



2017 Michigan Association of Health Plans Summer Conference
Partner Showcase
Wednesday, July 19, 2017
3:00-5:00 p.m.

The following Conference Partners will be presenting at the Partner Showcase. The schedule of presenters will be announced in July.

Access2Care

Company Profile: Access2Care is one of the nation's largest managers of Non-Emergency Medical Transportation (NEMT) services. Our experience began in 1998, with a national program for Kaiser Permanente under our parent company AMR. Currently, we provide NEMT and managed transportation services to Medicaid and Medicare members through government and managed care organization (MCO) contracts, with customized programs for each client's unique service area and diverse population.

Nationwide, over 99.7% of trips we deliver are complaint free. Exceptional customer service is our top priority. Our proven methods for effectively managing high-volume call centers, provider networks and medical transportation services result in high satisfaction.

Presentation: Access2Care has a national agreement with ride-share leader, Lyft. We have incorporated this method of transport into our NEMT toolbox with great success. Our presentation highlights member and health plan benefits related to our innovative program as well as statistics related to wait times, cost reduction, and member satisfaction from our first few months of service in various markets. We are excited to share this program with MAHP health plan leadership.

Behavioral Health Professionals, Inc.

Company Profile: Established in 2002 and headquartered in Detroit, Michigan, BHPI is a non-profit, Managed Behavioral Health Organization offering behavioral health services through a fully integrated network of world class healthcare providers. Our emphasis is on adding value for our customers by offering expert behavioral care management, medical coordination, and behavioral disease and chronic behavioral condition management. BHPI offers collaborative solutions by building strong partnerships with health plans, health systems, community mental health organizations, and employer groups. For more information visit: BHPI.org



Presentation: BHPI has developed Healthcare Engagement Teams (HET) as a means of facilitating better integrated healthcare between behavioral health and physical health professionals. HETs serve as the central point for coordinating, collaborating, and ensuring communications among all relevant parties engaged in the delivery of a patient's care. HETs are working together to surround a patient at all levels, taking into account the impact of social determinants working with the continuum of patients from under-utilizers to super-utilizers. HETs will work to identify and fill gaps in care and treatment left by a fragmented healthcare system.

We will discuss our existing pilot programs with area health plans which are enabling us to formalize systems and processes that will be used to expand the HET model across the state.

Envolve

Company Profile: Through its family of companies, Envolve provides flexible and affordable healthcare solutions, including access to the most comprehensive suite of supplemental health benefits, wellness and back-office support solutions for partners nationwide. Envolve uses integrated data and analytics solutions to transform its healthcare services and unify services for supplemental benefits, wellness, medical management, outreach, care gap closure, and provider and administrative services. As an agent for change in healthcare, our healthcare solutions are designed to reflect our ongoing commitment to transforming the health of the community, one person at a time.

Presentation: The purpose of the presentation is to introduce Envolve and provide an overview of our clinical programs and services that enable better health outcomes through simplifying access to affordable, flexible, comprehensive healthcare management for individuals and the organizations who care for them. As the health plans in Michigan continue to work toward quality improvement and provide coverage for all communities, Envolve would like to introduce themselves as a partner able and willing to implement change to accomplish each plan's unique goals.

Gilead Sciences

Company Profile: Gilead is a research-based biopharmaceutical company that discovers, develops and commercializes medicines for areas of unmet medical need and has:

- A worldwide presence with more than 8,900 employees and in almost 40 countries, spanning six continents
- 24 marketed drugs; active R&D program
- Therapeutic areas of focus in HIV/AIDS, liver diseases, hematology and oncology, inflammatory and respiratory diseases and cardiovascular conditions
- 13 successful acquisitions, growing company reach



Gilead is committed to ensuring global access and believes our responsibility to patients extends beyond the lab, and beyond developed-world markets.

Presentation: A company overview will be provided followed by data from the (unbranded) 2016 HCV Trends Report. The benefit to health plans is to be informed/ aware about:

1. Gilead's background
2. National and aggregated payer and provider responses regarding HCV. The report highlights areas of alignment and misalignment based on responses.

HealthMine

Company Profile: HealthMine is a leading healthcare technology company that delivers Health Intelligence for plan members and plan sponsors. HealthMine's cloud-based Health Intelligence Solution facilitates better health outcomes and lowers healthcare costs by providing: 1) insight into health status and risk, 2) clinical guidance on necessary health actions, 3) personalized motivation to close gaps in care and 4) measurement of outcomes. The Health Intelligence Solution derives business value from all clinical and lifestyle health data including data from existing wellness programs. HealthMine is on the web at www.healthmine.com.

Founded in 2008, our Health Intelligence solution was built inside a health plan to turn all health data into actionable intelligence. It was built for both for the member and for the operations and business unit leaders inside our parent health plan. Spun out from its parent plan in 2014, HealthMine now creates Health Intelligence for other health plans. Our intimate understanding of a health plan's needs enabled us to create a closed-loop "hub" solution that offers a "start anywhere" modular approach to digital health engagement.

Presentation: Our presentation will show you how HealthMine's cloud-based Health Intelligence Solution facilitates better health outcomes and lowers healthcare costs by providing:

1. Actionable insight into health status and risk
2. Direct-to-member guidance on necessary health actions
3. Personalized motivation to close gaps in care
4. Health and business process improvements to plan operations leaders

We have a relentless objective to gather and leverage healthcare data using deep and comprehensive analytics solutions. Our goal is to make member data meaningful and actionable so that members can improve health outcomes and health plans can improve business outcomes. At HealthMine, we don't believe in generic "going digital" or "engagement for engagement's sake" strategies.



Novo Nordisk

Company Profile: Novo Nordisk is a global health care company with nearly a century of innovation and leadership in diabetes care and dedicated research. We also hold leading positions in hemophilia care, growth hormone therapy and hormone replacement therapy. To ensure that we can continue helping people affected by chronic conditions, our Triple Bottom Line principle commits us to considering the financial, social and environmental impact of every decision we make as we strive to create value for individuals, society and investors.

Presentation: The purpose of the presentation will be to give an overview of our organization and the value-add delivered to patients. We are going to highlight some of the services we provide termed, "Actions that Drive Change." Our "Actions that Drive Change" is focused in Diabetes, Hemophilia, Obesity and Policy.

VARIS, LLC

Company Profile: Since 2004, VARIS has served health plans throughout the United States and Puerto Rico to identify overpayments in Inpatient Diagnosis Related Group (DRG) and Outpatient/ Ambulatory Payment Classification (APC). VARIS was built with scalability and efficiencies to adjust to the dynamic changes in the healthcare market. VARIS' three-step process encompassing data analytics, human analysis, and complex medical record review allows health plans to recover maximum dollars on identified overpayments.

Presentation: Outpatient services represent a fast growing segment in healthcare expenses today. Due to the high volume of outpatient claims, there is a great potential to recover significant dollars in overpayments. The Ambulatory Payment Classification (APC) prospective payment system is a system designed to define and explain the amount and type of resources used during a single outpatient visit.

VARIS' Vice President of APC Operations will discuss the differences between DRG and APC overpayments and the particular challenges of the APC audit process. As your partner, your health plan can expect up to 3% of total outpatient claims dollars returned to your bottom line. VARIS' three-part process provides the most comprehensive review process in the industry by reviewing 100% of your claims. Health plans can achieve financial return in as little as 6 weeks.

- Data Analytics
- Human Analysis
- Complex Medical Record Review