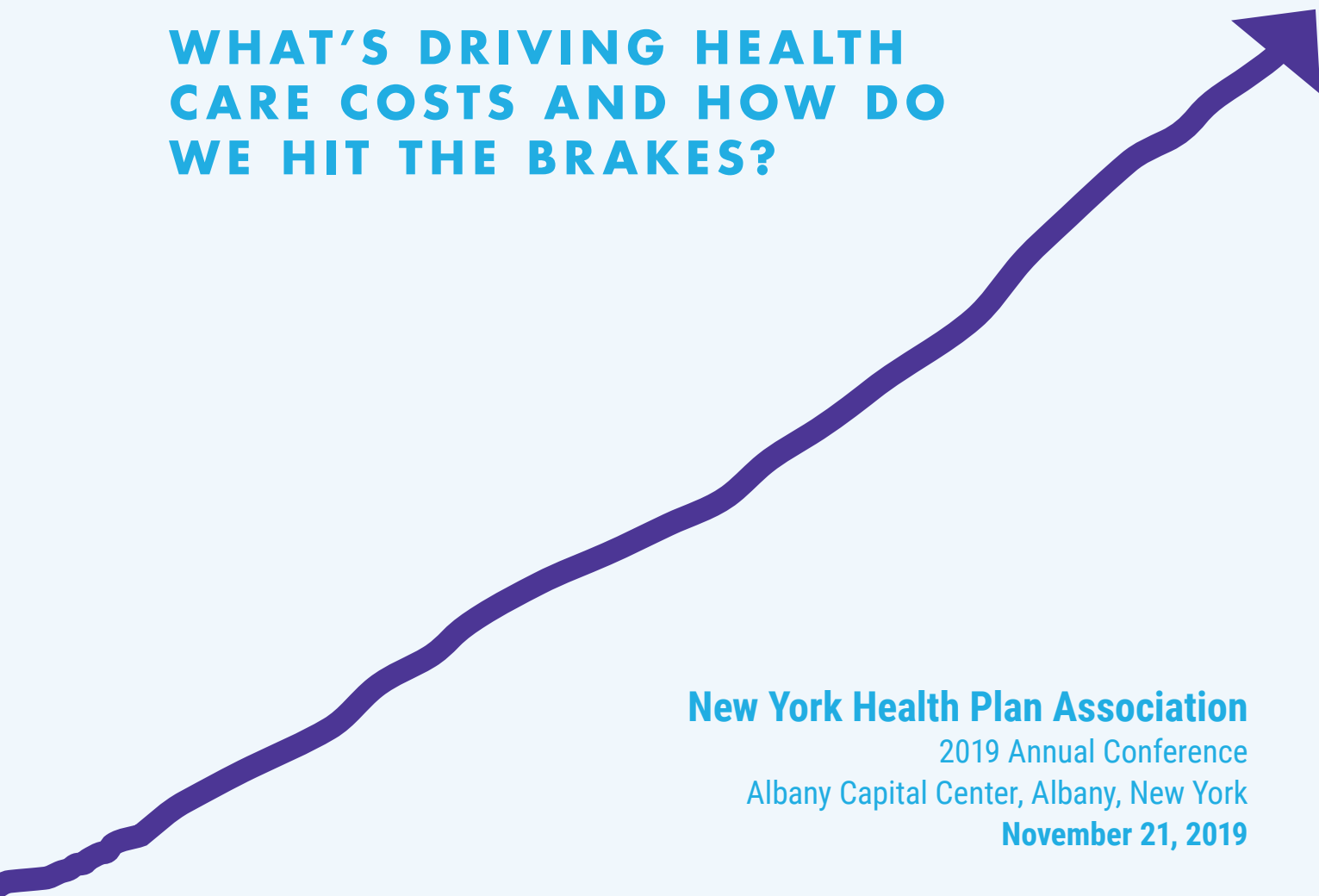


THE COST CONUNDRUM

WHAT'S DRIVING HEALTH CARE COSTS AND HOW DO WE HIT THE BRAKES?



New York Health Plan Association

2019 Annual Conference

Albany Capital Center, Albany, New York

November 21, 2019



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WELCOME

Dear Friends:

On behalf of the New York Health Plan Association (HPA), welcome to our 2019 Annual Conference, The Cost Conundrum: What’s Driving Health Care Costs and How Do We Hit the Brakes?

With more than 95 percent of residents insured in the state, New York continues to be successful in its efforts to realize the goal of universal coverage, bucking national trends. This is a tremendous accomplishment and our members have been an important part in this achievement. HPA and our member health plans have been consistent, reliable partners with the state in its efforts to reduce the number of uninsured to historic lows, and have been instrumental in New York’s initiatives to transition the delivery system to value-based payment arrangements to meet the needs of the state’s Medicaid beneficiaries.

However, the cost of health care in New York continues to exceed the national average, with rising prices the major driver. Legal challenges to the Affordable Care Act and a pending budget gap for fiscal years 2020 and 2021 have the potential to threaten the state’s coverage expansion and Medicaid redesign efforts, increasing the urgency to address the underlying cost drivers so that health care is more affordable for all New Yorkers.

We are pleased to have several nationally recognized health policy experts and local leaders to provide their insights into the challenges our marketplace faces, the prospects for payment reform, and opportunities for tackling affordability. We are also privileged to be joined by Professor Ken Thorpe, Chair of the Department of Health Policy and Management at Emory University, who’ll be discussing the costs, challenges and implications of implementing a single payer system, its impact on health care, and what it means for patients, providers, health plans, employers and policymakers.

We appreciate the time you have taken to join us and hope you find today’s forum informative and thought-provoking. Our annual conference is one of the many ways that HPA seeks to generate discussion on the critical issues affecting health policy in New York. If there is anything we can do to make your attendance more enjoyable, please do not hesitate to inform any HPA staff member.

Accompanying your conference program is an evaluation form. Please take a moment to complete this form and return it to the registration desk prior to your departure. Thank you to our sponsors and exhibitors for helping to make today possible, and I ask that you visit their booths during the breaks and throughout the day.

On behalf of the HPA board and staff, thank you for joining us today, and I hope you enjoy the program.

Sincerely,



Eric Linzer
President & Chief Executive Officer



Eric Linzer
President & CEO

About the New York Health Plan Association

WHO WE REPRESENT

The New York Health Plan Association (HPA) is an industry voice for health care plans across the state. HPA was established for the purpose of promoting the development of managed health care plans within New York state and is an advocate for quality health care for all New Yorkers.

Currently, HPA has 29 member health plans. Our members provide health care coverage to New Yorkers enrolled through their employers; those enrolled through government-sponsored programs such as Medicaid and Child Health Plus; Medicare enrollees; frail elderly and chronically disabled New Yorkers who receive coordinated services through a Managed Long Term Care (MLTC) plan; and individual New Yorkers who shop for coverage on the New York state of Health, the state’s official marketplace, or directly from plans. HPA also has a number of affiliate members, including dental and behavioral health plans, pharmaceutical companies, and other companies that contract with health plans. HPA membership represents all types of health plans and includes for-profit and nonprofit companies.

OUR MEMBERS AT WORK

All of HPA’s member health plans share a commitment to meeting the health care needs of New York state – providing quality health care services, serving residents healthy and sick and communities rural and urban. HPA member plans also participate in innovative programs and research that promote the health and well-being of New York state residents.

OUR EDUCATIONAL FOUNDATION

The HPA also maintains an educational foundation, the HPA Council, that serves as a resource for businesses, labor, government and the media. Major foundation activities include development and ongoing operation of numerous collaboratives aimed at improving quality of care for all New Yorkers.



OUR MEMBERS

FULL MEMBERS	ASSOCIATE MEMBERS	AFFILIATE MEMBERS	
Aetna	AgeWell New York	3M Health Information Systems	HealthPlex
Affinity Health Plan	Centers Plan for Healthy Living	Agadia Systems	Liberty Dental
Capital District Physicians' Health Plan	Elderplan/HomeFirst	Alkermes	Magellan Health Services
EmblemHealth	Elderwood Health Plan	AstraZeneca	Medical Answering Systems
Empire BC BS HealthPlus	Extended MLTC	Beacon Health Options	MedImpact
Fidelis Care	Hamaspik Choices, Inc.	Brighton Health Plan	Merck
Healthfirst	Integra MLTC	Solutions	Novo Nordisk
HealthNow New York	Nascentia Health	Celgene	NTT Data
Independent Health	Prime Health Choice	DentaQuest	PerformRx
MetroPlus	RiverSpring Health Plans	DrFirst	Premier Home Health Care Services
Molina Healthcare of NY	Senior Health Partners	Eli Lilly Oncology	Sage Therapeutics
MVP Health Care	Senior Whole Health	Harmony Biosciences	Sandata Technologies
Oscar Health Insurance	VillageCare MAX	HealthCrowd	Solid Benefit Guidance
UnitedHealthcare	VNS CHOICE	Health Management Associates	Vatica Health, Inc.
WellCare of New York			Vertex Pharmaceuticals Inc.

NYHPA OFFICERS & STAFF

Officers		Staff	
Denise Gonick	Colleen Schmidt	Eric Linzer	Ashley Stuart
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<i>Formerly of MVP Health Care</i>	<i>Molina Health Care of NY</i>	Kathleen Preston	Kathleen Wallace
Michael McGuire	Jack Stephenson	Executive Vice President	Executive Assistant
Chief Executive Officer	Treasurer	Leslie Moran	Lori Dorry
<i>UnitedHealthcare</i>	<i>Empire BlueCross BlueShield, HealthPlus</i>	Senior Vice President	Project Assistant
		Arlene Halpert	
		Senior Director, Education and Conferences	

THE COST CONUNDRUM

WHAT'S DRIVING HEALTH CARE COSTS AND HOW DO WE HIT THE BRAKES?
2019 ANNUAL CONFERENCE AGENDA: THURSDAY, NOVEMBER 21, 2019

7:30–8:45 am	Registration\Breakfast\Exhibitors	12–12:30 pm	LUNCH
8:45–9:15 am	Introduction & Welcome Eric Linzer , President and Chief Executive Officer, New York Health Plan Association Denise Gonick , Chairperson, New York Health Plan Association, Former President & CEO, MVP Health Care	12:30–1:45 pm	Single Payer: Understanding the Costs Ken Thorpe, PhD , Chair, Department of Health Policy and Management, Emory University
9:15–10:30 am	Understanding Cost Drivers Robert Murray , President, Global Health Payment LLC Len Nichols , Director, Center for Health Policy Research and Ethics, and Professor of Health Policy, George Mason University Jane Horvath , President, Horvath Health Policy Moderator: Michael McGuire , Chief Executive Officer, UnitedHealthcare of New York	1:45–2:45 pm	View from the Marketplace Rose Duhan , President and CEO, Community Health Care Association of New York state Dottie Gallagher , President and CEO, Buffalo Niagara Partnership Sara Rothstein , Director, 32BJ Health Fund Moderator: Bill Hammond , Director of Health Policy, Empire Center for Public Policy
10:30–10:45 am	Break	2:45–3pm	Closing Remarks\Adjourn Eric Linzer , President and Chief Executive Officer, New York Health Plan Association
10:45 am–12 pm	Has Payment Reform Delivered on the Promise of Lower Cost and Better Care? Andréa Caballero , Program Director, Catalyst for Payment Reform Gregory Burke , Former Director, Innovation Strategies, United Hospital Fund Rachael Matulis , Senior Program Officer, Center for Health Care Strategies, Inc. Moderator: Colleen Schmidt , President and Chief Executive Officer, Molina Healthcare of New York		



Speakers



Eric Linzer
President & CEO, New York Health Plan Association

In January 2018, Eric Linzer became president and CEO of the New York Health Plan Association (HPA), an Albany-based organization that represents 29 health plans in New York state. These plans provide comprehensive health care coverage to more than eight million New Yorkers.

As the chief executive of HPA, Eric is responsible for development of policy positions for the organization, advocacy with the executive and legislative branches of government, and serves as lead spokesperson to the media and the public on issues relating to the managed care industry.

Eric came to HPA from the Massachusetts Association of Health Plans (MAHP) where he spent 15 years, most recently serving as executive vice president, where his responsibilities encompassed overseeing a wide range of operational activities as well as legislative and regulatory issues, outreach to business groups and brokers, and media relations and communications.

Prior to joining MAHP in 2002, Eric was an account supervisor in the public relations division of Arnold Worldwide and worked in the public affairs department of Harvard Pilgrim Health Care. He holds a J.D. from Suffolk University Law School and a master's Degree in political science from Suffolk University, and he earned his Bachelor's degree from Boston College.

In 2019, Eric was named to **City & State's** inaugural *Health Power 50*, listing the 50 most influential leaders in the health sector, as well as **City & State's Albany Power 100**, recognizing the 100 most powerful people in Albany. He is also a past recipient of the **Massachusetts Medical Law Report's** *Leader in Quality – Rx for Excellence Award*.



Denise V. Gonick
Director & Trustee, Strategic Advisor; Former President & CEO, MVP Health Care

Denise V. Gonick is an executive wholly committed to inspiring action that brings real value to people and improves their lives. She has extensive experience leading strategy and execution and executive management in a highly regulated and complex corporate environment.

Denise was most recently the CEO of MVP Health Care, a \$3.5 billion, mission-based health care company that employs 1,800 people. During her seven years as CEO, MVP successfully diversified its portfolio of offerings, completed a major acquisition, delivered strong financial results and became the second-largest company headquartered in the Capital Region. Denise's commitment to fostering a diverse and accountable culture helped MVP become one of the top large companies to work for in New York state. The company has also been recognized extensively for its commitment to the communities it serves.

A lawyer by profession, Denise began her tenure with MVP in 1995 as associate counsel and soon was named vice president of legal affairs and general counsel. Her responsibilities steadily expanded over the years, growing to include administration, operations and strategy. She was appointed president & CEO in 2012. Before joining MVP, she practiced public-sector labor law.

Respected for her talents as a collaborative and strategic thinker, Denise is often sought to take on leadership roles in statewide and local business and not-for-profit organizations. She currently serves as chair of the New

York state Health Plan Association and is a past chair of the New York state Business Council and the Capital Region Chamber. She is a frequent speaker on the topics of health care, leadership, women in business and diversity in the workplace. Denise also mentors many young and well-seasoned professionals on a variety of business issues.

Denise has been recognized with many awards, most recently including the Albany Business Review's inaugural 40 Under 40 Hall of Fame, the Women's Fund of the Capital Region's Trailblazer Award and City & State Magazine's Health Power 50. She was also honored to be named a Woman of Excellence by the Capital Region Chamber and to receive the College of St. Rose Community of Excellence award.

Denise also serves on several nonprofit boards, including Proctors Theater in Schenectady, New York, and the Women's Leadership Institute Advisory Board of the College of St. Rose. She is a graduate of Hofstra University and earned her J.D. from Albany Law School.



Michael McGuire
Chief Executive Officer, UnitedHealthcare New York

Michael McGuire is the chief executive officer of UnitedHealthcare in New York.

Michael is responsible for sales, account management, regulatory compliance, and network development for UnitedHealthcare's commercial operations in the state of New York. Michael and his team coordinate access to a wide array of consumer-oriented, personalized health benefit plans and services for nearly three million people who purchase their health insurance individually or through small, large and public-sector employers.

Michael served as CEO for UnitedHealthcare of New Jersey from 2007 through 2014, a position he earned after serving as regional vice president for UnitedHealthcare's Northeast region from 2004 through 2007. Michael joined UnitedHealthcare in 1996 and played a key role in the integration of Oxford Health Plans following UnitedHealthcare's acquisition of Oxford in 2004. Michael has more than 30 years' experience in the health insurance industry.

He is committed to UnitedHealthcare's mission of helping people live healthier lives and has led UnitedHealthcare employees across the state of New York in a wide range of charitable causes and health-related events.

Michael currently serves as board vice chair of the New York Health Plan Association. He received a Bachelor of Science from Rutgers University and resides in northern New Jersey with his wife and children.



Speakers



Robert Murray
President of Global Health Payment LLC

Robert Murray is President of Global Health Payment LLC, a management consulting firm specializing in the design and implementation of incentive-based payment systems for health care providers.

Prior to his consulting experience, in 1994 Mr. Murray was appointed by the governor of Maryland to serve as executive director of the Health Services Cost Review Commission (HSCRC), Maryland’s all-payer hospital rate-setting agency. He served in that capacity for 17 years.

Under Robert’s leadership, the HSCRC initiated a number of innovative payment programs, including: 1) the nation’s first severity adjusted diagnosis-related group (DRG)-based payment system; 2) a bundled outpatient hospital prospective payment system; 3) global budgets for 10 rural hospitals, which served as the prototype demonstration for the state’s current statewide hospital global budget demonstration with CMS; and 4) several all payer pay-for-performance incentive arrangements focusing on reducing preventable readmissions, improving patient satisfaction and reducing the frequency of hospital-acquired conditions.

Since leaving the HSCRC, Robert has worked as a consultant developing hospital global budget payment models for the state of Vermont and a prospective payment system for small and rural hospitals for the Oregon Health Authority. In Maryland, Robert is assisting the CareFirst Maryland BlueCross BlueShield with extending its successful Patient-Centric Medical Home (PCMH) Shared Savings Program and represents CareFirst on policy issues before the HSCRC. Internationally, he has assisted the Chinese and the French Ministries of Health in the design of DRG-based payment systems and has

worked as a short-term consultant for the World Bank on payment reform initiatives in the Russian Federation, Brazil, India, the Philippines and the United Arab Emirates.

In addition to his consulting responsibilities, Robert is also a writer and health service researcher. He has a particular interest in hospital consolidation and the payment and cost implications of the increased use of provider market power in negotiations with commercial insurers. He has also investigated potential strategies that can be used by states and health plans to address problematic pricing issues in the private market.

Robert has a BA and MA in economics and an MBA, from Stanford University in Palo Alto, California.



Len M. Nichols
*Director, Center for Health Policy Research and Ethics;
Professor of Health Policy, George Mason University*

Len M. Nichols has been the director of the Center for Health Policy Research and Ethics (CHPRE) and a professor of health policy at George Mason University since March 2010.

He has been intimately involved in health reform debates, policy development, and communication with the media and policymakers for 25+ years, after he was Senior Advisor for Health Policy at the Office of Management and Budget (OMB) in the Clinton administration.

Since that time, he has testified frequently before Congress and state legislatures, published extensively, and spoken to a wide range of hospital associations, hospital systems, physician groups, boards of directors, and health policy leadership forums around the country. After OMB, Len was a principle research associate at the Urban Institute, vice president of the Center for Studying Health System Change, and director of the health policy program at the New America Foundation.

In addition to his positions at GMU, Len is on the board of directors of the National Committee for Quality Assurance and in 2016 was appointed by the comptroller general to serve on the Physician-Focused Payment Model Technical Advisory Committee (PTAC), which advises the secretary of Health and Human Services (HHS) on Medicare payment policies.

Len was an advisor to the Virginia Health Reform Initiative and is now the payment reform advisor to the Virginia Center for Health Innovation. Len was an innovation

advisor to the Center for Medicare & Medicaid Innovation at CMS in 2012, and has recently been the principal investigator in PCMH evaluation studies as well as in more general studies of how to use payment and delivery reform to achieve triple aim and health equity goals.

Recently he has become focused on how payment models may be used to incentivize sustainable investments in social determinants of health. Len’s first job was teaching economics at Wellesley College from 1980 to 1991, where he became associate professor and economics department chair after receiving his Ph.D. in economics from the University of Illinois in 1980. Len got his B.A. from Hendrix College in Conway, Arkansas, and his M.A. in economics from the University of Arkansas in Fayetteville. He lives in Arlington, Virginia, with his wife, Nora Super, of the Milken Institute.

Jane Horvath
President, Horvath Health Policy

Jane Horvath is an experienced health policy analyst and policymaker. She has a deep background in Medicaid, Medicare, commercial insurance markets and regulation, and prescription drug pricing and reimbursement. Jane is a consultant on a variety of health care financing issues, including pharmaceutical costs.

Jane is a health care financing policy consultant for state and federal governments, private foundations, advocacy organizations, the biopharmaceutical industry and nonprofit organizations. She has held research positions at Johns Hopkins University and the Medicaid and CHIP Payment and Access Commission (MACPAC). Jane spent 10 years at Merck working on coverage and reimbursement policies in federal programs. She has worked for the Medicaid directors and the U.S. Senate Finance Committee, and was the deputy assistant secretary for legislation (health) at the U.S. HHS.



Speakers



Colleen Schmidt
President & Chief Executive Officer, Molina Health Care

Colleen Schmidt was named president and CEO of Molina Healthcare of New York in August 2016. She leads the company in its mission to provide quality health services to financially vulnerable families and individuals covered by government programs.

Molina Healthcare, a Fortune 500, multistate health care organization, arranges for the delivery of health care services and offers health information management solutions to nearly five million individuals and families.

Under Colleen’s leadership, Molina provides a more holistic approach to health care. Colleen’s priorities include advancing Molina’s role in value-based care solutions and integrating behavioral and medical care through collaboration, coordination, technology and legislative changes to improve affordability, quality, and patient experience.

Prior to joining Molina, Colleen served as president of Universal American Eastern Division and vice president of Excellus BlueCross BlueShield.

Colleen is a registered nurse and has masters in business administration from Binghamton University in New York. She has an extensive background in managed care as well as complex health systems. She is committed to improving access to quality health care for the most vulnerable populations.

Throughout her career, Colleen has served on a number of boards, including the board of directors for Ronald McDonald House Charities, Make a Wish and Boy Scouts of America.



Andréa Elizabeth Caballero
Program Director, Catalyst for Payment Reform

Andréa E. Caballero is the program director for Catalyst for Payment Reform, an independent, nonprofit corporation working to catalyze employers, public purchasers and others to implement strategies that produce higher-value health care and improve the functioning of the health care marketplace. Andréa comes to CPR with over 18 years of experience in the health care industry and leads CPR’s work in tracking and quantifying progress in payment reform. In addition to her duties at CPR, Andréa currently serves on the board of directors and Executive Committee for the Community Hospital of Long Beach Foundation.

Prior to joining CPR, Andréa served as vice president, enterprise and health services policy for UnitedHealth Group, where she worked on a range of health care policy issues at the state and federal levels. From 2002 to 2005, Andréa was a member of PacifiCare’s Public Affairs team as the director of state government relations for the Western region. Before joining PacifiCare, Andréa was with Humana serving as a regional legislative manager. A Wisconsin native, Andréa began her career in Madison, Wisconsin, working for the state Senate and as a legislative liaison representing various issues before the state legislature, regulators and administrators.

Andréa received her M.P.A. from Brandman University and B.A.’s from Ripon College.



Gregory C. Burke
Former Director, Innovation Strategies United Hospital Fund

Gregory C. Burke, MPA, recently retired from the United Hospital Fund of New York City (UHF) as director, innovation strategies. His work at the UHF focused on three broad areas: enhanced primary care, behavioral health integration and accountable care. In recent years, Greg’s work has focused on the challenges facing small primary care practices and on integrating social determinants of health screening into primary care. He has published a series of papers on tracking and analyzing the trajectory of medical homes and accountable care organizations (ACOs) in New York state and has presented papers on ACOs at national meetings.

Prior to joining the UHF, Greg worked at Montefiore Medical Center, serving as Montefiore’s VP, planning from 1982 to 2010. A fellow of the New York Academy of Medicine, Greg received a B.A. with honors from Colgate University and an M.P.A. from NYU’s Wagner School in 1975, following which he spent seven years in Hartford, Connecticut, as associate director of the Capital Area Health Consortium and as assistant dean at the University of Connecticut School of Medicine.



Rachael Matulis
Senior Program Officer, Center for Health Care Strategies

Rachael Matulis, MPH, is a senior program officer at the Center for Health Care Strategies (CHCS). In this role, she helps lead CHCS’ work on the Advancing Primary Care Innovation in Medicaid Managed Care initiative. This project, supported by The Commonwealth Fund, helps states design and implement primary care innovations through Medicaid managed-care organizations that help better serve the unique needs of vulnerable populations. Rachael also works on various projects aimed at advancing ACOs and value-based payment models, including (1) Medicaid Innovation Accelerator Program (IAP) for value-based payment and financial simulation and (2) the Centers for Medicare & Medicaid Innovation’s State Innovation Models (SIM) initiative.

Prior to joining CHCS, Rachael managed the development of evaluation and outcomes reports for Magellan Behavioral Health of Pennsylvania and assisted with the development of value-based purchasing contracts. Previously, she worked on Medicare payment policy issues as a senior health care analyst for the U.S. Government Accountability Office. She also served as an AmeriCorps member at Soundview Community Health Center in the Bronx, where she assisted with projects aimed at reducing disparities in care.

Rachael holds a Master’s Degree from Columbia University’s Joseph L. Mailman School of Public Health. She received a bachelor’s degree in health science education from the University of Florida.



Speakers



Kenneth Thorpe, Ph.D.
Chair, Department of Health Policy and Management, Emory University

Kenneth Thorpe, Ph.D., is the Robert W. Woodruff Professor and chair of the department of health policy and management in the Rollins School of Public Health of Emory University, Atlanta, Georgia. He is also the executive director of the Emory Institute for Advanced Policy Solutions at Emory University.

As executive director of the Partnership to Fight Chronic Disease (PFCD), Kenneth works with a coalition of over 120 national and state-based organizations consisting of patients, providers, community organizations, business and labor groups, and health policy experts to raise awareness of the negative impact chronic disease has on the nation’s health and economy.

In addition to holding a number of faculty positions, Kenneth was deputy assistant secretary for health policy in the HHS from 1993 to 1995. In this capacity, he coordinated all financial estimates and program impacts of President Bill Clinton’s health care reform proposals for the White House. He also directed the administration’s estimation efforts in dealing with congressional health care reform proposals during the 103rd and 104th sessions of Congress.

As the executive director of the PFCD and respected health care expert, Kenneth regularly testifies before numerous committees in the U.S. Senate and House on many aspects of health care reform, including disease prevention, wellness and coordination of care.

Kenneth has authored and co-authored over 85 articles, book chapters and books and is a frequent national presenter at health care conferences and on television and the media. He has appeared on Nightline with Ted Koppel, NBC News with Tom Brokaw, ABC World News Tonight with Peter Jennings, CNN, CNBC and Newshour with Jim Lehrer.

Previous academic positions held by Kenneth include the Vanselow Professor of Health Policy and director, Institute for Health Services Research at Tulane University; professor of health policy and administration at the University of North Carolina at Chapel Hill; associate professor and director of the Program on Health Care Financing and Insurance at the Harvard University School of Public Health; and assistant professor of public policy and public health at Columbia University. Kenneth has also held visiting faculty positions at Pepperdine University and Duke University.

In 1991, Kenneth was awarded the Young Investigator Award presented to the most promising health services researcher in the country under age 40 by the Association for Health Services Research. He also received the Hettleman Award for academic and scholarly research at the University of North Carolina and was given an “Up and Comers” award by Modern Healthcare.

Kenneth received his Ph.D. from the Rand Graduate School, an M.A. from Duke University and his B.A. from the University of Michigan.



Bill Hammond
Director of Health Policy, Empire Center for Public Policy

Bill Hammond is director of health policy at the Empire Center, an Albany-based think tank focused on New York state.

Bill tracks developments in New York’s health care industry with a focus on how decisions made in Albany and Washington, D.C. affect the well-being of patients, providers, taxpayers and the state’s economy.

Bill has authored reports critiquing a proposed state-run single-payer health care system, documenting Albany’s excessive reliance on health insurance taxes, analyzing the pros and cons of “block-granting” Medicaid, and examining the regulatory missteps surrounding the collapse of Health Republic Insurance, among many other topics.

Before joining the Empire Center in 2016, Bill spent almost three decades in newspaper journalism, most recently as a columnist and editorial board member at the New York Daily News from 2005 to 2015.

Before joining the Daily News, Bill wrote for **The New York Sun**, **The Daily Gazette of Schenectady** and **The Post-Star of Glens Falls**. His work has also appeared in **The Wall Street Journal**, **Politico New York**, **the New York Post**, **City & State**, **the Albany Times Union**, **The Buffalo News** and **The 74**.



Rose Duhan, MPH
President & Chief Executive Officer, Community Health Care Association of New York state (CHCANYS)

Rose Duhan, MPH, joined CHCANYS in May 2017 as the president and chief executive officer. She is responsible for providing strategic vision and leadership to the organization, working with the board of directors in crafting CHCANYS’s mission, vision, and goals and executing strategies to achieve those goals in line with the priorities of the Bureau of Primary Health Care.

Rose has worked extensively on health care policy inside and outside government at both the state and local levels. Prior to coming to CHCANYS, she served as the assistant secretary for health and the assistant secretary for mental health in the office of Governor Andrew M. Cuomo, where she assisted with development and implementation of the governor’s health and behavioral health agenda. At the local government level, she worked for Albany County in the Department of Management and Budget, designing and implementing long-term care system reform. Rose’s experience also includes statewide policy development and advocacy for the HPA and the Healthcare Association of New York state (HANYs).



Speakers



Dottie Gallagher
*President and Chief Executive
Officer, Buffalo Niagara Partnership*

The Buffalo Niagara Partnership is the area’s regional chamber of commerce and privately funded economic development organization. Partnership members employ more than a quarter of a million people in the Buffalo Niagara region.

Prior to joining the partnership, Dottie was president and CEO of Visit Buffalo Niagara, the region’s tourism promotion bureau. She spent nearly 15 years with the Buffalo News and served as a member of their executive management team.

Dottie currently serves on the boards of Buffalo Urban Development Corp, Erie County Industrial Development Agency (ECIDA), Visit Buffalo Niagara, Buffalo Fiscal Stability Authority, Community Foundation for Greater Buffalo, InvestBN, Unshackle Upstate, UB School of Management, Dean’s Advisory Council, AAA of Western and Central New York, the Association of Chamber of Commerce Executives (ACCE), and the Lipsey Architecture Center Buffalo.

Dottie received her undergraduate degree from Towson University (Baltimore, Maryland) and her M.B.A. from the University at Buffalo.



Sara Rothstein
Director, 32BJ Benefit Funds

As director of the health fund for the 32BJ Benefit Funds, Sara Rothstein manages comprehensive health care benefits (including hospital, medical, pharmacy, dental, vision and life insurance) for 32BJ members and their dependents. In providing benefits to more than 200,000 people, Sara is responsible for developing innovative plan designs that improve health care quality while also reducing the overall cost of benefits.

Prior to joining the funds in 2016, Sara served as the director of policy and planning at New York state of Health, New York’s health insurance marketplace, where she oversaw critical aspects of the marketplace’s data analysis, reporting, compliance and training functions. Sara also worked for more than eight years at the Service Employees International Union, where she analyzed financial, legislative and regulatory trends in the health care industry.

Sara has a Master of Science from the Harvard T.H. Chan School of Public Health and a Bachelor of Arts in anthropology from Bryn Mawr College.

SAVE THE DATE

NEW YORK HEALTH PLAN ASSOCIATION 2020 ANNUAL CONFERENCE

Friday, November 13, Albany, New York



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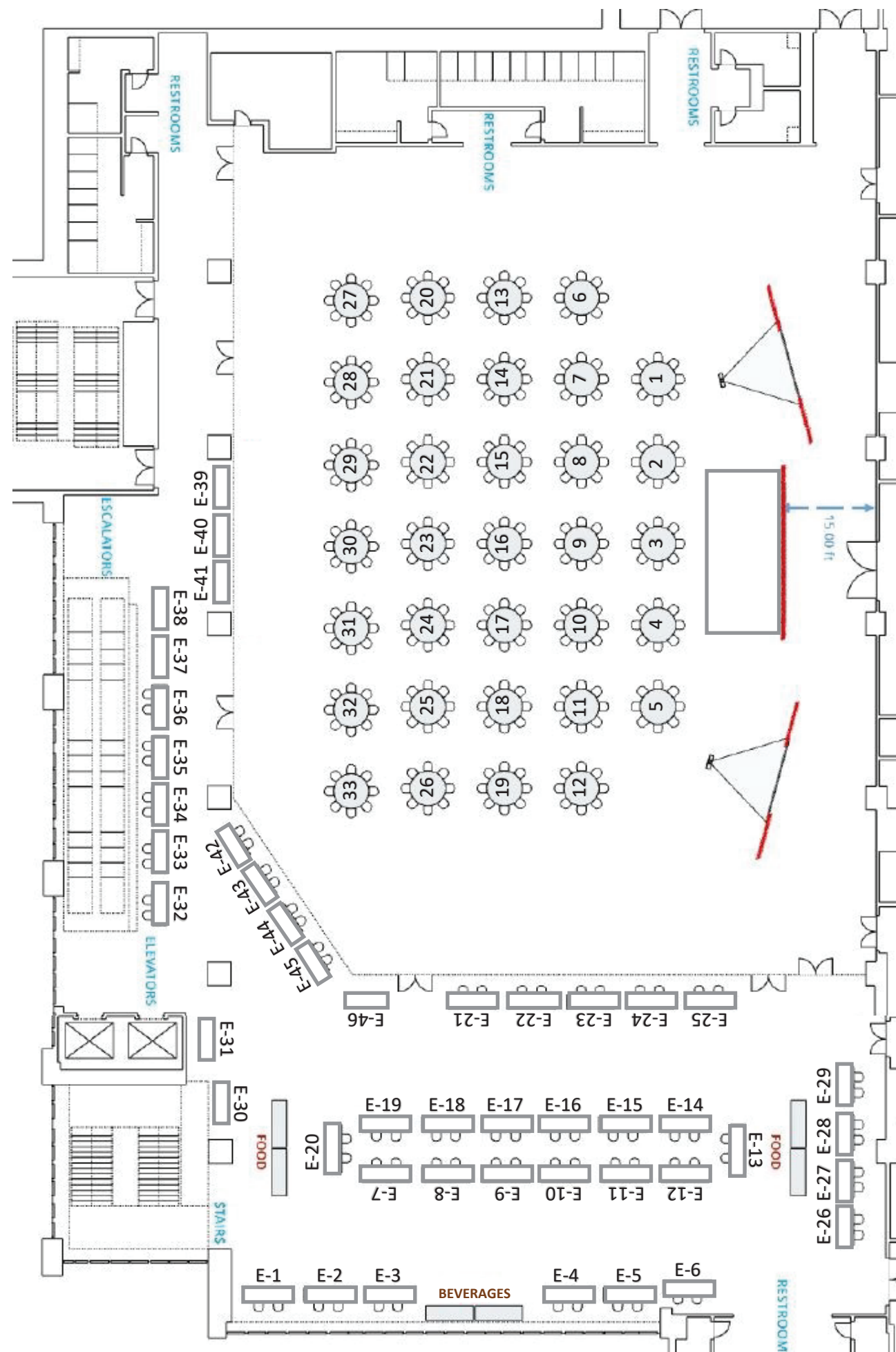
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CONFERENCE AND EXHIBITOR SPACE



Our technology platform utilizes multiple modalities (SMS & MMS, IVR, SMS transitions, emails, and nanosites) to activate your members in ways that resonate with them

Your Unfair Advantage

MAXIMIZE healthy actions
REDUCE excessive touches
PREDICT outcomes early & often
ALLOCATE every penny properly

*Relevant • Timely • Actionable • Risk-managed
healthcare communications delivered at scale*



Cognizant®

Reduce costs, gain efficiency, and increase the quality of patient care with RPA.

At HPA, A Cognizant Company, we believe robotic process automation (RPA) should be accessible for every payer. Our unique, fully-managed RPA model provides health plans with an accelerated path to automating painful business processes while also minimizing risk and controlling costs.

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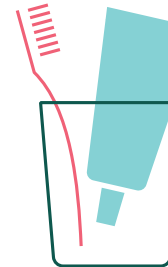
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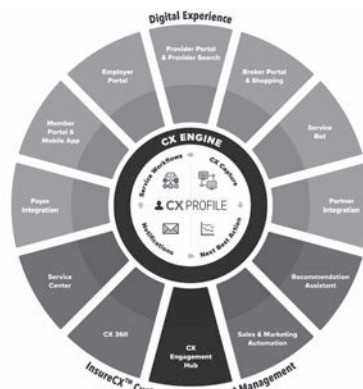
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