

THURSDAY, JANUARY 15, 2009

8:30 am Registration & Breakfast

9:00 am Welcome

Judith Miller Jones, *Director*, National Health Policy Forum

9:15 am Health Care and the U.S. Budget: Public Programs in Context

Stuart Altman, PhD, *Dean and Sol C. Chaikin Professor of National Health Policy*, Brandeis University

- How much does the U.S. spend on health care, and what have been the trends in spending over time? How does the rate of growth in private health care spending compare to the rate of growth in public spending?
- How have Medicare and Medicaid expenditures changed over time? How do these programs stack up as a percentage of national health spending?
- What are the main sources of health care cost growth?
- What impact, if any, does the aging and retirement of the baby boomers have on health care spending? How do other factors such as increases in volume and intensity of services, price increases, technology, and the health status of Americans affect cost growth?
- Are we getting good value for the money we spend on health care?
- How important are the Medicare and Medicaid programs to health care providers?
- What does the current economic crisis mean for Medicare and Medicaid? How is the Medicare Trust Fund affected, and what does it mean for Medicare solvency?
- What should be Congress's priorities in the near future regarding Medicare and Medicaid?

10:00 am Medicare 101: Eligibility, Benefits, Financing, and Administration

Michael Hash, *Principal*, Health Policy Alternatives, Inc.

Gail Wilensky, PhD, *Senior Fellow*, Center for Health Affairs, Project HOPE

- Who is served by Medicare, and how many enrollees are there?

THURSDAY, JANUARY 15, 2009 (CONTINUED)

10:00 am

Medicare 101 (continued)

- How is the Medicare program structured? What are Parts A, B, C, and D?
- What benefits are covered under Medicare?
- How is the program financed? What is the status of the solvency of the Medicare Trust Fund?
- How is Medicare administered? What role do fiscal intermediaries and carriers play? What is the role of the Social Security Administration?
- How do Parts C and D use private organizations to deliver Medicare benefits?
- What is not covered by Medicare? What is the role of Medigap insurance? Medicaid?
- What have been the key milestones in the history of the program?

11:00 am

Medicare's Many Providers and Payment Systems: Parts A & B

Mark Miller, PhD, *Executive Director*, Medicare Payment Advisory Commission (MedPAC)

Bruce Steinwald, *Director*, Health Care, Government Accountability Office (GAO)

- What are the different types of payment systems used by Medicare to pay for health care services?
- How do the payment systems differ by type of provider and delivery setting?
- How does Medicare pay for hospital services? What is a prospective payment system (PPS)? Why was it created?
- How and when are Medicare payments updated or increased?
- How does Medicare pay for physician services?
- Why are there differences in Medicare payments across geographic regions?
- What is post-acute care? What Medicare services are considered "post-acute"?

12:15 pm

Lunch

THURSDAY, JANUARY 15, 2009 (CONTINUED)

12:45 pm

Medicare's Many Providers and Payment Systems: Parts C & D

Mark Miller, PhD, *Executive Director*, MedPAC

James Cosgrove, PhD, *Director*, Health Care, GAO

- What is Medicare Advantage? How does it differ from traditional Medicare?
- What benefits are covered under Medicare Advantage?
- How many Medicare Advantage plans are there, and how many Medicare beneficiaries are enrolled in them? How do beneficiaries enroll in these plans?
- How are Medicare Advantage plans paid?
- How is Part D, the Medicare prescription drug benefit, administered? What are PDPs and MA-PDs?
- How do beneficiaries enroll in Medicare Part D? How many are currently enrolled?
- What benefit design and cost-sharing options do PDPs and MA-PDs offer?
- How much does the Medicare drug benefit cost, and how is it being paid for? How do drug plans use formularies and drug utilization review programs to control costs?
- How much are beneficiary premiums, and how are premiums determined?
- What type of assistance do low-income individuals receive?
- What is the retiree drug subsidy, and which companies may receive it?

2:00 pm

In Pursuit of Quality

Janet Corrigan, PhD, *President and Chief Executive Officer*, National Quality Forum

Thomas Hamilton, *Director*, Survey and Certification Group, Center for Medicaid and State Operations, Centers for Medicare & Medicaid Services

- What is the role of quality and performance measurement in the context of the Medicare and Medicaid programs?

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2:00 pm

In Pursuit of Quality (continued)

- How are quality and performance measures developed and disseminated?
- How is the quality of health care measured, and how has it improved over time?
- How do quality measurement, improvement, and oversight activities vary depending on the setting of care?
- How much does the federal government, including Medicare and Medicaid, spend on quality-related activities?
- How does CMS assure the quality of services for which Medicare and Medicaid payments are made?
- What is the function of the state survey agencies? How do they relate to the federal government?
- What are the key quality initiatives underway at CMS and more broadly in the health care community?

3:00 pm

Getting to Know the Centers for Medicare & Medicaid Services

Charlene Frizzera, *Chief Operating Officer, Centers for Medicare & Medicaid Services (CMS)*

Don Johnson, *Advisor to the Administrator, CMS*

- What are CMS's main roles and functions? What is the balance between Medicare and Medicaid staff?
- What are the dynamics between the public and private sectors in administering Medicare and Medicaid?
- What is the role of Medicare's contractors?
- What is the best way for a new congressional staff member to get the answer to a policy or operational question from CMS?
- How does the Office of Legislation relate to the rest of the agency?

THURSDAY, JANUARY 15, 2009 (CONTINUED)

3:30 pm

Getting to Know the Congressional Support Agencies

Keith Fontenot, *Assistant Director*, Budget Analysis Division,
Congressional Budget Office

Marjorie Kanof, MD, *Managing Director*, Health Care, GAO

Mark Miller, PhD, *Executive Director*, MedPAC

Richard Rimkunas, *Section Head*, Health Insurance and Financing,
Congressional Research Service

- The Congressional Budget Office, Government Accountability Office, Medicare Payment Advisory Commission and the Congressional Research Service are known as congressional support agencies. How do they support Congress? What role do they play in the policy process?
- What are the different ways congressional staff can contact the congressional support agencies?

4:30 pm

111th Congress: Preview of Legislative Priorities

House Ways & Means, House Energy and Commerce
and Senate Finance Committee Staff

- What are the health policy priorities for the House Ways & Means, House Energy and Commerce and Senate Finance Committees for the 111th Congress?
- What is the expected sequence of legislative action on health issues?

5:30 pm

Adjournment

FRIDAY, JANUARY 16, 2009

8:30 am

Registration & Breakfast

9:00 am

Medicaid 101: Eligibility, Benefits, Financing

Patricia MacTaggart, *Lead Research Scientist*, Center for Health
Services Research and Policy, George Washington University

Ann Kohler, *Director*, National Association of State Medicaid Directors

- How is the Medicaid program structured? How does the federal-state partnership work?

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9:00 am

Medicaid 101 (continued)

- Who does the Medicaid program serve? Who is generally not eligible for Medicaid?
- What benefits are covered under Medicaid? What are “mandatory” and “optional” benefits?
- How is Medicaid financed?
- How have different financing strategies been used in the context of Medicaid programs?
- How much of a state’s total budget is spent on Medicaid?
- What groups dominate state Medicaid spending? How and why has Medicaid evolved into the primary provider and payer of long-term care services?
- How has Medicaid spending on different eligibility groups changed over time?
- How are state Medicaid programs affected by the downturn in the economy?
- What are the most significant challenges facing state Medicaid programs?

10:15 am

SCHIP 101 and Issues for Reauthorization

Alan Weil, JD, *Executive Director*, National Academy for State Health Policy

Chris Peterson, *Specialist in Health Care Financing*, Domestic Social Policy Division, Congressional Research Service

Leslie Cummings, *Executive Director*, California Managed Risk Medical Insurance Board

- What was the history behind the creation of the State Children’s Health Insurance Program (SCHIP)?
- How was SCHIP designed to be different from Medicaid?
- How does a capped grant program differ from an entitlement?
- How is SCHIP structured? What are the eligibility, benefits, and cost-sharing requirements?
- How do states define the SCHIP benefit package? What is “benchmark” coverage?

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10:15 am

SCHIP 101 and Issues for Reauthorization (continued)

- Who does the program serve? How many children does SCHIP serve? Is there state interest to serve other populations?
- How does the federal-state financing partnership work under SCHIP?
- How are state allotments determined? How much is spent on the SCHIP program?
- What have been some of the problems with the SCHIP financing structure?
- What have been the key accomplishments of the program? What are the biggest challenges?
- What are the key issues being considered in the SCHIP reauthorization debate?

11:30 am

**Medicare-Medicaid Dual Eligibles:
Two Programs, Twice the Challenge?****Judith D. Moore**, *Senior Fellow*, National Health Policy Forum**Barbara Edwards**, *Principal*, Health Management Associates, Inc.

- What is a dual eligible? How many people are eligible for both Medicare and Medicaid?
- What percentage of Medicare beneficiaries are dual eligibles? Medicaid beneficiaries? What is their health status?
- What is combined state and federal spending on dual eligibles? How much of total expenditures for each program is attributed to dual eligibles?
- Are the two programs sufficiently aligned for serving this population? What structural differences between Medicare and Medicaid make serving dual eligibles a challenge? How hard is it to navigate between the two programs?
- Is the current system cost-effective? Are there incentives for cost-shifting between the federal and state governments?
- How could the two programs be better aligned or integrated?
- What strategies have states developed for serving dual eligibles?

FRIDAY, JANUARY 16, 2009 (CONTINUED)

12:30 pm

Luncheon Program

Looking to the Future: Medicare, Medicaid, and Health Reform

Invited Speakers:

Mark McClellan, MD, PhD, *Senior Fellow*, Engelberg Center for Health Care Reform, The AEI/Brookings Joint Center

Chris Jennings, *President*, Jennings Policy Strategies, Inc.

- How will the Medicare, Medicaid, and SCHIP programs likely fit into the broader context of a health reform debate?
- What are the key problem areas that need to be addressed in dealing with quality of care, cost growth, and access to coverage?
- Is there enough money already in the health care system to finance the needed reforms? If not, what are some potential sources for cost savings?
- What are the prospects for universal coverage in the longer term?

2:00 pm

Adjournment