

Health Integrated  
Executive Leadership Series  
Fall 2009

*Wins of Change: Winning  
Performance in the  
Age of Reform*

September 15-16, 2009

The Westin Michigan Avenue  
Chicago, IL

Includes 3 CME/CEU Credits

# CONFERENCE AGENDA

## Tuesday, September 15

- Morning Arrivals
- 12:00 pm Lunch
- 12:45 pm **Welcome and Introductions:  
Becoming Part of the Solution:  
A Call to Action**  
*Shan Padda, Chief Executive Officer,  
Health Integrated*
- 1:00 pm **The Plan for Health Plans: What  
Reform Means for the Nation's  
Insurers**  
*Julie Barnes, Deputy Director, Health  
Policy Program, New America  
Foundation*
- 2:00 pm **Healthcare Reform**  
*Meg Murray, Chief Executive Officer,  
Association for Community Affiliated  
Plans*
- 3:00 pm Break
- 3:15 pm **The New Frontier in Healthcare  
Delivery: The Patient Centered  
Medical Home**  
*Chris Valerian, DO, MMM, Executive  
Medical Director, Health Integrated*
- 4:15 pm **Bringing PCMH to Life**  
*Norman W. Lindenmuth, M.D., Former  
VP & Chief Medical Officer for Quality,  
Excellus BlueCross BlueShield*
- 5:15 pm **Closing Comments:  
Lessons Learned and Action Items**  
*Steve Wigginton, President, Health  
Integrated*
- 5:30 pm Adjourn
- 6:00 pm Meet at The Grill on the Alley in the  
Westin Hotel for Evening Event  
Cubs vs. Brewers Game at 7:05 pm  
(Suite #5)

## Wednesday, September 16

- 7:30 am Breakfast
- 8:30 am **Rising Costs of Healthcare -  
Biopsychosocial Aspects of Chronic  
Illness**  
(Optional - CME Credits)  
*Sam Toney, M.D., Chief Medical Officer,  
Health Integrated*
- 9:30 am Break (others join)
- 9:45 am **Medical & Behavioral Health  
Integration**  
*Stephen P. Melek, FSA, MAAA, Principal,  
Consulting Actuary, Milliman*
- 10:15 am **Mental Health Parity Becomes Law -  
Interpreting the Rules**  
*William J. Flanagan, Partner, Crowell  
& Moring LLP*
- 11:00 am **The Clock is Ticking: Preparing  
for Federal Mental Health Parity -  
Compliance & Cost-Mitigation**  
*Mike Forrester, PhD, Executive Vice  
President, Health Integrated*
- 11:45 am **Health Integrated Business  
Strategy Road Map**  
*Steve Wigginton, President, Health  
Integrated*
- Closing Comments**  
*Steve Wigginton, President, Health  
Integrated*
- 12:00 pm Boxed lunch to go

Meeting Dress code: Business Casual attire

Cubs Baseball Game Dress code: Ballgame attire

# ABOUT OUR SPEAKERS



**Julie Barnes**, as Deputy Director of the Health Care Policy Program, heads the program's Health Care Reform Communication Project, the purpose of which is to educate industry stakeholders and policymakers about the issues in the health care reform debate, facilitate discussions about those issues among the key players, and mediate those discussions to identify areas of agreement. Ms. Barnes oversees the project's research and educational efforts, coordinates communications about the health care reform debate, and participates in the outreach to stakeholders and policymakers.

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.

---



**William J. Flanagan** is a Counsel specializing in employee benefits matters. He is also a member of the firm's Labor and Employment and Corporate groups, and assists the firm's Health Care and Securities practices in matters relating to employee benefits.

Bill has over 25 years of experience with the Employee Retirement Income Security Act ("ERISA"). He has represented major insurance companies, Fortune 500 companies, institutional money and investment managers and employee benefit plans in all areas covered by Title I of ERISA. He provides counseling and representation on a full range of ERISA issues, including plan administration and fiduciary duties, plan investments and investment management, plan design for qualified plans, welfare plans and non-qualified executive deferred compensation plans, health care reporting and coverage issues (including COBRA and HIPAA), and ERISA compliance analyses and reviews. He has represented clients before the Department of Labor in numerous prohibited transaction exemption and advisory opinion proceedings. Additional practice areas include advice regarding age and disability discrimination issues, matters relating to the Family Medical Leave Act, and other employment-related areas.

Bill began his ERISA career with the Department of Labor's Office of the Solicitor, Plan Benefits Security Division, where he was Assistant Counsel for Regulation. In that capacity, he helped formulate ERISA policy in a variety of areas, including class exemptions for plan investments in securities and real estate; regulations regarding participant loans and "top hat" plans; and legislative and advisory work involving plan terminations and COBRA. Bill was also a law clerk for retired U.S. District Court Judge Thomas A. Flannery in the District of Columbia. Bill is a graduate of Georgetown University School of Foreign Service (B.S.F.S. 1974 summa cum laude) and Georgetown University Law Center (J.D. 1977), where he was articles editor for the *American Criminal Law Review* and where he currently serves as an Adjunct Professor in the graduate employee benefits and tax program. He is a member of the District of Columbia and Virginia State Bars.

---

**Norman W. Lindenmuth, M.D.** was the Vice President of Quality for Excellus BCBS, which is a 1.8 million member Health Plan in the Rochester and Syracuse region of upstate NY. While at Excellus he played a leading role in developing the Rochester Medical Home Initiative. Since leaving Excellus earlier this year, among other consulting roles, he has been retained by Excellus as a consultant to the medical home initiative.

Dr. Lindenmuth received his medical degree from Thomas Jefferson University. He completed his internal medicine residency at the University of Rochester and then became a member of the faculty at George Washington University as well as the Medical Director of the George Washington Health Plan. After five years of academic medicine, he then moved to a community of 5,000 people in the Finger Lakes Region of NY. There he practiced the kind of medicine for 14 years that most students thought they would practice when they first went to medical school. Retaining an interest in quality, he went on to become the VP of Medical Affairs for the Finger Lakes Health System followed by nine years at Excellus.

---



**Stephen P. Melek** is a principal and consulting actuary with the Denver office of Milliman. He joined the firm in 1990. Steve's areas of expertise include healthcare product development, management, and financial analyses. He has worked extensively in the behavioral healthcare specialty field. He has worked with many managed behavioral healthcare organizations, parity issues and cost analyses, 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

## ABOUT OUR SPEAKERS (cont.)

analysis and strategies, healthcare revenue distribution, and utilization management analysis. He has completed valuations and projections of healthcare businesses and product lines, profitability and experience analysis, reinsurance analysis, pricing model and strategy development, and actuarial liability determination.

Steve has advised HMOs, PPOs, managed care organizations, behavioral healthcare firms and associations, insurance companies, employers, hospitals, physician groups, PHOs, and state insurance companies.

---

**Margaret Murray**, as the founding CEO of the Association for Community Affiliated Plans (ACAP), has led the organization since its inception in 2001, steering it through tremendous growth from its origins as an Association of 14 community health center-owned plans to 34 safety net plans, covering over 4 million people on Medicaid and Medicare. ACAP's mission is to represent and strengthen not-for-profit, safety net health plans as they work in their communities to improve the health and well being of vulnerable populations.

Ms. Murray is a national expert on health care policy for low income people and is a frequent speaker on these issues at national conferences and in the media. She has also published several articles on the German health care system as a result of an Alexander von Humboldt fellowship in Berlin.

Ms. Murray received her MPA from the Woodrow Wilson School of Princeton University and her B.A., cum laude, in Economics and Classical Civilization, from Wellesley College.

Prior to leading ACAP, Ms. Murray was the Medicaid Director for the State of New Jersey and oversaw the expansion of the FamilyCare program to cover all children under 350% of poverty. She was also a senior budget analyst for the U. S. Office of Management and Budget, with responsibility for negotiating the budget neutrality agreements for Medicaid managed care waivers. She was recently appointed to the Maryland Community Health Resources Commission and has served on the board a Community Health Center in Southern Maryland.

---



**Mike Forrester, PhD**, since joining Health Integrated in 2003, has assisted a number of large health plans in improving the integration of their behavioral health programs. He has also participated in the design and implementation of a number of the services we offer. Prior to joining Health Integrated; Dr. Forrester worked as a regional president at Magellan Behavioral Health. In that position, Dr. Forrester was responsible for managing all aspects of the delivery of a full range of managed behavioral health services including, clinical management, customer service, network development, claims adjudication, and account management. Under Dr. Forrester's leadership, the region's business more than tripled in size and added several new health plan and employer customers. The regional office also achieved NCQA and URAC UM & CM accreditation.

Dr. Forrester has also worked in both private practice and community mental health and was involved in the development of a number of alternative specialized delivery systems for chronically mentally ill and severely developmentally disabled adults and children. Dr. Forrester is a licensed psychologist in a number of states and is also on the National Register of Health Service Providers in Psychology.

---



**Sam D. Toney, M.D.**, 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.

---



**Chris Valerian, DO, MMM** received his Doctor of Osteopathic Medicine degree from the New York College of Osteopathic Medicine and completed his postgraduate training in Family Medicine at Duke University. Additionally, Dr. Valerian completed a master's degree in Medical Management from Marshall School of Business, University of Southern California. His professional interests include Quality, Performance Improvement, Disease Management and making a business case for quality by integrating financial analysis and clinical outcomes. He has used his Black belt certification in Six Sigma in each of these areas. He also considers himself an educator as demonstrated by his faculty appointment at UMDNJ/New Jersey Medical School. In addition, he has recently been appointed a Senior Scholar in the Department of Health Policy at Jefferson Medical College in Philadelphia, PA.

He has also served as a physician advisor to the Quality Improvement Organization of New Jersey, elected officer of the Blue Cross Blue Shield Association Executive Medical Forum and frequently advises Wall Street firms on topics in healthcare.

## ABOUT OUR SPEAKERS (cont.)

Dr. Valerian has made numerous television appearances, as well as newspaper, magazine, professional journal, and podcast interviews.

---



**Steve Wigginton** has consistently demonstrated the ability to shape, communicate and deliver a comprehensive, customer-driven growth strategy by identifying critical customer priorities and aligning company resources to deliver on them. Mr. Wigginton is responsible for building and supporting Health Integrated's strong customer-focused culture, with accountability for the company's business development, sales, marketing, product development and client services efforts. In addition, Steve represents the company as a part of Health Integrated's commitment to outcomes and ROI transparency, including as the company's representative to the DMAA: Chronic Care Continuum's Outcomes Steering Committee. Prior to joining Health Integrated, he held leadership positions in rapidly growing private and public companies, including most recently as Executive Vice President of Neoforma, Inc., where Steve launched powerful tools that enabled healthcare providers to make better decisions. Steve co-founded two companies, E-Span, Inc. and Pharos Technologies, Inc., which were sold to strategic acquirers in 1996 and 2000 respectively. Steve earned both his bachelor's degree in finance and his master's degree in business administration at Indiana University.

 **About Health Integrated**

.....

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](http://www.healthintegrated.com).

10008 North Dale Mabry Hwy  
Tampa, FL 33618  
P: 813.388.4000  
800.323.0286 toll free  
F: 813.388.4001

74 West Neal Street, Suite 200  
Pleasanton, CA 94566  
800.323.0286 toll free  
F: 813.388.4001

20816 44th Avenue West  
Lynnwood, WA 98036  
800.323.0286 toll free  
F: 800.269.6264