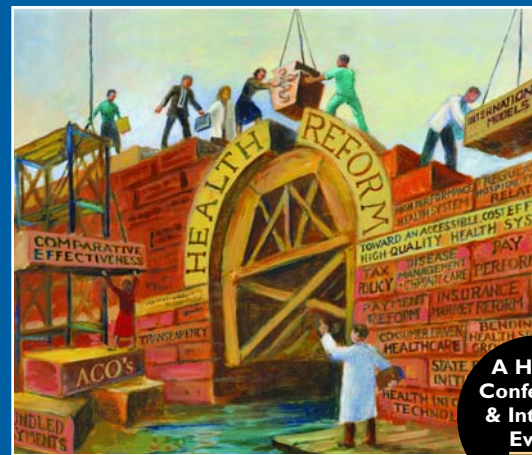


The SECOND NATIONAL Accountable Care Organization Congress

THE LEADING FORUM ON COMMERCIAL AND PUBLIC PROGRAM ACCOUNTABLE CARE ORGANIZATIONS (ACOs) AND RELATED DELIVERY SYSTEM AND PAYMENT REFORMS



A Hybrid Conference & Internet Event
See Page 2

November 1 – 3, 2011 • Los Angeles, CA Hyatt Regency Century Plaza Hotel

CONGRESS THEMES

Day I: Medicare/Government Programs

Day II: Commercial ACOs

Day III: Clinically Integrated Physician-Hospital Networks and Care Management

FEATURING THE FOLLOWING PRE-CONFERENCES

- CMS ACO Regulations Part 2 — A Deep Dive into the Revised Regulations
- ACO Value-Based Risk Contracting and More for Self-Funded Health Plans: Getting from Fee for Service to Fee for Value ASAP
- ACO Coordinated Care in Action: Practical Examples to Learn From
- Attribution, Care Coordination, and Communication in Commercial ACOs

CONCURRENT SESSIONS

- Utah: ACOs and Medicaid
- ACOs: California Style
- Provider Coordination and Patient Choice: Applying ACO Principles to the Commercial PPO Population
- The Private Sector: ACOs and Other Value-Based Arrangements
- ACO Legal Issues Update
- ACOs in the Safety Net: Barriers and Benefits
- Using Individualized Guidelines to Optimize ACO Cost and Quality Objectives
- The Evolution of a Tiered, High Performance Network into an Integrated ACO
- Case Study: A Southern California Commercial ACO
- Barriers or Speed Bumps? Application of the Antitrust Laws to ACOs
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- The Medical Home: The Foundation of Accountable Care
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- A Blueprint for Successful Cross-Industry Collaboration
- ACO Success Factors: Building a Knowledge-Based Technology Infrastructure for Population Management
- Engineering the Care Delivery/Management Team Across the Continuum
- Clinical Integration Across a Group and Hospital
- Accountable Care Solutions for Payers and Providers — What is Ready Today
- Physician-Hospital Integration: Using Data to Bring it Together
- Building a Culture of Accountability
- Customized Care: Aligning Quality, Patient Experience and Affordability

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Since the inaugural National Accountable Care Organization Congress in October 2010, there has been a flurry of both government and private sector activity to define and implement the ACO concept. With special emphasis on the burgeoning commercial ACO movement, which according to some experts is defining the future of ACOs in America, the second National ACO Congress will bring together leading policymakers, senior executives, and those working at the frontline of ACO implementation. These experts will provide unique and in-depth insights on what has been done so far, and what the ACO concept means for the future of healthcare. The three-day conference will be filled with keynote presentations from AHIP, the Commonwealth Fund, the CMS Innovation Center, and others, as well as four pre-conferences and over twenty concurrent sessions that offer participants a chance to learn more about the Medicare Shared Savings and Pioneer ACO programs, the Premier ACO collaborative, other private sector ACO partnerships, and Medicaid and safety net-focused ACOs. We will also hear from top authorities on ACO legal issues, quality measurement, and HIT implementation. Please join us in Los Angeles, CA on November 1-3, 2011 for this exciting agenda as ACO implementation ramps up across the nation.

Featured Keynote Speakers

Bart Asner, MD, *Chief Executive Officer, Monarch Healthcare*

Jonathan Blum, *Director, Center for Medicare Management, Centers for Medicare and Medicaid Services*

Ann Boynton, *Deputy Executive Officer, Benefit Programs Policy and Planning, California Public Employees' Retirement System (CalPERS)*

Kevin F. Brennan, CPA, FHFMA, *Executive Vice President for Finance, Chief Financial Officer, Geisinger Health System*

Donald H. Crane, *President and Chief Executive Officer, California Association of Physician Groups*

Juan Davila, *Senior Vice President, Network Management, Blue Shield of California*

Karen Davis, PhD, *President, The Commonwealth Fund*

Jeff Goldsmith, PhD, *President, Health Futures, Inc.; Associate Professor of Public Health Sciences, University of Virginia*

Karen Ignagni, *President and Chief Executive Officer, America's Health Insurance Plans, Washington, DC*

Marty Manning, MBA (Invited), *President, Advocate Physician Partners*

Robert Margolis, MD, *Managing Partner and Chief Executive Officer, HealthCare Partners Medical Group*

Steve McDermott, *Chief Executive Officer, Hill Physicians Medical Group*

Ian Morrison, PhD (Invited), *Author, Consultant, and Futurist*

Samuel R. Nussbaum, MD, *Executive Vice President, Clinical Health Policy and Chief Medical Officer, Wellpoint, Inc.*

Mai Pham, MD, *Director, Innovations Center, Centers for Medicare and Medicaid Services*

Dana Gelb Safran, Sc.D., *Senior Vice President, Performance Measurement and Improvement, Blue Cross Blue Shield of Massachusetts*

Charles Saunders, MD, *President of Strategic Diversification, Aetna, Inc.*

Richard Salmon, MD, PhD, *National Medical Executive, Performance Measurement and Improvement, CIGNA Healthcare*

Barbara Spivak, MD, *President, Mount Auburn Cambridge Independent Practice Association (MACIPA)*

Tom Williams, Dr PH, MBA, *Executive Director, Integrated Healthcare Association*

Keith Wilson, MD, *Regional Medical Director, HealthCare Partners Medical Group*

John Wray, *Senior Vice President, Managed Care, Catholic Healthcare West*

Who Should Attend

- Physicians
- Health Plans and Health Insurers
- Health Systems and Physician Organizations
- Hospital Executives and Administrators
- Healthcare IT Companies and Consultants
- Federal and State Policymakers
- Health Services Researchers and Academics
- State Medicaid and Pharmacy Directors and Managers
- Federal and State Legislators and Staff
- Patient Advocates
- Community Health Centers
- Medicaid Managed Care Directors
- Medical Directors
- State Budget Officers
- Purchasers, including Private Employers and Public Purchasers
- Health Care Attorneys and In-House Counsel
- State Inspectors General and Program Integrity Managers

Participation Options

Traditional Onsite Attendance

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

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



Onsite

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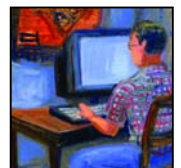
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DAY I: TUESDAY, NOVEMBER 1, 2011

PRECONFERENCE SYMPOSIA

(Registration optional; Choose one)

7:00 am Registration

8:00 am – Noon Preconference Sessions

PRECON I: CMS ACO Regulations Part 2 — A Deep Dive into the Revised Regulations

Sponsored by the California Association of Physician Groups

After it has reviewed the 1,200 responses to the proposed Medicare Shared Savings Program (MSSP) rule, CMS will publish the long-awaited revised regulations that govern the program. These new regulations, coupled with policy guidance concerning anti-trust and Medicare fraud and abuse, create a complex set of interrelated policies that will implement the ACO concept in Medicare. This session will dive into the new rules, addressing differences between the proposed and final rules, key remaining issues, and what these both imply for the success of the MSSP and ACO sponsors.

PRECON II: ACO Value-Based Risk Contracting and More for Self-Funded Health Plans

Sponsored by Aon Hewitt

The results from the recent Aon Hewitt Polakoff Boland 2011 National Employer ACO Survey show employers are embracing the movement from fee for service to fee for value as the preferred means to reimburse for health care services. This session is designed to give self-funded employers as well as providers and payers a better understanding of how to become more aggressive in the marketplace, demand performance guarantees on premium stability and quality improvement, explore the feasibility of contracting directly with providers for medical care, and develop a collaborative approach.

PRECON III: ACO Coordinated Care in Action: Practical Examples to Learn From

Sponsored by the California Association of Physician Groups

For over 30 years, medical groups and IPAs in California have successfully practiced coordinated care under a robust delegated HMO model. These organizations believe that their experiences with coordinating care and managing risk give them an edge in transitioning to ACOs. Four organizations will share details from their own programs on quality improvement, care management, and efficiency enhancement, all of which have helped them succeed in delivering high-quality care. Their lessons are readily adaptable to providers looking to deliver accountable care in any part of the country.

PRECON IV: Attribution, Care Coordination, and Communication in Commercial ACOs

Sponsored by the Integrated Healthcare Association

Many commercial health plans and their contracted providers have embraced the accountable care concept, and have set up ACOs to serve commercial PPO enrollees. Providing coordinated care for these populations has proved challenging because they are not restrained in their choice of provider, and there are still many questions surrounding attribution, communication, and care coordination with PPO enrollees. This session will discuss current methods of attribution and their effectiveness; what it takes to engage patients; and the challenges of coordinating care for patients with PPO benefit designs.

DAY I: TUESDAY, NOVEMBER 1, 2011

OPENING PLENARY SESSION

Medicare/Government Programs

1:00 pm Welcome and Introductions



Tom Williams, Dr PH, MBA, *Executive Director, Integrated Healthcare Association, Oakland, CA*

1:15 pm How Payment Reforms Can Help Achieve a High Performance Health System



Karen Davis, PhD, *President, The Commonwealth Fund, New York, NY*

1:45 pm Medicare Shared Savings Program and Accountable Care Organizations



Jonathan Blum, *Director, Center for Medicare Management, Centers for Medicare and Medicaid Services, Baltimore, MD*

2:15 pm Pioneer ACO Demonstration



Mai Pham, MD, *Director, Innovations Center, Centers for Medicare and Medicaid Services, Washington, DC*

2:45 pm CMS/CMMI Panel Discussion and Q&A

Jonathan Blum, *Director, Center for Medicare Management, Centers for Medicare and Medicaid Services, Baltimore, MD*

Mai Pham, MD, *Director, Innovations Center, Centers for Medicare and Medicaid Services, Washington, DC*

Tom Williams, Dr PH, MBA, *Executive Director, Integrated Healthcare Association, Oakland, CA (Moderator)*

3:15 pm Break

3:45 pm Organizing for Risk



Jeff Goldsmith, PhD, *President, Health Futures, Inc.; Associate Professor of Public Health Sciences, University of Virginia, Charlottesville, VA*

4:15 pm Keynote Panel: Report from Leading Pioneer ACO Organizations

In May 2011, the Center for Medicare and Medicaid Innovation (CMMI) announced the Pioneer ACO program, designed for more sophisticated organizations that already have experience with coordinated care and population management. These ACOs will advance rapidly from shared savings to population-based payment models, and will also be required to enter into population-based payment contracts with private payers. In this session, we will hear from leading provider organizations that have applied for Pioneer ACO status on their decision to enter the program, the challenges they have faced, and the opportunities presented by the prospect of rapid advancement to new payment models and alignment between CMS and private payers.

Donald H. Crane, *President and Chief Executive Officer, California Association of Physician Groups, Los Angeles, CA (Moderator)*

5:30 pm Adjournment and Opening Networking Reception

DAY II: WEDNESDAY, NOVEMBER 2, 2011

MORNING PLENARY SESSION

Commercial ACOs

8:00 am Welcome and Introductions



Donald H. Crane, *President and Chief Executive Officer, California Association of Physician Groups, Los Angeles, CA*

8:15 am Private Sector Partnerships: Setting the Bar for Reform



Karen Ignagni, *President and Chief Executive Officer, America's Health Insurance Plans, Washington, DC*

8:45 am Keynote Panel: Strategies for Commercial ACO Development



Samuel R. Nussbaum, MD, *Executive Vice President, Clinical Health Policy and Chief Medical Officer, Wellpoint, Inc., Indianapolis, IN*



Charles Saunders, MD, *President of Strategic Diversification, Aetna, Inc., Hartford, CT*



Richard Salmon, MD, PhD, *National Medical Executive, Performance Measurement and Improvement, CIGNA HealthCare, Bloomfield, CT*

Karen Ignagni, *President and Chief Executive Officer, America's Health Insurance Plans, Washington, DC (Moderator)*

10:00 am Break

10:30 am Keynote Panel: Innovations in ACO Development — Massachusetts Alternative Quality Contract



Dana Gelb Safran, Sc.D., *Senior Vice President, Performance Measurement and Improvement, Blue Cross Blue Shield of Massachusetts, Boston, MA*



Barbara Spivak, MD, *President, Mount Auburn Cambridge Independent Practice Association (MACIPA), Brighton, MA*

11:30 am Keynote Panel: Modeling the Future of Collaborative Accountable Care: Bringing Hospitals, Physician Systems and Major Purchasers Together



Juan Davila, *Senior Vice President, Network Management, Blue Shield of California, Woodland Hills, CA*



Steve McDermott, *Chief Executive Officer, Hill Physicians Medical Group, San Ramon, CA*



John Wray, *Senior Vice President, Managed Care, Catholic Healthcare West, San Francisco, CA*



Ann Boynton, *Deputy Executive Officer, Benefit Programs Policy and Planning, California Public Employees' Retirement System (CalPERS), Sacramento, CA (Moderator)*

12:30 pm Networking Luncheon

CONCURRENT SESSIONS — GROUP I

(Choose one Concurrent Session Only)

1:30 pm – 3:00 pm

CONCURRENT SESSION I.1: Utah: ACOs and Medicaid

Michael Hales, *Director, Division of Medicaid and Health Financing, Utah Department of Health, Salt Lake City, UT*

W. David Patton, PhD, *Executive Director, Utah Department of Health, Salt Lake City, UT*

Daniel Liljenquist, *Senator, Utah Senate and Sponsor of the Reform Legislation, Salt Lake City, UT*

CONCURRENT SESSION I.2: ACOs: California Style

John Jenrette, MD, *Chief Executive Officer, Sharp Community Medical Group, San Diego, CA*

CONCURRENT SESSION I.3: Provider Coordination and Patient Choice: Applying ACO Principles to the Commercial PPO Population

James C. Robinson, PhD, *Leonard D. Schaeffer Professor of Health Economics, School of Public Health, University of California at Berkeley, Berkeley, CA*

CONCURRENT SESSION I.4: The Private Sector: ACOs and Other Value-Based Arrangements

Scott Sarran, *Chief Medical Officer, Blue Cross Blue Shield Illinois, Chicago, IL*

CONCURRENT SESSION I.5: ACO Legal Issues Update

Dennis Diaz, Esq., *Partner, Davis Wright Tremaine LLP, Los Angeles, CA*

Jill H. Gordon, Esq., *Partner and Vice Chair, Health Law Practice, Davis Wright Tremaine LLP, Los Angeles, CA*

Robert G. (Bob) Homchick, Esq., *Partner and Chair, Health Law Practice, Davis Wright Tremaine LLP, Seattle, WA*

Douglas Ross, Esq., *Partner, Davis Wright Tremaine LLP, Seattle, WA*

CONCURRENT SESSION I.6: ACOs in the Safety Net: Barriers and Benefits

Matt Chayt, JD, *Legal Fellow, Chief Justice Earl Warren Institute on Law and Social Policy, University of California at Berkeley, Berkeley, CA*

Ann Marie Marciarille, JD, *Senior Research Fellow, Chief Justice Earl Warren Institute on Law and Social Policy, University of California at Berkeley, Berkeley, CA*

CONCURRENT SESSION I.7: Using Individualized Guidelines to Optimize ACO Cost and Quality Objectives

David M. Eddy, MD, PhD, *Founder and Medical Director, Archimedes Healthcare Modeling, San Francisco, CA*

Robert M. Crane, *Senior Advisor, Kaiser Permanente, Oakland, CA*

CONCURRENT SESSION I.8: The Evolution of a Tiered, High Performance Network into an Integrated ACO

Jay M. Gellert, *President and Chief Executive Officer, Health Net, Inc., Woodland Hills, CA*

3:00 pm Refreshment Break

CONCURRENT SESSIONS — GROUP 2

(Choose one Concurrent Session Only)

3:30 pm – 5:00 pm

CONCURRENT SESSION 2.1: Case Study: A Southern California Commercial ACO

Bart Asner, MD, *Chief Executive Officer, Monarch Healthcare, Irvine, CA*

Aldo De La Torre, *Vice President, Provider Contracting, Anthem Blue Cross, Rancho Cordova, CA*

Robert Margolis, MD, *Managing Partner and Chief Executive Officer, HealthCare Partners Medical Group, Los Angeles, CA*

CONCURRENT SESSION 2.2: Barriers or Speed Bumps? Application of the Antitrust Laws to ACOs

David Balto, *Senior Fellow, Center for American Progress, Washington, DC*

Christi J. Braun, Esq., *Partner, Mintz, Levin, Cohn, Ferris, Glowsky and Popeo, P.C., Washington, DC*

CONCURRENT SESSION 2.3: ACO Quality and Efficiency Metrics

Gail M. Amundson, MD, FACP, *President and Chief Executive Officer, Quality Quest for Health of Illinois, Peoria, IL*

John Jenrette, MD, *Chief Executive Officer, Sharp Community Medical Group, San Diego, CA*

Dolores Yanagihara, MPH, *Director, Pay for Performance Program, Integrated Healthcare Association, Oakland, CA*

CONCURRENT SESSION 2.4: Achieving Accountability in a Large, Geographically Diverse Multispecialty IPA

Carole Black, MD, *Chief Medical Officer, Valence Health, Chicago, IL*

James Dougherty, MD, *Chief Medical Officer, The Medical Group of Ohio and Ohio Health Group, Columbus, OH*

CONCURRENT SESSION 2.5: The Medical Home: The Foundation of Accountable Care

David Nace, MD, *Vice President and Medical Director of Clinical Development, McKesson Corporation, Vice Chairman, Patient-Centered Primary Care Collaborative (PCPCC), Malvern, PA*

CONCURRENT SESSION 2.6: Lessons Learned: Transformation to a Value Care Organization (VCO) While Tripling Capacity

Cástulo de la Rocha, JD, *President and Chief Executive Officer, AltaMed Health Services, Los Angeles, CA*

Martin Serota, MD, *Vice President and Chief Medical Officer, AltaMed Health Services, Los Angeles, CA*

CONCURRENT SESSION 2.7: A Blueprint for Successful Cross-Industry Collaboration

Theodore Lotchin, JD, MPH, *Associate, Arnold & Porter LLP, Washington, DC*

Asim Varma, *Antitrust Partner, Arnold & Porter LLP, Washington, DC*

J. Bradley Wilson, *President and Chief Executive Officer, Blue Cross and Blue Shield of North Carolina, Durham, NC*

Executive Representative, *The University of North Carolina at Chapel Hill*

Jeffrey R. Ruggiero, *Healthcare Partner, Arnold & Porter LLP, New York, NY (Moderator)*

CONCURRENT SESSION 2.8: ACO Success Factors: Building a Knowledge-Based Technology Infrastructure for Population Management

Jonathan M. Niloff, MD, *Founder, Chief Medical Officer, MedVentive, Inc., Waltham, MA*

5:00 pm **Adjournment**



DAY III: THURSDAY, NOVEMBER 3, 2011

Clinically Integrated Physician–Hospital Networks and Care Management

8:00 am Welcome & Introductions



Bart Asner, MD, *Chief Executive Officer, Monarch Healthcare, Chair, Integrated Healthcare Association, Irvine, CA*



Keith Wilson, MD, *Regional Medical Director, HealthCare Partners Medical Group; Chair, California Association of Physician Groups, Torrance, CA*

8:15 am Hospital/Physician Integration

Marty Manning, MBA (Invited), *President, Advocate Physician Partners, Oakbrook, IL*

8:45 am Keynote Panel: ACOs through the Crystal Ball: Looking Toward the Future

A growing number of payers and providers are embracing the concept of accountable care, and there is currently a flurry of ACO activity taking place across the country. Early results have been promising, but will it be possible to replicate these across the country? Will ACOs be the key to lowering costs and increasing quality in America, or are they just a smokescreen for increased provider clout? Will early gains be sustained, or will the movement lose momentum? Is accountable care the way of the future? This panel will explore these questions and provide a glimpse of what is in store for the future of healthcare in America.



Ian Morrison, PhD (Invited), *Author, Consultant, and Futurist, Menlo Park, CA (Moderator)*

10:15 am Refreshment Break

CONCURRENT SESSIONS — GROUP 3

(Choose one Concurrent Session Only)

10:30 am – Noon

CONCURRENT SESSION 3.1: Engineering the Care Delivery/Management Team Across the Continuum

Barbara B. Gray, MBA, RN, *Vice President, Accountable Care Collaborative, Premier, Inc., Charlotte, NC*

CONCURRENT SESSION 3.2: Clinical Integration Across a Group and Hospital

Richard Afaible, MD, MPH, *President and Chief Executive Officer, Hoag Memorial Hospital Presbyterian, Newport Beach, CA*

Cynthia Perazzo, *Senior Vice President, Strategy and Business Development, Hoag Memorial Hospital Presbyterian, Newport Beach, CA*

Alan Puzarne, *Chief Operating Officer, Nautilus Healthcare Management Group/Greater Newport Physicians, Newport Beach, CA*

CONCURRENT SESSION 3.3: Accountable Care Solutions for Payers and Providers — What is Ready Today

Jeff Rideout, MD, *Senior Vice President and Chief Medical Officer, The TriZetto Group, Newport Beach, CA*

Jay Sultan, *AVP Product Management for Value Based Reimbursement, The TriZetto Group, Athens, GA*

CONCURRENT SESSION 3.4: Physician-Hospital Integration: Using Data to Bring it Together

Paul Katz, *President and Chief Executive Officer, Intelligent Healthcare, Los Angeles, CA*

CONCURRENT SESSION 3.5: Building a Culture of Accountability

Francis J. (Jay) Crosson, MD, *Associate Executive Director, The Permanente Medical Group; Senior Fellow, Institute for Health Policy, Kaiser Permanente; Vice Chair, Medicare Payment Advisory Committee (MedPAC), Oakland, CA*

Sharon Levine, MD, *Associate Executive Director, The Permanente Medical Group, Oakland, CA*

CONCURRENT SESSION 3.6: Customized Care: Aligning Quality, Patient Experience and Affordability

Leonard Fromer, MD, FAAFP, *Executive Medical Director, Group Practice Forum, Los Angeles, CA*

Noon ACO Congress Adjourns



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About the California Association of Physician Groups (CAPG)

The California Association of Physician Groups (CAPG) is the voice of coordinated healthcare in California. We are the nation's largest professional association representing physician groups practicing in the managed care model. Our members are committed to the delivery of coordinated, accountable, clinically integrated health care services. We support our members through public advocacy, educational services, and collaboration with other stakeholders in California health care. **SAVE THE DATE** for the annual CAPG Healthcare Conference 2011, May 4 – 7, 2011 at the JW Marriott Desert Springs Resort & Spa, Palm Desert California. More information at www.capg.org/conference2011



About the Integrated Healthcare Association (IHA)

IHA is a not-for-profit multi-stakeholder leadership group that promotes quality improvement, accountability and affordability of health care in California. IHA administers regional and statewide programs, serves as an incubator for pilot programs and projects, and actively convenes all healthcare parties for cross sector collaboration on health care topics. IHA's principal projects include the California pay-for-performance program (the largest private physician incentive program in the U.S.), the measurement and reward of efficiency in health care, value based purchasing of medical devices, health care affordability, bundled episode of care payments, and prevention programs directed at obesity. For more information about IHA visit: www.iha.org.

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THE SECOND NATIONAL ACO CONGRESS

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- 1.1: Utah: ACOs and Medicaid
- 1.2: ACOs: California Style
- 1.3: Provider Coordination and Patient Choice: Applying ACO Principles to the Commercial PPO Population
- 1.4: The Private Sector: ACOs and Other Value-Based Arrangements
- 1.5: ACO Legal Issues Update
- 1.6: ACOs in the Safety Net: Barriers and Benefits
- 1.7: Using Individualized Guidelines to Optimize ACO Cost and Quality Objectives
- 1.8: The Evolution of a Tiered, High Performance Network into an Integrated ACO

3:30 pm

- 2.1: Case Study: A Southern California Commercial ACO
- 2.2: Barriers or Speed Bumps? Application of the Antitrust Laws to ACOs
- 2.3: ACO Quality and Efficiency Metrics
- 2.4: Achieving Accountability in a Large, Geographically Diverse Multispecialty IPA
- 2.5: The Medical Home: The Foundation of Accountable Care
- 2.6: Lessons Learned: Transformation to a Value Care Organization (VCO) While Tripling Capacity
- 2.7: A Blueprint for Successful Cross-Industry Collaboration
- 2.8: ACO Success Factors: Building a Knowledge-Based Technology Infrastructure for Population Management

Thursday, November 3, 10:30 am

- 3.1: Engineering the Care Delivery/Management Team Across the Continuum
- 3.2: Clinical Integration Across a Group and Hospital
- 3.3: Accountable Care Solutions for Payers and Providers — What is Ready Today
- 3.4: Physician-Hospital Integration: Using Data to Bring it Together
- 3.5: Building a Culture of Accountability
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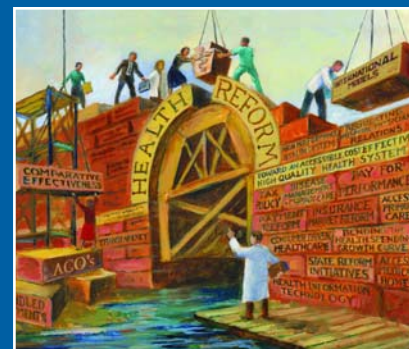
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