

Session Information (listed alphabetically by session title)

A Bias for Action: Leveraging Machine Learning and Data in Opioid Management

This program will provide an overview of one of Health Care Service Corporation's (HCSC's) Clinical & Data Science tools to combat the opioid epidemic. The Risk Index for Overdose (RIO) Opioid program is a joint operation that leveraged strategic skillsets from both clinical and data science teams to build a tool that enables data-driven identification and member and physician outreach. This presentation will highlight key benefit-drivers of the program, how the clinical and data teams integrated and collaborated, and important machine learning methodologies that power the tool. The talk will describe the clinical intervention and how the SHapley Additive exPlanations (SHAP) methodology was used to sift through deep data and isolate anomalous and important patterns.

- Outline the value of leveraging machine learning techniques, where to begin, what tools in the Data Science (DS) toolkit are relevant, limitations, and important data considerations
- Evaluate how to collaborate between clinical and data science teams and why this combination is integral to break down barriers and build 'Stronger Together'
- Assess the ROI Opioid program's outreach mechanism, it's purpose, and how the team is engaging with providers to facilitate action that comes from the data and tool

Speaker(s): Michael Eichsteadt, HCSC; Ben Kurian, MD, Health Care Service Corporation; Kristin Meier, Health Care Service Corporation; Ben Lawrence, MA, Health Care Service Corporation

Content Theme: Healthier Lives

Primary Audience: Clinical Leadership/Provider Networks/Account Management

A Fireside Chat with Kim Keck

Join Sean Robbins, Executive Vice President, Blue Cross Blue Shield Association and Kim Keck, President and CEO, Blue Cross Blue Shield Association for a lively opening conversation that explores the Blue Cross Blue Shield system, its priorities and challenges.

Speaker(s): Kim A. Keck, Blue Cross Blue Shield Association; Sean Robbins, Blue Cross Blue Shield Association

Content Theme:

Primary Audience: All Audiences

Addressing Disparities in BH Telehealth

Medicaid is particularly impacted by the financial burden of behavioral health (BH) disorders, since these conditions are associated with low wages and underemployment. On average, Medicaid costs are four times higher for members with BH disorders. Medicaid covers 21% and 17% of US adults with mental health and substance use disorders, respectively. Approximately half of total Medicaid spending is attributed to members with BH conditions.

In this session, we will share the findings on racial/ethnicity disparities among BH utilization and outcomes among Medicaid enrollees with BH conditions both prior to and during the COVID-19 pandemic. This session will outline the role of telehealth uptake in impacting the existing disparities in BH. This program will also highlight the associations of individual, provider, and community characteristics in relation to BH utilization. Additionally, we will share the lessons learned and success of many programs and policies Anthem implemented to reduce racial/ethnicity disparity in BH.

- Evaluate the role of telehealth uptake in impacting the existing disparities in BH during the COVID-19 pandemic among Medicaid enrollees.
- Assess the associations of individual, provider, and community characteristics and BH utilization among Medicaid enrollees.

- Apply lessons learned and successes of programs/policies implemented by Anthem to reduce disparities in BH care

Speaker(s): Winnie C. Chi, PhD, Anthem; Eric Bailly, Anthem

Content Theme: Healthier Lives

Primary Audience: Clinical Leadership/Provider Networks/Account Management

Addressing Healthcare Affordability: How Plans and Regulators Can Work Together

Hear from the President of the National Association of Insurance Commissioners (NAIC), Director Dean Cameron of Idaho, and Executive Vice President Sean Robbins of BCBSA on how Blue Plans and state regulators can work together to address healthcare affordability and consumer frustration.

- Better understand NAIC's current priorities, and how it works with industry
- Understand how Plans and state regulators can work together to address healthcare affordability
- Better understand how the Association is looking to address healthcare affordability for consumers

Speaker(s): Sean Robbins, Blue Cross Blue Shield Association; Dean Cameron, Department of Insurance

Content Theme: Integrated, Affordable Healthcare

Primary Audience: Policy/Regulatory/FEP

Addressing Social Isolation and Loneliness: Because Life is Better Together

As the healthcare industry reimagines ways to perform less-invasive procedures, or techniques to close more care gaps, we also need to reimagine how to continue to fight and prevent another serious health risk, social isolation, and loneliness. It's now more important than ever to reimagine ways to engage and socialize with our senior communities. At Highmark, we are working to create memorable experiences and improve the health of our communities by building sustainable friendships through social connections and engagement opportunities. Now, just imagine that a friendly visit or phone call was all it took to help extend and improve the quality of life for our seniors

With 43 percent of seniors feeling lonely on a regular basis, senior loneliness is an epidemic. It increases the mortality risk by as much as 45 percent-more than obesity, air pollution, and excessive alcohol use. In 2018, Anthem Blue Cross and Blue Shield launched the Member Connect Program to address the factors that contribute to senior loneliness and social isolation among Anthem's Medicare Advantage members. This is part of Anthem's whole-person care approach to addressing the social drivers of health. The session will give an overview of the Member Connect program and share a member's story of the power of human connection to improve the overall wellbeing of members participating in this program

- Facilitate meaningful connections through differentiated programs and engagement opportunities
- Empower seniors with purpose
- Build a support team from within

Speaker(s): Lee Phillips, Highmark; Robin Caruso, MSW, Anthem Blue Cross Blue Shield

Content Theme: Market Leadership

Primary Audience: Consumer and Member Experience/Patient Advocacy

Advancing Customer Engagement: How HCSC Enabled Customer Advocacy to Transform the Member Experience

As consumers are increasingly demanding more personalized and convenient care, HCSC set out to interact with members in ways that simplify their lives and improve their health outcomes. Engaging PwC as a partner, we defined and mobilized a new member-centric, advocacy-based model that connected service, clinical and pharmacy operations. Enabling this transformation meant more than just a platform replacement. It required new ways of working, new behaviors, and new data to be more proactive with members in care decisions and care gap closure. Together, we've activated commercial Group / Retail advocates with their support teams over the past 2 years. HCSC is on track to outperform handle time reduction assumptions, creating capacity to reinvest in member engagement and support improved outcomes. Ultimately, while HCSC chose to embark on large-scale transformation, all Blues can drive change and realize value at a scale appropriate to their objectives. Come learn how with us

- Outline the customer engagement imperative (e.g., shifting consumer expectations for more personalization, improved self-service capabilities, and transparency)
- Define value drivers and member impact from customer engagement transformation
- Identify key components of a successful customer engagement transformation program

Speaker(s): Tanya Mena, Health Care Service Corporation; Elizabeth Carlson, PwC; Patrick Sim, HCSC; Keith Fengler, PwC Strategy; Sanchit Madan, PwC

Content Theme: Convenient, Seamless Experience

Primary Audience: Consumer and Member Experience/Patient Advocacy

BCBS National Brand Positioning

This session will provide an overview of the updated BCBS National Brand Positioning.

- Identify key insights across stakeholder audience
- Understand what matters most to our key stakeholders
- Articulate the National Brand Positioning

Speaker(s): Julie Koewler, Blue Cross Blue Shield Association; Ashley Sellers, Blue Cross Blue Shield Association

Content Theme: Convenient, Seamless Experience

Primary Audience: Marketing & Communications/Brand

Business not as Usual: Upending the Way we Engage and Build Home & Community Care Networks

Medicare post-acute spending totaled ~\$74B in 2018 with wasteful spending estimated to account for ~ 25%. Since 2016, Highmark has executed on a whole new model for managing home and community care networks through performance transparency and administrative efficiency driven via tools and technology. Highmark has addressed a number of issues in wasteful spending and utilization across the PAC care continuum by leveraging data, analytics, and clinically derived algorithms. Central to this is a provider portal that includes automated real-time authorization, collection of structured clinical information that enables Highmark's use of home and community care networks to deliver on a number of clinical needs. Beyond these tools, our model's success is predicated on successful payer-provider collaboration that is built to be in scalable in-line with our technology solutions. This partnership enables rapid deployment of capabilities, which was highlighted during the COVID-19 pandemic. Results include reduction of total cost of care, reduction of administrative burden and costs, better patient and provider experience, and mutually aligned incentives.

- Understand the value of integrated technology and analytics to redesign operating infrastructure in PAC networks

- Identify the value of active, continuous payer-provider engagement across the post-acute network and how it drives cost savings and better quality of care for members
- Define the successful levers of that impact reduction of total cost of care and administrative burden that concurrently drive better provider experience

Speaker(s): Nick Stupakis, Helion; Monique C. Reese, Doctorate, Highmark Health; Bob Wanovich, PharmD, Highmark Inc; Matt Rhenish, Highmark Inc

Content Theme: Market Leadership

Primary Audience: Business Development/Strategy/Innovation

Closing Health Equity Gaps in Musculoskeletal Pain & Mental Health Care Sponsored by Hinge Health

Musculoskeletal (MSK) pain and mental health needs are related comorbidities that affect different populations across income, race, and ethnicity. But are the most impacted populations getting access to best practice care?

- Data on the impact of MSK and mental health needs as well as access to care across income, race, and ethnicity
- Understanding how chronic MSK pain and mental health result in higher levels of pain and must be treated holistically
- Actionable strategies for health plans to close health equity gaps in MSK care
- How a Blue Plan can create an integrated approach to care

Speaker(s): Jeff Krauss, M.D., Hinge Health; Jae Coleman, Orion Shultz, Cambia Health Solutions

Content Theme: Healthier Lives

Primary Audience: Consumer and Member Experience/Patient Advocacy

Collaborative Quality Initiatives: The Next Generation - Collaborations to Improve Chronic Care

Attendees will learn about an innovative physician led statewide collaboration model (better known as collaborative quality initiatives (CQIs)) that harnesses the use of actionable clinical and claims data to develop quality improvement interventions, disseminate best practices and improve patient outcomes across the statewide physician/provider population that focuses on specific chronic care populations.

Attendees will learn about the existing CQI model and how we are applying this model to chronic diseases such as diabetes, low back pain, asthma, COPD, and behavioral health.

Attendees will learn how to create relationships with providers to lead the collaborations and how BlueCross BlueShield of Michigan provides guidance and support and development of innovative benefit changes to support the CQI model.

Attendees will learn how BCBSM is utilizing the state's health information exchange to support the development of these collaborations.

- Explain how statewide physician-led quality improvement collaboratives, supported by BlueCross BlueShield of Michigan, improve patient outcomes
- Indicate how BlueCross BlueShield of Michigan is building quality collaboratives that target chronic care conditions and population health
- Assess how the use of health information exchanges are allowing for more comprehensive data to be analyzed, reported and disseminated to quality collaborative participants to improve patient care

Speaker(s): Marc Cohen, Blue Cross and Blue Shield of Michigan

Content Theme: Healthier Lives

Primary Audience: Clinical Leadership/Provider Networks/Account Management

Commercial and MA Collaborative: Group MA Market Approach

Group MA Market Strategy • Collaboration w/ Commercial • Areas of success •
Importance of National Strategy • Benefits of Group MA within overall Product
portfolio

- Understand the value of close partnership between Commercial and MA teams
- importance of a National strategy for MA members
- How to construct a cohesive market strategy for Group MA

Speaker(s): Eric Pence, BCBS Michigan; Mark Tschetter, Blue Cross Blue Shield Michigan

Content Theme: Market Leadership

Primary Audience: Account Management/Provider Experience and Management

Comprehensive Collaborative Renal Care

Healthcare for patients with CKD/ESRD is complex and expensive. Providers that care for these patients are overwhelmed and exhausted. During this session you will learn how Cambia Health Solutions and Strive Health partnered to create a holistic end-to-end approach to kidney care to support network providers. The goal of achieving a seamless experience for members that that improved clinical outcomes and lowered expenses was piloted in one state so that lessons learned could be implemented for rapid roll out in 3 other market states.

- Understand the importance care integration for patients with complex kidney disease.
- Learn how to partner with Network Providers to advance value-based care with a seamless experience for patients.
- Recognize the opportunities and mitigate the challenges associated with kidney care transformation.

Speaker(s): James A. Polo, MD, MBA, Cambia Health Solutions (BCBSA Member); Bhargavi Degapudi, Strive Health

Content Theme: Convenient, Seamless Experience

Primary Audience: Consumer and Member Experience/Patient Advocacy

Connecting with Older Members: Improving Lives and Health Outcomes

The senior population is growing dramatically, as is their desire to live independently at home. Yet, social isolation and loneliness are a greater risk for this population, with research linking these factors to negative health impacts. In this session, Florida Blue and Papa will demonstrate how their partnership is combating loneliness and improving health outcomes by supporting the needs of Medicare Advantage members at home. Attendees of this session will learn how to use the positive impact of companionship and other older adult support services to improve member satisfaction, member retention and health outcomes.

- Understand the impact of loneliness on the health of older adults
- Understand the use of innovative programs that focus on human connection and support services
- Develop best practices for rolling out programs that focus on social determinants of health

Speaker(s): Kathy Feeny, BA, Florida Blue; Andrew Parker, Papa

Content Theme: Market Leadership

Primary Audience: Consumer and Member Experience/Patient Advocacy

Cybersecurity Starts with You

In the healthcare industry, insurers face constantly evolving security threats to customer and company information. Ensuring the protection of member information spans beyond the use of technology, also relying on a highly prepared workforce that is resilient against attacks

In this session, Ian Schneller (Chief Information Security Officer, Health Care Service Corporation) will explain how people are the first line of cyber defense. In the spirit of collaboration between the Blues plans, Ian will also share insights you can internalize and use in your own organization to drive effective security training and awareness capabilities, including:

- Relevant developments in the information security industry,
- How information security impacts customer experiences and key business functions,
- The importance of a strong internal security awareness and training program, and
- Capabilities and measurements that help drive and monitor program performance
 - Understand the importance of Information Security to the business
 - Articulate the elements of an effective security training and awareness program
 - Identify methods to measure security program performance for reporting to leadership and internal partners

Speaker(s): Ian Schneller, HCSC

Content Theme: Integrated, Affordable Healthcare

Primary Audience: Technology/Information Systems/Data Solutions/Security & Privacy

Data Driven Insights Powered by the BCBS Health Index

The Health of America Program is committed to improving Americans' health by providing data-driven insights to change makers across the healthcare spectrum including policymakers, community leaders, healthcare professionals and business leaders. Learn how to leverage the power of the BCBS Health Index and its local data to drive awareness of health issues impacting populations across and how it can inform solutions

- Gain understanding of the BCBS Health Index as a unique and powerful metric for understanding the health of a population
- Understand Health Index capabilities including views across various health conditions and populations
- Learn how the Health Index can be used to support strategic business initiatives, communication messaging, and policy decisions

Speaker(s): Nicholas Davis, MS, BCBSA

Content Theme: Healthier Lives

Primary Audience: Clinical Leadership/Provider Networks/Account Management

Driving Digital Transformation with Change Management: Lessons from Florida Blue Sponsored by Wellframe

Join Pamela Morris, Director, Care Optimization at Florida Blue and Susan Beaton, VP, Health Plan Strategy at Wellframe, for a candid conversation about how Florida Blue rolled out new digital tools, and the change management approaches they used before, during, and after to drive buy-in, build adoption, and measure success.

Speaker(s): Pamela Morris, Florida Blue; Susan Beaton, Wellframe

Primary Audience: Consumer and Member Experience/Patient Advocacy

Group 2 Individual: Maximizing the Value of Your Data Sponsored by Advantasure

Medicare Advantage Plans will learn why they should be devoting resources to already existing members for group to individual plan conversions, digital strategies for capturing market share, and how data science can increase G2I conversions and retention.

Speaker(s): Sam Keith

Content Theme: Market Leadership

Primary Audience: Business Development/Strategy/Innovation

Handling Work Stress During a Pandemic: Dealing with Challenges

Our brains have not yet evolved to match the needs of white collar business environments. As we continue to deal with a pandemic, with no end in sight, the natural reaction our brains have to issues in business goes completely counter to what we should/need to do. Unfortunately, no one can train or teach us to deal with the unprecedented environment we are faced with today. With each passing month and year, we continue to brush our situation under the rug and just assume we will adapt. Worse yet, many of us assume it really isn't a problem. The reality is the problem is epidemic and shows up in the staggering increases in stress-related illness and death and the exceedingly high level of disengaged workers. It is shocking to see the number of business professionals who don't even know what self-talk is (talk or thoughts directed at oneself) is and the danger it produces if left unchecked. This session will get into the very heart of brain dysfunction when tied to business interaction. It will provide the participants techniques we can use to help work around the innate limitations our brain causes

- Understand the Basics of Brain Distortions that Impact our Judgement
- Understand a Management/Leadership Technique Built for Turbulent times
- Learn pragmatic tips to deal with Stress and Turbulence

Speaker(s): Atul Peres-da-Silva, MS, MBA, Blue Cross North Carolina

Content Theme: Healthier Lives

Primary Audience: Consumer and Member Experience/Patient Advocacy

Health Check: Measuring the Security and Sustainability of the Healthcare Payments System Sponsored by Zelis

Claims payment is a central tenant of the delivery of healthcare in the US. Payers and providers must coordinate to ensure proper, timely reimbursement to keep operations running smoothly for patients. However, this critical part of claims management is also oftentimes the most contentious and poorly managed. There can be far-reaching impacts across the healthcare spectrum. Historically, manual claims payment has been a top source of provider friction for payers.

Organizations have made great strides with automating the process using electronic modes of reimbursement, such as electronic funds transfer, virtual cards, and automating clearing houses, however many haven't. Opportunities to increase efficiency and reduce the cost of claims payment still exist, especially when it comes to paying smaller and lower-volume providers.

In this session you will hear Matthew Krawse, Vice President of Business Solutions, Zelis detail how you can seize the opportunities to further automate claims payment, streamline the process for providers, while improving the overall experience for members. By attending this session, you will walk away with a greater understanding of:

- The roadblocks that still exist to electronic payments adoption
- The risks and impacts of legacy systems on the claims payment process
- What a holistic, platform approach can contribute to automation and accuracy
- How to further improve competitiveness with electronic explanation of benefits, electronic explanation of payments, and remittance advice.

Speaker(s): Matthew Krawse, Zelis; Eugene Hahn, VP, Business Development, Zelis

Primary Audience: Investment/Finance

How Consumer Journey Mapping Is Helping to Create Better Experiences in the BlueCard Modernization Project

BlueCard Modernization impacts the entire ecosystem. Learn how understanding each stakeholder audience and the interdependencies between audiences to define requirements and deliver against current and future needs

- Learn about the BlueCare Modernization project and the impact it has on the System
- Learn how the team is uncovering unmet needs and pain points within the current BlueCard experience
- Hear how they have been able to identify opportunities for BCBS to improve BlueCard interactions and build future state

Speaker(s): Kent Lawson, Blue Cross Blue Shield Association; Rich Cullen, BlueCross BlueShield Association

Content Theme: Convenient, Seamless Experience

Primary Audience: Business Development/Strategy/Innovation

Interoperability is the Key to Unlocking Patient Insights Sponsored by Surescripts

Health plans are trying to improve the health of their members while managing rising costs due to an aging population and an increase in chronic health conditions. Unfortunately, a fragmented healthcare system makes this difficult. When patient data is siloed or hard to access, caring for patients becomes slow and costly. This session will highlight practical ways to address common care management challenges for individuals and populations, both at the point of care and between visits.

Speaker(s): Justin McMartin, Surescripts

Content Theme:

Primary Audience: Business Development/Strategy/Innovation

Keynote Session: CEO Panel

At this year's CEO Panel you will learn how BCBS companies are collectively working to advance health equity, well-being and affordability for our members and their communities.

These influential leaders will highlight how the Blues are taking action to reimagine a more equitable future.

And you'll learn how Blue Plans are uniting under a System North Star to drive local and national change.

Speaker(s): Kim A. Keck, Blue Cross Blue Shield Association; David L. Holmberg, Highmark Health; Brian D. Pieninck, CareFirst BlueCross BlueShield; Tim Vines, Blue Cross and Blue Shield of Alabama

Content Theme:

Primary Audience: All Audiences

Keynote Session: Panel Discussion on Building Inclusive Workplaces

During this DEIB-focused Panel conversation, moderated by SVP and Chief Clinical Transformation Officer Adam Meyers, M.D., the esteemed panelists will discuss how to advance DEIB (Diversity, Equity, Inclusion and Belonging) in the workplace to create more inclusive organizations.

- Solutions to root causes that have led to a lack of diversity in organizations
- An understanding of their role as co-creators of their culture and the power they have to shape it
- Tools to build a culture where people feel honored, valued, heard, and free to contribute and deliver results

Speaker(s): Adam Meyers, M.D., Blue Cross Blue Shield Association; Ginny Clarke, Google; Deborah Shaw, PepsiCo

Content Theme: Healthier Lives

Primary Audience: All Audiences

Louisiana COVID-19 Outbreak Simulation: Deterministic SEIR Modeling

Blue Cross and Blue Shield of Louisiana (BCBSLA) has developed a unique relationship with the Louisiana Department of Health to share its technological capabilities and analytics expertise to assist the state's COVID-19 response – an effort that earned it a 2021 Brand Excellence Award for Brand Innovation. While collaborations are ongoing, BCBSLA has helped analyzing and forecasting COVID-19 hospitalizations, deaths, and facility capacities through the COVID-19 Outbreaks. This presentation shows how key resources were consolidated to support decision-making processes at a critical time during the emerging pandemic, and the methodology of the SEIR (Susceptible, Exposed, Infectious, Removed) model.

- Build epidemiological models to monitor and forecasting the spread of COVID-19 pandemic.
- Help the government to make restriction policies in time and redistribute resources effectively.
- Developing relationships with key stakeholders to provide access to essential resources

Speaker(s): Mingyan Cong, BCBSLA; Miao Liu, MS., Blue Cross Blue Shield of Louisiana

Content Theme: Healthier Lives

Primary Audience: Business Development/Strategy/Innovation

Making Health Care More Affordable

The Blue Cross Blue Shield Association is committed to reducing health care costs, both in terms of the premiums and the cost-sharing that our members pay. Attendees at this session will learn more about the BCBSA plan for reducing costs over the long term, to make sure health care is affordable for everyone

- Understand why health care costs continue to rise faster than general inflation
- Understand what policies would work to reduce that cost growth
- Understand what BCBSA intends to do to help constrain health care costs

Speaker(s): Stuart Hagen, PhD, BCBSA; Paul Eiting, MPP, Blue Cross Blue Shield Association (BCBSA); Jennifer A. Jones, M.P.H., Blue Cross Blue Shield Association

Content Theme: Integrated, Affordable Healthcare

Primary Audience: Business Development/Strategy/Innovation

Managing Rx Spend Through Outcomes-Based Arrangements

With ever-rising specialty drug costs and a robust pipeline of high-cost medical benefit drugs, finding innovative approaches to managing the cost of specialty drugs is becoming more important than ever. One emerging area is creating outcomes based arrangements with Pharmaceutical manufacturers to ensure the price paid for therapies is aligned with the clinical effectiveness. This discussion will focus on BCBS Plans' strategies for outcomes-based arrangements, results to date, and future direction

- Share best practices on BCBS Plans' approaches to outcomes based arrangements with pharmaceutical manufacturers
- Better understand key trends in the specialty drug landscape
- Discuss strategies for managing pipeline therapies

Speaker(s): Steve Olson, Blue Cross Idaho; David Yoder, BCBSA Federal Employees Plan; Mehb Khoja, BCS financial

Content Theme: Integrated, Affordable Healthcare

Primary Audience: Clinical Leadership/Provider Networks/Account Management

Next Generation Care & Service Navigation

Next-generation care navigation for all - Horizon Blue Cross Blue Shield of New Jersey, Cambia Health Solutions, and Pager discuss how they have driven digital transformations in member experience with an 88+ NPS and achieve \$210+ savings per encounter through the Pager platform through a 'no wrong door' to care and service approach. Cambia and Horizon discuss their digital journeys to more personalized, quality care experiences that drive engagement and improved outcomes. By leveraging best practices in digital transformation, the organizations discuss their path to digital-first member support for care and service needs.

- Learn the keys to achieving an 80+ Net Promoter Score through a Digital No wrong door to care approach
- Learn how to digitally transform care and service workflows through digital first engagement and automation
- Learn how care and service questions can be resolved seamlessly through a single digital encounter

Speaker(s): Nicholas J. D'Addezio, Jr, BS, Pager, Inc; Walter Jin, Pager, Inc.; Sameer Khanna, Pager; Adam Hussain, Cambia Health Solutions; Vincent J. Alonge, Horizon Blue Cross Blue Shield of NJ

Content Theme: Convenient, Seamless Experience

Primary Audience: Consumer and Member Experience/Patient Advocacy

Our Platform. Your Future. Sponsored by CareMarket

Join Rajeev Ronanki to learn how our digital platform will power your future. Dive into how data, platforms, and artificial intelligence (AI) are transforming how you can deliver for your members.

Speaker(s): Rajeev Ronanki, CareMarket, Inc.; Tricia Fringer, Anthem, Inc.

Content Theme: Convenient, Seamless Experience

Primary Audience: Technology/Information Systems/Data Solutions/Security & Privacy

Partnering for Success in the Group Medicare Advantage Market

Given the overall growth in the Group Medicare Advantage segment, BCBS System Medicare Advantage growth goals, and the strategic implications of defending BCBS Plans' commercial accounts, it is vital for BCBS Plans to be competitive in the Group Medicare Advantage market. Building competitive products to win Group Medicare Advantage RFPs and servicing Group Medicare Advantage members means building products with rich supplemental benefits, strong Star scores, robust care management, and accurate risk adjustment. To aide in meeting these requirements, there have been recent examples of BCBS Plans partnering to win Group Medicare Advantage business. During this session, we will hear best practices and lessons learned from BCBS Plan partnerships to win and service Group Medicare Advantage business

- Understand best practices in partnership between BCBS Plans to win/retain Group Medicare Advantage retiree lives
- Understand best practices in building competitive bids to win/retain Group Medicare Advantage retiree lives
- Understand evolving trends of the Group Medicare Advantage market

Speaker(s): Pritpal S. Virdee, Emergent, Inc.; David Gee, Independence Blue Cross; Jordan Berju, MBA, Anthem, Inc.; Duncan Lawson, BCBSA; Pamela Getsie, Vermont Blue Advantage

Content Theme: Market Leadership

Primary Audience: Business Development/Strategy/Innovation

Primary Care Reimagined: Primary Care Hybrid Payment Model and the Future of Primary Care Payment

Blue Shield of California's Primary Care Hybrid Model is a novel methodology to redesign payment for primary care practices. Primary care is the backbone of the health system and Blue Shield of California has designed and implemented a new way to pay, understanding that fee for services is a broken system and with primary care physicians in mind. Implementing an alternative payment model is not easy for the plan or the practice and Blue Shield of California has learned some key lessons along the way to achieve success. No one plan can transform primary care and multi-payer collaborations is essential to scaling and to the success of primary care transformation

- What is a Primary Care Hybrid Payment Model
- How to implement at Hybrid Payment Model
- The need for multi-payer alignment in long term success for primary care

Speaker(s): Laura Fox, MPH, Blue Shield of CA; Angela Chen, FSA, MAAA, Blue Shield of California; Joe Castiglione, MBA, Blue Shield of California; Nina Birnbaum, MD, Blue Shield of California

Content Theme: Integrated, Affordable Healthcare

Primary Audience: Business Development/Strategy/Innovation

Reimagining Healthcare Through Value-Based Payment

Attendees will learn about Anthem's value-based care journey, including program-specific results across all three lines of business. We've come a long way in our value-based arrangements from nearly a decade of collaborating with providers to help them transition into fee-for-value payments. As of 2020, value-based care programs comprised over 60% of Anthem's healthcare spending. Through our experience, we've continued to refine our programs to drive greater provider adoption and decrease costs. Our success is highlighted by four programs that have expanded within the last several years: our commercial Enhanced Personal Health Care (EPHC) program, our Medicare Free standing Patient Centered Care (FPCC) program, and our Obstetrics and Behavioral Health Quality improvement specialty Medicaid programs (OBQIP and BHQIP). These value-based programs emphasize team-oriented primary care, facilitate care coordination amongst providers, and reward provider performance in improving quality and cost of care. We observed that growing these specific programs has led to incremental savings

- Examine the impact of a group of Anthem's value-based care models on cost savings and quality
- Explore the observed relationship between program growth and cost savings, observing the point of peak expansion after which savings diminish
- Align on go-to-market messaging and strategies for client conversations as a Blues system for our future value-based care strategy in light of industry headwinds

Speaker(s): Alina Rossini, MPH, Anthem, Inc.; Jessica Riccardo, MPH, Anthem, Inc.

Content Theme: Integrated, Affordable Healthcare

Primary Audience: Clinical Leadership/Provider Networks/Account Management

Reimagining Health Care Privacy

Health care privacy was a stable field for many years, but now gaps in the system and increasing regulatory, legal and business challenges are causing new risks and opportunities related to how we use consumer and member health data. This session will evaluate the current framework, identify primary business and legal challenges in operating in this increasingly complicated environment and will propose solutions going forward. We will analyze these issues in the context of the overall national debate on privacy, both in and out of the health care system

- Understand the current legal and regulatory environment for health care privacy
- understand new challenges for operating in this environment
- Understand new ways of applying these rules today and in the future

Speaker(s): Kirk J. Nahra, JD, WilmerHale

Content Theme: Convenient, Seamless Experience

Primary Audience: Technology/Information Systems/Data Solutions/Security & Privacy

Scaled for Many, Tailored to One: Leveraging Data to Impact Member Engagement Sponsored by mPulse Mobile

Hear from Cambia and mPulse Mobile as they discuss the power of personalized member communication and how data and engagement drive positive impact on member experience and care programs.

- Learn innovative practices using data to close gaps with bi-directional communication
- Discover Cambia's perspective on trends in healthcare engagement
- Gain insightful best practice tips to improve outcomes
- Exchange successes and learnings for engagement strategies that deliver program results

Speaker(s): Magdalen Kmiec, Aimee Viles, Vice President, Digital

Primary Audience: Consumer and Member Experience/Patient Advocacy

Success in Managed Care – Navigating Market & Regulatory Challenges Sponsored by FTI Consulting

FTI Consulting's experts share insights into strategies employed by successful managed care organizations in the Medicare Advantage, Medicaid Managed Care, and Commercial Exchange markets

Speaker(s): Mark Van Ert, M.B.A., FTI Consulting, Inc.; Wayne Gibson, FTI Consulting; Biggs Cannon

Content Theme:

Primary Audience: Clinical Leadership/Provider Networks/Account Management

Supporting BCBS Plans to Drive Value with Analytics

Blue Plans are increasingly investing in advanced analytics and data science capabilities across every aspect of their business. Increasingly, the ability to leverage not just their own data but broader national datasets and connections with the healthcare ecosystem can help Plans identify opportunities in their own local market as well as support their national accounts and out-of-area members. In this session attendees will learn how Blue Plans are leveraging advanced analytics to drive competitive advantage, and how those can be amplified by tapping into the Blues' collective data assets.

- Learn how Plans are using analytics to drive improved outcomes and value in their own markets.
- Identify opportunities to tap into cross-system data assets to support efforts to improve health equity, expand value based care initiatives, and support national accounts.
- Understand how Blue Health Intelligence will be partnering with the Blue Cross Blue Shield Association and local Plans to power their own analytics strategies.

Speaker(s): Bob Darin, Blue Health Intelligence

Content Theme: Market Leadership

Primary Audience: Technology/Information Systems/Data Solutions/Security & Privacy

The Digital Imperative: Modernizing the Healthcare Experience for Clinicians and Consumers Sponsored by Highmark Inc.

It's well known that 30% of the total cost of care is avoidable. Highmark Health's Living Health strategy is centered around the patient and clinician and is founded on the principle that when health outcomes are improved, the total cost of care is reduced. Highmark Health is in a unique position with a sizeable health plan - Highmark Inc. has more than 6 million members -- and a delivery system in western PA - Allegheny Health Network -- where we have significant member density. This allows the organization to execute on a number of clinically driven activities that drive waste out of the system in a blended payer/provider environment that is otherwise difficult to achieve in standalone systems. Over the last 2-3 years, we have proven the concept that we can improve health outcomes above and beyond the historical performance and we've done so for populations with a wide range of health conditions.

Karen Hanlon will share Highmark Health's plan to develop more comprehensive end to end solutions using robust IT infrastructure and AI powered analytics that proactively provide the patient and clinician with actionable information in real time and agnostic of site of care. She will also discuss the partnerships with Google Cloud and Verily to help develop these critical technology components and the importance of transforming the corporate culture to a digital-first mindset.

Speaker(s): Karen Hanlon, Highmark Health

Primary Audience: Business Operations (HR/Talent Development/Education and Training)

The Evolution of Hearing Benefits from Medicare Advantage to Commercial Plans Sponsored by TruHearing

President and CEO of TruHearing, Tommy Macdonald, will share insights on the impact of untreated hearing loss, hearing benefits adoption in Medicare Advantage plans, and how those learnings can be applied in commercial health plans.

Speaker(s): Tommy Macdonald, TruHearing

Primary Audience: Business Operations (HR/Talent Development/Education and Training)

The Gravity Project: A National Collaborative and Plan Perspective on Terminology and Exchange for Health Equity

The session will highlight the most recent work related to HL7 FHIR®-based industry initiatives and how payers are using HL7 FHIR® to capture social determinants of health (SDOH) and advance health equity. Panelists from Highmark Health and the Blue Cross Blue Shield Association (BCBSA) will provide an update on new capabilities and added terminologies of the Gravity Project, the multi-stakeholder initiative for the interoperable exchange and use of SDOH data. Panelists will also share successful examples of how insurers are leveraging that data to address social risk. For example, they'll discuss how Highmark Health is using digital tools to connect members with community resources to improve health and access to care—including food, housing and transportation—how both are leveraging data to address health disparities as part of the Blue Cross Blue Shield National Health Equity Strategy and how they're leading advancements regarding the transparent and ethical use of health equity data.

- Understand the key role that terminology, technology and standards play to reduce healthcare disparities, address SDOH and improve health equity.
- Identify current status of social determinants of health (SDOH) domains and approaches that enable and support improved population health, address health disparities and collect key data to measure successful development, testing, adoption and deployment

- Recognize how using API technology, standards and interoperable terminologies play a key role in facilitating the capture and exchange of data about SDOH domains, and describe the array of HL7 FHIR®-based industry initiatives that include SDOH pilots and

Speaker(s): Deborah Donovan, MS, Highmark Health; Lenel James, BCBSA

Content Theme: Healthier Lives

Primary Audience: Business Development/Strategy/Innovation

**Unconventional: The Human-Centric Solution As a Go-To-Strategy for End-to-End Value Creation
Sponsored by Legato Health**

How the Human-Centric Design embraces the evolving complexities in the dynamic work environment, focusing on the workforce's understanding of their roles in the E2E value stream and how they impact business outcomes.

Speaker(s): Brandie M. Gatlin, MBA, Legato Health

Content Theme:

Primary Audience: Business Operations (HR/Talent Development/Education and Training)

Understanding the Evolving MA Broker Landscape

Attendees should expect to learn about the various broker channels, evolving payment approaches, and common pitfalls when developing a broker strategy

- Describe the MA distribution ecosystem
- Understand the ways in which brokers and other organizations are paid for MA plan sales
- Appreciate the pros and cons of various broker types and develop a plan for MA plan distribution

Speaker(s): Derek Skoog, PwC; Ari Gottlieb, PwC; Julian Levin, PwC; Dara Smith, Regence BlueCross BlueShield

Content Theme: Market Leadership

Primary Audience: Business Development/Strategy/Innovation

Your Team, Our Team or Both Teams: Payment Integrity Solutions, Simplified and Customized for You Sponsored by ClaimLogiq

Speaker(s): Todd Hill, ClaimLogiq; Janene Hill, Graham Williams, Health Care Service Corporation

Primary Audience: Clinical Leadership/Provider Networks/Account Management