

PHM SUMMIT

SMART STRATEGIES *for* BETTER OUTCOMES



Population Health Management (PHM) Summit Day One – Wednesday, April 9

11:00 am – 5:00 pm

Registration Opens and Visit with Sponsors

Note: Lunch on your own

12:45pm - 1:00pm – Marketplace Meet Up

OPENING KEYNOTE

1:00 pm – 1:15 pm

Welcome and Opening Remarks

Speaker: Clifton J. Porter II, President & Chief Executive Officer, AHCA/NCAL

1:15 pm – 2:15 pm The Future of Healthcare

Speaker: Dr. Shawn DuBravac

Session Description: The future is arriving faster than ever. With rapid technological changes, shifting demographics, and new societal trends, understanding what's coming next is key to staying ahead. Dr. Shawn DuBravac offers the insights and vision we need to navigate this uncertain yet exciting future.



2:15 pm – 2:30 pm

Marketplace Meet Up Break

2:30 pm – 3:30 pm Breakout Sessions

Attendees, please choose one session for this time block.

OPTION 1: Evaluating Long-Term Care Financials: Shifting from Fee-for-Service to Population Health Models

PHM Fundamentals Track

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Speaker(s): **Martin Allen**, Senior Vice President, Reimbursement, AHCA/NCAL, (moderator), **Denise A. Leonard** CPA, Partner, Plante Moran, **Nathan Ovenden**, Director, Medicare Programs, Sanford Health Plan, **Leslie Cunningham Campbell**, Chief Operating Officer, Touchstone Communities

Session Description: This session will provide LTC providers with a comprehensive framework for evaluating the financial impact of shifting from traditional Fee-for-Service (FFS) models to more complex population health models such as I-SNPs, long term care focused ACOs, and other value-based payment models. We will analyze how different payment structures affect operational costs, reimbursements, shared savings, and overall financial sustainability. Attendees will also learn about the challenges and opportunities of transitioning to value-based care from a financial perspective, including how to manage the upfront costs of care transformation and the long-term financial gains from improved patient outcomes, Part B therapy implications, etc.

OPTION 2: GUIDE: Advancing Dementia Care in LTC

Emerging Models Track

Assisted Living Track

Speaker: **Fred Bentley**, Managing Director, ATI Advisory, **Dr. Adam Perry**, Geriatrician, **Lucas Donnelley**, Chief Strategy Officer, EmpowerMe Wellness, **Terry Spitznagel**, Senior Executive Vice President, Chief Growth Officer, United Church Homes

Session Description: Since its launch in July 2024, the GUIDE model has spurred innovative collaborations between providers to improve outcomes and enhance the quality of life for Medicare beneficiaries living with dementia. While nursing home residents do not qualify for this model, several long-term care (LTC) providers are leveraging their dementia care expertise and capabilities to structure mutually beneficial collaborations with local GUIDE programs.

Join ATI Advisory's Fred Bentley in a discussion with LTC leaders and industry experts regarding their organization's participation in GUIDE, LTC-specific expertise and services that are valuable to GUIDE programs, and the opportunities that GUIDE presents for your organization and the communities you serve.

OPTION 3: MA & Part D Program Audits: Best Practices & Lessons Learned

Advanced I-SNP Track

Speaker: **Susan Beaman**, RN, BS, Consultant, BluePeak Advisors

Session Description: In this session, industry expert BluePeak, will delve into trends and actionable best practices for preparing for and managing audits of Medicare Advantage and Part D programs. Real-world case studies will illustrate how organizations have successfully addressed audit findings, mitigated risks, and enhanced compliance. Learn about the tools and strategies that can lead to smoother audits and more favorable outcomes.

3:30 pm – 3:45 pm

Marketplace Meet Up Break

3:45 pm – 4:45 pm Breakout Sessions

Attendees, please choose one session for this time block.

OPTION 1: Innovative Payments: Leveraging Episodic and Alternative Payments for Greater Flexibility

Emerging Models Track

Speaker(s): **Marty Grabijas**, Senior Director, National Contracting, AHCA/NCAL, **Walter D. Coleman**, Director, Forvis Mazars

Session Description: This session will provide an overview and discussion on alternative payment models including episodic, bundled payment, capitation and sliding scale reimbursement models. Attendees will gain insight into how these models work, the general risks and rewards associated with each model, and the facility operational requirements needed for partnership and to ensure success.

OPTION 2: Aligning Care Models: Choosing an I-SNP Model That's Right for Your Residents

PHM Fundamentals Track

Assisted Living Track

Speaker(s): **Henry "Hank" Watson**, Chief Development Officer, American Health Partners, **Honor Chriscoe**, Director of Strategic Initiatives, Commonwealth Care of Roanoke, **Zach Cattell**, VP & Chief Strategy and Legal Officer, CarDON & Associates, Inc.

Session Description: As the landscape of care models continues to evolve, the value proposition of the Institutional Special Needs Plan (I-SNP) is clearer than ever before. However, deciding how to engage with an I-SNP can still be a complex decision for providers, with multiple models and options to consider. In this session, join an expert panel of your peers as they share insights and experiences on choosing the I-SNP model that best aligns with your organization's goals and the needs of your residents. Discussions will cover key considerations such as ownership structures, partner/ownership models, opportunities for collaboration across state consortiums, and pure contracting arrangements. Gain practical guidance and actionable strategies to navigate the decision-making process and ensure you are aligning with the model that will best support your residents and your care objectives.

OPTION 3: Inflation Reduction Act: Key Changes to the Part D Prescription Drug Plan

Advanced I-SNP Track

Speaker(s): **Raghav Aggarwal**, Vice President, BGR Group, **Dan Simenc**, Consulting Actuary, Milliman

Session Description: The Inflation Reduction Act dramatically changed the Part D benefit by increasing financial risk for the plans. To understand the implications of these changes, this session would include an overview of the Part D benefit, while noting key aspects of the benefit in terms of the structure. The session will include a description of how the Part D benefit – and the changes in the benefit for 2025 and beyond – impact SNPs.

4:45 pm – 6:00 pm

Networking Reception

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PHM SUMMIT

SMART STRATEGIES *for* BETTER OUTCOMES



PHM Summit Day Two – Thursday, April 10

8:15 am – 9:15 am
Breakfast

9:15 am – 10:15 am Breakout Sessions
Attendees, please choose one session for this time block.

OPTION 1: Operationalizing an I-SNP: You've Made the Decision to Start One...Now What?

PHM Fundamentals Track

Speaker(s): David Gifford, MD, Chief Medical Officer, AHCA/NCAL (moderator), Ben Lerer, President, Longevity Health, Tim Shelly, SVP of Operations, National Healthcare Corporation, Shannon Lager, RN, BSN, Executive Vice President and Chief Operating Officer, Medicalodges

Session Description: Congratulations—you've decided to create an Institutional Special Needs Plan (I-SNP)! Now comes the crucial work of operationalizing your vision. This session is designed for providers who have reached internal consensus and are ready to navigate the practical steps of establishing an I-SNP. Attendees will explore key operational considerations, including network development, regulatory compliance, plan administration, and member enrollment strategies. Led by industry experts, this session provides actionable insights and best practices to guide providers through the complex process of launching and managing a successful I-SNP.

OPTION 2: Exploring Opportunities in PACE: Could PACE be an Option for Your Organization?

Assisted Living Track

Emerging Models Track

Speaker(s): Tyler Overstreet Cromer, Practice Director, Complex Care Programs, Policy, and Research, ATI Advisory, Francesca Fierro O'Reilly, Vice President, Advocacy, National PACE Association, Brian McKaig, Chief Operating Officer, Ascension Living PACE

Session Description: The Program of All-Inclusive Care for the Elderly (PACE) is a fully capitated program that provides comprehensive medical and social services to frail, community-dwelling older adults who require a nursing home level of care. PACE has seen strong growth over recent years and currently operates in 33 states and Washington DC, with additional states in the pipeline. AHCA/NCAL members often already serve these populations or those adjacent and have relationships within your community that could form a strong foundation for PACE. This session will break down the PACE model of care, recent trends in PACE growth, current opportunities, and pathways and business model considerations for AHCA/NCAL members interested in entering PACE.

OPTION 3: Optimizing Medicare Advantage Risk Adjustment: Mechanisms, Revenue Impact, Operational Strategies, and Considerations for LTC and I-SNPs

Advanced I-SNP Track

Speaker(s): **Ivy Dong**, Senior Consulting Actuary II, Wakely, **Ryan McEntee**, Senior Consultant, Wakely

Session Description: Delve into the Medicare Advantage (MA) risk adjustment mechanism and its critical role in funding accuracy and revenue optimization. This session will explore how risk adjustment works, the role of Hierarchical Condition Categories (HCCs), and the direct financial implications of accurate diagnosis capture on plan payments. Special attention will be given to the unique challenges faced by long-term care (LTC) organizations and Institutional Special Needs Plans (I-SNPs), whose populations often have complex medical needs. Attendees will gain insights into tailored strategies for these settings, such as improving documentation accuracy in long-term care environments, ensuring comprehensive assessments of chronic conditions, and effectively capturing high-risk diagnoses in institutional populations. The session will also touch on the implications of the CMS V28 model updates.

Participants will leave equipped with actionable insights into aligning operational processes with risk adjustment requirements, leveraging data and technology, and balancing compliance, care quality, and financial objectives.

10:15 am – 10:30 am

Marketplace Meet Up Break

10:30 am – 11:15 am

GENERAL SESSION

Medicare Advantage and PHM: Congressional and Administrative Priorities and Considerations

Speaker(s): **Michael Bassett**, Senior Vice President, Government Relations, AHCA/NCAL

Panelists: **Dan Farmer**, Principal, BGR Group, **Sarah Sugar**, Senior Director, Sirona Strategies, **Elinor A. Hiller**, Partner, Alston & Bird

Session Description: Explore the evolving relationship between Medicare Advantage (MA) and Population Health Management (PHM) through a policy-focused lens. Moderated by AHCA NCAL's Mike Bassett, this panel discussion features insights from key DC lobbyists and policy experts. Panelists will delve into congressional and administrative priorities shaping Medicare Advantage, highlighting their impact on long-term and post-acute care providers. Attendees will gain a deeper understanding of legislative and regulatory developments influencing PHM strategies and their integration with MA plans.

11:15 am – 11:45 am

Partner Meet-Ups

Join us for an expanded version of AHCA's popular speed networking session at this exclusive Partner Meet-Up, where you'll have the opportunity to connect with key partners who support providers in various I-SNP and ACO arrangements. This time is designed to foster meaningful conversations and explore collaboration opportunities with organizations like Curana, Longevity Health, Provider Partners, and American Health Partners.

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11:45 am – 12:45 pm

LUNCH

12:45 pm – 1:45 pm Breakout Sessions

Attendees, please choose one session for this time block.

OPTION 1: A Comprehensive Analysis: Do I-SNPs perform better than Medicare FFS and Medicare Advantage?

PHM Fundamentals Track

Assisted Living Track

Speaker(s): **Brian Fuller**, Managing Director, ATI Advisory; **Angela Tolbert**, Vice President of Operations, PruittHealth Premier, PruittHealth

Session Description: In this session, we will review the results of a comprehensive analysis of the association between Institutional Special Needs Plan (I-SNP) enrollment and healthcare utilization, spending, and quality outcomes for long-term care residents compared to both Medicare fee-for-service (FFS) beneficiaries and non-I-SNP Medicare Advantage (MA) beneficiaries. The analysis studied eight outcome measures, including emergency department visits, hospitalizations, 30-day readmissions, and spending and quality outcomes, to determine if there are differences in outcomes between populations.

OPTION 2: Advancing ACOs in Long-Term Care: Strategies for Sustainable Care and Collaboration

PHM Fundamentals Track

Emerging Models Track

Assisted Living Track

Speaker(s): **Aisha Pittman**, SVP, Government Affairs, National Association of ACOs, **Nate Aumock**, Chief Population Health Officer, Curana, **Keith Persinger**, Chief Executive Officer, Provider Partners Connect Care

Session Description: As Accountable Care Organizations (ACOs) continue to shape the future of healthcare delivery, their role in long-term care is becoming increasingly vital. This panel will explore innovative strategies for integrating ACOs within the long-term care sector to improve care coordination, reduce costs, and enhance patient outcomes. Experts will discuss opportunities and challenges, such as managing complex care needs for elderly and vulnerable populations, leveraging data for better decision-making, fostering collaboration across providers and the impact of incoming Administration policies.

OPTION 3: Building Better Benefits: The Evolution and Evaluation of Supplemental Offerings

Advanced I-SNP Track

Speaker(s): **Sion Hughes**, Senior Consultant II, Wakely

Session Description: Supplemental benefits are more than just an add-on—they're a critical tool for improving member engagement and health outcomes. This session will provide an in-depth look at the spectrum of supplemental benefits available across different plan types. From the traditional to the innovative, we'll dive into the most popular benefits in the industry today and explore newer, creative options that can set your plan apart. We'll also tackle the challenges of vendor selection, offering practical tips for evaluating potential partners based

on their operational efficiency, data/reporting capabilities, and overall value proposition especially as it relates to I-SNPs.

1:45 pm – 2:00pm

Marketplace Meet Up Break

CLOSING GENERAL SESSION

2:00 pm – 2:45 pm

The Future of Dual Eligibility: Challenges, Opportunities, and Policy Solutions

Speaker: **Michael Monson**, Chief Executive Officer and President, Altarum, **Zach Cattell**, VP & Chief Strategy and Legal Officer, CarDON & Associates, Inc.

Session Description: What lies ahead for dual eligibility policy in an evolving healthcare landscape? The majority of long-term care users in the United States (including 79 percent of users of institutional care) are dually eligible for Medicare and Medicaid. This session will explore the future of coverage and care for this population. Government and industry experts will discuss new rules taking effect between 2025 and 2030, other potential policy reforms, and anticipated future challenges and opportunities in improving coordination and care.

2:45 pm – 3:00 pm

Wrap Up and Adjourn

Thank you to our sponsors and thank you for attending!

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