

## Agenda

### Wednesday, June 3

- 7:00 am – 7:00 pm **Registration and Information Desk Open**  
(Level 2)  
*Sponsored by Optum*
- 9:00 am – 5:00 pm **Pre-Conference Forum** \* Additional registration fee required  
**Creating a Culture Focused on Wellness, Prevention and Health**  
(Level 2, Room 207CD)
- 9:00 am – 5:00 pm **Pre-Conference Forum** \* Additional registration fee required  
**The Consumer Experience Forum**  
(Level 2, Room 202)
- 9:00 am – 5:00 pm **Pre-Conference Forum** \* Additional registration fee required  
**Cyber Security, Technology and Infrastructure Advancements Forum**  
(Level 2, Room 208)
- 9:45 am – 6:30 pm **Health Care CEO Forum: Health Care's Leadership Moment** \* Additional registration fee required  
(Omni Hotel, Legend Ballrooms D-G)  
Presented by America's Health Insurance Plans and the Nashville Health Care Council and held in conjunction with AHIP's Institute 2015  
*Participation in this program is strictly limited to a select group of healthcare industry leaders including AHIP member health plan CEOs and their senior leadership teams, and Nashville Health Care Council member CEOs and their senior leadership teams. Separate registration required.*
- 11:00 am – 3:00 pm **Welcome Refreshments**  
(Level 2, by the Registration and Information Desk)  
*Sponsored by HealthEdge®*
- 12:00 pm – 7:00 pm **Exhibit Hall Open**  
(Level 3)
- 12:00 pm – 1:15 pm **Networking Lunch in the Institute 2015 Exhibit Hall**  
(Level 3)  
*Sponsored by GE Healthcare*
- 3:30 pm – 5:30 pm **Workshops**  
**Markets, Channels, Products: Deliver an Empowering Purchase Experience While Maximizing Sales and Distribution**  
(Level 2, Room 201A)  
*Powered by hCentive, Inc.*  
Today health plans and insurance carriers serve individual, group, subsidy eligible customers via proliferating channels (direct, broker, public/private/third-party private exchanges) with an expanding product portfolio. Many health plans employ siloed strategies by market, channel or product-line even as a rapid "convergence to consumer" unfolds. How do you provide an empowering purchase experience to consumers at the "first mile" in all channels and markets? How do you effectively maximize sales potential from different channels? How do you efficiently utilize technology that simplifies administration and lowers operating costs? In this interactive workshop, experts and health plan leaders will cover the crucial challenges, cohesive strategies, and practical approaches to build technology capabilities to win.

## Wednesday, June 3

3:30 pm – 5:30 pm

### Workshops

#### **Trajectories of Decline as a Tool to Reduce Hospital Readmissions**

**(Level 2, Room 201B)**

*Powered by VITAS Healthcare*

This session will address the role of hospice as a partner in preventing hospital readmissions, so that patients benefit from care commensurate with the trajectory of their illness. Through case-based examples, learn about the evidence demonstrating the role of hospice intervention to reduce emergency department use, inpatient hospital days, ICU utilization, and hospital re-admissions among patients near the end of life. Speakers will highlight shared goals and expectations that will mark the successes or challenges of identifying appropriate patients for palliative care transitions. Lastly, the session will highlight key metrics to build hospice partnerships that benefits all stakeholders-patients and families, health plans, hospitals, ACOs, medical homes, and others that care for patients with advanced illness.

#### **Speakers:**

**Jeffrey A. Hay, MD**, Chief Medical Officer, Prospect Medical Holdings Inc.

**William D. Kirsh, DO, MPH**, Partner and Chief Medical Officer, Sentry Data Systems Inc.

**Sandra M. Schneider, MD, FACEP**, Director of Emergency Medicine, American College of Emergency Physicians

**Robert Schwartz, MD**, Professor and Chair of the Department of Family Medicine and Community Health, University of Miami Miller School of Medicine

**Joseph Shega, MD**, Regional Medical Director, VITAS Healthcare

5:30 pm – 7:00 pm

#### **Opening Night Reception in the Institute 2015 Exhibit Hall**

**(Level 3)**

*Sponsored by Vitals*

7:00 pm – 8:30 pm

#### **Opening Night Concert Featuring Martina McBride, CMA/ACM Award-winning Country Music Recording Artist**

**(Level 4, Grand Ballroom A)**

***Wristbands** will be provided when you pick up your badge and must be worn to gain access to the show. Doors will open at 7:00 pm. The concert will begin at 7:30 pm.*

## Thursday, June 4

6:45 am – 5:15 pm **Registration & Information Desk Open**

**(Level 2)**

*Sponsored by Optum*

7:00 am – 7:30 pm **Exhibit Hall Open**

**(Level 3)**

7:30 am – 8:15 am **Sponsored Breakfast Sessions**

### **Collaborating to Take Costs Out of the Business of Healthcare**

**(Level 2, Room 201)**

*Powered by CAQH*

This session will explore how greater collaboration among health care stakeholders is streamlining the business of healthcare and taking costs out of the system. Many health plans and providers continue to perform routine business processes independently without considering whether the approach offers strategic gain. Presenters will discuss how industry-wide initiatives are simplifying provider data collection, electronic funds transfer enrollment, coordination of benefits, and the exchange of electronic administrative transactions. The panel of health plan representatives will share examples of collaborative projects that are advancing the efficiency of their own operations, improving provider relations and reducing millions in costs for the healthcare system at large.

#### **Speakers:**

**Robin J. Thomashauer**, Executive Director, CAQH (moderator)

**Jay Eisenstock**, Senior Director, Provider eSolutions, Aetna

**Sean Killeen**, Executive Director, Claims Payment Integrity & Cost Containment, Kaiser Permanente and Kaiser Foundation Health Plan, Inc.

**Kelly Toman**, Staff Vice President, Clinical Quality Compliance and Credentialing, Anthem

### **Managing Double Digit Specialty Pharmacy Cost Trend, Now and Beyond**

**(Level 2, Room 207AB)**

*Powered by CVS Health*

Pharmacy trend is growing at all time highs. The return of double-digit pharmacy trend is projected by 2016, due to the explosion of specialty drugs and the lack of new generics. In fact, it is anticipated that from 2012 to 2018 there will be a 17% growth rate for specialty spend. However, there are many solutions to help lower this trend. Learn how a comprehensive approach to specialty can reduce your trend. Discover how the appropriate pharmacy networks and the right drug coverage that is clinically appropriate can decrease the non-specialty spend. Understand how the right plan can reduce and control unnecessary drug spend and control medical expenses by making sure that people stay on the correct medications.

#### **Speaker:**

**Jane Barlow, MD, MBA, MPH**, Associate Chief Medical Officer, CVS Health

### **Optimizing Health Plan Exchange Performance, Customer Service, and Growth**

**(Level 2, Room 205BC)**

*Powered by Softheon, Inc.*

To leverage and extend their exchange business, health plans must re-examine their exchange strategy amidst the current healthcare landscape. The speaker in this session will discuss one health plan's approach to optimizing their exchange performance and providing superior customer service while leveraging existing IT investments.

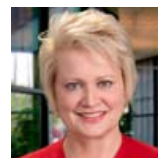
#### **Speaker:**

**Eugene Sayan**, Chairman, CEO, & President, Softheon

#### **Institute Moderator**

##### **Susan Dentzer**

Senior Policy Adviser,  
Robert Wood Johnson  
Foundation; On-Air Health  
Policy Analyst, *PBS NewsHour*



## Thursday, June 4

7:30 am – 8:15 am **Sponsored Breakfast Sessions** *(continued)*

### **The Health Insurer of the Future: How Health Plans Will Transform in the Next Five Years**

**(Level 2, Room 207CD)**

*Powered by HealthEdge®*

This session will be a discussion on what the health plan of the future looks like, forecasting the challenges and opportunities that health plans will face, including insight from a plan executive and data from the latest "State of the Payor" industry survey. Attendees will gain insight into strategies that health plans will leverage to remain successful while adapting to industry changes. The session will also explore the DNA of the health plan of the future, including core capabilities, consumer engagement initiatives, adoption of new business models (including public and private exchanges, etc.) and technology investments.

#### **Moderator:**

**Ray Desrochers**, Executive Vice President, HealthEdge

#### **Speakers:**

**Rick J. Jackson, MBA, MB/GM**, Managing Director, Accenture

**John Janney**, Senior Vice President, Transformation, AmeriHealth Administrators

**Chris Smith**, Principal, Life Sciences and Health Care, Technology Strategy and Architecture, Deloitte

**Jose Vazquez**, Vice President of Solutions, Riverside Health

### **Digital Transformation and the Healthcare Enterprise: Driving Business Value**

**(Level 2, Room 209)**

*Powered by Cognizant and TriZetto, A Cognizant Company*

Technology innovation, analytics, social networks, and the increasing use of mobile devices are reshaping the healthcare landscape, disrupting traditional business and care delivery models -- and creating massive amounts of data. These digital records surrounding patients, providers, medical devices and consumers are critical to deriving new business value in healthcare. Examine how these levers are essential in supporting the transformative forces of consumerism, accountable care, and digital health within your organization.

#### **Moderator:**

**Bill Shea**, Vice President, Cognizant Business Consulting in Healthcare

#### **Speakers:**

**Emma Hoo**, Director, Pacific Business Group on Health

**Joseph C. Kvedar, MD**, Vice President of Connected Health, Partners HealthCare

**Ed Lara**, Vice President, Marketing and Product Development, Horizon Blue Cross Blue Shield of New Jersey

### **Creating an Innovation-Driven Organization**

**(Level 2, Room 208)**

*Powered by Deloitte LLP*

With the accelerated pace of change in healthcare, many health plan executives view innovation as imperative to enable profitable growth in the new healthcare ecosystem. During this session, we will explore ways organizations can transform their status quo business model (& business development mindset) into an innovation-driven organization. The speakers will offer insights on how organizations can build innovation discipline by being explicit about their innovation ambition and applying a broader lens on the types of innovation they employ. Through case studies, the speakers will also discuss the capabilities, competencies, and disciplines required to help create a successful innovation engine that can improve the overall return on your innovation investments.

#### **Speakers:**

**Ben Jonash**, Principal, Deloitte Consulting LLP

**John Kutz**, Director, Deloitte Consulting LLP

**Jeff Wordham**, Principal, Deloitte Consulting LLP

## Thursday, June 4

- 7:30 am – 8:15 am **Sponsored Breakfast Sessions** *(continued)*  
**Succeeding in the Era of Value-Based Healthcare: Tried and True Strategies for Real and Measurable Outcomes**  
**(Level 2, Room 202)**  
*Powered by Health Dialog Services Corporation*  
In recent years, the shift to value-based healthcare has gained tremendous momentum. Innovative organizations across the industry have begun to move the needle by implementing many forms of fee-for-value care delivery, all focused on improving population health and driving down wasteful spending. This presentation will feature health care leaders who have realized the benefits of successful value-based strategies. Our expert panelists will outline the programs deployed by their organizations and how their strategies have evolved over time. Additionally, our panelists will discuss tried and true strategies for measurable success, lessons learned, and their vision for the future.
- Moderator:**  
**Peter Goldbach, MD**, Chief Medical Officer, Health Dialog
- Speakers:**  
**Brian Kiss, MD**, Vice President, Healthcare Transformation, Florida Blue  
**Bruce Nash, MD, MBA**, Senior Vice President, Medical Affairs; Chief Medical Officer, Capital District Physicians Health Plan (CDPHP)  
**Ken Phenow, MD**, Chief Medical Officer, Scott and White Health Plan
- 8:15 am – 8:30 am **Break**
- 8:30 am – 8:40 am **Institute Welcome**  
**(Level 4, Grand Ballroom A)**
- Speaker:**  
**Bill Gracey**, President and Chief Executive Officer, BlueCross BlueShield of Tennessee
- 8:40 am – 9:45 am **Opening General Session**  
**Making Health Care Work Better**  
**(Level 4, Grand Ballroom A)**
- Speakers:**  
**Rodney F. Hochman, MD**, President and CEO, Providence Health & Services  
**David Holmberg**, President and Chief Executive Officer, Highmark Health  
**Omar Ishrak**, Chairman and Chief Executive Officer, Medtronic  
**Bob Zapfel**, President, Xerox Services
- 9:45 am – 10:45 am **Coffee Break in the Exhibit Hall**  
**(Level 3)**
- 10:45 am – 11:30 am **General Session**  
**(Level 4, Grand Ballroom A)**
- Speaker:**  
**Elizabeth Holmes**, Founder and CEO, Theranos
- 11:30 am – 1:00 pm **Networking Lunch in the Exhibit Hall**  
**(Level 3)**  
*Sponsored by AHIP Coverage*

## Thursday, June 4

1:00 pm – 1:45 pm

### Concurrent Sessions

#### Health IT: A Catalyst for Transforming Health Care

(Level 2, Room 207AB)

Health IT will be a critical enabler in the transition from pay for volume to pay for value and transforming health care payment and delivery models. Hear from health care leadership about the next generation of health IT needed to improve performance in a value-based and accountable environment including increased patient engagement, and better quality and cost outcomes. You will gain insights on the Administration's goals for health care transformation, the steps being taken to reach those goals, and the critical role of health IT.

##### Speaker:

**Karen DeSalvo, MD, MPH, MSc**, Acting Assistant Secretary of Health, and National Coordinator for Health Information Technology, U.S. Department of Health and Human Services

#### Becoming a Partner in Health: Commitment to the Customer Experience

(Level 2, Room 209)

True consumer engagement can only happen if it is integrated into your organization's DNA. How do you create a culture that starts with understanding the perspective and emotions of the customer? How do you move beyond the transactional interaction with customer? What are the strategies for understanding the explicit goals and implicit needs of your customers along with their frustration points throughout their journey to solve their health challenges? How do you build teams around shared objectives to help your members?

##### Speaker:

**Amy Cueva**, Founder & Chief Experience Officer, Mad\*Pow

#### Leadership Growth: Data Analytics, Dashboards and Decisions

(Level 2, Room 207CD)

How are leaders leveraging business and clinical intelligence for better member engagement, superior outcomes and stronger financial performance? The increased focus on leveraging data informatics within the health plan community is representative of the shift to a data-driven environment. What are the challenges and opportunities for the leadership in managing these market disruptions? What are the opportunities for merging the explosion of data including data lakes, cloud computing and predictive analytics that personalize the customer experience? Our interactive panel will answer these questions and examine the impact of predictive analytics on clinical outcomes and the health insurance landscape.

##### Speakers:

**Somesh Nigam, PhD**, SVP and Chief Informatics Officer, Independence Blue Cross

**Dan Walczak**, Assistant Director, Health Care Informatics, UCare

#### Innovation and Inspiration in Health Care

(Level 2, Room 208)

In an age where everything and everyone is being disrupted, how are health insurers responding and rethinking the ways in which they do business? How can you view disruption as an opportunity rather than an obstacle? How is innovative thinking helping to overcome challenges, change the way coverage is provided, improving health care delivery and enhancing the consumer experience? How are health plans expanding their portfolios and diversifying their business? What are some of the lessons learned and how you can inspire change in your organization? Hear from health insurers creating change within the industry.

##### Speakers:

**Rob Coppedge**, Senior Vice President, Strategic Investments and Corporate Development, Cambia Health Solutions

**Darren Olson**, Director of Consumer Innovation, UPMC Health Plan

## Thursday, June 4

1:00 pm – 1:45 pm

### Concurrent Sessions *(continued)*

#### **Emerging Issue for 2016: The Impact of the Quality Rating System on Qualified Health Plans**

**(Level 2, Room 202)**

*Powered by Inovalon*

This session will provide insight into the reporting requirements for the 2016 Quality Rating System (QRS) implementation and the impact it will have on current QHPs. Speakers will cover the mid-cycle considerations and lessons learned from the QRS beta test to date and will provide a case study on the baseline analysis of health plan preliminary performance on QRS measures.

#### **Speakers:**

**Kylanne Green**, President and CEO, URAC

**Reid Kiser**, General Manager, HEDIS Advantage, Inovalon

#### **How Well Do You Know Your Exchange Population? Lessons from Real-Life Data**

**(Level 2, Room 201)**

*Powered by Truven Health Analytics*

The first year on insurance exchanges was fraught with uncertainty about enrollment, consumer engagement, and risk management. Now in the second year, health plans continue struggling to understand their exchange populations and risk adjustments as well as how to benchmark their experiences relative to the marketplace. During this session, the speakers will explore findings from a national risk adjustment project and one health plan's actual exchange that can be applied to your exchange populations. The speakers will discuss lessons learned and key takeaways while outlining best practices for risk management analyses that health plans should be following.

#### **Speakers:**

**Kevin Ruane**, Director of Consulting Services, Truven Health Analytics

**Ross Winkelman**, Director and Senior Consulting Actuary, Wakely Consulting Group

#### **It Takes a Platform: How to Optimize Health & Incentives**

**(Level 2, Room 205BC)**

*Powered by Welltok*

Are you optimizing the use of incentives and the health of your population? Now more than ever, population health managers are striving to connect with consumers in an engaging and rewarding way. The solution is the creation of a new enterprise platform designed specifically for consumers—one that aligns actions and behaviors with the right incentives and rewards. During this session, attendees will learn about the critical components of an enterprise-level consumer platform and how they can help their members achieve the highest health status at the lowest cost.

#### **Speaker:**

**Jeffrey H. Margolis**, Chairman and CEO, Welltok

#### **Biosimilars in the U.S.: Where Are We Now? What Might Be On The Horizon?**

**(Level 2, Room 205A)**

*Powered by AMGEN Inc.*

The complex and ever-evolving landscape for biosimilars in the U.S. was heightened by the recent U.S. approval of the first biosimilar in the marketplace. You will hear about the current topics, trends and issues pertinent to biosimilars and considerations for the future. Our speaker will also offer insight on how these issues, such as interchangeability and substitution, will play a role in shaping future guidance and action from a legislative and regulatory perspective.

#### **Speaker:**

**Thomas Felix, MD**, R&D Policy Director, AMGEN Inc.

## Thursday, June 4

2:00 pm – 2:45 pm

### Concurrent Sessions

#### **Beyond the Contract: Enhancing Provider Engagement in New Care Models**

(Level 2, Room 207AB)

From ACO arrangements and patient-centered medical home to retail care and telemedicine, there is a significant amount of change occurring within the traditional relationships between providers, health plans and consumers. What opportunities and challenges are arising from these shifts in the market? How are these models changing provider behaviors and long-term engagement with the health plan? What is having the most significant impact on change and improving health outcomes and patient care? Are consumer behaviors changing and is health improving? Take a closer look at the evolving dynamics, positive outcomes, and trends resulting from market changes.

##### Speakers:

**Amy Fahrenkopf, MD**, Medical Director and Vice President, Market Transformation, Highmark, Inc.

**Patrick Gordon, MBA, CHIE**, Associate Vice President, Community Integration, Rocky Mountain Health Plans

#### **The Key to Customer Loyalty**

(Level 2, Room 209)

Customer loyalty takes a lot more than just having a “brand promise.” Loyalty is earned through your words, matching your actions, and your actions matching your customer’s expectations. Yet there are constant obstacles and organizational challenges that get in the way of you delivering on those expectations. So how can you elevate the customer engagement models within your organization so your words are aligned with your actions, which are aligned with your customer’s needs? How can employees be empowered to respond to customer’s needs? How can you fundamentally transform the relationship between the insurer and consumer? To find out we hear from some of the most successful retailers in the country to see how they managed through these challenges.

##### Speakers:

**Peter Mueller**, Senior Analyst, eBusiness & Channel Strategy, Forrester Research Inc.

**Steve Snell**, President, Command Performance Group, LLC

#### **Segmentation for a Personalized Customer Experience**

(Level 2, Room 207CD)

There is a growing amount of personalized health information available to consumers, providers and health plans. How can the information from various devices, tools, portals, and mobile apps be leveraged to motivate consumers and positively impact overall health? For the health plans community, what is the potential for this information to enable the design of targeted marketing strategies, customized products, and increased member retention?

##### Speakers:

**Andrew J. Rosenthal**, Group Manager, Wellness & Platform, Jawbone

**Derek Young**, Managing Partner, Seasonal View LLC

#### **Enriching Core Benefit Plans: The Evolution of Voluntary Products**

(Level 2, Room 208)

As employers look to voluntary benefits and services to personalize their benefit offerings and support their employee rewards strategy, what should health plans consider to creatively and strategically to design benefits and rewards that are both within cost constraints and attractive to employees? How should benefits be redesigned for younger generations versus baby boomers? Explore how the market is evolving beyond the core medical management products.

##### Speakers:

**Steve Hesler**, AVP, Product & Market Development, Colonial Life

**Lydia G. Jilek**, Vice President, Employee Benefits Innovation, Thought Leadership and Private Exchange Strategy, Voya Financial Inc.

**Keith Pellerin**, Vice President, Product Management and Innovation, Aflac

## Thursday, June 4

2:00 pm – 2:45 pm

### Concurrent Sessions *(continued)*

#### **Fueled by Healthcare IT Start-Up Funding, Digital Disruption is Knocking**

**(Level 2, Room 205BC)**

*Powered by Accenture*

This session will explore how the US healthcare system is under various pressures to “fix” inefficiencies while at the same time addressing changing consumer expectations. Attendees will learn that forces are rapidly fueling the funding of digital healthcare start-ups and a new era of industry innovation as reflected by the emergence of new technology offerings and business models. The speakers will examine traditional healthcare organizations and industry stakeholders alike that are taking interest in this shifting marketplace and trying to assess whether this funding momentum will continue, to what extent and to what market segments.

#### **Speakers:**

**Larry Leisure**, Founder and Co-Managing Director, Chicago Pacific Founders

**Alan Nalle**, Senior Manager, Accenture Health Strategy

#### **A Positive Member Payment Experience is Critical: See How Health Plans are Delivering**

**(Level 2, Room 202)**

*Powered by InstaMed*

Hear how forward-thinking health plans increase member engagement, secure customer retention and attract new business by delivering financial tools to their members. Gain insight on how consumers see the payment experience as central to their view of health plans and how payments drive member engagement. The speakers in this session will present their analysis on payment trends, give insights on consumer market research and offer real-world examples across health plans, providers and members to demonstrate how the payment experience has become a leading consumer priority, creating significant opportunity for health plans.

#### **Speakers:**

**Chris Seib**, Chief Technology Officer and Co-Founder, InstaMed

**Michael Trilli**, Senior Analyst, Aite Group

#### **Population Health Management Game Changers: What Data Knows That You Don't**

**(Level 2, Room 201)**

*Powered by LexisNexis®*

At the heart of population health management is the need and ability to understand and assess risk not only based on what you know, but also what you don't know. As the industry tackles the use of “big data” the question must be asked, what data are we not currently using in the clinical improvement workflow that could significantly impact and improve the patient health results? And how can this data be incorporated into analytic platforms to provide insight that can drive preventative care as well as care at the bedside? The speakers in this session will examine how using socioeconomic factors in predictive models can better support the design of care management programs specific to individual needs.

#### **Speaker:**

**Kathy Mosbaugh**, Director, Clinical Solutions, LexisNexis®

## Thursday, June 4

2:00 pm – 2:45 pm **Concurrent Sessions** *(continued)*

### **A Disruptive PBM Paradigm to Control Costs and Improve Quality & Compliance** **(Level 2, Room 205A)**

*Powered by RxAdvance*

For decades, the PBM industry has perpetuated a status quo of providing administrative and limited clinical services. Attendees will learn through case studies how a PBM can engage all care stakeholders collaboratively—prescribers at the point of care (PoC), pharmacists at the point of sale (PoS), patients, and payers' clinical/pharmacy staff to reduce overall pharmacy costs and avoidable drug-impacted medical costs while improving compliance and patients' quality of life. Such a collaborative solution also lowers PBM's operating costs by 40% leading to lower administrative fees, reduced drug unit costs, and increased rebate income to plan sponsors.

**Speaker:**

**Carlos Hernandez, MD**, President, WellMed Medical Group

2:45 pm – 3:35 pm **Wellness Break in the Exhibit Hall**

**(Level 3)**

*Sponsored by AHIP Solutions Smart Brief*

3:35 pm – 4:20 pm **Concurrent Sessions**

### **Vertical Integration: The Evolution of Non-traditional Partners** **(Level 2, Room 207AB)**

Explore how the market continues to respond to rising health care costs, quality improvement efforts, and the ACA. What are unique and effective ways that providers and health plans are working together through mutually agreed upon goals to reduce health care costs while improving quality? How are these non-traditional partnerships increasing accountability and risk sharing to promote health quality care? The speakers in this session will discuss collaboration efforts and best practices to optimize outcomes from both the payer and provider perspective to manage costs, provide value based payment models and enable the transition of managing risk.

**Speakers:**

**Terry Stone**, Partner, Health and Life Sciences, Oliver Wyman

**Todd Van Tol**, Partner, Health and Life Sciences, Oliver Wyman

### **Social Commerce: Integrating Your Marketing, Sales and Digital Approaches** **(Level 2, Room 209)**

Social Marketing is not just for the Millennials. In fact, Social Media now cuts across every customer segment and every aspect of the customer relationship. Social communities are being used quite effectively for connecting, collaborating, communicating and selling. What's the best way to leverage social tools to deliver growth to your company? How does social information fit into your data and segmentation models? How can you turn social connections into a sCommerce strategy?

**Moderator:**

**Lindsay R. Resnick**, Chief Marketing Officer, KBM Group: Health Services

**Speakers:**

**Joanna Belbey**, Social Media and Compliance Specialist, Actiance, Inc.

**Stephanie Katzman**, Senior Account Executive – Healthcare Lead, LinkedIn Marketing Solutions

**David Murray**, Manager, Social Media, Blue Cross Blue Shield of Michigan

## Thursday, June 4

3:35 pm – 4:20 pm

### Concurrent Sessions *(continued)*

#### **Leverage Predictive Analytics to Gain Insights into Big Data**

**(Level 2, Room 207CD)**

The most valuable analytics are those that use your data to predict what will happen in the future – and help you make optimal, data-driven decisions. But how do you bring together data sets for analysis regardless of what silo they may originate in? How can you unlock the power of structured and unstructured data? Health plan experts will explore these questions and share best practices on how you can gain meaning from disparate data sources in a big data world.

##### **Speakers:**

**Pamela Peele, PhD**, Chief Analytics Officer, UPMC Health Plan

**Sherri Zink**, Vice President, Medical Informatics, BlueCross BlueShield of Tennessee

#### **Driving Transformation and Fostering Innovation in Medicare Advantage**

**(Level 2, Room 208)**

Medicare Advantage plans offer more than 16 million beneficiaries innovative, affordable health care choices that are a foundation for delivering more value. In this session, representatives of Medicare Advantage plans will describe the strategies they use to meet the unique needs of their enrollees and promote high-value, high-quality care.

##### **Speakers:**

**Austin Ifedirah, DDS, MBA**, SVP & Chief Business Development Officer, Gateway Health

**Leeba Lessin**, CEO, CareMore Health System

---

#### **Creating Value and Enabling the Flow of Commerce through Financial Engagement**

**(Level 2, Room 205BC)**

*Powered by PaySpan, Inc.*

This session will cover how the Patient Centered Financial Home connects and facilitates communication and financial engagement amongst all healthcare stakeholders. The session will outline how PCFH will help health plans increase member and provider satisfaction, while creating value and enabling the flow of commerce. The session will also discuss industry metrics on how bridging the initiatives of reimbursement can create a cohesive interaction for everyone involved.

##### **Speaker:**

**Bill Nordmark**, Senior Vice President of Payer Economics, PaySpan, Inc.

#### **Know the Score: Better Engagement for Better Health**

**(Level 2, Room 202)**

*Powered by Silverlink Communications, Inc.*

Engagement scoring-It's a concept that has existed for years and in today's post ACA healthcare landscape health plans and PBMs are moving quickly to embrace this idea. What if you could save millions of dollars each year by leveraging the "engagement scores" of your members to optimize consumer interaction strategies for cost, outcomes and member experience? Gain insight on how software and member engagement scores drive a proactive member experience –leading to improved member outcomes and lower costs.

##### **Moderator:**

**Stan Nowak**, Chief Executive Officer & Co-Founder, Silverlink Communications

##### **Speakers:**

**Ingrid Lindberg**, Chief Customer Experience Officer, Prime Therapeutics, LLC

**Meyrick Vaz**, Vice President, Healthcare Solutions, Optum Global Solutions

**David Veroff**, Senior Vice President, Analytics, Silverlink Communications

## Thursday, June 4

3:35 pm – 4:20 pm **Concurrent Sessions** *(continued)*

### **Utilization Management is Broken. Here's How to Fix it for a Value-Based World** (Level 2, Room 201)

*Powered by McKesson Health Solutions*

It's time to get serious about making value-based care a reality. Core to value-based care is to ensure medical appropriateness/high quality care and eliminate waste, both medical and administrative. In short -a new form of utilization management. Providers and payers must operate across a transparent, administratively simple, shared ecosystem rather than in a chain of siloed, transactional events. Advanced technologies needed to support this transition are available and supporting automated and intelligent pre-authorization workflows. In this session we will demonstrate how payers can use the current pre-authorization model as a foundation to shift the balance of interaction with providers from post-care decisions in claims review, to pre-care. Our speakers will describe a scenario where appropriate care guidelines, patient condition data and exception-based coverage intelligence are automatically shared in real-time between payers and providers to inform better decision making.

#### **Speakers:**

**Tammie Phillips, RN**, Vice President, Business Consulting, McKesson Health Solutions

**Matthew Zubiller**, Vice President, Strategy and Business Development, McKesson

4:20 pm – 4:30 pm **Break**

4:30 pm – 5:00 pm **General Session**

### **Shaping America's Future: Major Trends, New Ideas and Big Decisions** (Level 4, Grand Ballroom A)

#### **Speaker:**

**The Honorable Mitt Romney**, Former Governor of Massachusetts, 2012 Republican Presidential Nominee

5:00 pm – 5:10 pm **Break**

5:10 pm – 6:10 pm **Signature Series**

*End the educational part of your day with these highly interactive sessions – think flip charts, white boards, and small group discussion. Learn, share, connect, and engage in discussions focused on health care industry transformation. **RSVP is required.***

### **What if Navigating Healthcare were as Easy as Shopping for Gifts Online?**

(Level 2, Room 209)

*Facilitated by Optum*

With most online shopping experiences, a person can buy a birthday present for their nephew across the country, have it gift wrapped and shipped in two days (at no extra cost)—all from the comfort of their living room, or in their car, or at the dentist—by clicking one button. Imagine if healthcare were that seamless, convenient and intuitive. Today, consumers are increasingly involved in the plan and care selection of their healthcare experience, and they expect their healthcare experience to be similar to other industries-simple, personalized, seamless, and transparent. This session will provide a snapshot of how leading companies are using customer journey mapping as a starting point to drive higher engagement across each experience. Attendees will learn how the integration of a customer journey map, data, and clinical programs creates a platform for sustained engagement with healthcare consumers.

#### **Facilitator:**

**Amy Fleckenstein**, Vice President, Consumer Engagement, Optum

## Thursday, June 4

5:10 pm – 6:10 pm

### Signature Series *(continued)*

#### **Innovation Madness: the Robot, the Beast and the Crayon**

**(Level 2, Room 207CD)**

*Facilitated by Kaiser Permanente*

Innovation is squirrely, ever changing and often elusive. However with discipline and strategy, organizations can harness its power. Hear from leaders in health plan innovation who have been formally experimenting in the science and structure of innovation for over ten years, moving from placing small bets in design thinking to becoming a full-fledged innovation engine. In this interactive exploration, we will dissect and debate the many faces of innovation, tour the current and future infrastructure that supports innovation, and play with some of our favorite techniques. Learn how to take elements and integrate them into your organization or how to take your organization to the next level of innovation.

#### **Facilitators:**

**Jennifer Liebermann**, Director, Sidney R. Garfield Health Care Innovation Center, Kaiser Permanente

**Chris McCarthy**, Director, Innovation Learning Network; Innovation Specialist, Innovation Consultancy, Kaiser Permanente

#### **Growth & Expansion of Private Exchanges**

**(Level 2, Room 207AB)**

*Facilitated by Accenture*

Private health insurance exchanges are experiencing hyper-growth. There is enthusiasm and adoption among many employers, consumers and carriers alike. While rapid growth is encouraging to exchange sponsors, it's important to consider how exchanges can sustain this positive trajectory. No matter how "premium" or "simple" the exchange, there are fundamentals that all private health insurance exchanges should consider as key factors to help sustain their growth. There are also key considerations for health plans examining their strategy. This highly interactive session will examine the factors that have spurred the rapid expansion of private health insurance exchanges and the issues that have risen as a result. Attendees will break into small, collaborative groups to discuss some of the key questions many carriers are working through today.

#### **Facilitators:**

**Scott Brown**, Private Exchange Offering Lead, Accenture

**Joshua Tauber**, Manager, Accenture Health Strategy

#### **Health Plan and Provider Convergence: Increasing the Value of Data Analytics**

**(Level 2, Room 208)**

*Facilitated by Dell Services*

Providers are increasingly viewed as an asset, not a cost center, by health plans eager to better manage medical costs and member engagement. Making the most of this relationship requires creating a seamless information ecosystem that incorporates advanced analytics techniques to deliver insight where it is needed at the time of need. Sounds easy, right? Join this solution-oriented discussion to understand common pitfalls from a provider perspective, and discuss solutions from a health plan perspective.

#### **Facilitators:**

**Andy Arends**, Managing Principal, Health Plan Innovation & Consulting, Dell Services

**Mandi Bishop**, Health Plan Analytics Solutions Owner, Dell Services

**Frank Negro**, Practice Leader, Provider Strategy and Consulting, Dell Services, and former regional CIO, Ascension Health

5:00 pm – 7:00 pm

### Wine and Cheese Reception in the Exhibit Hall

**(Level 3)**

*Sponsored by Aldera, CareCore National, LLC and PointRight*

## Friday, June 5

6:45 am – 12:30 pm **Registration and Information Desk Open**

**(Level 2)**

*Sponsored by Optum*

7:30 am – 8:15 am **Sponsored Breakfast Sessions**

### **Innovative Data Modeling of Real-Time Clinical Data to Improve Quality and Care Measures**

**(Level 2, Room 202)**

*Powered by Halfpenny Technologies*

This session will provide an overview of the use of clinical data exchange, innovative solutions, and population health management tools to improve care management and patient outcomes. Attendees will learn the value of acquiring real-time clinical data, including lab values and EMR data, from a health plan's provider network to facilitate holistic, patient-centered care beyond simply relying on traditional claims data and chart reviews. The speakers will also examine the use of more sophisticated predictive models and machine learning algorithms that can drive the maximum value from this clinical data. This can identify, for example, the likelihood of hospitalization or undetected diabetes, enabling delivery of proactive outreach and personalized interventions.

#### **Speakers:**

**Tim Kowalski**, President and CEO, Halfpenny Technologies

**Somesh Nigam, PhD**, SVP and Chief Informatics Officer, Independence Blue Cross

### **Convergence Requires Practical Execution**

**(Level 2, Room 209AB)**

*Powered by GE Healthcare*

This session provides insights on a practical approach to enable payers and providers to close gaps in care and identify necessary risk adjustments through new electronic information exchange. Attendees will learn how payers and providers are beginning to collaborate by using their existing IT assets to impact positive change.

#### **Speaker:**

**Jon Zimmerman**, General Manager, GE Healthcare IT

### **Managing Population Costs Requires More Than Technology and More Than Services**

**(Level 2, Room 208)**

*Powered by Lumeris*

Managing populations and healthcare costs requires a proven approach and technology-enabled solutions. During this session, attendees will examine proven outcomes based on 10 years experience creating Population Health Services Organizations—an often difficult and complex transformation for both payers and providers. In today's healthcare marketplace, payers need an understanding of value-based arrangements and what it takes to completely manage population health with an engaged and informed physician-led Accountable Care Team. It requires the right strategy, combined with the latest technology, to achieve better health outcomes at reduced costs.

#### **Speakers:**

**David Corrigan, MHA**, Regional Vice President of Operations, Essence Health Care

**John Khoury, PharmD, MBA**, Vice President Client Account Lead, Lumeris

## Friday, June 5

7:30 am – 8:15 am

### Sponsored Breakfast Sessions *(continued)*

#### **The Value of Chronic Weight Management for Your Population**

**(Level 2, Room 205BC)**

*Powered by Novo Nordisk, Inc.*

As the industry shifts from FFS to Value-Based Payments, health plans face many challenges in designing and implementing these programs. In this session we will explore some of the major challenges and discuss possible solutions. Some of the topics to be discussed include getting provider engagement, managing the payments and reconciliations, ramping up and examining the effects on provider and customer satisfaction. The speakers will discuss reporting, predictive modeling and settlements, determining if these programs are really saving you money. They will also examine the effect that the CMS mandate to get to 40% value based payments have on your decision to move forward. Lastly we will discuss the system needs to generate these payments automatically.

#### **Speaker:**

**Neil B. Minkoff, MD**, Chief Medical Officer, EmpiraMed, Inc.

#### **Survival of the Fittest: Thriving in a Regulated Post-Reform Era**

**(Level 2, Room 201)**

*Powered by Optum*

The one-size-fits-all approach to health care doesn't work in today's ever evolving health care landscape. With several ACA provisions already in play, payers are assessing reform implications and making course corrections to act on unprecedented growth opportunities. What are the key critical performance measures that will determine strategic planning? How do you prioritize the areas for change now and in the near future? Attendees will gain insights and strategies needed to succeed in the new world of health care.

#### **Speakers:**

**Jim Maher**, Vice President, Optum

**John Murtha**, Senior Vice President, Health Care Solutions, Optum

#### **Breakfast Session**

**(Level 2, Room 207AB)**

*Powered by DST Health Solutions*

8:30 am – 9:15 am

### **General Session**

#### **Health Care Disruptive Innovator: Moving from Innovation to Impact**

**(Level 4, Grand Ballroom A)**

#### **Speaker:**

**Patrick Soon-Shiong, MD**, Chairman and CEO, NantHealth

9:15 am – 9:45 am

### **General Session**

#### **Precision Medicine Meets Population Health**

**(Level 4, Grand Ballroom A)**

#### **Speaker:**

**Colin Hill**, Chairman and CEO, GNS Healthcare

9:45 am – 9:55 am

### **Break**

## Friday, June 5

9:55 am – 10:40 am

### Concurrent Sessions

#### **Persona-Based Population Health Analytics**

(Level 2, Room 207AB)

Data and advanced analytics are having a significant impact on population health management. Explore how health plans are leveraging data to identify high-risk patients, and better engage individuals with more personalized treatment and interventions. Discuss the potential of next-generation data analysis tool -their potential impact and challenges. What are strategies for deploying cluster analysis to segment populations and identify opportunities for intervention? How can you tailor intervention methods to enhance the customer experience?

##### **Speakers:**

**Bob Gladden**, Vice President, Center for Analytics, CareSource

**Jay Rajda, MD**, Medical Director, Aetna Innovation Labs

#### **Health Literacy: A Key to Unlocking Change**

(Level 2, Room 209)

The health care system is complicated. Health insurance is even more so. Couple this with the fact that consumer understanding of both is very limited. Whether understanding their "benefits" up front or learning how to access the system, health plans have a renewed focus on health literacy. This effort is designed to bridge the knowledge gap and help consumers help themselves reach the goal of improved health. What public health strategies are proving successful and transferrable to health insurance? How can mass media tools help to propagate discovery and improve comprehension? What initiatives are addressing multi-cultural differences and needs?

##### **Speakers:**

**Patrick Leonard**, Chief Technology Officer, Innovation & Digital Products, Aetna

**Andrew Pleasant, PhD**, Senior Director for Health Literacy and Research, Canyon Ranch Institute Faculty Member, The Ohio State University College of Nursing

#### **Cybersecurity and Privacy: Creating a Secure Environment in a Big Data World**

(Level 2, Room 207CD)

Cybersecurity remains a significant issue nationally and in the health care sector. As the use and reliance on technology increases, risks presented by targeted cyber attacks are ongoing and have become more sophisticated. Understanding the evolving role of cybersecurity in health care is critical to managing cyber risks to your organization. How do we balance big data opportunities with privacy challenges? Do you have an effective cyber security risk management plan? What are the controls that you should have in place so that there are fewer errors? Examine the stringent reporting and response requirements should a security breach occur.

##### **Speakers:**

**Jim Routh, CISM, CSSLP**, Chief Information Security Officer, Aetna

**Randy V. Sabett, JD, CISSP** Special Counsel and Vice Chair, Privacy and Data Protection Practice Group, Cooley LLP

#### **Innovative Products and Strategies for Medicaid Populations**

(Level 2, Room 208)

As Medicaid beneficiaries move into managed care at an increasing rate, advocates are calling for greater accountability and increased oversight of health plans. Now is the time for plans to develop innovative care management strategies that positively impact quality, yet successfully contain costs. This session will highlight best practices that Medicaid plans have implemented to set and achieve their strategic quality goals, improve clinical outcomes, manage health care costs and enhance beneficiaries' quality of life.

##### **Speakers:**

**Julie Faulhaber**, Vice President of Enterprise Medicaid, Health Care Service Corporation

**Erhardt H. L. Preitauer**, Senior Vice President, Government Programs, Horizon Blue Cross Blue Shield of New Jersey

## Friday, June 5

9:55 am – 10:40 am **Concurrent Sessions** *(continued)*

### **Beyond Private Exchanges: What Companies and Individuals Really Want from their Benefits Programs**

**(Level 2, Room 205BC)**

*Powered by Benefitfocus*

This session will take a closer look at the evolution over the past several years in our understanding of what private exchanges are and why they're touted as the future of benefits enrollment. Speakers will outline the fundamentals of the current private exchange value propositions—from consumer considerations like brand, decision support, and multiple benefit options, to administrative needs like data integration and integrity, member maintenance and billing consolidation. Gain a better understanding of how health plans fit into the landscape and, as a result, what is the ideal “channel strategy” they can and should adopt.

#### **Speakers:**

**Tom Dugan**, Enterprise Product Architect, Benefitfocus

**Shandon Fowler**, Director of Product Strategy, Marketplaces, Benefitfocus

### **A New Wave of Telehealth—and What's Coming Next**

**(Level 2, Room 202)**

*Powered by Teladoc, Inc.*

This session will explore the rapid adoption of telehealth since the passage of the Affordable Care Act, and how it is changing the way people access healthcare. Leading experts will review some disruptive new healthcare delivery models and address members' rising expectations and the types of solutions that can be designed—based on the services they need and on their terms. Attendees will hear details of a new research study that analyzed key telehealth user data revealing important user patterns and insights for health plans to consider as they design their programs. This study provides ideas for improvements that can increase member utilization, and outlines how telehealth technology is a cost-effective and convenient pathway to provide patients what they want, when they want it, and how they want it.

#### **Speakers:**

**Niteesh Choudry, MD**, Harvard Medical School; Chief Researcher, Veracity Analytics

**Richard Feifer, MD, MPH**, Chief Medical Officer and National Medical Director for National Accounts, Aetna

**Jason Gorevic**, Chief Executive Officer, Teladoc

### **The Challenge of Implementing Value-Based Payments**

**(Level 2, Room 201)**

*Powered by Oracle Corporation*

As the industry shifts from fee-for-service to value-based payments (VBP), this session will focus on what challenges health plans face. Speakers in this session will examine how providers are reacting to new payment models and offer recommendations on how to manage providers through these changes. The discussion will also focus on how you can manage the program administration, consider how predictive modeling comes into play, and think about how to ramp up your program. As CMS transitions to their stated goal of 40% reimbursement as VBP, how will the commercial world respond. Are your systems ready and able to handle these payments or are they being calculated manually? What methodologies are being used to do settlements? What is the effect on provider/customer satisfaction?

#### **Speakers:**

**Karen M. Abell**, Senior Manager, Network Operations Provider Reimbursement and Policy Capitation and Alternative Payment Enablement, Florida Blue

**Richard Lieberman**, Chief Data Scientist, Mile High Health Care Analytics

**Kathy McCarthy**, Director, Sales Consulting, Oracle Health Insurance

## Friday, June 5

### 10:50 am – 11:35 am **Concurrent Sessions**

#### **Transparency: Tools, Information and Innovation**

(Level 2, Room 207AB)

Improving transparency is fundamental to consumer choice. Consumers have a wide range of health plan options, and making provider networks and costs easier to understand will allow families to purchase the coverage that best suits their personal circumstances. What innovative tools exist to engage consumers in their health care? Can quality and price information empower consumers to make informed decisions? What communication tools are providing easy access and holistic information from explanation of benefits to information about treatments? Examine the current state of transparency and discuss current initiatives demonstrating change in consumer and provider behaviors.

##### **Speakers:**

**Raj Davda, MD**, National Medical Director for Network Performance Evaluation and Improvement, CIGNA

**Michael Gallagher, MD, MBA, MPH**, Physician Informaticist; Medical Director of Clinical Reasoning, Transcend Insights

#### **Creating a Great Customer Experience**

(Level 2, Room 209)

Join us as consumer experience (CX) leaders in health care offer their insights into the biggest threats and opportunities health plans face in the age of the consumer, how they are tackling these situations, and what they have learned thus far. Discuss the people, processes and infrastructure required for CX to take hold and mean something to an organization's bottom line. Attendees will gain insight into how they can apply learnings from our distinguished speakers to overcoming challenges in their own areas.

##### **Speakers:**

**Heather Hottenroth**, Consumer Experience Strategist, Humana

**Juliane Pearson**, Senior Manager, Customer Experience, Blue Cross Blue Shield of Illinois, Montana, New Mexico, Oklahoma & Texas

**Meg Rush**, Vice President, Digital Solutions, Anthem

### 10:50 am – 11:35 am **Concurrent Sessions**

#### **Health Care Data Governance: Essential Practices**

(Level 2, Room 207CD)

Data is the new asset of organizations. Sure, but this asset has the specificity of being shared. So how do you bring collaboration in the management of this asset? How do you make IT and siloed departments care about data quality and work together to improve it? How do you ensure that data supports your business objectives? The speaker in this session will offer insights into how you can build a lean data governance organization, incrementally, driven by business value.

##### **Speaker:**

**Mario Cantin**, Chief Data Strategist, Protago

#### **Private Exchanges and Defined Contribution**

(Level 2, Room 208)

Although adoption of private exchanges has been slower than anticipated, interest remains high. What are the benefits of private exchanges for employers and the values they consider when evaluating whether a private exchange is the right fit for their employees? Leaders in private exchanges will examine potential growth and future opportunities for expanding into new markets.

##### **Speakers:**

**Alan Cohen**, Chief Strategy Officer, Liazon Corporation

**Meg Woolley**, Vice President, Private Exchange Business, Cigna

## Friday, June 5

10:50 am – 11:35 am **Concurrent Sessions** *(continued)*

### **Healthcare's Empowered Consumers: Owning the New Customer Lifecycle** **(Level 2, Room 201)**

*Powered by Colibrrium, an HGS Company & HGS*

The age of consumer empowerment is here, and healthcare presents new opportunities to engage members at all points in the consumer lifecycle. A holistic approach addresses all facets of today's healthcare customer journey, from Member Health and Enrollment to Treatment Quality to Wellness. From process robotics to automation and CRM tools, payers need the resources and tools to move quickly and thrive in today's healthcare landscape. Through engaging case studies, this interactive session will show how a unified customer engagement strategy can drive high-impact service in healthcare. Learn how today's tools can track wellness for a healthier member population, and identify and address inefficiencies in critical acquisition, service and retention processes.

#### **Speakers:**

**Ramesh Gopalan**, Executive Vice President, Healthcare, HGS Global

**Mark Poling**, CEO, Colibrrium

11:40 am – 1:00 pm **Closing Keynote Session**

### **Remarks by President Bill Clinton**

**(Level 4, Grand Ballroom A)**

*Doors for the Closing Keynote Session open from 11:40 am to 11:55 am. No one will be allowed in the room prior to 11:40 am. Doors will close at 11:55 am. Wristbands must be worn.*

#### **Speaker:**

**President Bill Clinton**, Founder of the Clinton Foundation, 42nd President of the United States

1:00 pm

### **Adjourn**

---

The content presented at this conference is solely attributable to the speakers and does not represent an endorsement by America's Health Insurance Plans (AHIP) of the accuracy of the information presented at the conference or any opinion expressed by the speakers. As content continues to evolve up until a conference, the materials included in this agenda are subject to change. AHIP—All Rights Reserved: © AHIP 2015

# ENGAGING Today's Health Care CUSTOMER



America's Health  
Insurance Plans

Consumer Experience & Digital Health Forum



October 12-15, 2015, Chicago, IL

## It's about the consumer. It's about your success.

It's a few days out of the office to focus on how you can engage your current members, attract new ones, and meet their ever-growing expectations.

Start with consumer-focused sessions at Institute and then join us this October for practical, tactical ways to engage consumers in their health and the health care system.

## It's about technology, analytics, mhealth and sessions focused on:

- Marketing and Branding
- IT Infrastructure and Data Analytics
- Engaging Consumers and Changing Behavior
- Clinical Data and mHealth Tools
- Gadgets and Apps

## It's about answers:

- ➔ How should you capture, share and use data to deliver results?
- ➔ Who is successfully changing the health care landscape, and how?
- ➔ Can consumers become healthier with digital engagement tools?
- ➔ What can we learn from retailers who have figured it out?

**SPECIAL PRICING FOR INSTITUTE 2015 ATTENDEES**

Visit [www.ahip.org/cdf2015](http://www.ahip.org/cdf2015) and use registration code **INST15**