

# The National ACO, Bundled Payment and MACRA Summit



**For Early Bird Registration Discount Register by Friday, May 4, 2018.**


**HYATT REGENCY ON CAPITOL HILL WASHINGTON, DC**  
**JUNE 6 - 8, 2018**




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**Three Events in One: ACO Summit IX, Bundled Payment Summit VIII & MACRA Summit III**


**CO-CHAIRS:**


**ACCOUNTABLE CARE**  
 **Jordan Asher, MD, MS, Chief Clinical Officer, Ascension Care Management, Nashville, TN**


**S. Lawrence Kocot, JD, LL.M., MPA, Principal and National Leader, Center for Healthcare Regulatory Insight, KPMG, Washington, DC**  



**David B. Muhlestein, PhD, JD, Chief Research Officer, Leavitt Partners, LLC, Washington, DC**  


**BUNDLED PAYMENT**  
 **Deirdre Baggot, PhD, MBA, RN, Former Expert Reviewer, BPCI Program; Former Lead, ACE Program, CMS, Washington, DC**


**Valinda Rutledge, MBA, VP, Public Payor Health Strategy, Care Coordination Institute, Greenville Health System, Greenville, SC**  



**MACRA**  
 **Donald H. Crane, JD, President and CEO, America's Physician Groups, Los Angeles, CA**


**Kavita Patel, MD, Nonresident Senior Fellow Brookings Institution, Member, PTAC, Washington, DC**  


**Grace Emerson Terrell, MD, MMM, FACP, FACPE, CEO, Envision Genomics, Member, PTAC, Huntsville, AL**  



**KEYNOTE SPEAKERS:**

**Robert A. Berenson, MD, Institute Fellow, Urban Institute, Member, PTAC, Washington, DC**  



**Francois de Brantes, MBA, Former Executive Director, Health Care Incentives Improvement Institute, Newtown, CT**  



**Michael Chernew, PhD, Leonard D. Schaeffer Professor of Health Care Policy, Harvard Medical School, Boston, MA**  



**Aneesh Chopra, MPP, President, CareJourney, Co-Founder/EVP, Hunch Analytics, Washington, DC**  


**Paul B. Ginsburg, PhD, Leonard D. Schaeffer Chair in Health Policy Studies, USC-Brookings Schaeffer Initiative for Health Policy, Washington, DC**  


**Julian Harris, MD, MBA, President, CareAllies, a CIGNA Company, New York, NY**  



**Mark McClellan, MD, PhD, Director, Robert J. Margolis Center for Health Policy and Margolis Professor of Business, Medicine and Health Policy, Duke University, Washington, DC**  


**Harold D. Miller, President and CEO, Center for Healthcare Quality and Payment Reform, Member, PTAC, Pittsburgh, PA**  



**Mark E. Miller, PhD, Vice President, Health Care, Laura and John Arnold Foundation, Washington, DC**  


**Farzad Mostashari, MD, ScM, CEO and Co-Founder, Aledade, Inc., Washington, DC**  


**Brigitte Nettesheim, MBA, CEO, Accountable Care Solutions, Aetna, Chicago, IL**  


**Hoangmai H. (Mai) Pham, MD, VP, Provider Alignment Solutions, Anthem, Washington, DC**  


**Christina S. Ritter, PhD, Director, Patient Care Models Group (PCMG), CMS, Baltimore, MD**  


**Gregory Woods, MPA, Director, Division of Alternative Payment Model Infrastructure, CMMI, Baltimore, MD**  


**#ValueBasedCareSummit**

**CONTINUING EDUCATION CREDITS**  
**Accounting Professionals:** Approved for up to 20.00 NASBA CPE credits.  
**Physicians:** Approved for up to 20.00 AMA PRA Category 1 Credits™.

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## OVERVIEW

Since the passage of the ACA most of the public health policy debate has addressed issues of financing and coverage, including Medicaid expansion, CHIP extension and funding of the Obamacare exchanges/marketplaces. The press has covered prominently battles over these issues that have been raging in the courts, in state legislatures, the Congress and on the campaign trail. After all of this and even with the repeal of the individual mandate, much of the financing and coverage provisions of the ACA still stand.

Less prominent in the public forum, but as profound in its impact on the future of the nation's health system has been the ongoing evolution of the nation's health care payment and delivery system. These changes have been driven by federal (Medicare and Medicaid) payment policies, but also by organic changes emerging from the private sector. If there are themes in this complex and somewhat uncoordinated movement they would be (1) moving from fee-for-service to varieties of value-based payment, (2) seeking to achieve the triple aim (improving the experience of care, improving the health of populations, and reducing per capita costs of health care), and (3) continuing industry horizontal and, more recently, vertical consolidation.

While it is generally agreed that the ACA could have done more to contain health care cost, especially with the recent repeal of the Independent Payment Advisory Board (IPAB), it did create the Center for Medicare and Medicaid Innovation (CMMI) which put in place a broad array of experimental payment programs. Concurrently many private payers, both self-insured employers and health plans, are implementing various innovative payment programs that, in general, shift substantial risk to contracting network providers. Leading initiatives in this context include a variety of accountable care and bundled payment models. Increasingly providers are participating in multiple value-based payment programs and are seeking to find ways to coordinate them from a clinical and operational perspective.

Concurrently Congress passed the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) to replace the Sustainable Growth Rate (SGR). MACRA changes the way that Medicare rewards clinicians for value over volume, streamlines multiple quality programs under the new Merit Based Incentive Payments System (MIPS) and gives bonus payments for participation in eligible alternative payment models (APMs). MedPAC has now raised fundamental questions about the MIPS program. Now the Physician-Focused Payment Model Technical Advisory Committee (PTAC) is in the process of making recommendations regarding qualifying alternative payment models to CMS.

Finally, after the interim leadership of Tom Price at HHS, the new administration has finalized its health care leadership: Alex Azar at HHS, Seema Verma at CMS and Adam Boehler at CMMI. At the same time the administration is seeking input on the future role of CMMI. Most recently both Azar and Verma has made statements supportive of value-based payment. In coming months as the administration acts on PTAC's APM recommendations and Boehler's leadership CMMI takes shape, the administration's approach will become clearer.

At the same time private payors, both employers and health plans, are developing and implanting their own value-based payment models. And the industry continues to consolidate. Traditional horizontal mergers continue as health systems come together and physician practices merge. Many medical practices are now owned by hospitals. Health plans, led by United's Optum unit, are also acquiring medical practices. Now the new rage is vertical mergers — examples include CVS/Aetna, Walmart/Humana and UnitedHealth/Catamaran — and the attention grabbing announcements made by Amazon, Berkshire Hathaway and JPMorgan regarding the forming of new companies to manage the care of their employees.

In this complex environment, we have decided to bring our major payment and delivery reform events, the ACO Summit, the Bundled Payment Summit and the MACRA Summit, together in the consolidated ACO, Bundled Payment and MACRA Summit. No longer does it make sense to gather around single value-based payment initiatives.

Our faculty of over 100 includes many of the movers and shakers in the value-based payment movement. Leaders making keynote addresses include representatives of CMS, CMMI, major health plans and innovative health systems and physician organizations. In our 20 concurrent mini summits, many technical issues in implementing and coordinating multiple, sometimes conflicting value-based payment will be addressed and case studies in successful accountable care, bundled payment and other value-based arrangements will be presented.

## WHO SHOULD ATTEND

Executives and Board Members of ACOs, Health Plans, Health Systems, Hospitals and Physician Organizations

Medical Directors

Physicians and other Clinical Professionals

Nurses, Nurse Practitioners and Other Allied Health Professionals

Pharmacists and Pharmacy Benefit Managers

Representatives of Purchasers, including Private Employers and Public Purchasers

Consumer Organization Representatives

Health Benefits Consultants

Medical Analytic Specialists

Quality Improvement Executives

Managed Care Executives

Managed Care Contracting Experts

Compliance Officers

Privacy Officers

Ethics Officers and Corporate Social Responsibility Personnel

Pharmaceutical Consultants

Investment Bankers

Venture Capitalists

Information Technology Vendors

Promotion Signatories/Approvers

Risk Management Personnel

Federal and State Government Officials

State Officials and Policy Makers

Health Care Regulators

Health Services Researchers and Academics

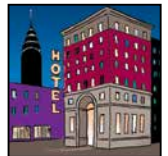
Health Policy Makers

## PARTICIPATION OPTIONS

### TRADITIONAL ONSITE ATTENDANCE

Simply register, travel to the conference city and attend in person.

PROS: subject matter immersion; professional networking opportunities; faculty interaction.



Onsite



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### LIVE AND ARCHIVED INTERNET ATTENDANCE

Watch the conference in live streaming video over the Internet and at your convenience at any time 24/7 for six months following the event.

The archived conference includes speaker videos and coordinated PowerPoint presentations.

PROS: Live digital feed and 24/7 Internet access for the next six months; accessible in the office, at home or anywhere worldwide with Internet access; avoid travel expense and hassle; no time away from the office.

## HOTEL INFORMATION/RESERVATIONS

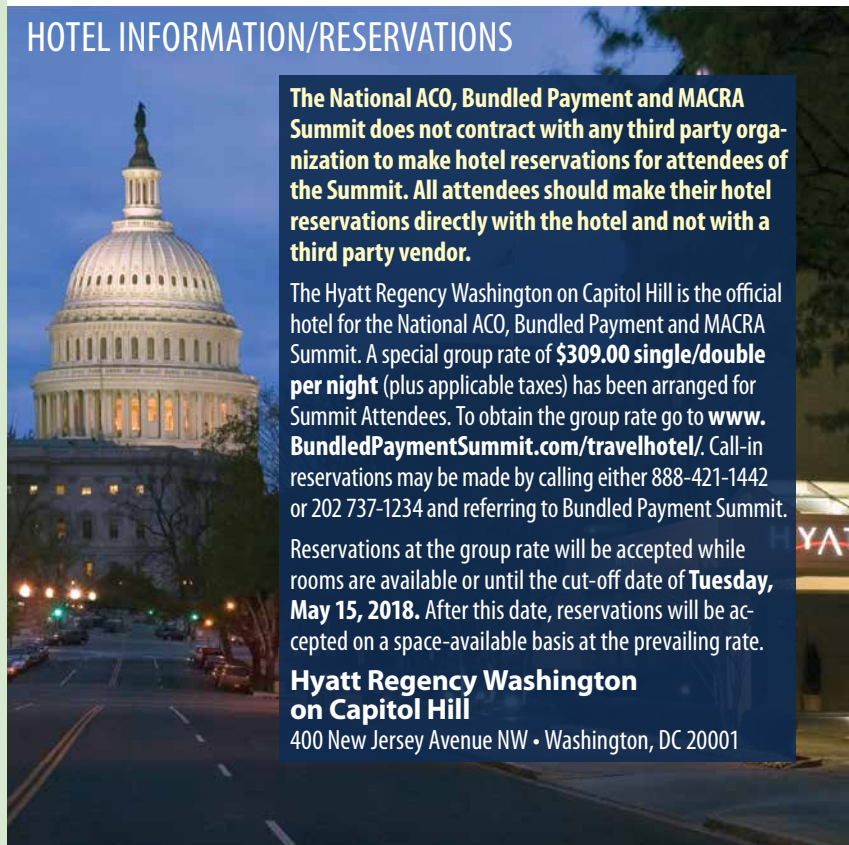
**The National ACO, Bundled Payment and MACRA Summit does not contract with any third party organization to make hotel reservations for attendees of the Summit. All attendees should make their hotel reservations directly with the hotel and not with a third party vendor.**

The Hyatt Regency Washington on Capitol Hill is the official hotel for the National ACO, Bundled Payment and MACRA Summit. A special group rate of **\$309.00 single/double per night** (plus applicable taxes) has been arranged for Summit Attendees. To obtain the group rate go to [www.BundledPaymentSummit.com/travelhotel/](http://www.BundledPaymentSummit.com/travelhotel/). Call-in reservations may be made by calling either 888-421-1442 or 202 737-1234 and referring to Bundled Payment Summit.

Reservations at the group rate will be accepted while rooms are available or until the cut-off date of **Tuesday, May 15, 2018**. After this date, reservations will be accepted on a space-available basis at the prevailing rate.

**Hyatt Regency Washington on Capitol Hill**

400 New Jersey Avenue NW - Washington, DC 20001



PRECONFERENCE

7:00 am Registration Open

**PRECONFERENCE: Health Plan Sponsored APMs: Making Them Work for MACRA and Helping Physicians Get Out of MIPS**

8:00 am Introduction and Overview



**Francois de Brantes, MBA**, Former Executive Director, Health Care Incentives Improvement Institute; Former Program Leader, Health Care Initiatives, GE Corporate Health Care, Newtown, CT (Co-moderator)



**Valinda Rutledge, MBA**, Vice President, Public Payor Health Strategy, Care Coordination Institute, Greenville Health System; Former Group Director, Patient Care Model Group and BPCI Lead, Centers for Medicare and Medicaid Services, US Department of Health and Human Services, Greenville, SC (Co-moderator)

8:15 am **A View From The Field — Lessons Learned from a PTAC-recommended AAPM**



**Shawn Martin**, Senior Vice President, Advocacy, Practice Advancement and Policy, American Academy of Family Physicians; Former Director of Government Relations, American Osteopathic Association, Washington, DC



**Frank Opelka, MD, FACS**, Medical Director, American College of Surgeons; Former Vice Chancellor for Clinical Affairs, LSU Health Science Center, New Orleans, LA

9:15 am **A Step-by-Step Guide for Health Plan APMs to Qualify As AAPMs**



**Francois de Brantes, MBA**, Former Executive Director, Health Care Incentives Improvement Institute; Former Program Leader, Health Care Initiatives, GE Corporate Health Care, Newtown, CT



**Valinda Rutledge, MBA**, Vice President, Public Payor Health Strategy, Care Coordination Institute, Greenville Health System; Former Group Director, Patient Care Model Group and BPCI Lead, Centers for Medicare and Medicaid Services, US Department of Health and Human Services, Greenville, SC

10:00 am Break

10:15 am **What States and Medicaid MCOs Should Know and Do**



**Christian Soura, MA**, Vice President, Policy and Finance, South Carolina Hospital Association; Former Director, South Carolina Department of Health and Human Services; Former President, National Association of Medicaid Directors, Columbia, SC

11:00 am **What Commercial Plans Should Know and Do**



**Lynn (Bongiorno) Garbee, MBA** (Invited), Senior Director, Strategic Reimbursement and Collaborative Care, CIGNA; Former AVP, Claims Analytics and Consulting, McKesson, New York, NY



**Hoangmai H. Pham, MD**, Vice President, Provider Alignment Solutions, Anthem; Former Chief Innovation Officer, Center for Medicare and Medicaid Innovation, Centers for Medicare and Medicaid Services, Washington, DC

11:45 am Co-moderator Wrap-up

Noon Adjournment – Lunch on Your Own

DAY I OPENING PLENARY SESSION:  
ACCOUNTABLE CARE

1:00 pm **Introduction, Overview and Co-chair Roundtable on Status of Accountable Care Implementation**



**Jordan Asher, MD, MS**, Chief Clinical Officer, Ascension Care Management; Former Chief Clinical Officer and Chief Innovation Officer, MissionPoint Health Partners; Former Physician Executive, Saint Thomas Health, Nashville, TN (Co chair)



**S. Lawrence Kocot, JD, LL.M., MPA**, Principal and National Leader, Center for Healthcare Regulatory Insight, KPMG; Former Senior Advisor to the Administrator, CMS, Washington, DC (Co chair)



**David B. Muhlestein, PhD, JD**, Chief Research Officer, Leavitt Partners, LLC; Adjunct Assistant Professor of The Dartmouth Institute, Geisel School of Medicine, Dartmouth College; Visiting Policy Fellow, Margolis Center for Health Policy, Duke University; Visiting Fellow, Accountable Care Learning Collaborative, Washington, DC (Co chair)



**Emily Brower, MBA** (Invited), Senior Vice President, Clinical Integration, Trinity Health; Former Vice President, Population Health, Atrius Health; Former Senior Director, Clinical Improvement Ventures, Harvard Vanguard Medical Associates, Livonia, MI (Co chair)



**Jay Sultan**, Vice President, Product Management, Cognizant, Watkinsville, GA (Moderator)

1:45 pm **CMMI Value-based Payment Initiative Update**



**Adam Boehler**, Deputy Administrator and Director, Center for Medicare and Medicaid Innovation, Centers for Medicare and Medicaid Services, Baltimore, MD

2:15 pm **Medicare Advantage Holds the Key to Reforming the ACO Program**



**Farzad Mostashari, MD, ScM**, Chief Executive Officer and Co-Founder, Aledade, Inc.; Former National Coordinator for Health Information Technology, US Department of Health and Human Services; Former Assistant Commissioner, New York City Department of Health and Mental Hygiene, Washington, DC

2:45 pm **How the CMS Blue Button, FHIR APIs for EHR Data and Other CMS IT Initiatives Can Support Care Redesign**



**Aneesh Chopra, MPP**, President, CareJourney; Co-Founder/Executive Vice President, Hunch Analytics; Former Assistant to the President and Chief Technology Officer, Executive Office of the President (Obama), Washington, DC

3:15 pm Break

DAY II MORNING PLENARY SESSION:  
BUNDLED PAYMENTS

3:45 pm

**Panel I: Private Sector Value-based Payment Initiatives**



**Lili Brillstein, MPH**, Director, Episodes of Care, Horizon Healthcare Innovations, Horizon Blue Cross Blue Shield New Jersey; Visiting Lecturer, Harvard Business School; Member, CMS Advisory Panel on Oncology Bundles; Former Senior Director, Medicare & Retirement, UnitedHealthcare, Newark, NJ



**Julian Harris, MD, MBA**, President, CareAllies, a CIGNA Company; External Advisory Board Member, Department of Population Health, NYU School of Medicine; Fellow, Mossavar-Rahmani Center for Business and Government and Taubman Center for State and Local Government, Harvard Kennedy School, New York, NY



**Brigitte Nettesheim, MBA**, Chief Executive Officer, Accountable Care Solutions, Aetna, Chicago, IL



**Hoangmai H. Pham, MD**, Vice President, Provider Alignment Solutions, Anthem; Former Chief Innovation Officer, Center for Medicare and Medicaid Innovation, Centers for Medicare and Medicaid Services, Washington, DC



**Dana Gelb Safran, ScD** (Invited), Chief Performance Measurement and Improvement Officer and Senior Vice President, Enterprise Analytics, Blue Cross and Blue Shield of Massachusetts; Faculty, Department of Medicine, Tufts University School of Medicine, Boston, MA



**Jeff Micklos, JD**, Executive Director, Health Care Transformation Task Force; Former Executive Vice President, Management, Compliance and General Counsel, Federation of American Hospitals, Washington, DC (Moderator)

4:30 pm

**Panel II: Making the Business Case for Value-Based Care: Real-World Provider Case Studies Show Evidence that Focusing on Value is a Better Business Model than Maximizing Volume**



**Jordan Asher, MD, MS**, Chief Clinical Officer, Ascension Care Management; Former Chief Clinical Officer and Chief Innovation Officer, MissionPoint Health Partners; Former Physician Executive, Saint Thomas Health, Nashville, TN



**Karen Conway, MS**, Vice President, Healthcare Value, Global Healthcare Exchange, Colorado Springs, CO



**Christopher Lloyd, MHA** (Invited), President, Piedmont Clinic; Former Chief Executive Officer, Memorial Hermann Physician Network and Memorial Hermann ACO, Atlanta, GA



**David B. Muhlestein, PhD, JD**, Chief Research Officer, Leavitt Partners, LLC; Adjunct Assistant Professor of The Dartmouth Institute, Geisel School of Medicine, Dartmouth College; Visiting Policy Fellow, Margolis Center for Health Policy, Duke University; Visiting Fellow, Accountable Care Learning Collaborative, Washington, DC (Moderator)

5:15 pm

**Advancing Value-based Care with Payment Reform**



**Mark McClellan, MD, PhD**, Director, Robert J. Margolis Center for Health Policy and Margolis Professor of Business, Medicine and Health Policy, Duke University; Former CMS Administrator and FDA Commissioner, Washington, DC

5:45 pm

**ADJOURNMENT AND NETWORKING RECEPTION**

**EXHIBIT AND SPONSORSHIP OPPORTUNITIES:**

Take advantage of this unique opportunity to expand your reach! The Summit is attended by highly influential and experienced professionals. Sponsorship offers you strategic positioning as an industry leader. For more information call 206-673-4815 or email [exhibits@hcconferences.com](mailto:exhibits@hcconferences.com).

7:00 am

**Registration Open; Networking Breakfast**

8:00 am

**Welcome and Introduction**



**Deirdre Baggot, PhD, MBA, RN**, Former Lead, ACE Program; Former Expert Reviewer, BPCI Programs, Centers for Medicare and Medicaid Services, US Department of Health and Human Services, Washington, DC (Co-Chair)



**Valinda Rutledge, MBA**, Vice President, Public Payor Health Strategy, Care Coordination Institute, Greenville Health System; Former Group Director, Patient Care Model Group and BPCI Lead, Centers for Medicare and Medicaid Services, US Department of Health and Human Services, Greenville, SC (Co-Chair)

8:15 am

**Update on CMS Bundled Payment Policies**



**Christina S. Ritter, PhD**, Director, Patient Care Models Group (PCMG); Former Deputy Director, Hospital and Ambulatory Policy Group Centers for Medicare and Medicaid Services, US Department of Health and Human Services, Baltimore, MA

8:45 am

**Reflection on an Inflection**



**Francois de Brantes, MBA**, Former Executive Director, Health Care Incentives Improvement Institute; Former Program Leader, Health Care Initiatives, GE Corporate Health Care, Newtown, CT

9:15 am

**Creating a Patient-Centered Payment System**



**Harold D. Miller**, President and Chief Executive Officer, Center for Healthcare Quality and Payment Reform; Member, Physician-Focused Payment Model Technical Advisory Committee (PTAC), Pittsburgh, PA

9:45 am

**Panel III: Bundling Complex Outpatient Medical Care: Strategies for Success in the Next Phase of Episode Based Payment**



**Kerin Bess Adelson, MD**, Associate Professor, Chief Quality Officer, and Deputy Chief Medical Officer, Smilow Cancer Hospital at Yale-New Haven, New Haven, CT



**Sarah Cevallos, MBA**, Chief Revenue Cycle Officer, Florida Cancer Specialists' Physician Network, Fort Myers, FL



**Erin Smith, JD**, Director II, Payment Innovation, Anthem; Former Director, Public Policy, Cardinal Health; Former Vice President, Policy and Government Affairs, naviHealth; Former Vice President and Executive Director, Post-Acute Care Center for Research, Washington DC



**David Terry, MBA**, Founder and Chief Executive Officer, Archway Health, Boston, MA



**Basit Chaudhry, MD, PhD**, Chief Executive Officer and Founder, Tuple Health; Former Medical Scientist, IBM, Washington, DC (Moderator)

10:30 am Break

10:45 am

**Panel IV: How to Succeed in BPCI Advanced: Clinical, Operational and Financial Strategies**



**Christopher Garcia, CPA**, Chief Executive Officer, Remedy Partners; Former Managing Partner, Enhanced Equity Funds, New York, NY



**Craigan Gray, MD, MBA, JD**, Chief Medical Officer, Salient Healthcare; Former Director, North Carolina Medicaid, DHHS; Former Vice President for Medical Affairs, Bon Secours Health System Kentucky, Wake Forest, NC



**Pamela M. Pelizzari, MPH**, Healthcare Consultant, Milliman; Former Senior Technical Advisor and Program Lead, Centers for Medicare and Medicaid Services, New York, NY



**Deirdre Baggot, PhD, MBA, RN**, Former Lead, ACE Program; Former Expert Reviewer, BPCI Programs, Centers for Medicare and Medicaid Services, US Department of Health and Human Services, Washington, DC (Moderator)

11:30 am

**Panel V: Integrating BPCIA and ACOs into a Unified Strategy to Deliver People-Centered Care**



**Emily Brower, MBA**, Senior Vice President, Clinical Integration, Trinity Health; Former Vice President, Population Health, Atrius Health; Former Senior Director, Clinical Improvement Ventures, Harvard Vanguard Medical Associates, Livonia, MI



**Tricia Nguyen, MD, MBA**, Chief Medical Officer, Inova; Chief Executive Officer, Commonwealth Health Network; Former President, Texas Health Population Health, Education & Innovation Center; Former CMO, Banner Health Network and CMO, Blue Cross Blue Shield of Kansas City, Washington, DC



**Michail Reiche, MA, MBA**, Executive Director, Medicare Accountable Care, Steward Health Care Network, Boston, MA



**Valinda Rutledge, MBA**, Vice President, Public Payor Health Strategy, Care Coordination Institute, Greenville Health System; Former Group Director, Patient Care Model Group and BPCI Lead, Centers for Medicare and Medicaid Services, US Department of Health and Human Services, Greenville, SC (Moderator)

12:15 pm

**NETWORKING LUNCHEON**

**AFTERNOON MINI SUMMITS**

**MINI-SUMMITS GROUP I 1:15 pm – 2:15 pm**

**Mini-Summit I: MACRA: What Is PTAC's Role in Fostering the Development of APMs?: Key Insights into Organizing a Successful APM**

1:15 pm

**Introductions, Panel Discussion and Q&A**



**Grace Emerson Terrell, MD, MMM, FACP, FACPE**, Chief Executive Officer, Envision Genomics; Member, Physician-Focused Payment Model Technical Advisory Committee (PTAC); Former President and Chief Executive Officer, Cornerstone Health Care, Huntsville, AL



**S. Lawrence Kocot, JD, LLM, MPA**, Principal and National Leader, Center for Healthcare Regulatory Insight, KPMG; Former Senior Advisor to the Administrator, CMS, Washington, DC (Moderator)

**Mini-Summit II: How to Improve Operational Performance through Participating in Bundled Payments**

1:15 pm

**Introductions, Panel Discussion and Q&A**



**Robert Dean, DO, MBA**, Senior Vice President, Performance Management, Vizient, Inc.; Former Vice President of Performance Solutions, VHA Inc.; Former Chief Medical Officer/Vice President of Medical Affairs, Northern Michigan Regional Hospital, Grand Rapids, MI



**Babar Khokhar, MD, MBA**, Assistant Professor of Neurology and Chief Clinical Transformation Officer, Yale Medicine; Vice-Chairman, Operations; Chief, Division of General Neurology; Director, MDA-ALS/Motor Neuron Disease Clinic, New Haven, CT



**Valinda Rutledge, MBA**, Vice President, Public Payor Health Strategy, Care Coordination Institute, Greenville Health System; Former Group Director, Patient Care Model Group and BPCI Lead, Centers for Medicare and Medicaid Services, US Department of Health and Human Services, Greenville, SC (Moderator)

**Mini-Summit III: Hospital Global Budgets**

1:15 pm

**Introductions, Panel Discussion and Q&A**



**Donna Kinzer** (Invited), Executive Director, Maryland Health Services Cost Review Commission, Baltimore, MD



**Gene Ransom, JD**, Chief Executive Officer, The Maryland State Medical Society (MedChi), Baltimore, MD



**Eric T. Roberts, PhD**, Assistant Professor, Health Policy and Management, Graduate School of Public Health, University of Pittsburgh, Pittsburgh, PA



**Kate Slatt, MHA**, Senior Director, Health Care Finance Policy, The Hospital and Healthsystem Association of Pennsylvania; Former Strategic Provider Relations and Initiatives Director, Highmark, Harrisburg, PA



**Harold D. Miller**, President and Chief Executive Officer, Center for Healthcare Quality and Payment Reform; Member, Physician-Focused Payment Model Technical Advisory Committee (PTAC), Pittsburgh, PA (Moderator)

**Mini-Summit IV: Strengths, Weaknesses and Areas for Improvement for the MSSP**

1:15 pm

**Introductions, Panel Discussion and Q&A**



**Travis Broome, MBA, MPH**, Vice President for Health Care Policy, Aledade, Inc.; Former Team Lead for Policy and Oversight, Centers for Medicare and Medicaid Services, Washington, DC



**Tim Gronniger, MPP, MHSA**, Senior Vice President, Development and Strategy, Caravan Health, Former Deputy Chief of Staff, Centers for Medicare and Medicaid Services; Former Senior Adviser for Health Care Policy, White House Domestic Policy Council, Washington, DC



**Danielle Lloyd, MPH**, Senior Vice President, Private Market Innovations and Quality Initiatives, AHIP; Vice President, Policy and Advocacy, Premier; Senior Associate Director, American Hospital Association, Washington, DC



**David B. Muhlestein, PhD, JD**, Chief Research Officer, Leavitt Partners, LLC; Adjunct Assistant Professor of The Dartmouth Institute, Geisel School of Medicine, Dartmouth College; Visiting Policy Fellow, Margolis Center for Health Policy, Duke University; Visiting Fellow, Accountable Care Learning Collaborative, Washington, DC (Moderator)

## Mini-Summit V: Case Studies in Successful Integrated Value-based Care

### 1:15 pm CareMore Health System



**Young Joo, MS, MA**, Vice President, Clinical Operations, CareMore Health System; Former Vice President, Medicare Accountable Care, Steward Health Care System; Former Director, Health Care Data Policy and Strategy, Massachusetts Division of Health Care Finance and Policy, Los Angeles, CA

### 1:45 pm ACOs, Bundles — How Do I Choose? A Case Study



**James (Jim) M. Daniel, Jr., MBA, JD**, Director, Hancock, Daniel & Johnson, PC, Richmond, VA



**Travis B. Turner, MBA**, Senior Vice President of Clinical Integration, Mary Washington Healthcare; Former Director of Physician Relations/ Executive Director of Cayuga PHO, Cayuga Medical Center at Ithaca, Washington, DC

### 2:15 pm TRANSITION BREAK

## MINI-SUMMIT GROUP II 2:30 pm – 3:30 pm

### Mini-Summit VI: MACRA: The All-Payer Combination Option for Qualifying as an APM

#### 2:30 pm Introductions, Panel Discussion and Q&A



**Melissa Cohen, MPA, JD**, Staff Vice President of Innovation and Strategy, Anthem; Former Director, Policy and Programs Group Director, Division of Financial Risk, and Team Lead, Next Generation ACO and Pioneer ACO Model Teams, Center for Medicare and Medicaid Innovation, Centers for Medicare and Medicaid Services, Washington, DC



**Pamela M. Pelizzari, MPH**, Healthcare Consultant, Milliman; Former Senior Technical Advisor and Program Lead, Centers for Medicare & Medicaid Services, New York, NY (Moderator)

### Mini-Summit VII: Issues and Opportunities in Value-Based Payment for Outpatient Specialty Care

How to design bundles not triggered by a Hospital Admission (Required in BPCI Advanced, except for a few Outpatient procedures), or a specific procedure or treatment (Required for the Outpatient Part of BPCI Advanced and the Oncology Care Model)

#### 2:30 pm Introductions, Panel Discussion and Q&A



**Linda V. DeCherrie, MD**, Director, Mount Sinai Visiting Doctors and Chelsea-Village House Call Programs; Professor, Department of Geriatrics and Palliative Medicine; Associate Professor, Department of Medicine, Icahn School of Medicine at Mount Sinai, New York, NY



**Gabrielle B. Rocque, MD**, Member, UAB Oncology Care Model Steering Committee, Assistant Professor of Medicine, Divisions of Hematology and Oncology and Gerontology, Geriatrics and Palliative Care, UAB School of Medicine, Birmingham, AL



**Harold D. Miller**, President and Chief Executive Officer, Center for Healthcare Quality and Payment Reform; Member, Physician-Focused Payment Model Technical Advisory Committee (PTAC), Pittsburgh, PA (Moderator)

## Mini-Summit VIII: Actuarial and Risk Management Updates

### 2:30 pm CMS ACOs Actuarial Insights and Findings



**Howard Kahn, FSA, MAAA**, Principal and Consulting Actuary, Milliman, New York, NY



**Tia Sawhney, DrPH, FSA, MAAA**, Consulting Actuary, Milliman; Former Director of Data, Analytics, and Research, Illinois Department of Healthcare and Family Services, New York, NY

### 3:00 pm Risk Identification Assessment Tools and Care Coordination Risk Mitigation Strategies



**Debbie Reber, MHA**, Vice President, Clinical Services, Brooks Rehabilitation, Jacksonville, FL

## Mini-Summit IX: The Missing Voice: The Patient/Consumer Role in Payment Reform

### 2:30 pm Introductions, Panel Discussion and Q&A



**Leonardo Cuello, JD**, Director, Health Policy, National Health Law Program; Former Staff Attorney, PA Health Law Project, Washington, DC



**Katie Martin, MPA**, Vice President for Health Policy and Programs, National Partnership for Women & Families, Former Acting Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services (HHS), Washington, DC



**Frederick Isasi, JD, MPH**, Executive Director, Families USA; Former Health Division Director, National Governors Association; Former Vice President Health Policy, Advisory Board Company; Former, Senior Legislative Counsel for Health Care, Finance Committee and Committee on Health, Education, Labor, and Pensions, US Senate, Washington, DC (Moderator)

## Mini-Summit X: Case Studies in Successful Integrated Value-based Care

### 2:30 pm MSSP ACOs in New York State — A Report from the Field



**Gregory C. Burke, MPA**, Director, Innovation Strategies, United Hospital Fund; Former Vice President for Planning, Montefiore Medical Center, New York, NY

### 3:00 pm Use of Electronic Patient Reported Outcomes and Wearables for Heart Failure Disease Management



**Ashish Atreja, MD, MPH**, Chief Innovation Officer, Medicine, at Mount Sinai; Co-founder Rx.Health, New York, NY

### 3:30 pm BREAK

## MINI-SUMMIT GROUP III 4:00 pm – 5:00 pm

### Mini-Summit XI: MACRA: Advanced Issues in APM Development and Qualification

- Many applicants are submitting to PTAC more than one payment model proposal for a particular care model. The impetus appears to be the desire to qualify as an advanced APM by adding on a risk payment model.
- Do the incentives to become an advanced APM overly emphasize risk when it may not be necessary or desirable to achieve the goals, in order to avoid MIPS and get the increased fee differential as an AAPM?
- Are there modifications in the current fee schedule that could in and of itself meet many of the objectives of MACRA (such as improvement in care coordination codes and other payment modifiers)?

Session continued next page

- How can we redefine the relationship between care models and payment models in ways that can lead to enhanced care redesign?
- How can the move towards measuring outcomes versus process measures be approached in the constraints of MACRA at the beginning of the age of precision medicine?

#### 4:00 pm Introductions, Panel Discussion and Q&A



**Karen Cannon, MD, CPE**, Chief Medical Operations Officer, CHES Health Enablement Solutions; Clinical Documentation Improvement Officer, Cornerstone Health Care, High Point, NC



**Tricia Nguyen, MD, MBA**, Chief Executive Officer, Commonwealth Health Network; Former President, Texas Health Population Health, Education and Innovation Center; Former Chief Medical Officer, Banner Health Network, Washington, DC



**Grace Emerson Terrell, MD, MMM, FACP, FACPE**, Chief Executive Officer, Envision Genomics; Member, Physician-Focused Payment Model Technical Advisory Committee (PTAC); Former President and Chief Executive Officer, Cornerstone Health Care, Huntsville, AL (Moderator)

### Mini-Summit XII: Making Value-Based Payment Work for Small and Rural Physician Practices and Hospitals

#### 4:00 pm Introductions, Panel Discussion and Q&A



**Don Klitgaard, MD**, President, Heartland Rural Physicians Alliance and Heartland Physicians ACO; Chief Executive Officer and Chief Medical Officer, MedLink Advantage, Harlan, IA



**Shane McGuire**, Chief Executive Officer, Columbia County Health System; Participant, National Rural Accountable Care Organization, Dayton, WA



**Michelle Mitchell, MD**, Founder and Chief Executive Officer, Hawaii Family Health, Participant, CMS Comprehensive Primary Care Plus Initiative, Hilo, HI



**Harold D. Miller**, President and Chief Executive Officer, Center for Healthcare Quality and Payment Reform; Member, Physician-Focused Payment Model Technical Advisory Committee (PTAC), Pittsburgh, PA (Moderator)

### Mini-Summit XIII: Lessons Learned from CJR

#### 4:00 pm Introductions, Panel Discussion and Q&A



**Will Hahn, MBA**, Director of Strategy and Business Development, Sutter Health; Former Director of Performance Excellence and Project Management, Palo Alto Medical Foundation, Santa Cruz, CA



**Lana Smith, MSN Nursing**, Corporate Director, Service Lines at Adventist Health, Bakersfield, CA



**David Terry, MBA**, Founder and Chief Executive Officer, Archway Health, Boston, MA



**Peggy Crabtree, MBA, RN**, Principal, Premier; Former Chief Executive Officer, Cardiology Consultants of the South Bay, El Segundo, CA (Moderator)

### Mini-Summit XIV: Bundled Payment Updates

#### 4:00 pm Success in Physician Led Bundles



**Paul Jawin, JD**, Vice President, Alignment, Strategy and Reform, Stryker's Performance Solutions; Former Principal and General Counsel, Comprehensive Care Solutions LLC, West Cornwall, CT



**Robyn McGann, MBA**, Senior Consultant and BPCI Compliance Officer, Stryker Performance Solutions, Chicago, IL



**Geoff Walton, MHA**, Vice President, Alignment, Strategy and Reform, Stryker Performance Solutions; Former Chief Executive Officer, Secured Independence, Matria Healthcare; Former Vice President, Strategic and Physician Integration, Sun Health (now Banner Health), Concord, MA

#### 4:30 pm Non-elective Bundles



**Devon Zoller, MD**, Chief Medical Officer, Transitional Care, Sound Physicians, Tacoma, WA



**Win Whitcomb, MD, MHM**, Chief Medical Officer, Remedy Partners; Assistant Professor of Medicine, University of Massachusetts Medical School, Darien, CT

### Mini-Summit XV: Case Studies in Successful Integrated Value-based Care

#### 4:00 pm A Case Study on Post-Acute Care Costs: Overcoming a Roadblock on the Path to Shared Savings



**Craigan Gray, MD, MBA, JD**, Chief Medical Officer, Salient Healthcare; Former Director, North Carolina Medicaid, DHHS; Former Vice President for Medical Affairs, Bon Secours Health System Kentucky, Wake Forest, NC



**Amy Kotch, MHA**, Senior Business Consultant, Salient Healthcare, Fort Lauderdale, FL

#### 4:30 pm BPCI Advanced Episode Selection: Analytic Framework and Strategies from Northwestern Medicine



**Jessica Walratt, MS**, Manager, Value-based Care, Northwestern Medicine; Former Lead Specialist, Value-based Care Models, Association of American Medical Colleges (AAMC), Chicago, IL

#### 5:00 pm TRANSITION BREAK

### MINI-SUMMITS GROUP IV 5:15 pm – 6:15 pm

#### Mini-Summit XVI: MACRA: Integrating MACRA into Your Strategic Plan

#### 5:15 pm Introductions, Panel Discussion and Q&A



**Lauren Seno, MA**, Consulting Director, Sg2, Chicago, IL



**Valinda Rutledge, MBA**, Vice President, Public Payor Health Strategy, Care Coordination Institute, Greenville Health System; Former Group Director, Patient Care Model Group and BPCI Lead, Centers for Medicare and Medicaid Services, US Department of Health and Human Services, Greenville, SC (Moderator)

## Mini-Summit XVII: Bundled Payment Updates

5:15 pm



### Examining BPCI Advanced: How Have We "Advanced" Since the Original Models?

**L. Daniel Muldoon, MA**, Healthcare Consultant, Milliman; Former Health Insurance Specialist, Center for Medicare and Medicaid Innovation, New York, NY



**Pamela M. Pelizzari, MPH**, Healthcare Consultant, Milliman; Former Senior Technical Advisor and Program Lead, Centers for Medicare and Medicaid Services, New York, NY

5:45 pm



### Navigating Today's CJR Bundled Payment Program

**Dawn Rakiey, MA**, CJR Coordinator, University Medical Center, Lubbock, TX

## Mini-Summit XVIII: Delivery Innovation Updates

5:15 pm



### Bundling Oncology

**Celeste Roschuni, PhD**, Design Lead, Tuple Health, Washington, DC



**Susanna Supalla, PhD**, Tuple Health, Data Science Lead, Washington, DC



**Basit Chaudhry, MD, PhD**, Chief Executive Officer and Founder, Tuple Health; Former Medical Scientist, IBM, Washington, DC (Moderator)

5:45 pm



### Implementation of a Homecare-Based Bundled Payment Navigator Program

**Heather Peiritsch, MSN, RN**, Bundled Payment Program Manager, Abington Jefferson Hospital, Willow Grove, PA

## Mini-Summit XIX: Key Issues in Accountable Care Implementation

5:15 pm



### Pitfalls and Success Factors for ACOs under MSSP and NextGen Programs

**Christopher S. Stanley, MD, MBA**, Director, Value Transformation Practice, Navigant; Former System Vice President of Population Health, Catholic Health Initiatives; Former Senior Medical Director and Chief Medical Officer, United Healthcare of Colorado, New Mexico, Wyoming and Montana, Denver, CO

5:45 pm



### Regional Benchmarking

**Travis Broome, MBA, MPH**, Vice President for Health Care Policy, Alameda, Inc.; Former Team Lead for Policy and Oversight, Centers for Medicare and Medicaid Services, Washington, DC

## Mini-Summit XX: The Use of Prospective Payment in Payment Bundles and ACOs

5:15 pm



### Introductions, Panel Discussion and Q&A

**Jennifer Frost**, Senior Product Manager, Cognizant, Chicago, IL



**Jay Sultan**, Vice President, Product Management, Cognizant, Watkinsville, GA (Moderator)

6:15 pm

**ADJOURNMENT**

FRIDAY, JUNE 8, 2018

## DAY III MORNING CLOSING PLENARY SESSION: MACRA

7:00 am

### Registration Open; Networking Breakfast

8:00 am

### Welcome, Introductions and Co-chair Roundtable on Status of MACRA Implementation



**Donald H. Crane, JD**, President and Chief Executive Officer, America's Physician Groups (APG), Los Angeles, CA



**Kavita Patel, MD**, Nonresident Senior Fellow, Brookings Institution; Venture Partner, New Enterprise Associates (NEA); Member, Physician-Focused Payment Model Technical Advisory Committee (PTAC); Former Director of Policy, The White House; Former Senior Advisor, Senator Edward Kennedy, Washington, DC



**Grace Emerson Terrell, MD, MMM, FACP, FACPE**, Chief Executive Officer, Envision Genomics; Member, Physician-Focused Payment Model Technical Advisory Committee (PTAC); Former President and Chief Executive Officer, Cornerstone Health Care, Huntsville, AL

8:45 am

### CMS/CMMI MACRA Implementation Update



**Gregory Woods, MPA**, Director, Division of Alternative Payment Model Infrastructure; Former Director, Division of Health Plan Innovation, Center for Medicare and Medicaid Innovation, Baltimore, MD

9:15 am

### Panel VI: MIPS: Policy Promise or Potential Physician Peril?



**Karen Fisher, JD**, Senior Policy Counsel, Association of American Medical Colleges (AAMC); Former Senior Health Counsel, Finance Committee, US Senate, Washington DC



**Paul B. Ginsburg, PhD**, Leonard D. Schaeffer Chair in Health Policy Studies, Director, Center for Health Policy Studies and Senior Fellow, Brookings Institution; Professor of Health Policy, Sol Price School of Public Policy, and Director of Public Policy, Schaeffer Center for Health Policy and Economics, University of Southern California; Member, MedPAC; Founder and Former President, Center for Studying Health System Change, Washington, DC



**Mark E. Miller, PhD**, Vice President, Health Care, Laura and John Arnold Foundation; Former Executive Director, MedPAC, Washington, DC



**Dan Todd, JD**, Principal, Todd Strategy, LLC; Former Senior Health Counsel, Finance Committee, US Senate; Former Senior Director, Health Policy, EMD Serono; Former Director, Global Government Affairs, Amgen; Former Special Assistant, CMS Office of the Administrator, Washington, DC



**Kavita Patel, MD**, Nonresident Senior Fellow, Brookings Institution; Venture Partner, New Enterprise Associates (NEA); Member, Physician-Focused Payment Model Technical Advisory Committee (PTAC); Former Director of Policy, The White House; Former Senior Advisor, Senator Edward Kennedy, Washington, DC (Moderator)

10:00 am

**Break**

10:15 am

**Panel VII: Physician-driven APMs**



**Nick Bluhm, MA, JD**, Senior Director, Strategy and Government Policy, Remedy Partners; Former Litigation Attorney/Health Insurance Specialist, US Department of Health and Human Services, Washington, DC



**Young Joo, MS, MA**, Vice President, Clinical Operations, CareMore Health System; Former Vice President, Medicare Accountable Care, Steward Health Care System; Former Director, Health Care Data Policy and Strategy, Massachusetts Division of Health Care Finance and Policy, Los Angeles, CA



**Grace Emerson Terrell, MD, MMM, FACP, FACPE**, Chief Executive Officer, Envision Genomics; Member, Physician-Focused Payment Model Technical Advisory Committee (PTAC); Former President and Chief Executive Officer, Cornerstone Health Care, Huntsville, AL



**Donald H. Crane, JD**, President and Chief Executive Officer, America's Physician Groups (APG), Los Angeles, CA (Moderator)

11:00 am

**Panel VIII: Where Wall Street Meets Main Street: Healthcare Mergers (Horizontal and Vertical) and Mega Trends: Implications for Value-based Payment**



**Ana Gupte, PhD**, Senior Analyst and Managing Director, Healthcare Services, Leerink Partners LLC; Former Managing Director, Aetna; Former Executive Director, Pfizer, Inc., New York, NY



**Cory S. Capps, PhD**, Partner and Head of the Healthcare and Mergers Practices, Bates White Economic Consulting, Former Staff Economist, Antitrust Division, US Department of Justice, Washington, DC



**Kavita Patel, MD**, Nonresident Senior Fellow, Brookings Institution; Venture Partner, New Enterprise Associates (NEA); Member, Physician-Focused Payment, Model Technical Advisory Committee (PTAC); Former Director of Policy, The White House; Former Senior Advisor, Senator Edward Kennedy, Washington, DC



**Paul B. Ginsburg, PhD**, Leonard D. Schaeffer Chair in Health Policy Studies, Director, Center for Health Policy Studies and Senior Fellow, Brookings Institution; Professor of Health Policy, Sol Price School of Public Policy, and Director of Public Policy, Schaeffer Center for Health Policy and Economics, University of Southern California; Member, MedPAC; Founder and Former President, Center for Studying Health System Change, Washington, DC (Moderator)

11:45 am

**Panel IX: The Economic and Policy Future of Alternative Payment Models**



**Robert A. Berenson, MD**, Institute Fellow, Urban Institute; Member, Physician-Focused Payment Model Technical Advisory Committee (PTAC); Former Vice Chair, Medicare Payment Advisory Commission, Washington, DC



**Michael Chernew, PhD**, Leonard D. Schaeffer Professor of Health Care Policy and Director, Healthcare Markets and Regulation (HMR) Lab Department of Health Care Policy, Harvard Medical School, Boston, MA



**Alan Weil, MPP, JD** (Invited), Editor-in-Chief, Health Affairs; Former Executive Director, National Academy for State Health Policy; Former Executive Director, Colorado Department of Health Care Policy and Financing, Bethesda, MD (Moderator)

12:30 pm

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### GROUP I, 1:00 pm

- MS I:** MACRA: What Is PTAC's Role ...
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- MS IV:** Strengths, Weaknesses and Areas for Improvement for the MSSP
- MS V:** Case Studies in Successful Integrated Value-based Care

### GROUP II, 2:15 pm

- MS VI:** MACRA: The All-Payer Combination Option ...
- MS VII:** Issues and Opportunities in Value-based Payment ...
- MS VIII:** Actuarial and Risk Management Updates
- MS IX:** The Missing Voice: The Patient/Consumer Role ...
- MS X:** Case Studies in Successful Integrated Value-based Care

### GROUP III, 3:45 pm

- MS XI:** MACRA: Advanced Issues in APM ...
- MS XII:** Making Value-Based Payment Work ...
- MS XIII:** MACRA: Lessons Learned from CJR
- MS XIV:** MACRA: Bundled Payment Updates
- MS XV:** MACRA: Case Studies in Successful Integrated Value-based Care

### GROUP IV, 5:00 pm

- MS XVI:** MACRA: Integrating MACRA into Your Strategic Plan
- MS XVII:** Bundled Payment Updates
- MS XVIII:** Delivery Innovation Updates
- MS XIX:** Key Issues in AC Implementation
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