2016 STATE
HEALTHCARE IT CONNECT
SUMMIT

HEALTHCARE IT
Connect
Connectivity Across the Care Continuum®

DAY 01 | Monday March 21st   1.00 p.m. -2.00 p.m.

Meet the Innovators Working Lunch Roundtables

Roundtable 01 | Using Integrated Health Intelligence Technology to Improve Participant Outcomes and Lower Costs
Alexandra MacDonald, SVP Population Health Management, Finity

During this presentation, Finity will share the results of two Medicaid incentive programs powered by our Health Intelligence Platform:
Healthcare Innovation Award results for a Medicaid incentive program; Results of one of the first portable, closed-loop state Medicaid incentive programs. The presentation will focus on how to use health intelligence technology to achieve lower costs and improve participant outcomes. Finity will share program results to date, incentive and engagement plan design strategies, and closed-loop tracking plan design methodologies.

Roundtable 02 | Managing 90/10 and Modularity: Achieving Positive Outcomes through Short-and Long-Term Strategies
Julie Boughn, Chief Innovation Officer, Cognosante

With the issuance in December 2015 of the Mechanized Claims Processing and Information Retrieval Systems (90/10) Final Regulation, the Centers for Medicare and Medicaid Services (CMS) ushered in sweeping changes to the rules governing the funding of Medicaid Enterprise Systems. The new rule makes permanent the availability of enhanced funding for eligibility and enrollment systems, but it goes much further, making enhanced funding available to COTS and SaaS products, instituting a modular certification process, and refining the penalties CMS can impose on states for not delivering on their IT projects. By supporting COTS and SaaS products, the rule offers states the opportunity to more quickly implement solutions to discrete needs which, over time, can link to form a truly modern, flexible, Medicaid Enterprise system.

In this roundtable, we will discuss short- and long-term approaches to help states navigate this radical shift to the Medicaid Enterprise System. We will outline strategies and processes to help states achieve positive business outcomes quickly through modularity, while developing a long term strategy for phased-in retirement of legacy systems. We will also offer practical guidance for RFP development, with a focus on shifting RFPs from a series of technical requirements to a clear definition of how the state plans to use technology to achieve the states' Medicaid goals and objectives over the coming years.

Roundtable 03 | Managing Modularity for Desired Outcomes
Pradeep Goel, CEO, EngagePoint

A modular approach to system modernization is a paradigm shift that offers multiple opportunities to improve outcomes of Enterprise IT Projects; reduced risk of system failure, increased flexibility, shared innovation and faster compliance with changing enterprise requirements, with the real prospect of reducing the cost of ownership.

This new approach also presents new challenges and risks. The challenge stems from this being a new approach that will assign fundamentally different responsibilities to familiar roles (such as system integrator, software vendor, M&O vendor, PMO, IV&V etc.)

The roundtable panel will discuss and analyze how modularity will fundamentally alter, the way key aspects of solution delivery are managed. The roundtable panel will also discuss the ways in which we can improve the chances of successful outcomes by defining appropriate success criteria, by identifying all the risk dimensions, by clearly defining the new roles and their responsibilities and relationships, and by focusing on organizational readiness, as measured through a defined set of metrics.

2016 STATE
HEALTHCARE IT CONNECT
SUMMIT

HEALTHCARE IT
Connect
Connectivity Across the Care Continuum®

DAY 01 | Monday March 21st   1.00 p.m. -2.00 p.m.

Meet the Innovators Working Lunch Roundtables

Roundtable 04 | **Integrated Eligibility: Turning the Concept into Reality**
Vijay Ravichandran, Principal Consultant, Infosys Public Services

What does Integrated Eligibility (IE) mean to Health and Human Services organizations, to system integrators, and to CMS and FNS? It is safe to assume that the response will have some commonality, but will also have a lot of variations based on who we talk to. Let us consider the key aspects of IE, vision, funding, timeline, operations, collaboration, and systems integration. Each state is at a different level of maturity when it comes to their IE implementation. Some have defined their vision and have gone a long way toward achieving their goals, some have had limited success and some have had no success and were forced to re-think their strategy. So, for the states that are still in the process of formulating their strategy, there is no need to re-invent the wheel as there are lessons to be learned from other implementations, successful and otherwise. The vision and strategy needs to be balanced with the practicality of funding as the states need to consider the benefits of A-87 cost allocation waiver and 90:10 funding.   Join the roundtable for real-world examples and insights on how state HHS agencies can formulate the strategy to define core vs. peripheral programs and associated timelines, integrating the stakeholders, implementing change management, and managing the technology to successfully implement integrated eligibility and deliver their business vision.

Roundtable 05 | **Healthcare Security: Improving Network Defenses While Serving Patients**
Mark Sanders, Director of Systems Engineering, Cisco

Healthcare security executives appear to have less understanding of the threats facing their organizations than executives in other industries. Healthcare organizations do not implement as many strong security defenses as organizations in other industries. Chief information security officers in healthcare are more likely than security operations managers to believe that their security processes are optimal. When healthcare organizations experience a breach, they may be more likely to implement a wider array of security defenses. Participants will receive a White Paper on Healthcare Security, and the Cisco 2015 Annual Security Report.

Roundtable 06 | **Self Service HHS Analytics: New Approaches for Empowering Data Driven Decision Making**
Mike Maxwell, National Manager of U.S. State and Local Government, Tableau Software

Business Intelligence and health analytics solutions have historically been complex software stacks that required sophisticated IT support, expensive ongoing vendor services, and could be operated only by an elite few. Self-service analytics is changing that and it's resulting in dramatic improvements in how organizations make data-driven decisions. With self-service analytics, any knowledge worker can now perform analytics and generate meaningful visualizations. Self-service tools allow knowledge workers to collaborate in new ways to make data-driven decisions more quickly and effectively.   Join us to learn about how these new solutions are changing the way government health organizations like the State of Florida Agency for Health Care Administration ask questions of big data and make data-driven decisions.

Roundtable 07 | **Understanding and Managing Medicaid Managed Care Spend: How Data Analytics Can Help States and Plans**
Lydie Quebe, VP & Chief Innovation Officer, Xerox Government Healthcare Solutions
Steve Reynolds, Vice President, VP Market Management Xerox GHS
Anthony Rodgers, Principal, Health Management Associates

As Medicaid managed care enrollment rapidly increases across the country, and spending along with it, CMS is developing new requirements and rules for reporting effectiveness of care, experience of care and management of costs. And states are looking to better understand plan performance, while the managed care plans are charged with managing the significant risk that comes with these new Medicaid populations. During this roundtable discussion, we will discuss how states and plans can use analytics to improve transparency, align incentives, see and share information so that – ultimately – the cost of care is reduced and population health is improved.

2016 STATE
HEALTHCARE IT CONNECT
SUMMIT

HEALTHCARE IT
Connect
Connectivity Across the Care Continuum®

DAY 01 | Monday March 21st   1.00 p.m. -2.00 p.m.

Meet the Innovators Working Lunch Roundtables

Roundtable 08 | Transitioning to a Cloud Based MMIS
John Hardy, Senior Operations and Infrastructure Director, CNSI
Karen Parker, Deputy Director DHHS, State of Michigan

With states under tremendous pressure to modernize and develop more effective Medicaid IT systems that align with CMS, agencies are looking to streamline their infrastructure while reducing implementation cost, time, and risk. Enter the Michigan Cloud-based MMIS solution, the first in the nation. Attend this roundtable to learn how this innovative system is revolutionizing how states can build, maintain and continuously improve their Medicaid IT system.

· Understand the Michigan cloud offering
· Examine the benefits of implementing a Cloud-based MMIS
· Understand the alignment between CMS' modularity approach and the Michigan Cloud
· Hear important lessons learned from the Michigan/Illinois Cloud implementation

Roundtable 09 | Achieving Triple Aim Initiatives through Data Analytics
Nestor V. Figueroa, Principal and Co-Founder, Nagnoi, LLC
Karen Hale, MPH, Senior VP of Strategic Development Nagnoi, LLC

Achieving higher quality of care that leads to improved outcomes at a lower cost with increased patient satisfaction has long been the desired state. With its latest regulations 2390P and 2392F, CMS continues to focus on quality of care, from prevention monitored through the "closing" of gaps in care, to better chronic disease management that leads into improved outcomes of patients. With States increasingly implementing value-based purchasing agreements the need for action-driven analytics and advanced reporting technologies can give these organizations and its providers a comprehensive unbiased view of quality across the entire continuum of care. This demands the extraction of data from virtually any source, EMRs, APCDs, MMIS, DW, Exchanges, among others, at any level of granularity and as frequent as needed.

In this roundtable, we will discuss various analytic approaches and show examples of actionable analytics that can impact Federal and State quality outcomes, cost of care, and patient satisfaction.

Roundtable 10 | The Right Fit: How to Use the Data to Tailor Your Medicaid Transformation
KPMG (speaker TBC)
Most states can agree that bending the Medicaid cost curve and improving health outcomes are important goals. But where to begin, or how to measure the effectiveness of a plan already underway, is a daunting decision. During this roundtable, Marc Berg, KPMG's Global Lead for Value Based Payment, will lead discussion around how states are leveraging data to plan for, benchmark, and assess the outcomes of Medicaid transformation strategies. The opportunity to learn from the New York State DSRIP project will be a jumping-off point for discussion, and will encompass the full ecosystem of healthcare reform, including public and commercial challenges and opportunities.

Roundtable 11 | Addressing the Dual Eligible Population Concerns Using Analytics
Catharine Evans, Senior Healthcare Industry Consultant, US Government, Teradata

This discussion will use the complex topic of Medicaid/Medicare dual eligibility as a focal point to review a broad range of analytics in order to improve patient coordination, long term care, mental health concerns, billing and incentive payment, etc. Recognizing that there is rarely one right answer, we will discuss the impact of infrastructure decisions, multi-genre analytics (structured, unstructured, etc.), the challenges of accessing and normalizing different data sources, exploring when advanced analytics could drive actionable insight and when visual dashboards and reports are better options, as well as several other topics. The intent is to focus on the dual eligible population as a specific example of how analytic technology can provide value to Medicaid organizations.