

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: ALIDA I MILLHAM Work Phone No. 603-524-1278
First Middle Last

Work Address: 426 Belknap Mt Rd, GILFORD, NH 03249

Office/Appointment/Employment held: Representative to General Court

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium or expense reimbursement. When the source is a corporation or other entity, the name and work address of the person representing the corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation or entity.

Source of Honorarium or Expense Reimbursement:

Name of source: NH Endowment for Health
First Middle Last

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

RECEIVED

NOV 15 2011

If source is a Corporation or other Entity:

NEW HAMPSHIRE
DEPARTMENT OF STATE

Name of Corporation or Entity: NH Endowment for Health

Name of Corporate/Entity Representative: Peg Le Page

Work Address of Representative: 14 South St, Concord, NH 03301

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00

Value of Honorarium: _____ Date Received: _____ *If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.* Exact Estimate

Value of Expense Reimbursement: \$1627 Date Received: Oct 25 *A copy of the agenda or an equivalent document must be attached to this filing.* Exact Estimate ~~2011~~

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

Annual Convention of National Academy of State Health Policy
in Kansas City, Mo. Oct 3-5, 2011

"I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

Alida I Millham
Signature of Filer

10/31/11
Date Filed

9/07

RSA 15-B:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301

NATIONAL ACADEMY FOR STATE HEALTH POLICY

OCTOBER 3-5, 2011—KANSAS CITY, MISSOURI

KANSAS CITY

NATIONAL ACADEMY
for STATE HEALTH POLICY

Preconference Programs

Monday, October 3

The preconference programs will focus on critical issues with in-depth presentations, dialogue, and exchange of ideas.

7:30 - 8:30 am

Preconference Breakfast

Location: Century Ballroom Foyer

8:00 am - 3:45 pm

Integrated Delivery Systems: Fostering State Policy to Support Delivery System Transformation

Room: Pershing E/W

States have a tremendous opportunity to foster innovations in the delivery of health care services to improve patient experience, population health and per capita costs. This preconference brings together state officials and the leaders of high-performing integrated delivery systems for dialogue about delivery models and state health policy strategies for developing effective integrated delivery systems. The goals of this preconference are to help state leaders understand what "delivery system reform" looks like and consider how to get there, how systems are organized, how states leverage integration, how systems use information technology, what financial incentives work best, and what types of leadership are necessary. ★

This preconference is funded as part of a grant from Kaiser Permanente

8:15 am - 3:30 pm

Getting in the Act? The State of State Implementation of Health Care Reform

Room: Century A

Join us for an overview of health care reform implementation! This preconference will provide you with a broad overview of the federal regulations that establish the framework for implementation of the ACA and of the initial choices states are making within that framework. It will also help you reap the most benefit from the more in-depth health reform-related sessions in the conference. You may not be responsible for implementing health reform—but health reform will affect every aspect of the health care system—and every actor in the system. This one-day preconference is a great opportunity to get caught up on the basics of ACA implementation. Discussions will explore many aspects of implementation, including coordinating agency planning, Insurance Exchanges, engaging the public, and more!

This preconference is funded as part of a grant from the Robert Wood Johnson Foundation

Conference Programs

Monday, October 3

Missouri - Show Me State.

4:00 - 5:00 pm

OPENING PLENARY

Room: Century Ballroom

Show Me the Federal Vision

The Affordable Care Act defines the federal framework for health reform. Each week brings new announcements of federal regulations, grant opportunities, and other decisions that shape the implementation of the law. In this opening plenary session, Howard Koh, MD, MPH, Assistant Secretary for Health, US Department of Health and Human Services, will present the federal vision for health reform, including how states and the federal government can work together to achieve the goals of the law.

SPEAKER

Howard Koh
Assistant Secretary for Health
US Department of Health and Human Services

5:00 - 6:30 pm

OPENING RECEPTION

Room: Century Ballroom Foyer

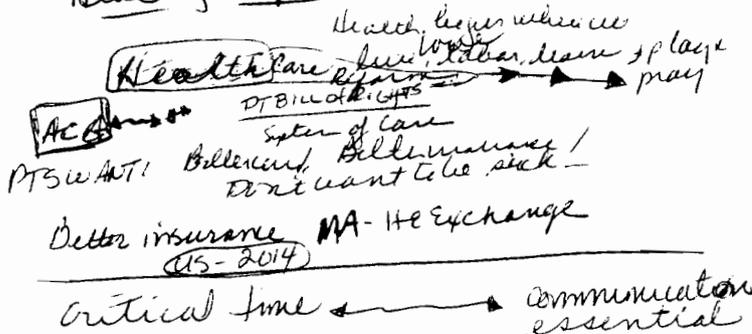
Howard Koh - former MA Commissioner of Public Health. Harvard Sch of PH

Alan Weil

(Grant obstacles, enormous opportunities)

Infinite need / Finite resources

Healthy People



Tuesday, October 4

8:30 - 10:00 am

MORNING PLENARY

Room: Century Ballroom

Show Me the State of Play

States are grappling with a myriad of health policy challenges. As they implement the ACA reluctantly, enthusiastically, or somewhere in between, they face Medicaid cost growth, eroding private health insurance coverage, and growing health care costs all in the context of continued weak fiscal conditions. How are states getting ready for 2014 and beyond in this difficult environment? Which issues are at the top of their priority list, and which are being deferred until later? Are they making progress toward the ever-elusive goal of health care cost containment? Hear from a panel of state health policy leaders who will describe how they are answering these questions and rising to the challenges facing their states.

MODERATOR

Alan Weil
Executive Director
NASHP

SPEAKERS

Joseph Flores
Legal Fiscal Analyst
Senate Finance Committee
Virginia State Senate

Joan Henneberry
Exchange Planning Director
Colorado Health Institute

David Lakey
Commissioner
Texas Health and Human Services

MaryAnne Lindeblad
Assistant Secretary
Aging and Disability Services Administration
Washington State Department of Social and Health Services

Charles Milligan
Deputy Secretary
Health Care Financing
Maryland Department of Health and Hygiene

cannot measure

10:15 - 11:45 am

(Concurrent Sessions)

Eliminating Waste, Fraud and Abuse in Public Programs

Utilizing action toward community health
Room: Pershing E

National reports suggest that fraud and abuse may account for 10 cents of each health care dollar. State officials are responsible for monitoring spending in their Medicaid programs to assure that limited resources are spent both efficiently and effectively. During this session, speakers from Indiana and Virginia will highlight strategies their states have adopted to target and reduce inappropriate spending. After the presentations, attendees are invited to join in a facilitated discussion on strategies to control spending through better state oversight.

MODERATOR

Joseph Flores

Legal Fiscal Analyst
Senate Finance Committee
Virginia State Senate

SPEAKERS

Emily Hancock

Chief Pharmacist
Interventions and Outcomes
Indiana Family and Social Services Administration

Peter Budetti

Deputy Administrator and Director
Center for Program Integrity
Centers for Medicare and Medicaid Services

Show and Tell: Improving and Integrating Children's Coverage into Health Reform Implementation

Room: Century A

In the context of health reform, states have an opportunity to maintain and build on the gains made in covering children and apply the lessons learned to other populations. This session will offer insight on enrollment policies and practices from Alabama that can serve as models for enrolling other newly eligible populations. The session also will highlight Texas' Health Passport, an electronic, web-based health information system used to coordinate the care of children in the state's foster care system that could potentially be applied to improve health care outcomes for other children with special health care needs. This session will also include discussion of new opportunities and challenges related to coverage of parents under the ACA, including the Basic Health Program.

MODERATOR

Jane Beyer

Senior Counsel
Washington State House of Representatives

SPEAKERS

Cathy Caldwell

CHIP Director
Alabama Department of Public Health

Kay Ghahremani

Deputy Director
Policy Development
Texas Health and Human Services Commission

Stan Dorn

Senior Fellow
Urban Institute

This session is funded as part of a grant from The Atlantic Philanthropies

Building Health Homes in Medicaid

Room: Pershing N/S

Section 2703 of the ACA created a Medicaid state option to provide health homes for individuals with chronic conditions. States creating health homes under this authority will benefit from two years of enhanced federal funding for health home services. The legislation specifies a number of services that health homes must provide while reserving considerable discretion for states. This session will feature presentations from an official with the CMS, as well as policymakers in Iowa and Rhode Island. The speakers will explore questions such as: What are the key design considerations for states? What choices are states making? How are states building on existing medical home projects?

MODERATOR

Glenace Edwall

Director
Children's Mental Health Division
Minnesota Department of Human Services

SPEAKERS

John Michael Hall

Director
Division of Integrated Health Services
Centers for Medicare and Medicaid Services

Marni Bussell

Project Manager
Iowa Medicaid Enterprise

Deborah Florio

Administrator
Center for Child and Family Health
Rhode Island Department of Human Services

This session is funded as part of a grant from The Commonwealth Fund

Promoting the Public's Health in Reform Implementation

Room: Liberty

Title IV of the ACA offers a number of new public health initiatives beyond the Preventive Health and Health Services and Title V Maternal and Child Health Block Grants. Title IV gives states the opportunity to take meaningful steps toward improving the overall health of their populations. An expert from the CDC will identify strategies states can use to leverage these provisions of the ACA, as well as the CDC's efforts to support state work to promote the public's health. Panelists from Maryland and Texas will discuss the opportunities and challenges created by reform in their states—as well as the future roles they see for their agencies in the context of health reform.

MODERATOR

Paul Halverson

Director and State Health Officer
Arkansas Department of Health

SPEAKERS

David Lakey

Commissioner
Texas Health and Human Services

Judith Monroe

Director
Office for State, Tribal, Local and Territorial Support
Centers for Disease Control and Prevention

Frances Phillips

Deputy Secretary
Maryland Department of Health and Mental Hygiene

The ACA and its Impact on Persons with Disabilities

Room: Pershing W

The ACA presents opportunities and challenges for addressing the health care needs of people with disabilities. Expanding coverage may help slow the growth of participation in the Supplemental Security Income and Social Security Disability Insurance programs, while Medicaid buy-in programs can continue to help current beneficiaries return to work. State decisions affecting people with disabilities include the design of essential benefit packages for exchanges, benchmark plans for Medicaid expansion, and strategies to minimize churning and its effect on continuity of care. These issues will be addressed by a national expert, with reactions from a state official and a university-based researcher.

MODERATOR

Pamela Parker

Manager
Special Needs Purchasing
Minnesota Department of Human Services

SPEAKERS

Barbara Otto

Chief Executive Officer
Health and Disability Advocates

Jean Hall

Associate Research Professor
University of Kansas

Matt Knutson

Policy Consultant
Minnesota Department of Human Services

12:00 - 1:30 pm

LUNCH PLENARY

Room: Century Ballroom

Show Me How to Work Across State Lines

State borders pose important challenges and opportunities for health policy. Half of America's largest metropolitan areas span multiple states. For people in border regions, home, work, and the places where they receive health care services may be in different jurisdictions, with different delivery systems, insurance regulations, eligibility standards for public programs, and approaches to public and population health. In this session, you will hear from local government leaders in Kansas City, Missouri and Kansas City, Kansas, who will describe how they have collaborated to meet the needs of their citizens. The lessons they have learned can help state policy leaders shape appropriate approaches in their own states.

MODERATOR

Marcia Nielsen

Vice Chancellor for Public Policy
University of Kansas Medical Center

SPEAKERS

Honorable Joe Reardon

Mayor
Kansas City, Kansas

Rex Archer

Director of Health
Kansas City, Missouri

1:45 - 3:15 pm

(Concurrent Sessions)

Gearing Up for Enrollment in the Digital Age

Room: Century A

The ACA provides historic opportunities for states to update their eligibility and enrollment systems for the digital age. This session will offer ideas to help states thrive in this changing environment, including models for making the online enrollment process intuitive for consumers, tools for managing IT projects, and lessons from states that are implementing and have implemented updated eligibility systems. Speakers will discuss the California HealthCare Foundation's User Experience 2014 Project (Enroll UX 2014 Project), a project creating a prototype for states to improve the user enrollment experience; share tips on managing major IT projects; offer models for managing casework in the digital age; and discuss federal guidance and resources available to support states.

MODERATOR

Rebecca Pasternik-Ikard

Deputy State Medicaid Director
Oklahoma Health Care Authority

SPEAKERS

Ruchika Bajaj

Project Manager
New York State Department of Health

Philip Poley

Senior Manager
Accenture

Terri Shaw

Deputy Director
The Children's Partnership

Penny Thompson

Deputy Director
Center for Medicaid, CHIP, and Survey and Certification
Centers for Medicare and Medicaid Services

This session is funded as part of a grant from the The Robert Wood Johnson Foundation

Reducing Avoidable Re-Hospitalizations and Improving Care Transitions

Room: Pershing N/S

Reducing avoidable re-hospitalizations has become a significant priority of both Medicaid and Medicare programs. One way states can address this priority is through strategies to improve transitions from hospitals, skilled nursing facilities, and community settings. Vehicles available to states to focus on transitions include medical or health homes, home and community-based services waivers, and managed care programs. This session will present strategies for improving care transitions using these options.

MODERATOR

Marc Gold

Special Advisor for Policy and Promoting Independence
Texas Department of Aging and Disability Services

SPEAKERS

Pam Coleman

Senior Vice President
INSPIRIS

Donna McDowell

Director
Bureau of Aging and Disability Resources
Wisconsin Department of Health Services

Judy Zerzan

Chief Medical Officer
Deputy Medicaid Director
Colorado Department of Health Care Policy and Finance

Health Homes for People with Serious Mental Illness: Emerging Strategies and Challenges

Room: Liberty

Health Homes, a new Medicaid option authorized by Section 1115 of the ACA, provides states with additional tools to coordinate care for people with chronic conditions, including people with serious mental illness. This session provides an opportunity to learn from states that are developing health homes specifically to address the complex needs of people with serious mental illness. Discussion will include emerging models and strategies, and some of the unique considerations and challenges involved in integrating health homes for people with serious mental illness within the health home.

MODERATOR

Glenace Edwall

Director
Children's Mental Health Division
Minnesota Department of Human Services

SPEAKERS

Trina Dutta

Public Health Advisor
Substance Abuse and Mental Health Services Administration

Kristin Frounfelker

Behavioral Health Administrator
Arizona Health Care Cost Containment System

Joseph Parks

Chief Clinical Officer
Missouri Department of Mental Health

Funding for this session is provided by SAMHSA through a task order to Abt Associates, Inc.

In this session speakers from Massachusetts and Wisconsin will describe key features of their programs such as scope of services managed care organizations (MCO) will provide and the performance and quality measures each state plans to use to assess program and MCO performance. Speakers will also examine the issues they encountered in developing these new contracts and selecting contractors that meet the needs of older people and people with disabilities.

MODERATOR

Catherine Ivy

Director
Long Term Care Section
Georgia Department of Community Health

SPEAKERS

Lori Cavanaugh

Director of Purchasing Strategy
Office of Medicaid
MassHealth

Donna McDowell

Director
Bureau of Aging and Disability Resources
Wisconsin Department of Health Services

Paul Saucier

Director
Integrated Care Systems
Thomson Reuters

Fitting the Pieces Together: The Safety Net and the ACA

Room: Pershing N/S

This session will explore how states are addressing the future need for safety net providers in the context of delivery systems reform. The session will discuss how Federally Qualified Health Centers (FQHCs), free clinics, public hospitals and other kinds of providers can be included in state health care reform implementation to assure that the needs of vulnerable populations are met. The session will feature Iowa's recently designed assessment of its existing safety net institutions, Colorado's development of integrated systems of care for Medicaid populations, and North Carolina's plans to build on its established infrastructure of community care networks to serve the uninsured. State speakers will emphasize the policy levers and engagement strategies they are using to integrate the safety net into reformed health care delivery systems.

MODERATOR

Christopher Atchison

Associate Dean for Public Health Practice
Health Management & Policy
University of Iowa, College of Public Health

SPEAKERS

Chris Collins

Deputy Director
North Carolina Department of Health and Human Services

Susan Birch

Executive Director
Colorado Department of Health Care Policy and Finance

Peter Damiano

Director
Public Policy Center
University of Iowa

This session is funded as part of a grant from The Commonwealth Fund.

State Strategies to Improve Birth Outcomes through Timely Deliveries

Room: Pershing E

States are moving in new and innovative directions to ensure that newborns have a healthy start. This session will focus on states' experiences and strategies to reduce post-partum mortality by reducing late term elective induction rates. What can be prompted by important medical considerations, and labor before it begins on its own also carries risks, and induction rates have been rising. This session will include discussions on consequences of late preterm births related to health care costs, patient safety, and the need for newborn intensive care. The session will also feature a discussion of what facilities are doing in the future to reduce elective inductions and how the state as a purchaser is supporting those efforts with contract requirements.

MODERATOR

Joan Kapowich

Administrator
Oregon Public Employees and Educators Benefit Board

SPEAKERS

Alan Fleischman

Senior Vice President and Medical Director
March of Dimes

Barbara Rose

Senior Director
Cincinnati Children's Hospital Medical Center

6:00 - 8:00 pm

RECEPTION

Location: The Cashew (2000 Grand Boulevard)
Please refer to page 4 for walking directions

Wednesday, October 5

7:15 - 8:15 am

BREAKFAST ROUNDTABLES

Breakfast Roundtables provide an opportunity for informal conversation. Some Roundtables will focus on specific issues and include brief presentations, while others offer unstructured time to discuss the issues deemed most important by those in attendance.

Affinity Groups

Hosted by NASHP's Steering Committee officers, these informal conversations are designed to support peer-to-peer learning and foster collaborative dialogue around issues that are identified as being most important by those in attendance. Please join the group discussion that matches your interests.

Access & Financing

(state financing, Medicaid, CHIP, coverage, insurance, and purchasing)

Room: Penn Valley

Christopher Koller

NASHP Steering Committee Chair
Health Insurance Commissioner
Office of Health Insurance Commissioner
State of Rhode Island

Joseph Flores

NASHP Steering Committee Vice Chair
Legislative Fiscal Analyst
Senate Finance Committee
Virginia State Senate

Sonya Schwartz

Program Director
NASHP

System Performance & Public Health

(public health, health disparities, primary care and disease management, workforce, and care quality)

Room: Pershing W

Christopher Atchison

NASHP Steering Committee Chair
Associate Dean for Public Health Practice
Health Management & Policy
College of Public Health, University of Iowa

Cheryl Roberts

NASHP Steering Committee Vice Chair
Deputy Director of Program and Operations
Virginia Department of Medical Assistance Services

Kathy Witgert

Program Manager
NASHP

Long Term & Chronic Care

 (behavioral health, chronic illness and long-term care needs for people of all ages)

Room: Westport

MaryAnne Lindeblad

NASHP Steering Committee Chair
Assistant Secretary
Aging and Disability Services Administration
Washington State Department of Social and Health Services

Pamela Parker

NASHP Steering Committee Vice Chair
Manager
Special Needs Purchasing
Minnesota Department of Human Services

Diane Justice

Senior Program Director
NASHP

Beyond Demonstrations: Desired Components of an Integrated Program for People Enrolled in Both Medicare and Medicaid? ✓

Table 1

While Special Needs Plans (SNPs) have been the most effective means of aligning Medicare and Medicaid since the original Medi/Medi demonstrations, they are not ideal and need to be significantly recast as truly integrated programs and not as a subset of Medicare Advantage. The Association for Community Affiliated Plans (ACAP) has contracted with George Washington University for a policy paper describing a new program structure for a fully integrated risk-based program for dual eligibles which describes new approaches that blend the best features of current Medicaid managed care contracting, SNPs and the Program of All-Inclusive Care for the Elderly (PACE) program. This paper was in progress prior to the July 8th release of the new financial model for dual integrated programs. The paper describing the new entity addresses: federal oversight structure; state relationships; beneficiary enrollment options and methods which will ensure that the program has sufficient scale to support the care management infrastructure and make a difference in outcomes and consumer protections. Rate setting methods including risk adjustment are also addressed.

Mary Kennedy

Vice President, Medicare Programs
Association for Community Affiliated Plans

Coverage Expansions for Low-Income People: Exploring the Basic Health Program Option

Table 2

Section 1331 of the ACA establishes an option for states to implement the Basic Health Program (BHP) for low-income individuals with incomes at or below 200 percent of the federal poverty level. The Association of Community Affiliated Plans (ACAP) is exploring the implications of the BHP for states, including state expenditures on coverage for low-income populations, low-income health care consumers, and health insurance Exchanges. Using a paper soon to be published by the Urban Institute and supported by ACAP, discussion will focus on the policy and benefits of the BHP for various stakeholders.

Jennifer Babcock

Vice President for Exchange Policy
Association for Community Affiliated Plans

Jane Beyer

Senior Counsel, Democratic Caucus Staff
Washington State House of Representatives

Catherine Hess

Managing Director for Coverage and Access
NASHP

Exchanges: Driving Value by Empowering Consumers

Table 3

Whether you embrace market-driven reform, consumer-driven health care or regulated markets, come learn about three consumer testing studies that show how to empower consumers to shop for health insurance coverage. Failure to learn how consumers *really* shop may lead to poorly functioning exchanges.

Lynn Quincy

Senior Policy Analyst
Consumers Union

Andrew Snyder

Policy Specialist
NASHP

Exchanges: Driving Competition on Value Regardless of Purchasing Model

Table 4

This discussion will review options states can use to drive competition in their Health Insurance Exchanges based on value. Value includes not just low premiums but total costs and quality care together. Exchanges rate plans, how they build their "choice architecture," other decisions can help consumers get the best value, regardless of whether states choose to be active or passive purchasers.

Sarah Thomas

Vice President for Public Policy & Communications
National Committee for Quality Assurance

Katie Baudouin

Policy Specialist
NASHP

Lessons for Reform from Covering New Populations: Takeaways from the State Health Access Program

Table 5

Before the passage of the ACA, the Health Resources and Services Administration's (HRSA) State Health Access Program (SHAP) awarded grants to 13 states to explore innovative strategies to increase coverage for previously uncovered populations. Many states embarked on a variety of coverage initiatives, pioneering programs through strategic outreach, work with small employers, creative insurance products, and the enhancement of eligibility and enrollment tools and strategies. During this roundtable, state representatives will share valuable lessons learned from their work on SHAP and their plans to apply those lessons to future expansions under the ACA.

Anne Gauthier

Senior Program Director
NASHP

Making it Work: How to Synchronize Medicaid and Health Insurance Exchange (HIX) Income Verification to Create a Real Time User Experience

Table 6

Using Modified Adjusted Gross Income (MAGI) to determine income eligibility will go a long way toward creating a seamless and consistent eligibility experience between Medicaid and the Exchange. There is still a misalignment of income verification rules between Medicaid and the Exchange because Medicaid also requires a point-in-time income screen, in addition to the MAGI screen. This roundtable will explore potential solutions, both policy and IT, and is intended to provide a forum for information sharing and idea generation.

Philip Poley

Senior Manager
Accenture Health and Public Service

Alice Weiss

Program Director
NASHP

Medicaid and Employment for Individuals with Disabilities

Table 7

Most states have Medicaid Buy-In programs that allow individuals with disabilities to work and keep their Medicaid coverage. States have also identified other strategies to reduce employment barriers through changes in Medicaid eligibility, services, and service planning. This roundtable complements the breakout session on the ACA and people with disabilities. The discussion will be hosted by NASHP staff whose work focuses on disability employment issues. Join us to share your thoughts and get ideas from other states.

Scott Holladay

Program Manager
NASHP

Stefie Gold

Policy Analyst
NASHP

Quality Measurement: CHIPRA, Meaningful Use, ACA Medicaid Adults, ACOs, Medical Homes and More

Table 8

Measurement is a key to ensuring that changing the delivery system results in improving the delivery system—thus new programs often bring **new** measurement requirements. Finding efficiencies in measurement can limit the amount of resources needed for this important activity thus freeing up resources to implement the changes. In this roundtable we will discuss implementation measurement issues such as the pros and cons of different data sources and measures, as well as strategies for reporting that enable you to get the data once and use it for multiple purposes. Also examined will be the potential synergies among programs, such as using the Meaningful Use infrastructure to meet other quality measurement requirements.

Patricia MacTaggart

Lead Research Scientist
George Washington University

Raising Expectations: The State LTSS Scorecard

Table 9

This roundtable will provide participants with the opportunity to discuss the findings from the first national scorecard on how states are striving to achieve a high-performing Long Term Services and Supports (LTSS) system. Come learn how states can use these findings to improve and sustain progress.

Susan Reinhard

Senior Vice President
AARP Public Policy Institute

Shared Decision Making: Federal and State Implementation of an Advanced Patient-centered Care Model

Table 10

As states consider how to reduce unexplained regional variability in utilization of particular procedures and improve the quality of health care, evidence indicates that using a shared decision making model for treatment decisions that are “preference-sensitive,” and not medically clear-cut, could play an important role. The ACA also identifies shared decision making as a priority and supports future work in this area. Join Ben Moulton of the Foundation for Informed Decision Making, NASHP staff, and state officials in a roundtable discussion about shared decision making – what it is, when it’s appropriate, the evidence base, and NASHP’s review of state opportunities, challenges, and lessons for other states as well as for federal implementation of related provisions of the ACA.

Ben Moulton

Senior Legal Advisor
Foundation for Informed Medical Decision Making

Jill Rosenthal

Program Director
NASHP

The San Mateo County Adult Coverage and Systems Redesign Initiative

Table 11

In late 2007 San Mateo County, California expanded coverage for all uninsured adults below 200% of poverty and redesigned care in six county adult medicine clinics to improve access and quality, and to reduce unnecessary costs. The systems redesign includes an electronic medical record, team based care, and chronic disease management in safety net clinics, among other innovations. Access to care improved substantially for the chronically ill, as did their use of preventive care. However, the onset of the recession caused delays in accessing care for new enrollees. The issues the county has faced with primary care access provide important lessons for other state and local communities as the nation begins implementing the ACA.

Genevieve Kenney

Senior Fellow
The Urban Institute

Amanda Richardson

CDC Fellow
NASHP

8:30 - 10:00 am

(Concurrent Sessions)

From Primary to Community Care: Coordinating Services for Children and Beyond

Room: Pershing E

Five states that are participating in the Assuring Better Child Health and Development (ABCD) III Learning Collaborative are implementing new strategies to improve care coordination and service linkages to support healthy child development. They are piloting communication tools, facilitating data sharing, implementing quality improvement processes, and involving families. A number of early lessons have emerged from the initiative with implications for young children and other populations. This session will feature speakers from two participating states, Minnesota and Oklahoma, who will discuss their project interventions, lessons, and implications for broader state agendas and initiatives, such as medical homes.

MODERATOR

Laura Kelly

Senator
Kansas State Legislature

SPEAKERS

Susan Castellano

Maternal and Child Health Assurance Manager
Minnesota Department of Human Services

Sue Robertson

Child Health Program Manager
Oklahoma Health Care Authority

This session is funded as part of a grant from The Commonwealth Fund

Choose Your Own Adventure: State Health Insurance Exchange Update

Room: Century A

The deadlines for state Health Insurance Exchange establishment are quickly approaching. Many states have moved forward with Exchange implementation through legislation; others have turned to alternative means of establishing an Exchange. This session will provide an overview of where states stand on Exchange implementation and compare and contrast Maryland and Tennessee's Exchange approaches and their implications. Maryland has enacted Exchange legislation; Tennessee is examining options related to establishment. The two states will also discuss their approaches to governing and funding the Exchange, engaging stakeholders, coordinating plans and benefits, and involving navigators and brokers.

MODERATOR

Scott Leitz

Assistant Commissioner
Minnesota Department of Human Services

SPEAKERS

Joel Ario

Former Director
Exchange Group
Center for Consumer Information and Insurance Oversight

Brian Haile

Director
Insurance Exchange Planning Initiative
Tennessee Department of Finance and Administration

Charles Milligan

Deputy Secretary
Health Care Financing
Maryland Department of Health and Mental Hygiene

New Opportunities for Payment Reform

Room: Pershing N

The ACA provides opportunities to change how we pay for health care in order to achieve better health outcomes. This session will look at how states are anticipating and leveraging these opportunities to improve their health systems. Session attendees will hear from CMS on the various payment reform opportunities available through the ACA, and two states, Minnesota and Washington, will discuss how they are making use of these opportunities to improve their health systems. Mechanisms discussed will include ACO pilots with risk/gain sharing payment arrangements, care coordination for dual eligibles, and multi-payer health financing.

MODERATOR

Richard Gottfried

Chair
Committee on Health
New York State Assembly

SPEAKERS

John Michael Hall

Director
Division of Integrated Health Services
Centers for Medicare and Medicaid Services

Jenny Hamilton

Project Manager
Washington Health Care Authority

Ross Owen

Manager
Care Delivery Reform
Minnesota Department of Human Services

Strategies to Address the Behavioral and Chronic Care Needs of Medicaid Beneficiaries

Room: Liberty

Virtually all high-cost Medicaid beneficiaries have multiple physical and behavioral health conditions, disabilities, or frailties associated with aging. This session will present strategies states are employing to address the needs of high-cost populations including Washington.

state's use of predictive modeling to prospectively identify persons who will benefit from chronic care management, and an approach in Pennsylvania to employ specialized care coordination to improve the delivery of behavioral and physical health services to Medicaid enrollees. Additionally, the Center for Health Care Strategies (CHCS) will discuss state innovations in developing financing and management systems that foster integration between behavioral and physical health at the point of care.

MODERATOR

MaryAnne Lindeblad

Assistant Secretary
Aging and Disability Services Administration
Washington State Department of Social and Health Services

SPEAKERS

Joan Erney

Chief Business Development and Public Policy Officer
Pennsylvania Community Care

Candace Goehring

Office Chief
Washington Department of Social and Health Services

Tricia McGinnis

Senior Program Officer
Center for Health Care Strategies

10:15 - 11:45 am

(Concurrent Sessions)

Medicaid Waivers in the Era of Federal Health Reform ✓

Room: Century A

This session will explore state options for coverage and delivery system flexibility using existing tools, like Medicaid 1115 waivers, both before and after the ACA. The session will examine Washington state's recently approved Transitional Bridge 1115 Waiver and the additional flexibility the state is seeking to implement the ACA and recent state-level health reforms. The session will also focus on Utah's Medicaid Payment and Service Delivery Reform 1115 Waiver Request, which would establish a Medicaid ACO and a premium subsidy option for Medicaid-eligibles in the state's Insurance Exchange.

MODERATOR

Tricia Leddy

Executive Director
Office of Health Policy and Reform
Rhode Island Department of Health

SPEAKERS

Samantha Artiga

Principal Policy Analyst
Kaiser Commission on Medicaid and the Uninsured

Jenny Hamilton

Project Manager
Washington Health Care Authority

Emma Chacon

Bureau Director
Utah Medicaid Program

Advancing Health Equity through Implementation of Health Reform

Room: Pershing N

The ACA generates opportunities for lasting and comprehensive systems change to achieve health equity for states' most vulnerable populations. This session will highlight ways states can advance health equity through implementation of the ACA. It will also examine how three states are capitalizing on these opportunities. Speakers will discuss Arkansas's successful efforts to engage underrepresented populations in ACA implementation, Hawaii's plans to integrate behavioral health into health homes, and Virginia's efforts to coordinate data systems to produce more extensive race/ethnicity/language data.

MODERATOR

Cheryl Roberts

Deputy Director of Program and Operations
Virginia Department of Medical Assistance Services

SPEAKERS

Diane Justice

Senior Program Director
NASHP

Wayne Law

Administrator
Hawaii Adult Mental Health Division

Creshelle Nash

Assistant Professor and Consultant
Arkansas Department of Health

This session is funded as part of a grant from Aetna Foundation

New Approaches to Medical Liability Reform

Room: Pershing E

When it comes to medical malpractice damages and caps, stakeholders with divergent objectives are often at odds. Innovative demonstration programs may be just what the doctor ordered. This session will highlight different liability reform models, including those funded by recent Agency for Healthcare Research and Quality (AHRQ) grants. It also will review ACA provisions providing grants to states to develop demonstrations that encourage efficient dispute resolution, improve provider access to liability insurance, and enhance patient safety.

MODERATOR

Anne Barry

Deputy Commissioner
Minnesota Department of Human Services

SPEAKERS

Tim McDonald

Chief Safety and Risk Officer for Health Affairs
University of Illinois

Janet Cohn

Director of Policy and Planning
Deputy Director New York State Stem Cell Program
New York State Department of Health

William Sage

Vice Provost for Health Affairs
The University of Texas

Emerging Models for Improving Care for Dual Eligibles

Room: Liberty

Dual eligibles have complex needs that are often poorly addressed by health and long-term care service delivery systems. To date, the Program of All-Inclusive Care for the Elderly (PACE), and Special Needs Plans (SNPs) have been the primary models available to states for integrating care and overcoming the fragmentation of Medicare and Medicaid financing. The newly established Duals Office within CMS has recently awarded contracts to 15 states to plan demonstrations testing new approaches. This session will present an overview of the models being developed and focus in-depth on two state approaches.

MODERATOR

Pamela Parker

Manager
Special Needs Purchasing
Minnesota Department of Human Services

SPEAKERS

Jennifer Coleman

Senior Advisor
Centers for Medicare and Medicaid Services

Susan Yontz

Director
Michigan Department of Community Health

Buffy Heater

Director of Planning and Development
Oklahoma Health Care Authority

12:00 - 2:00 pm

CLOSING PLENARY

Room: Century Ballroom

Show Me What Flexibility Means

Fixed allocations to states to meet the health care needs of their citizens are garnering renewed attention at the national and state level. A number of states are considering global Medicaid waivers, the ACA already permits states to seek a waiver to opt out of the law's overall approach, and Congress recently discussed making those waivers available starting in 2014. Federal budget discussions contemplate major cuts to and changes in Medicaid, some of which would convert the program into a block grant to states. State leaders will describe their interest in these ideas and discuss their perspective on the advantages and disadvantages of such an approach. Audience discussion of this critical issue will be encouraged.

MODERATOR

Scott Leitz

Assistant Commissioner
Minnesota Department of Human Services

SPEAKERS

Bruce Greenstein

Secretary
Louisiana Department of Health and Hospitals

Mark Larson

Commissioner
Vermont Department of Health Access

Alan Weil

Executive Director
NASHP