

Health Integrated Executive Leadership Series - Spring 2010



Thriving in the New Decade of Healthcare

April 15-16, 2010

Vinoy[®] Renaissance[®] Resort & Golf Club
St. Petersburg, FL

Includes CME Credits

PROGRAM OVERVIEW

As the U.S. health insurance industry enters a new era, it faces new opportunities to thrive. Health plans that are best positioned to excel in the coming decade are those that effectively leverage partnerships, find innovative ways to serve and manage their changing membership, and understand how pending reform, in whatever form, will redefine their services. The nation's top health plans, including many of Health Integrated's partners, are focusing on implementing strategies that reduce costs and create greater value for their members and customers, and are communicating their successes to a much broader audience – including Washington, DC – strengthening their position as vital contributors to improving the health of our nation.

Join health plan executives and healthcare industry experts in an active, two-day forum to discuss strategies to not only overcome a challenging and changing healthcare marketplace, but also to thrive in a new decade of healthcare. Participants will share experiences of successful health management initiatives and explore innovative ways to improve member outcomes, reduce healthcare costs and become most competitive in their markets. Held at the beautiful Vinoy Renaissance Resort & Golf Club on the waterfront of downtown St. Petersburg, FL, this Executive Leadership event is a fantastic venue for idea exchange, networking with peers and thought-provoking discussion.

Topics and speakers include:

- **Population Health Management Strategies: Real-World Successes from Health Plan Leaders**
Success in the new decade requires innovative approaches to managing diverse populations and interfacing with the provider community. Learn from health plan leaders what pioneering health management strategies they are using to manage health, reduce costs, leverage provider relationships and stand out in their marketplaces across diverse membership bases, including programs that reach lower-income families and children, seniors and the general population.
 - ◇ Dr. Marylou Buyse, M.S., Chief Medical Director, Scott & White Health Plan
 - ◇ Dr. James W. Howatt, MBA, Chief Medical Officer, Molina Healthcare
 - ◇ Mary McKendry, Senior Director, Clinical Affairs, Network Health
 - ◇ Dr. Margaret Rowland, Chief Medical Officer, CareOregon
- **Integrated Health Management by the Numbers**
The numbers don't lie. This presentation will take a look at important parameters that measure the impact of behavioral health on overall healthcare costs and the effectiveness of integrated health management, including medical/behavioral health integration strategies for adults and children. With the Federal Mental Health Parity and Addiction Equity Act in effect, this presentation will also take an early look at the impact to the industry and how health plans are performing.
 - ◇ Stephen P. Melek, FSA, MAAA, Principal, Consulting Actuary, Milliman
- **Reform Legislation 2010: What it Means to Health Plans**
Both the U.S. House of Representatives and the Senate passed versions of healthcare reform legislation in late 2009. With shifting power plays in Washington, DC, the question remains what happens next? This presentation gives a snapshot of the current state of healthcare reform legislation, and what it means to health plans as they plan for the coming decade.
 - ◇ Julie Barnes, Acting Director, Health Care Policy Program, New America Foundation
 - ◇ Dr. Marylou Buyse, M.S., Chief Medical Director, Scott & White Health Plan
 - ◇ Mark E. Lutes, Member of the Firm, Epstein Becker & Green, P.C.
- **Behavioral Health Best Practices in the Age of Parity (Optional - CME Credits)**
This presentation, which provides CME credits for those interested, will focus on gaining a better understanding of the impact of behavioral health issues in medical management. With Mental Health Parity in full swing, we will examine best practices for managing behavioral healthcare with an emphasis on integrated approaches.
 - ◇ Dr. Sam D. Toney, Chief Medical Officer, Health Integrated

As part of these interactive sessions, participants will have the opportunity to network and exchange views with peer executives from leading health plans from around the country. Past attendees include health plan CEOs, CMOs, COOs and leaders of medical and care management.

PROGRAM OVERVIEW (cont.)

On behalf of Health Integrated, we look forward to your participation. Please see details below on how you can register to be a part of this important event.

Thanks in advance for your interest and attendance. We look forward to seeing you in sunny Florida!

Registration Information

Register online: **www.regonline.com/ExecutiveLeadershipSeriesSpring10**

Event Contact: 813.388.4061, Dawn Shivers, dshivers@healthintegrated.com, Health Integrated

Quick Summary to copy and paste into your calendar:

What: Thriving in the New Decade of Healthcare
When: April 15 - 16, 2010
Where: Vinoy Renaissance Resort & Golf Club, St. Petersburg, FL (Group Code: hinhina)
Arrival: April 15, before Noon (Program begins)
Departure: April 16, after Noon (Program ends)
Registration: Email your sales executive or **executiveleadershipseries@healthintegrated.com** OR Register online **www.regonline.com/ExecutiveLeadershipSeriesSpring10**

The network opportunities and the ability to speak with well known healthcare leaders, made this summit an A+.

-An ELS Attendee



CONFERENCE AGENDA

Thursday, April 15

- Morning Arrivals
- 12:00 pm Lunch
- 12:45 pm **Welcome and Introductions:**
Shan Padda, Chief Executive Officer, Health Integrated
- 1:00 pm **Population Health Management Strategies: Real-World Successes from Leading Health Plan Leaders**
Dr. Marylou Buyse, M.S., Chief Medical Director, Scott & White Health Plan
Dr. James W. Howatt, MBA, Chief Medical Officer, Molina Healthcare
- 3:00 pm Break
- 3:15 pm *Mary McKendry, Senior Director, Clinical Affairs, Network Health*
Dr. Margaret Rowland, Chief Medical Officer, CareOregon
- 5:15 pm **Day One Wrap up: Lessons Learned and Action Items**
Steve Wigginton, President, Health Integrated
- 5:30 pm Adjourn
- 6:30 pm Cocktail hour at Cha Cha Coconuts located on the top floor of St. Petersburg Pier (meet in hotel lobby)
- 7:30 pm Dinner at Columbia Restaurant located at St. Petersburg Pier on the 4th floor

Friday, April 16

- 8:00 am Breakfast
- 8:30 am **Behavioral Health Best Practices in the Age of Parity**
(Optional - CME Credits)
Dr. Sam D. Toney, Chief Medical Officer, Health Integrated
- 9:15 am **Integrated Health Management by the Numbers**
Stephen P. Melek, FSA, MAAA, Principal, Consulting Actuary, Milliman
- 10:15 am **Reform Legislation 2010: What it Means to Health Plans**
Julie Barnes, Acting Director, Health Care Policy Program, New America Foundation
Dr. Marylou Buyse, M.S., Chief Medical Director, Scott & White Health Plan
Mark E. Lutes, Member of the Firm, Epstein Becker & Green, P.C.
- 11:45 am **Closing Comments: Key Takeaways**
Steve Wigginton, President, Health Integrated
- 12:00 pm Boxed lunch to go
- Meeting Dress Code: Business Casual Attire*
Dinner Dress Code: Casual Attire

Sometimes you just need a kick to get out of the box, this conference did that for me.

-An ELS Attendee

ABOUT OUR SPEAKERS



Julie Barnes, Acting Director, Health Care Policy Program, New America Foundation

As Acting Director of the Health Care Policy Program, Ms. Barnes oversees the Program's educational and outreach activities. With a team of policy analysts, writers, researchers and insurance market and delivery system experts, she directs the Program's efforts to educate industry stakeholders and policymakers about the issues in the health care reform debate, facilitate discussion among the key players and identify areas of agreement. Ms. Barnes is particularly involved in health information technology proposals, state reform efforts and legal barriers to legislative solutions.

Prior to joining New America, Ms. Barnes was counsel in the Health Care Practice Group of Crowell & Moring's Washington, D.C. office, where she focused on health law, advising and counseling managed care organizations, self-funded employers, behavioral health organizations, disease management companies, and health-related trade associations on state and federal regulatory and litigation matters. As a litigator, Ms. Barnes defended health care organizations in court proceedings, administrative hearings, and arbitrations regarding payment and benefit disputes, breach of contract claims, internal grievance procedures, coordination of benefits, subrogation rights, and other legal matters. Her expertise extends to statutes and regulations related to health care and employee benefits, including ERISA, HIPAA portability and privacy, Medicare, Medicaid, the Federal Employees Health Benefits Program, TRICARE, EMTALA, and various state statutes governing client operations.

Ms. Barnes is a frequent writer and speaker on various issues related to the health care system. Most notably, she is the editor in chief of Managed Care Litigation, a textbook published by the Bureau of National Affairs in 2005, and its supplement, published in 2007. She is a graduate of American University's Washington College of Law and the University of Iowa, and a member of the Maryland and District of Columbia bars.



Dr. Marylou Buyse, M.S., Chief Medical Director, Scott & White Health Plan

Dr. Buyse is boarded in pediatrics and medical genetics and has practiced for over 30 years. Prior to Scott & White Health Plan, she was the President of the Massachusetts Association of Health Plans where she played an important role in the implementation of Health Reform in that state. A cover story for the Boston Business Journal said, "Dr. Buyse embodies what it will take to bring full health care reform to bear - true understanding of all of the components in the health care system and how each component interacts with the others". Prior to her position at MAHP she served as the President of the Massachusetts Medical Society and has served as medical director for multiple health plans during her career, including Vice-President, Health Affairs for United Health Care of New England. She was appointed to the Board of Registration in Medicine in Massachusetts where she served as Chair of the Licensing Committee. She has served on numerous boards, commissions and task forces.

Dr. Buyse received her Bachelor of Science degree from Hunter College and her medical degree from Medical College of Pennsylvania. She completed her internship at University of Michigan Medical Center and her residency in pediatrics at the Los Angeles County-USC Medical Center, where she also completed a fellowship in genetics and birth defects. In 1993, she received a Master's of Science degree in Preventive Health and Medical Administration at the University of Wisconsin, Madison.



Dr. James W. Howatt, MBA, Chief Medical Officer, Molina Healthcare

Dr. Howatt oversees the medical management of all of Molina's subsidiaries. This includes utilization management, quality improvement, credentialing, accreditation pharmacy and risk management activities. Previously, Dr. Howatt served as the CMO of Molina Healthcare of Washington, the Western Regional Medical director for Humana and the Vice President and CMO of Humana Arizona. Dr. Howatt also served as CMO for Humana TRICARE where he oversaw a \$2.5 billion healthcare operations serving three million beneficiaries and oversaw 40,000 providers, 800 institutions and 13 medical directors.

Dr. Howatt received his degree from the University of California, San Francisco where he also completed a Bachelor of Science degree. His internship and residency were completed at Ventura County Hospital. He is board certified as a family physician. Dr. Howatt also holds a master of Business Administration degree in Health Management from the University of Phoenix. He is a member of the American College of Managed Care Medicine.



Mark E. Lutes, Member of the Firm, Epstein Becker & Green, P.C.

Mr. Lutes is a Member of the Firm in the Health Care and Life Sciences Practice in the firm's Washington, DC office and he is Strategic Counsel with EBG Advisors, Inc. He has practiced with the firm for 25 years. Prior to that he was a legislative adviser to the Federal Trade Commission. Mr. Lutes began practicing in the area of health antitrust but has, over the years, gained experience in several important aspects of the firm's health

ABOUT OUR SPEAKERS (cont.)

practice: managed care operations and regulation; hospital and physician ventures and compliance issues; and information privacy and security. During the past several years he has used this broad background in assuming a leadership role in the firm's representation of private equity and financial services firms with health care, companies in their portfolios. As a result of his extensive work with private equity clients investing in health care, Mr. Lutes has managed multiple projects addressing coding, coverage and payment issues for early stage companies.

As a leader in that aspect of Epstein Becker & Green's practice, Mr. Lutes routinely deploys multidisciplinary teams of health practice attorneys to assess the reimbursement, regulatory approval, fraud and abuse compliance, intellectual property, and state regulatory issues impacting proposed client investments in health care companies. Those teams also produce legislative and regulatory "landscapes/assessments." Mr. Lutes combines familiarity with the corporate aspects of transactions with his deep experience in health care compliance issues to provide clients with practical advice in the negotiation of warranty and indemnification issues and in assessing risk factors in health and life science deals. In this manner, he has, over the last several years, provided regulatory counsel in support of many of the largest transactions in the health care market.



Mary McKendry, Senior Director, Clinical Affairs, Network Health

Ms. McKendry is responsible for the overall clinical affairs operations of Network Health's quality, medical management, behavioral health, and social care management teams as well as utilization review, utilization management aftercare and wellness programs. She implements and evaluates processes to measure program outcomes from both a quality and cost perspective and ensures the integrated care management remains a hallmark of the entire program. Prior to Network Health, Ms. McKendry served as the director of health services at Boston Medical Center HealthNet Plan; vice president of operations for Renaissance Health Care; and senior director of strategic relationships and consulting at McKesson Health Solutions.

Ms. McKendry earned both a Master of Business Administration and a Bachelor of Science from Franklin Pierce University in Rindge, New Hampshire. She earned her nursing degree from Salem Hospital School of Nursing.



Stephen P. Melek, FSA, MAAA, Principal, Consulting Actuary, Milliman

Mr. Melek is a principal and consulting actuary with the Denver office of Milliman. He joined the firm in 1990. His areas of expertise include healthcare product development, management, and financial analyses. He has worked extensively in the behavioral healthcare specialty field. His experience includes parity issues and cost analyses, integrated medical-behavioral program analysis, predictive modeling to improve results, mental health utilization and costs in primary care settings, psychotropic drug treatment patterns, and strategic behavioral healthcare system design. He has experience with plan design, pricing, capitation and risk analysis, provider reimbursement analysis and strategies, healthcare revenue distribution, and utilization management analysis.

Mr. Melek has advised HMOs, PPOs, managed care organizations, behavioral healthcare firms and associations, insurance companies, employers, and various provider groups within behavioral healthcare.



Dr. Margaret Rowland, Chief Medical Officer, CareOregon

Dr. Rowland graduated from Smith College with a degree in biochemistry. She was 1 of 20 women in her class to earn an M.D. degree from the University of Cincinnati School of Medicine. She did her residency training at the Maine Medical Center and then joined an existing family practice in Yarmouth, ME, population 4,000, where she stayed for 12 years.

Dr. Rowland then joined HealthSource Maine, a physician-owned managed care plan where she became involved with quality improvement. While there, she helped develop an award-winning smoking cessation program, a prescription drug program, and provider profiling.

After moving to Portland, Oregon, Dr. Rowland worked at PacifiCare as Medical Director for 4 years before moving to Providence Health Plan. At Providence, among other things, she defined and implemented an employee health & wellness program. One of the outcomes of this program was that 50 employees lost a total of 2,000 lbs. over 6 months. During this time, Margaret also worked on a health-plan-based palliative care program. Her experience includes management of Commercial, Medicare, and Medicaid populations. She has led three successful NCQA audits.

Dr. Rowland has been Chief Medical Officer at CareOregon for nearly 4 years and is responsible for all aspects of clinical care for 120,000 Medicaid members and 6,000 dually eligible members.

ABOUT OUR SPEAKERS (cont.)



Dr. Sam D. Toney, Chief Medical Officer, Health Integrated

Dr. Toney, a board-certified psychiatrist, founded Health Integrated in 1996 in response to the growing need for sophisticated care management systems that address both the medical and behavioral health issues affecting patient care. He has served as the National Medical Director for a large managed behavioral health organization and has developed a chain of outpatient mental health centers and both multi-specialty IPA and Primary Care Networks throughout the country. These experiences reinforced his belief that the separation of medical and behavioral care leads to less than optimal clinical outcomes and results in higher costs for payers. The integration of medical and behavioral care to achieve high-quality clinical care at reduced costs is at the core of the Health Integrated philosophy.

Dr. Toney is licensed to practice medicine in over 14 states and is board certified in Psychiatry as well as in Utilization Review and Quality Assurance.

 About Health Integrated

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Health Integrated is the leading innovation partner for health plans, providing evidence-based solutions to accelerate achievement of health management goals for clinical outcomes, quality measures and cost containment. For more information, visit www.healthintegrated.com.

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