

Accountable Care Web Summit

– a HealthcareWebSummit Event, 1PM Eastern, Thursday, November 16th, 2017



Accountable Care Web Summit
Eighth Annual Look at All Things ACO

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WEBINAR: Thursday, November 16, 2017 Plus On-Demand Sessions
1- 2:30 PM Eastern

- A Peek Inside the Catalyst Health Network Accountable Care Organization
- Employer Partnerships With ACOs
- Telehealth under Alternative Payment Models
- On-Demand Sessions: NJ Medicaid ACO Demonstration; Benchmarking SNF Metrics for ACOs & MA

Webinar Faculty: Christopher Crow, MD, MBA, Catalyst Health
Brian Marcotte, NBGH, and Susan Philip, Milliman

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**The Eighth Annual
Accountable Care Web Summit**
Thursday - 11/16/17- 1 pm Eastern

co-sponsored by

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Individual Registration Fee: \$295. Post-Event Materials: \$45 for attendees; \$360 for non-attendees after the event.

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Web Summit Registration Information (check add Recording if you also want the Post-Event Materials)			
Item	Price@	Add Recording	Total
Alternative Payment Models in Medicaid - Deloitte Research: Could MACRA be Catalyst for State Efforts?, 10/25/17	\$195/ \$240 w/ Recording		
2017 Accountable Care Web Summit, 11/16/17	\$295/ \$340 w/ Recording		
Quality Payment Programs in 2018: Medicare, MA Plans and Medicaid, 12/05/17	\$195/ \$240 w/ Recording		
Provider Coding Accuracy in Commercial Value Based Contracts, 12/13/17	\$195/ \$240 w/ Recording		
2018 Future Care Web Summit, 1/25/18	\$295/ \$340 w/ Recording		
2018 Predictive Modeling Web Summit, 6/14/18	\$295/ \$340 w/ Recording		
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Overview

While insurance marketplace aspects of the Affordable Care Act face significant upheaval and uncertainty, value based care initiatives including accountable care organizations continue to evolve and thrive in the commercial and public sectors. Navigating the commercial, Medicare and Medicaid shared risk arrangement environment is critical for provider organizations going forward, as is understanding the perspectives and insights of national ACO thoughtleaders as they look toward the coming year.

The Eighth Annual Accountable Care Web Summit features a 90 minute webinar with three prominent national accountable care speakers from Catalyst Health Network, the National Business Group on Health and Milliman that will share their spectrum of knowledge to help ACO stakeholders position themselves for 2018.

Christopher Crow, MD, MBA, President of Catalyst Health Network and CEO of Stratifi Health will discuss their accountable care initiatives, insights and experiences. Catalyst Health Network is a clinically integrated network of primary care physicians who have come together to provide high-quality care, helping communities thrive. With 465 primary care providers, 140 office locations, 750,000 patients, and 70 care team members, Catalyst Health Network operates as a non-profit organization improving health, coordinating care, and lowering cost – creating sustainable and predictable value. The network is comprised solely of physician members and managed by Stratifi Health, a physician services and population health organization.

Brian Marcotte, President and CEO of the National Business Group on Health (NBGH) will share their 2017 employer survey data relating to ACOs, notable employer member ACO initiatives, and how in consultation with large employers, national health plans and ACO providers, NBGH has identified several ACO competencies that collectively represent a “tipping point,” at which most employers would likely be interested in partnering with an ACO. To help employers assess opportunities for ACO engagement across their markets, in 2015, the NBGH began convening national employers, health plans and ACO providers to align market expectations for ACOs, helping all players understand what an ACO should be able to deliver based on its journey from inception to high performance. This assessment led to the genesis of the the NBGH ACO Journey Map and ACO Scoring Guide, two public resources that represent a consensus of major stakeholders on what ACOs’ capabilities should be as they transform care for their patients and transition to risk-sharing contracts.

Susan Philip, MPP, Senior Healthcare Management Consultant with Milliman will discuss how evolving payment models that seek to incentivize value and better population health are one of four key drivers fueling telehealth growth in terms of acceptance and adoption. The potential impact on telehealth will be examined for payment models including the Next Generation Accountable Care Organization (ACO) initiative; Medicare Advantage Value-Based Insurance Design (VBID) Model; selected State Medicaid alternative payment models; and various Commercial ACO models.

The event also includes two on-demand sessions providing research findings, with Rutgers's Derek DeLia, Ph.D. presenting his research key findings, insights and implications in his presentation: New Jersey Case Study - The NJ Medicaid ACO Demonstration; and Milliman's Jill Herbold and Anders Larson discussing their research and insights on SNF performance metrics in their presentation: SNF Performance for Medicare Populations: Measuring and Benchmarking SNF Performance Metrics for ACOs and MA Plans.

Position your organization for 2018 and beyond in the accountable care arena. Join us for the Eighth Annual Accountable Care Web Summit on Thursday, November 16, 2017, and participate in the live national webinar, additional on-demand faculty sessions, ACO e-poll and more, featuring national experts providing key insights, trends, strategies, actionable intelligence and more - plus receive the current issue of Accountable Care News.

Webinar Agenda

Thursday, November 16, 2017

1:00 p.m. to 2:30 p.m. Eastern (10:00 a.m. - 11:30 a.m. Pacific)

[Click here](#) to find out what time your event starts in your time zone.

- **1:00 pm - 1:30 pm** *The Catalyst Health Network Accountable Care Perspective* - Christopher Crow, MD, MBA, CEO Catalyst Health Network and Stratifi Health
- **1:30 pm - 2:00 pm** *Employer Partnerships with ACOs* - Brian Marcotte, President and CEO, National Business Group on Health
- **2:00 pm - 2:30 pm** *Telehealth Under Alternative Payment Models* - Susan Philip, MPP, Senior Healthcare Management Consultant, Milliman

On-Demand Sessions & More

On-Demand Video Presentations with audio and synchronized slide advancement:

- *New Jersey Case Study - The NJ Medicaid ACO Demonstration* - Derek DeLia, Ph.D., Research Professor, Rutgers Center for State Health Policy (30 minutes)
- *SNF Performance for Medicare Populations: Measuring and Benchmarking SNF Performance Metrics for ACOs and MA Plans* - Jill S. Herbold, FSA, MAAA, Principal and Consulting Actuary, Milliman, and Anders Larson, FSA, MAAA, Actuary, Milliman (60 minutes)
- *Plus other Web Summit features* including a Accountable Care Article Library, an exclusive ACO e-poll, and the current edition of Accountable Care News

Learning Objectives

Participants will be able to:

1. Gain an overall sense of selected applicable current strategies, initiatives, challenges, experiences, payment models and insights relating to accountable care that will be applicable for the coming year ahead.
2. Explore the implications of accountable care insights, experiences and perspectives offered by Catalyst Health Network.
3. Examine the state of employer receptivity toward ACOs, current major employer ACO partnerships, and national Business Group on Health initiatives to support development of employer ACO arrangements.
4. Consider the potential impact on telehealth with selected ACO and other value based payment models.
5. Share in research findings and implications regarding the New Jersey Medicaid ACO demonstration, and on measuring and benchmarking SNF metrics for ACOs and Medicare Advantage.
6. Experience e-learning at the attendees' convenience, with on-demand sessions, article library, and other online Summit features available 24/7.
7. Engage in interactive learning through live webinar providing online question submission, attendee surveys, feedback and opportunity for follow up questions, and networking with attendees, faculty and other professionals through dedicated LinkedIn group.

Who Should Attend

Interested attendees would include:

- C-Suite Executives
- Accountable Care Directors and Staff
- Value Based Payment Executives and Staff
- Strategy and Planning Executives and Staff
- Legal, Regulatory and Policy Executives and Staff
- Health Reform, Transformation and Clinical Integration Executives and Staff
- Managed Care and Revenue Cycle Executives and Staff
- Business Development Executives and Staff
- Operations Executives and Staff
- Provider Network Managers and Staff
- Provider Contracting Managers and Staff
- Medical Directors
- Clinical Executives
- Care Management Executives
- Business Intelligence Executives and Analysts

Attendees would represent organizations including

- Accountable Care Organizations
- Health Systems
- Provider Networks
- Medical Groups
- Health Plans
- Government Agencies
- Business Process Organizations
- Solutions Providers
- Care Management Organizations
- Associations, Institutes and Research Organizations
- Life Sciences Organizations
- Media
- Other Interested Parties

Faculty



**Christopher Crow,
MD, MBA**

President, Catalyst
Health Network and
CEO, StratiFi Health

Dr. Christopher Crow, President of Catalyst Health Network and CEO of StratiFi Health, is a recognized leader in the healthcare industry. As one of the founding physicians of Village Health Partners and Legacy Medical Village in Plano, Texas, Dr. Crow has helped develop one of the most innovative patient-centered practice models in the country.

By leveraging health information technology and using business practices not usually implemented in physician offices, Village Health Partners dramatically enhanced the patient experience while improving clinical quality, all at a lower cost than the market. For these efforts, it has received the distinguished Davies Award from the Healthcare Information and Management Systems Society (HIMSS), and was named Practice of the Year by Physicians Practice magazine. Village Health Partners was also recognized as the first Level 3 Patient Centered Medical Home in Texas by the National Center for Quality Assurance.

Dr. Crow has been recognized as one of Dallas' best Family Medicine physicians by D Magazine, the Texas Academy of Family Physicians, Texas Monthly, and the Dallas Business Journal.

He received his BA from the University of Texas and his MD from the University of Texas Health Science Center at San Antonio. Dr. Crow also holds an Executive MBA from the University of Texas at Dallas.



Brian Marcotte
President and CEO
National Business
Group on Health

Brian is President and CEO of the National Business Group on Health, the nation's only non-profit organization devoted exclusively to representing large employers' perspective on national health policy issues and helping companies optimize business performance through health improvement and health care management. The Business Group leads initiatives to address the most relevant health care issues facing employers today and enables human resource and benefit leaders to learn, share and leverage best practices for improving health and controlling health care costs from the most progressive companies. Business Group members, which include 71 Fortune 100 companies and 426 companies in total, provide health coverage for more than 50 million U.S. workers, retirees and their families.

Previously Brian was vice president of compensation and benefits at Honeywell International; a \$38B diversified manufacturing and technology company with 130,000 employees in over 100 countries. He was responsible for the strategy, design and implementation of global total rewards, executive compensation and the HR mergers and acquisitions process.

Brian joined Honeywell (formally AlliedSignal) in July of 1993 as director, group insurance programs in corporate human resources.

He held various corporate and business positions at Honeywell including, vice president of benefits, corporate director of health care strategy and director of benefits for the Performance Materials & Technology business before becoming vice president of compensation and benefits in 2002.

Under Brian's leadership, Honeywell was an early adopter of many leading-edge health cost management, employee engagement and incentive strategies including the implementation of medical and surgical decision support services and the rollout of a full-replacement consumer-directed health plan and supporting tools and resources.

Prior to joining Honeywell, Brian managed Marriott International's health care programs where he led the effort to implement one of the first nation-wide managed care programs. He also worked as a consultant for Health Management Strategies in Washington, DC and as a graduate assistant for two years with Blue Cross of Northern Ohio. He had served on the board of the National Business Group on Health for 12 years.



Susan Philip, MPP
Senior Healthcare
Management
Consultant
Milliman

Susan Philip is a senior healthcare management consultant with Milliman. She focuses on developing practical solutions to align payment incentives with value and drive progress in healthcare efficiency. She has advised hospitals and health systems, employer coalitions, and public and private purchasers with issues such as payment reform, quality of care, performance measurement, and strategic planning.

Susan brings nearly 20 years of experience in health policy, healthcare finance, and health services research within federal and state governments, academia, and the nonprofit sector. Most recently she has worked with clients on strategies for telehealth/telemedicine financing and adoption. She also works with providers on utilization and care management, benchmarking performance, and population health management.

Prior to joining Milliman, her client engagements included: Helping the federal government understand the impact of programs designed to drive innovation and adoption of health information technology; Developing and facilitating board approval of a large public sector employer's enterprise-wide strategic plan; Advising hospital systems on value and performance metrics and reporting; and Surveying market trends and payer strategies to better manage chronic conditions.

Prior to that, Susan was the director of the California Health Benefits Review Program at the University of California, which provides the state legislature with nonpartisan analytic reports on proposed laws regarding health insurance benefits. She was also a Medicare consultant at Kaiser Permanente where she provided policy and regulatory expertise to the northern and southern California regions. In that role, she worked with the health plan and contracting provider groups to ensure compliance with

Medicare regulations, such as access to care and encounter data reporting requirements.

Her experience includes developing quality measurement and improvement programs at the Pacific Business Group on Health and developing recommendations to Congress and the Secretary of Health and Human Services at the Medicare Payment Advisory Commission. She has presented to MedPAC, the Institute of Medicine, and the California State Legislature. She received her AB, Economics and English Literature, from Columbia College, and a MPP, Health Policy and Nonprofit Management, from Georgetown University.



Derek DeLia, Ph.D.
Research Professor
Rutgers Center for
State Health Policy

Derek DeLia (Ph.D., Cornell University) is a Research Professor at the Rutgers Center for State Health Policy. He also teaches Health Economics and Econometrics in the Rutgers Economics Department. His research focuses on the economics of hospitals and health centers; emergency medical care; shared savings arrangements; performance measurement in accountable care organizations (ACO's); health insurance coverage; and healthcare access.

Dr. DeLia's research is published in peer-reviewed journals such as *Health Affairs*, *Annals of Emergency Medicine*, and *Health Services Research*. He currently serves on the Agency for Healthcare Research and Quality (AHRQ) Health Systems & Value Research (HSVR) Study Section and has served on other scientific review committees for AHRQ, the National Institutes of Health (NIH), and the Patient Centered Outcomes Research Institute (PCORI). Dr. DeLia has presented research and provided policy analysis for the U.S. Department of Health and Human Services (DHHS), the Congressional Budget Office (CBO), the Government Accountability Office (GAO), the Medicare Payment Advisory Commission (MedPAC), and the National ACO Summit as well as the NJ Department of Health (DOH) and the Medicaid Office in the NJ Division of Medical Assistance and Health Services (DMAHS).

In 2009, Dr. DeLia led the organization of a national research conference on the integration of Emergency Medical Services (EMS) with broader health services research and health policy. He also served on the NJ Healthcare Access Study Commission and a Subcommittee of the Governor's Commission on Rationalizing Health Care Resources. In 2007, he served on a project for the National Assessment of Educational Progress (the Nation's Report Card) to create standardized tests for high school economics. Dr. DeLia has provided expert commentary on healthcare issues for NJN Public Television, National Public Radio, and several other media outlets including *Modern Healthcare*, NJ101.5 and the *Newark Star Ledger*.

Previously, Dr. DeLia held a research position at the United Hospital Fund of New York and taught Health Economics and Statistics at Columbia University, New York University, and the City University of New York.



Jill S. Herbold,
FSA, MAAA
Principal and Consulting
Actuary
Milliman

Jill is a principal and consulting actuary with the Indianapolis office of Milliman. She joined the firm in 2009. Jill has developed an expertise in the analysis of the financial risks associated with the financing and delivery of healthcare services. She routinely works with self-funded groups, insurance companies, managed care organizations, and provider organizations.

Her projects have included: incurred claim reserve estimates; annual reserve opinions; self-funded financial projections; benefit plan design; retiree medical evaluations; provider payment benchmarking; provider contract evaluations; large group pricing and rate filings; small group ACA pricing and rate filings; individual marketplace ACA pricing and rate filings; and financial forecasting.

In the last few years, Jill has been involved with a variety of opportunities supporting provider payment reform and alternative payment models, including: shared savings agreement design and financial evaluation; patient-centered medical home programs; health care cost savings opportunities assessments; patient attribution; population health management; patient-level actionable information; physician capacity; and physician, hospital, skilled nursing facility, and home health provider performance evaluation.

Prior to joining Milliman, Jill worked with CIGNA for 16 years. She is a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. She is a graduate from the University of Illinois, Urbana-Champaign.



Anders Larson,
FSA, MAAA
Actuary, Milliman

Anders Larson is an actuary with the Indianapolis office of Milliman. Since joining the firm in 2010, Anders has worked with clients on a variety of healthcare topics, including financial projections for health and welfare funds and actuarial support for health plans. During the past several years, a key area of focus has been assisting provider organizations in ACO and gain share arrangements, including the Pioneer ACO program and Medicare Shared Savings Program.

Anders has led the analytics for several projects using large industry and census data sources, including the Medicare 100% and 5% statistical analytical files, American Community Survey, Current Population Survey and Truven Marketscan. Anders is a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. He graduated from Wake Forest University.

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.
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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 \$295 Individually: Site License pricing for one of any \$295 individual events is based upon the number of covered phone lines, according to the following table

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175-249	\$12,525.00
250+	Call for quote

Equivalent Price per employee and total savings compared to individual \$295.00 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