Thirteenth National Value-Based Payment and Pay for Performance **Summit**

For Early Bird Registration Discount Register by Friday, January 12, 2018

GRAND HYATT SAN FRANCISCO **FEBRUARY 28 - MARCH 2, 2018**

The Leading Forum on Pay for Performance, Value-Based Payment and MACRA



www.PFPSummit.com

CO-CHAIRS:

Donald H. Crane, JD, President and Chief Executive Officer, CAPG

Jeffrey A. Rideout, MD, President and Chief Executive Officer, Integrated Healthcare Association

KEYNOTE SPEAKERS:

Francois de Brantes, MBA, Vice President and Director, Center for Value in Health Care, Altarum **Kate Goodrich, MD,** Chief Medical Officer and Director, Center for Clinical Standards and Quality, Centers for Medicare and Medicaid Services

John Gorman, Founder and Executive Chairman, Gorman Health Group; Former Assistant to the Director, Office of Managed Care, HCFA

Robert J. Margolis, MD, Founder, Robert and Lisa Margolis Family Foundation, Duke-Robert J. Margolis, MD, Center for Health Policy; Former Managing Partner and CEO, HealthCare Partners

Barbara L. McAneny, MD, FASCO, MACP, Board Certified Medical Oncologist/Hematologist; Co-Founder and Managing Partner, New Mexico Oncology Hematology Consultants Ltd.; President-Elect American Medical Association

Mark McClellan, MD, PhD, Director, Robert J. Margolis Center, Duke University; Former CMS Administrator; Former FDA Commissioner

J. Mario Molina, MD, President, Golden Shore Medical Group; Former President and CEO, Molina

James C. Robinson, PhD, MPH, Leonard D. Schaeffer Endowed Chair in Health Economics and Policy; Director, Berkeley Center for Health Technology; Division Head, Health Policy and Management, University of California, Berkeley

Stephen M. Shortell, PhD, MBA, MPH, Blue Cross of California Distinguished Professor of Health Policy and Management, Dean Emeritus, School of Public Health, University of California, Berkeley

Mark D. Smith, MD, MBA, Clinical Faculty, University of California, San Francisco; Attending Physician, Positive Health Program for AIDS Care, San Francisco General Hospital; Co-Chair, Guiding Committee, Health Care Payment Learning and Action Network; Founding President and CEO, California Health Care Foundation

Arthur M. (Artie) Southam, MD, MBA, Executive Vice President, Health Plan Operations, Kaiser Permanente; Former Vice Chairman Board of Directors, CHRISTUS Health; Former President and CEO, Health Net; Former CEO, CareAmerica Health Plans

Indu Subaiya, MD, MBA, Health 2.0 Executive Vice President, HIMSS; Former Co-Chairman and CEO. Health 2.0

FEATURING A PRECONFERENCE

Redesigning Care Delivery for Success in Value-Based Payment: Steps from A-Z

PLENARY SESSIONS

Mark McClellan Keynote Address

CMS Keynote: CMS/CMMI Value-Based Care Initiatives Update

Payment Reform from a Nat'l Perspective: A View from the CMS/CMMI LAN

2018 Alternative Payment Models: Is the Glass Half Full or Half Empty?

The Future for Government Medicare, Medicaid and the ACA Marketplaces

The Role of Analytics, Big Data and Technology in Value-Based Care

The Role of Health Plans in Value-Based Care

The Challenges of Managing Risk and Clinical Quality

Case Studies in Health Care Delivery Innovations

MACRA Implementation Update

Medicare Advantage Update

Reference Pricing in Insurance Design

What Is Needed for Transformational Performance Improvement

Findings of the California Regional Health Care Cost & Quality Atlas

TUITION SCHOLARSHIP PROGRAM: The Summit is pleased to offer full and partial tuition scholarships to qualifying representatives of local, state and federal government, consumer advocate organizations, safety net providers, academics, students, and health services research organizations. Consult the website for details.

AND MINI SUMMITS

Aligning Physicians Incentives in a Value-Based World Primary Care Value-Based Strategies

Value-Based Specialty Care

Advanced Strategies in MACRA APM Development

Provider Directory Utility

Standardizing Commercial ACO Performance Measurement

Value-Based Payment Across Business Segments

Case Studies in Employer-Driven Value-Based Care

Pay-for-Performance at Community Behavioral Health

Behavioral Health in an Age of Value-Based Care

Negotiating Capitation Contracts

Multi-Purchaser Collaboration

to Advance Value-Based Care

Making the Business Case for Value-Based Care

Managing Benefits and Care Coordination

Incorporating Post-Acute Care into Value-Based Care

Improving Quality and Reducing Costs through

Post-Acute Care

Advanced Strategies in Medicare Advantage/ Part D Star Ratings

CareMore Health System Case Study

Developing High Performing Networks

by Reducing Low-Value Care

Financial Modeling of Value-Based

Payment Arrangements

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While the national debate has recently focused on issues of coverage and ACA repeal and replace, substantial health care payment and delivery reform initiatives continue. At the time of this writing, the policy of the Trump administration on these efforts remains ambiguous. On one hand CMS has cancelled two mandatory bundled-payment models and cut down the number of providers required to participate in a third, and the administration has asked for comment on a possible new direction for CMMI. On the other hand MACRA implementation is moving forward under the new MACRA Final Rule. At the Summit Kate Goodrich, MD, CMS Chief Medical Officer and Director, Center for Clinical Standards and Quality, will provide an update on CMS/CMMI pay for performance and value-based purchasing initiatives.

Private sector health care payment and delivery reform indicatives are also being pursued by employers, health plans and providers. We will hear case studies and best practices from primary care and specialty physicians, behavioral health providers, long terms care, hospitals and health systems and employers with regard to their value-based care initiatives. Sophisticated tools relevant to these efforts will also be featured, including analytics and big data, actuarial, risk adjustment, financial modeling, performance measure, physician compensation strategies, managing risk and clinical quality, capitation contract negotiation, reference pricing, managing benefits and care coordination.

This year's conference will provide an opportunity to engage with colleagues from across the country on the issues, opportunities, and challenges facing the health care system in 2018 and beyond. Leaders from industry, government and the non-profit sector will share best practices and lessons learned from grappling with real-world implementation issues as they strive to improve quality while reducing costs. We will hear about Performance Measures and Data to Implement Alternative Payment Models, Encounter Data and the Future of the Delegated Model, Innovative Approaches to Involving Specialists in Value-based Payment, National Best Practices in Value-based Payment Innovation and Implementation and the challenges of MACRA Implementation. Leading health plans and provider organizations will share observations from the front lines of product development and care delivery, while researchers will reveal what they have learned through studying success. Throughout the conference, practitioners actively engaged in the challenging work of improving our healthcare system will learn from each other, and accelerate our progress toward creating a higher-value system. In addition, the conference has become a great opportunity to reconnect on an annual basis — we will be delighted if you can join us.

WHO SHOULD ATTEND

- Executives and Board Members of ACOs, Health Plans, Health Systems, Hospitals and Physician Organizations
- · Medical Directors
- · Physicians
- 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
- · Federal and State Government Officials
- Health Care Regulators and Policy Makers
- Health Benefits Consultants
- Medical Analytic Specialists
- Quality Improvement Executives
- Managed Care Executives
- Managed Care Contracting Experts
- · Health Policy Makers
- Academics

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.

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.

WEDNESDAY, FEBRUARY 28, 2018

11:00 am Summit Registration

PRECONFERENCE SYMPOSIUM

Preconference: Redesigning Care Delivery for Success in Value-Based Payment: Steps from A-Z

- Burning Platform: Why now? Current groups/structure/problems and solutions
- Primary Care Models of Care: Two Pathways
 - · Build a new model from scratch and "pilot" and/or
 - Redesign current operating model (pros/ cons, practical aspects, clinical engagement, compensation models, team incentives, etc.)
- Integrated Care Management: What is it and what does the work look like practically?

1:00 pm Welcome and Introduction

Carman A. Ciervo, DO, FACOFP, Executive Vice President and Chief Physician Executive, Jefferson Health New Jersey; Professor of Family Medicine, Rowan University School of Osteopathic Medicine, Marlton, NJ

Courtney Dalury, Manager, GE Healthcare Partners, Boston, MA

Marc Mertz, MHA, Vice President, GE Healthcare Partners; Former President, Health Check Inc., Los Angeles, CA

Anthony Wehbe, DO, MBA, FACOI, Chief Population Health Executive, Jefferson Health New Jersey; Kennedy University Hospital Teaching Attending Physician, Rowan University School of Osteopathic Medicine, Marlton, NJ

Mark Krivopal, MD, MBA, Vice President, GE Healthcare Partners; Former Vice President and Medical Director, Clinical Integration and Hospital Medicine, Steward Health Care, Boston, MA (Moderator)

5:00 pm

ADJOURNMENT

THURSDAY, MARCH 1, 2018

7:00 am

Registration Opens: Continental Breakfast in Exhibit Hall

MORNING PLENARY SESSION



8:00 am

Welcome and Introduction to Day II Morning Plenary Session

Donald H. Crane, JD, President and Chief Executive Officer, CAPG, Los Angeles, CA (Co-Chair)



Jeffrey A. Rideout, MD, *President and Chief Executive Officer, Integrated Healthcare Association, Oakland, CA (Co-Chair)*



8:15 am Keynote Address

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

SAVE THE DATE! HEALTH DATAPALOOZA 2018



AcademyHealth

April 25 - 26, 2018, Washington Hilton, Washington, DC www.HealthDatapalooza.org

8:45 am



Donald H. Crane, JD, *President and Chief Executive Officer, CAPG, Los Angeles, CA*

Services (CHHS) Agency

Update on Findings of the California Regional

of the Integrated Healthcare Association (IHA), the and the California Health and Human

Health Care Cost & Quality Atlas, A Collaboration



Dolores Yanagihara, MPH, Vice President, Analytics and Performance Information; Lead, Transition of the California Pay for Performance (P4P) Program to Value-Based Pay for Performance, Integrated Healthcare Association, Oakland, CA



Jeffrey A. Rideout, MD, President and Chief Executive Officer, Integrated Healthcare Association, Oakland, CA (Moderator)

10:00 am

The Role of Health Plans in Value-Based Care



Arthur M. (Artie) Southam, MD, MBA, Executive Vice President, Health Plan Operations, Kaiser Permanente; Former Vice Chairman Board of Directors, CHRISTUS Health; Former President and Chief Executive Officer, Health Net; Former Chief Executive Officer, CareAmerica Health Plans, San Francisco, CA

10:30 am

BREAK

11:00 am

The Challenges of Managing Risk and Clinical Quality



Robert J. Margolis, MD, Founder, Robert and Lisa Margolis Family Foundation, Duke-Robert J. Margolis, MD, Center for Health Policy; Former Managing Partner and Chief Executive Officer, HealthCare Partners, Los Angeles, CA

11:30 am

Case Studies in Health Care Delivery Innovations from the Stanford Clinical Excellence Research Center



Arnold Milstein, MPH, MD, Clinical Excellence Research Center Director and Professor of Medicine, Stanford University Center for Advanced Study of the Behavioral Sciences; Chief Medical Officer, Pacific Business Group on Health; Former National Health Care Thought Leader, William Mercer, San Francisco, CA (Moderator)

12:30 pm

NETWORKING LUNCHEON AND PRESENTATIONS

12:45 pm

Lessons for Health Services Research for the Rollout of Value-Based Care



Reference Pricing in Insurance Design: From Surgery to Diagnostics to Drugs

James C. Robinson, PhD, MPH, Leonard D. Schaeffer Endowed Chair in Health Economics and Policy; Director, Berkeley Center for Health Technology; Division Head, Health Policy and Management, University of California, Berkeley, Berkeley, CA



Going Beyond Payment Reform: What Is Needed for Transformational Performance Improvement?



Stephen M. Shortell, PhD, MBA, MPH, Blue Cross of California Distinguished Professor of Health Policy and Management; Dean Emeritus, School of Public Health, University of California, Berkeley, Berkeley, CA

Donald H. Crane, JD, President and Chief Executive Officer, CAPG, Los Angeles, CA (Co-Chair/Moderator)

AFTERNOON MINI SUMMITS: MINI SUMMITS GROUP I 2:00 pm - 3:00 pm

Mini Summit I: Provider Directory Utility and Standardizing Commercial ACO Performance Measurement and Benchmarking: a Joint National Initiative from IHA and PBGH

2:00 pm Provider Directory Utility

Shelley Rouillard, Director, California Department of Managed Health Care (DMHC); Former Deputy Director, Managed Risk Medical Insurance Board; Former Program Director, Legal Services of Northern California/Health Rights Hotline; Former Chief, Health Policy, California, Public Employees Retirement System, Sacramento, CA

2:30 pm

Standardizing Commercial ACO Performance Measurement and Benchmarking: a Joint National Initiative from IHA and PBGH

David Lansky, PhD, President and Chief Executive Officer, Pacific Business Group on Health (PBGH); Former Founding President, Foundation for Accountability (FACCT), San Francisco, CA

Jeffrey A. Rideout, MD, *President and Chief Executive Officer, Integrated Healthcare Association. Oakland. CA (Co-Chair/Moderator)*

Mini Summit II: How to Align Physicians Incentives in a Value-Based World: Compliance, Trends and Value-Based Payment Across Business Segments

2:00 pm

How to Align Physicians Incentives in a Value-Based World: Compliance and Trends

Gerard I. Duprat, MD, Medical Director, Beacon ACO, Vascular and Interventional Radiology, Beacon Medical Group Vascular Interventional Radiology, South Bend, IN

Daniel Parker, CPA, Director, Value-Based Strategy, Beacon Health System, South Bend, IN

Jen Johnson, MBA, Managing Director and Head, Professional Service Agreements Division, VMG Health, Dallas, TX (Moderator)

2:45 pm Value-Based Payment Across Business Segments

Scott Sarran, MD, Chief Medical Officer, Government Programs, Health Care Service Corp; Former Vice President and Medical Director, University of Chicago Health System, Chicago, IL

Mini Summit III: Case Studies in Employer-Driven Value-Based Care: Operational and Policy Implications

2:00 pm Discussions and Q&A

Angela Mitchell (Invited), US Healthcare Delivery Systems Manager, Intel Corporation, Portland, OR

Sally Welborn, Founder and President, Welborn Advisory Services; Board Member, The Leapfrog Group; Former Senior Vice President, Global Benefits, Wal-Mart Stores, Inc., San Francisco, CA

Jeff White, MS, MBA, Director, Global Healthcare and Well Being, The Boeing Company; Former Consultant, Watson Wyatt; Former Consultant, Mercer Human Resource Consulting, Seattle, WA

William E. Kramer, MBA, Executive Director for National Health Policy, Pacific Business Group on Health, San Francisco, CA (Moderator)

HOTEL INFORMATION/RESERVATIONS

The National Value-Based Payment and Pay for Performance 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 Grand Hyatt San Francisco is the official hotel for Thirteenth National Value-Based Payment and Pay for Performance Summit. A special group rate of \$319.00 single/double per night (plus tax) has been arranged for Summit Attendees. Visit the travel/hotel tab of the conference website for online reservation information or call 415-398-1234 and mention the Pay for Performance Summit in order to obtain the group rate. Reservations at the group rate will be accepted until the cut-off date of Wednesday, February 7, 2018. After this, reservations will be accepted on a space-available basis at the prevailing rate.

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Mini Summit IV: Pay-for-Performance at Community Behavioral Health—Treating the Body and the Head: How to Model Care Delivery for Behavioral Health and Integrated Care in an Age of Value-Based Care

2:00 pm Pay-for-Performance at Community Behavioral Health

Susanna Kramer, MA, Program Evaluation Coordinator, Community Behavioral Health, Philadelphia, PA

Suet Lim, PhD, Director, Research and Evaluation, Community Behavioral Health, Philadelphia, PA

Rebecca E. Stewart, PhD, Post-Doctoral Fellow, Center for Mental Health Policy and Services Research, University of Pennsylvania, School of Medicine, Philadelphia, PA (Moderator)

2:30 pm

Treating the Body and the Head: How to Model Care Delivery for Behavioral Health and Integrated Care in an Age of Value-Based Care

Leannette Henagan, DBH, LCSW, Chief Integration Officer, Partners in Recovery, Chief Executive Officer, Concierge Wellness; Clinical Director, Partners in Recovery; Adjunct Professor, Grand Canyon University, Phoenix, AZ

Mark Stephan, MD, MBA, Vice President and Medical Director, Equality Health; Former Chief Medical Officer, Arizona Care Network; Former Medical Director, Dignity Health, Phoenix, AZ

Mini Summit V: Value-Based Specialty Care—It's an Evolution—What it Takes to Begin and Move through the Evolution

2:00 pm Discussions and Q&A

Elizabeth Cherot, MD, MBA, Obstetrician/Gyn, Managing Partner, Brunswick Hills Obstetrics and Gynecology, Whitehouse Station, NJ

Mark McAdoo, MBA, Vice President, Value Based Payment Division, Change Healthcare; Former Vice President, Value-Based Payments, McKesson; Former President, Chief Executive Officer and Co-Founder, HealthQX, Philadelphia, PA

Lili Brillstein, MPH, Director, Episodes of Care, Horizon Healthcare Innovations, Horizon Blue Cross Blue Shield New Jersey; Member, CMS Advisory Panel on Oncology Bundles; Former Senior Director, Medicare and Retirement, UnitedHealthcare, Newark, NJ (Moderator)

3:00 pm TRANSITION BREAK

MINI SUMMITS GROUP II 3:15 pm - 4:15 pm

Mini Summit VI: Advanced Strategies in Negotiating Capitation Contracts

3:15 pm Discussions and Q&A

Bill Gil, MBA, Chief Executive, Providence Health Network, Southern California; Former Chief Executive Officer, Facey Medical Foundation, Los Angeles, CA

Christopher S. Girod, FSA, MAAA, *Principal, Consulting Actuary, Milliman, San Diego, CA*

Cassidy Tsay, MD, MBA, Vice President, Business Development, CAPG; Former Regional Medical Director, Blue Shield California; Former Medical Director, Nautilus Healthcare Management, Los Angeles, CA

Mini Summit VII: Multi-Purchaser Collaboration to Advance Value-Based Health Care

3:15 pm Discussions and Q&A

Megan Burns, MPP, Senior Consultant, Bailit Health Purchasing, Boston, MA (Moderator)

Mini Summit VIII: 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

3:15 pm Discussions and Q&A

Todd Allen, MD, Assistant Quality Officer, Intermountain Healthcare, Salt Lake City, UT

Ken Cohen, MD, FACP, Chief Medical Officer, New West Physicians; Clinical Assistant Professor of Medicine, University of Colorado School of Medicine and University of Colorado School of Pharmacy, Golden, CO

Larry G. Strieff, MD, Specialty Medical Director, Hill Physicians Medical Group, San Ramone, CA

David B. Muhlestein, PhD, JD, Chief Research Officer, Leavitt Partners, LLC, Salt Lake City, UT (Moderator)

Mini Summit IX: Advanced Strategies in Managing Benefits and Care Coordination

3:15 pm Discussions and Q&A

Kerry Easthope, MBA, Area Finance Officer, Kaiser Permanente; Former Chief Financial Officer, Alameda Hospital; Former Chief Operating Officer, Victor Valley Community Hospital, Walnut Creek, CA

Toni J. Brayer, MD, Internist, California Pacific Medical Center; Chief Executive Officer, Sutter Pacific Medical Foundation, San Francisco, CA

Walter Kopp, MSHA, President, Medical Management Services, Inc.; Former Chief Operating Officer, California Pacific Medical Center Physicians Foundation; Former Chief Operating Officer, Sutter Pacific Medical Foundation; Former Interim Executive Director, Alta Bates Medical Group, San Francisco, CA (Moderator)

Mini Summit X: Incorporating Post-Acute Care into Value-Based Contracting and Improving Quality and Reducing Costs through Optimized Post-Acute Care

3:15 pm Incorporating Post-Acute Care into Value-Based Contracting

Esther M. Moas, MS, RN, Senior Director of Care Continuum, Mount Sinai Health System; Former Director, Business Development, ArchCare; Executive Director, Certified Services, Premier Home Health Care Services, Inc., New York, NY

3:45 pm Improving Quality and Reducing Costs through Optimized Post-Acute Care

Erin Smith, JD, Director, Public Policy, Cardinal Health; Former Director, Division of Technical Model Support and Lead, Bundled Payments for Care Improvement (BPCI) Initiative, CMMI, Center for Medicare and Medicaid Services, Washington, DC

4:15 pm TRANSITION BREAK

MINI SUMMITS GROUP III 4:30 pm - 5:30 pm

Mini Summit XI: Advanced Strategies in MACRA APM Development

4:30 pm Discussions and Q&A

The All-Payer combination option for qualifying as an APM will be available in 2019. However, interested participants have multiple requirements to meet in 2018 to be ready for the January 2019 deadline. This session will explain the 4 types of All-Payer Advanced APMs arrangements: Medicaid, Medicare Health Plans (Medicare Advantage), CMS multipayer model, and commercial payers as well as the criteria in meeting the thresholds for qualifications. Additionally, the information required for approval and the timeline for submission will covered. Key success factors and potential pitfalls will also be discussed.

Deirdre Baggot, PhD, MBA, RN, Principal and Bundled Payments, Practice Leader, ECG Management Consultants; Former Expert Reviewer, BPCI Program; Former Lead, ACE Program, Centers for Medicare and Medicaid Services, Washington, DC

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

Mini Summit XII: Advanced Strategies in Medicare Advantage/Part D Star Ratings

4:30 pm Discussions and Q&A

Melissa Newton Smith, Vice President, Stars and Quality Innovations, Gorman Health Group; Director, Medicare Star Operations, Cigna-HealthSpring; Associate Director, Financial/Research Administration, Vanderbilt University Medical Center, Nashville, TN (Moderator)

Mini Summit XIII: Case Study in Successful Value-Based Transformation: CareMore Health System & Developing High Performing Networks by Reducing the Delivery of Low-Value Care

4:30 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

5:00 pm Developing High Performing Networks by Reducing the Delivery of Low-Value Care

Josh Rosenthal, PhD, Chief Scientific Officer, RowdMap, Louisville, KY

Mini Summit XIV: Primary Care Strategies for Success in a Value-Based Payment Environment

4:30 pm Discussions and Q&A

Kenneth Tai, MD, Chief Medical Officer, North East Medical Services, San Francisco, CA

Meaghan McCamman, MPA, Assistant Director, Policy, California Primary Care Association; Former Director, Program Services, National Rural Health Association, Sacramento, CA (Moderator)

Mini Summit XV: Financial Modeling of Value-Based Payment Arrangements

4:30 pm Discussions and Q&A

Charlie Brown, MBA, Associate Principal, ECG Management Consultants, Arlington, VA

Jim Ryan, MBA, Manager, ECG Management Consultants, Dallas, TX

Ken Steele, MHA, Principal, ECG Management Consultants; Former Vice President, Managed Care, Catholic Healthcare West (Now Dignity Health); Former President, St. Mary's Medical Center, San Francisco, CA (Moderator)

5:30 pm ADJOURNMENT AND NETWORKING RECEPTION

FRIDAY, MARCH 2, 2018

CLOSING PLENARY SESSION

8:00 am Welcome and Introductions



Donald H. Crane, JD, President and Chief Executive Officer, CAPG, Los Angeles, CA (Co-Chair)



Jeffrey A. Rideout, MD, *President and Chief Executive Officer, Integrated Healthcare Association, Oakland, CA (Co-Chair)*

8:15 am

Keynote: Payment Reform from a National Perspective—A View from the CMS/CMMI Health Care Payment Learning and Action Network (LAN)



Mark D. Smith, MD, MBA, Clinical Faculty, University of California, San Francisco; Attending Physician, Positive Health Program for AIDS Care, San Francisco General Hospital; Co-Chair, Guiding Committee, Health Care Payment Learning and Action Network; Founding President and Chief Executive Officer, California Health Care Foundation, San Francisco, CA

8:45 am

Update on CMS/CMMI Value-Based Care Initiatives



Kate Goodrich, MD, Chief Medical Officer and Director, Center for Clinical Standards and Quality Centers for Medicare and Medicaid Services, Washington, DC

9:15 am



Alternative Payment Models in 2018 — Is the Glass Half Full or Half Empty?

Francois de Brantes, MBA, Vice President and Director, Center for Value in Health Care, Altarum; Former Program Leader, Health Care Initiatives, GE Corporate Health Care, Newtown, CT

9:45 am



What to Expect in the Future for Government Programs, Medicare, Medicaid and the ACA Marketplaces

J. Mario Molina, MD, President, Golden Shore Medical Group; Former President and Chief Executive Officer, Molina Healthcare, Inc., South Pasadena, CA

10:15 am

TRANSITION BREAK

10:30 am



The Role of Analytics, Big Data and Technology in Value-Based Care

Bill Gil, MBA, Chief Executive, Providence Health Network, Southern California; Former Chief Executive Officer, Facey Medical Foundation, Los Angeles, CA



Sean Cavanaugh, MD, Chief Administrative and Performance Officer, Aledade; Former Deputy Administrator and Director, Center for Medicare, Centers for Medicare and Medicaid Services, Washington, DC



Indu Subaiya, MD, MBA, Health 2.0 Executive Vice President, HIMSS; Former Co-Chairman and Chief Executive Officer, Health 2.0, Los Angeles, CA (Moderator)

11:15 am



MACRA Implementation Update

Barbara L. McAneny, MD, FASCO, MACP, Board-Certified Medical Oncologist/Hematologist; Co-Founder and Managing Partner, New Mexico Oncology Hematology Consultants Ltd.; President-Elect, American Medical Association, Albuquerque, NM

11:45 am





John Gorman, Founder and Executive Chairman, Gorman Health Group; Former Assistant to the Director, Office of Managed Care, HCFA, Washington, DC

12:15 pm

Co-Chairs Closing Comments



Donald H. Crane, JD, President and Chief Executive Officer, CAPG, Los Angeles, CA (Co-Chair)

Jeffrey A. Rideout, MD, President and Chief Executive Officer, Integrated Healthcare Association, Oakland, CA (Co-Chair)

12:30 pm

ADJOURNMENT

THE FOLLOWING REGISTRATION TERMS AND CONDITIONS APPLY

REGARDING WEBCAST REGISTRATIONS

- Individuals or groups may register for Internet access. Organizations may register for group access without presenting specific registrant names. In such instances the registering organization will be presented a series of user names and passwords to distribute to participants.
- 2. Each registrant will receive a user name and password for access. Registrants will be able to change their user names and passwords and manage their accounts.
- 3. Internet registrants will enjoy six (6) months of access from the date of issuance of a user name and password.
- 4. Only one user (per user name and password) may access the archived conference. It is not permissible to share the user name and password with third parties. Should Internet registrants choose to access post conference content via alternative media (Flash Drive), this individual use limitation applies. It is not permissible to share alternative media with third parties.
- 5. User name and password use will be monitored to assure compliance.
- 6. Each Internet registration is subject to a "bandwidth" or capacity use cap of 5 gb per user per month. When this capacity use cap is hit, the registration lapses. Said registration will be again made available at the start of the next month so long as the registration period has not lapsed and is subject to the same capacity cap.
- 7. For webcast registrants there will be no refunds for cancellations. Please call the Conference Office at 800-503-7382 or 206-452-5499 for further information.

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- 1. For onsite group registrations, full registration and credit card information is required for each registrant. List all members of groups registering concurrently on fax or scanned cover sheet.
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Make payment to Health Care Conference Administrators LLC by check, MasterCard, Visa or American Express. Credit card charges will be listed on your statement as payment to HealthCare (HC) Conf LLC. Checks or money orders should be made payable to Health Care Conference Administrators LLC. A \$30 fee will be charged on any returned checks.

REGISTRATION OPTIONS

 $Registration \ may \ be \ made \ on line \ or \ via \ mail, \ fax \ or \ scan.$

You may register through either of the following:

- Online at www.PFPSummit.com.
- Fax/Mail/Email using this printed registration form. Mail the completed form with payment to the Conference registrar at 12330 N.E. 8th Street, Suite 101, Bellevue, WA 98005-3187, or fax the completed form to 206-319-5303, or scan and email the completed form to registration@hcconferences.com. Checks or money orders should be made payable to Health Care Conference Administrators LLC.

The following credit cards are accepted: American Express, Visa or MasterCard. Credit card charges will be listed on your statement as payment to HealthCare (HC) Conf LLC.

For registrants awaiting company check or money order, a credit card number must be given to hold registration. If payment is not received by seven days prior to the Summit, credit card payment will be processed.

TAX DEDUCTIBILITY

Expenses of training including tuition, travel, lodging and meals, incurred to maintain or improve skills in your profession may be tax deductible. Consult your tax advisor. Federal Tax ID: 91-1892021.

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This program addresses topics that are of a current concern in the health-care quality and patient safety environment. Credits are available for both onsite and online attendees. This is an update, group-live activity. For more information regarding administrative policies such as complaints or refunds, call 206-757-8053 or email petergrant@ehcca.com.

AMA PRA CATEGORY 1 CREDITS

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This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Amedco and Health Care Conference Administrators (HCCA). Amedco is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation Statement

Amedco designates this live activity for a maximum of 15.75 AMA PRA Category 1 CreditsTM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Credits are available for those attending the Summit onsite and via the live video/audio Internet broadcast, but not for those who participate only via the archived video/audio Internet broadcast.

CERTIFICATE OF ATTENDANCE

Onsite attendees can also request a Certificate of Attendance which they can file with appropriate entities for credit, and webcast attendees can request a Webcast Certificate of Attendance on which they can certify the number of hours they watched and can file with appropriate entities for credit.

a maximum reward payment of \$25,000. The payment will be made to the individual or individuals who in the opinion of our legal counsel first provided the factual information, which was necessary for the recovery. If you have knowledge regarding the unauthorized Summit content sharing, contact the Summit registration office.

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Program subject to cancellation or change. If the program is cancelled the only liability of the Summit will be to refund the registration fee paid. The Summit shall have no liability regarding travel or other costs. Registration form submitted via fax, mail, email or online constitutes binding agreement between the parties.

FOR FURTHER INFORMATION

 $Call 800-503-7382 \ (Continental \ US, Alaska \ and \ Hawaii \ only) \ or \ 206-452-5499, \ send \ e-mail to \ registration@hcconferences.com, \ or \ visit \ our \ website \ at \ www.PFPSummit.com.$

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The Value-Based Payment and Pay for Performance Summit is now offering partial and full Tuition Scholarships to qualifying representatives of local, state and federal government, consumer advocate organizations, safety net providers, academics, students and health services research organizations. To apply for a tuition scholarship go to the Summit website, www.PFPSummit.com, click on "Tuition Scholarship" link in navigation bar. There you can download and complete the tuition scholarship application.

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available on a flash drive. To reserve media WITH your Si	wing the Summit, the video and potake advantage of the discounte summit registration:				
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ONSITE CONFERENCE ATTENDANCE

PRECONFERENCE — Wednesday, February 28:

☐ Pay for Performance and Value-Based Payments 101: A Primer \$ 495

CONFEDENCE DECISTRATION (Door not include Dreconference)

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☐ Through Friday, January 12, 2018*	\$1,095
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SELECT YOUR MINI SUMMITS

(One from each group) — Thursday, March 1:

GROUP I - 2:00 pm

- ☐ MS I: Provider Directory Utility and Standardizing Commercial ACO Performance . . .
- ☐ MS II: How to Align Physicians Incentives in a Value-Based World . . .
- ☐ MS III: Case Studies in Employer-Driven Value-Based Care: Operational and Policy . . .
- ☐ MS IV: Pay-for-Performance at Community Behavioral Health . . .
- ☐ MS V: Value-Based Specialty Care—It's an Evolution . . .

GROUP II — 3:15 pm

- ☐ MS VI: Advanced Strategies in Negotiating Capitation Contracts
- ☐ MS VII: Multi-Purchaser Collaboration to Advance Value-Based Health Care
- ☐ MS VIII: Making the Business Case for Value-Based Care . . .
- ☐ MS IX: Advanced Strategies in Managing Benefits and Care Coordination
- ☐ MS X: Incorporating Post-Acute Care into Value-Based Contracting . . .

GROUP III - 4:30 pm

- ☐ MS XI: Advanced Strategies in MACRA APM Development
- ☐ MS XII: Advanced Strategies in Medicare Advantage/Part D Star Ratings
- ☐ MS XIII: Case Study in Successful Value-Based Transformation . . .
- ☐ MS XIV: Primary Care Strategies for Success in a Value-Based Payment Environment
- ☐ MS XV: Financial Modeling of Value-Based Payment Arrangements

CONFERENCE ELECTRONIC MEDIA:

Onsite Attendees — Following the Summit, the video and presentations are made available in the following formats. To take advantage of the discounted prices below, you must reserve media WITH your Summit registration:

☐ Flash Drive (\$129 + \$15 shipping) \$ 144 ☐ 6 months' access on Web \$129

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registration.			
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- ☐ Payment by credit card: ☐ American Express ☐ Visa ☐ Mastercard

If a credit card number is being given to hold registration only until such time as a check is received it must be so noted. If payment is not received by seven days prior to the Summit, the credit card payment will be processed. Credit card charges will be listed on your statement as payment to HealthCare (HC) Conf LLC.

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