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## Webinar: MACRA and Medicare Advantage

– a HealthcareWebSummit Event, 1PM Eastern, Wednesday, March 29, 2017

Synergies and Potential Opportunities  
**MACRA and Medicare Advantage Plans**

 **Wednesday, March 29th, 2017**  
1:00 - 2:00 p.m. Eastern (10:00 to 11:00 a.m. Pacific)

**Register for \$195**  
Call 209.577.4888 or  
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- MACRA implications, synergies, and opportunities for Medicare Advantage (MA) plans
- How MA plans in the market are responding to MACRA

- ▶ How MACRA will affect MA plans' provider payments
- ▶ Synergies between MACRA's quality scoring and the MA Stars quality program
- ▶ How MA plans can help providers achieve Qualifying Participant (QP) status
- ▶ Incentives under MACRA for providers to improve risk score coding

<p>Faculty: Christopher Kunkel FSA, MAAA, PHD Consulting Actuary Milliman, Inc.</p>		<p>Faculty: Lynn F. Dong, FSA, MAAA Principal, Consulting Actuary Milliman, Inc.</p>		<p>Faculty: Noah Champagne FSA, MAAA Actuary Milliman, Inc.</p>	
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## Registration

 Synergies and Potential Opportunities  
**MACRA and Medicare Advantage Plans**  
Wednesday - 3/29/17- 1pm Eastern [LEARN MORE >](#)

**Individual Registration Fee: \$195.** Post-Event Materials: \$45 for attendees; \$260 for non-attendees after the event.

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[Corporate Site licensing](#) also available (see inside for details) **Use the form on the back page to fax or mail your registration** or call 209.577.4888

**Online:** To register or get detailed information on the web, go to:

<http://www.healthwebsummit.com/milliman032917.htm>

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## Overview

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The Medicare Access and CHIP Reauthorization Act (MACRA) makes significant changes to the Medicare payment system by introducing a quality-based payment model. MACRA changes how providers caring for Original Medicare members are reimbursed and includes incentives for risk-based payments by all types of payers. While MACRA primarily affects Part B clinicians, there are numerous implications, synergies, and opportunities for Medicare Advantage (MA) plans.

The key questions for Medicare Advantage plans to consider include: How will MACRA affect MA plans' provider payments? What synergies exist between MACRA's quality scoring and the MA Stars quality program? How can MA plans help providers achieve Qualifying Participant (QP) status? What incentives exist under MACRA for providers to improve risk score coding? How are MA plans in the market responding to MACRA?

Please join us Wednesday, March 29th, 2017 at 1 PM Eastern as Milliman's Christopher Kunkel, Lynn F. Dong and Noah Champagne answer these questions and more in the HealthcareWebSummit event: *MACRA and Medicare Advantage Plans: Synergies and Potential Opportunities*.

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## Learning Objectives

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After attending this webinar, attendees will be able to:

1. Review MACRA's effects on original Medicare and the Qualifying Participant status effects for MA plans and providers.
2. Consider how to synergize quality metrics between MIPS, ACOs, and MA Stars by targeting a common subset of these measures.
3. Identify the MACRA effects on MA contracts and provider fee schedules.
4. Examine how MA plans can help providers achieve Qualifying Participant (QP) status.
5. Ascertain what incentives exist under MACRA for providers to improve risk score coding.
6. Explore how MA plans in the market are responding to MACRA.
7. Engage in interactive learning through online question submission, attendee feedback and opportunity for follow up questions, and networking with attendees, faculty and other professionals through dedicated LinkedIn group.

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## Who Should Attend

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### Interested attendees would include:

- C-Suite Executives
- Medicare Advantage Executives and Staff
- Analytics Executives
- MA Quality Stars Managers and Staff
- MACRA Quality Scoring Managers and Staff
- Provider Network Operations Executives and Staff
- Actuarial Executives and Staff
- Finance Executives and Staff
- Managed Care Executives and Staff
- Planning and Strategic Executives and Staff
- Business Intelligence Staff
- Regulatory and Compliance Executives
- Other Interested Parties

### Attendees would represent organizations including:

- Medicare Advantage Organizations
- Provider Networks
- Government
- Pharmaceutical Organizations
- Solutions Providers
- Associations, Institutes and Research Organizations
- Media
- Other Interested Organizations

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## Faculty

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**Christopher Kunkel**  
FSA, MAAA, PHD  
Consulting Actuary  
Milliman, Inc.

Chris is a consulting actuary with the Seattle office of Milliman. He joined the firm in 2009. Chris's experience covers a variety of healthcare programs. His primary focus has been Medicare, Medicaid, and other government programs.

He has worked on many projects, including the development of capitation rates for Medicare and Medicaid programs, savings analyses for managed care programs, morbidity studies, and analyses of current and upcoming accountable care organizations.

His recent projects include: Feasibility studies for new Medicare Advantage products; Actuarially sound capitation rate setting for a state Medicaid agency; Longitudinal morbidity studies of in various populations; and Chargemaster development for a large government organization.

Chris is a Fellow, Society of Actuaries, and a Member, American Academy of Actuaries. He has a BS, Applied Mathematics, from the University of North Carolina, Chapel Hill, and a PhD, Mathematics from the University of Washington, Seattle.



**Lynn F. Dong**

FSA, MAAA  
Principal, Consulting Actuary  
Milliman, Inc.

Lynn is a principal and consulting actuary with the Seattle office of Milliman. She joined the firm in 1994. Lynn works extensively with provider health systems and Accountable Care Organizations (ACOs), as well as with commercial, Medicare, and Medicaid health plans.

Lynn consults with clients regarding innovative risk-sharing arrangements and alternative payment models. Lynn's consulting regarding risk arrangements includes private ACO arrangements and CMS programs such as the Medicare Shared Savings Program and Next Generation ACO. Lynn also provides traditional actuarial consulting services (e.g., financial projections, valuation of benefit design changes, experience analysis, provider reimbursement analysis, claim liability estimates, and feasibility studies). Lynn serves on Milliman's Health Research Board and is actively involved in the research and development of multiple components of the Milliman Health Cost Guidelines.

The actuarial services Lynn provides her clients include: Identification and quantification of areas of risk exposure under alternative payment models; Feasibility analyses, financial projections, risk-sharing analysis and development of financial reporting tools for physician groups, health systems, and Accountable Care Organizations (ACOs); Review of risk-sharing contracts and alternative payment models for health systems and ACOs; State rate filings for individual, small group, and large group business; Preparation of Medicare Advantage bids and feasibility studies; Creation of experience cost models, feasibility studies, and projections for commercial, Medicare Advantage, and Medicaid managed care plans; Analysis of medical and dental benefit plan designs, including commercial, Medicare Advantage, and Medicare supplement; Development of utilization and cost benchmarks for commercial and Medicare Advantage plans; Estimation of incurred but not paid claim reserve liabilities; New business/renewal underwriting of traditional and managed care lines of business; and Design and implementation of data warehouse and benchmarking tools

Lynn is a Fellow, Society of Actuaries and a Member, American Academy of Actuaries. She has a BS, Mathematics from the University of Washington, and a BA, Japan Studies, from the University of Washington.



**Noah Champagne**

FSA, MAAA, Actuary  
Milliman, Inc.

Noah is an actuary with the Seattle office of Milliman.

Noah's experience as an actuary includes: Medicare Advantage Part C bid preparation; Exchange Rate Filings; Small group pricing; Risk score modeling; and Capitation payment analysis.

Noah is a Fellow, Society of Actuaries, and a Member, American Academy of Actuaries. He has a MSc, Applied Mathematics from the University of Washington and a BA, Physics and Mathematics from Skidmore College.

# Corporate Pricing, Terms and Conditions

## Individual vs. Corporate Site License Pricing

- Individual registrations cover a single phone line.
- Multiple persons may listen via speaker phone for the individual registration fee.
- Each individual receives a unique dial-in ID that is not re-useable.
- Corporate pricing is available when registrations are desired for more than one phone line.

## Corporate Site License Attendee Registrations

- Organizations individually register all participants for web access and e-mail delivery unless arranged otherwise with MCOL, but corporate pricing will apply based on the number of employees registered

## Eligibility

- Corporate pricing is only available to single organizations, or parent organizations and their affiliates.
- Professional Associations or other groups of separate organizations may not combine for corporate pricing.

## Pricing Schedule

**Events Priced at \$195 Individually:** Site License pricing for one of any \$195 individual events is based upon the number of covered phone lines, according to the following table

### Price Schedule

Covered Phone Lines /Logins	Total Price
Under 10	\$870.00
10-29	\$2,005.00
30-74	\$4,425.00
75-174	\$9,230.00
175-249	\$12,525.00
250+	Call for quote

Equivalent Price per employee and total savings compared to individual \$195.00 price\*:

Covered Phone Lines /Logins	Price per Line	Total Savings
Under 10	\$174.00	\$605.00
10-29	\$100.25	\$3,895.00
30-74	\$88.50	\$10,325.00
75-174	\$73.84	\$27,645.00
175-249	\$59.64	\$49,425.00

\* based upon the midpoint of employees in each range