responsibility of the organization to perform, including management and provision of services. The Medicare Advantage organization retains ultimate responsibility for all services provided and terms of the contract and otherwise fulfilling all terms and conditions of its contract with CMS regardless of any relationships that the organization may have with entities, contractors, subcontractors, first-tier or downstream entities.

**Cynthia Marcotte Stamer, PC, Glast, Phillips, and Murray, P.C.**

3:30–4:00 pm

Session

### Operational Impact: Managing through Times of Change

Every health plan has faced tough decisions at some point. No matter what, the impact is felt throughout the organization, and usually surfaces within operations. When launching a Medicare Advantage product line, all operational units are impacted: Call Center, Provider and Member Services. Mr. Glassman discusses strategies he applied during his tenure as a health plan CEO to effectively manage operational impacts financially and process-wise and how they helped spur growth for the health plan.

**Stanley A. Glassman, FACHE, Chief Business Development Officer, Adaptis**

4:00–4:10 pm

Break

4:10–5:00 pm

Session

### Medical Management: Components and Benefits of Integration with Medicare Advantage

Medicare Advantage is not your average product line. How do you mitigate higher utilization rates, higher call center volume, the need for a Nurse HelpLine? How will Medicare Part D affect your overall operations? Medical Management services help fulfill a core CMS requirement for Medicare Advantage – quality improvement; but which service is right for your plan's strategic vision? Discover the answers and learn more about the various components of a Medical Management program.

5:00–5:30 pm

Session

### Decision Support and Reporting

Milliman will discuss their experience in the market over the past several years with their MedInsight® solution, an established, successful data warehousing and decision support environment developed specifically for healthcare insurers. This presentation will demonstrate the strategic potential of such an analytic solution by illustrating specific analytic and reporting capabilities, and discussing case studies of successful client use.

**Rich Moyer, MedInsight Product Manager, Milliman**



**Reimbursement Challenges: 3 Key Impacts of CMS' Risk-based Premium Methodology**

1:30 - 2:30 pm

**Michael Taggart, FSA, CEO, IHMA Technologies**

Mr. Taggart is CEO of IHMA Technologies, a healthcare analytics and technology firm. He is an actuary who has 25 years of experience working across multiple areas of health care. Mr. Taggart was the southwest regional healthcare practice leader at Mercer, working with employers such as Southwest Airlines and Shell Oil. He was the initial Executive Director of MethodistCare, the HMO created by the Methodist Health Care System in Houston. Most recently Mr. Taggart co-founded and served as President of Synhrgy HR Technologies, a national HR outsourcing company.

**Delegation: Contractual Implications and Health Plan Responsibilities**

2:45 - 3:30 pm

**Cynthia Marcotte Stamer, PC, Glast, Phillips, and Murray, P.C.**

As an attorney and health care activist, Ms. Stamer, uses her compliance expertise to assist plans in training, counseling, and risk management issues including the establishment and administration of effective internal controls and corporate governance, such as design and administration of up-the-ladder corporate compliance and risk management strategies under Sarbanes-Oxley and other laws. Her clients include health industry, insurance industry employee benefit, technology, educational and other government entities, employers handling risk management, regulatory compliance, health care, managed care, insurance human resources, and operational issues. Ms. Stamer is the ABA's Health Law Section Managed Care and Insurance Interest Group Vice Chair and RPPT Section Welfare Plan Committee Chair. She has authored hundreds of publications and training programs on managed care, insurance and related topics including "TPA Contracting Principles and Strategies," "Privacy Invasions of Medical Care-An Emerging Perspective," "Protecting & Using Patient Data In Disease Management Opportunities, Liabilities And Prescriptions," "Cybercrime and Identity Theft: Health Information Security Beyond HIPAA" among others.

**Operational Impact: Managing through times of Change**

3:30 - 4:00 pm

**Stanley A. Glassman, FACHE, Chief Business Development Officer, Adaptis**

Mr. Glassman has more than 30 years of executive experience in healthcare, including senior executive positions with AmeriHealth Insurance Plans, US Family Health Plan (USFHP), and St. Vincent Catholic Medical Centers of New York. While working to improve the USFHP image, he developed relationships with key stakeholders in the Department of Defense and with members of Congress and congressional staff members. Mr. Glassman turned USFHP's \$9 million annual operating loss into a \$3.7 million annual profit in 36 months. As division president and corporate senior vice president of St. Vincent Catholic Medical Centers of New York, he developed over \$10 million in new business, added services in existing contracts, and added new contractors. Mr. Glassman holds a Fellowship certification (FACHE) from the American College of health care Executives. He recently received the 2005 Preceptor Award for Excellence in Graduate Education from The George Washington University Health Services Management and Policy Alumni Association.

**Medical Management: Components and Benefits of Integration with Medicare Advantage**

4:10 - 5:00 pm

**Dorian Lo, MD, MBA, Senior Director, Health Plans, Medco**

Dr. Lo manages all clinical programs for Medco's Health Plan clients. He is the Medicare subject matter and product expert for health plans due to his previous role as director of product and business development for Medco's Medicare Program, where he developed and oversaw the strategy, product marketing, and operations for the 2006 Prescription Drug Plan. Prior to joining Medco Health, Dr. Lo worked for McKinsey & Co, where he consulted with leading providers and payers on network development, telemedicine, Merger and Acquisitions and growth strategies. He holds an MBA from Wharton and a MD from the University of Western Ontario, and previously practiced as an Emergency Physician in Toronto as well as a bush doctor and project manager with Partenaires, a charitable organization working in rural Nigeria. He is a board member for the State Society of Aging of New York and Chilton Memorial Hospital Foundation.

**Decision Support and Reporting**

5:00 - 5:30 pm

**Rich Moyer, Product Manager, MedInsight®, Milliman**

Mr. Moyer is the product manager for MedInsight, a Milliman product that is a data warehousing solution designed to measure healthcare organization performance. He has over 17 years experience designing and implementing data warehouse and analytic solutions, and is responsible for product strategy, marketing and implementation quality management for the MedInsight product. Mr. Moyer has implemented new data warehouse and decision support applications at Group Health Cooperative (Seattle) as Director of Decision Support and Data Warehousing, and at Kaiser Permanente Northwest (Portland). He has managed development of rating/underwriting, HEDIS, cost accounting/management, disease management, and provider contracting analytic applications.