

PHM SUMMIT



SMART STRATEGIES *for* **BETTER** OUTCOMES

APRIL 15-16, 2026 • BALTIMORE, MD

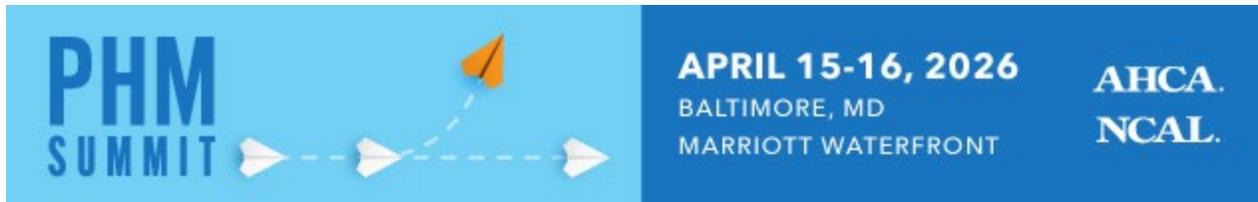
Day One – Wednesday, April 15 – Population Health Management Summit

“PHM For All” Track		Assisted Living Track	Advanced I-SNP Track
11:00 AM – 5:00 PM	Registration Open/ Visit Sponsors		
12:00 PM – 12:45 PM	Newcomer Connect <i>Join us for a warm welcome! Meet fellow first-time attendees, enjoy a light fare, and discover what’s ahead.</i>		
1:00 PM – 1:15 PM	Welcome and Opening Remarks		
1:15 PM – 2:15 PM	Keynote Address: Driving Innovation in Medicare and Medicaid: A Fireside Chat with CMMI Director Abe Sutton (invited)		
2:15 PM – 2:30 PM	Marketplace Meet-Ups		
2:30 PM - 3:30 PM	Option 1 Bundled and Episodic Payment Models: Preparing for TEAM and Beyond	Option 2 AI Models in Motion: From WISeR and ACCESS to the Future of LTPAC	Option 3 Navigating RADV Audits: Insights from CMS and Industry Experts
3:30 PM – 3:45 PM	Marketplace Meet-Ups		
3:45 PM - 4:45 PM	Option 1 Breaking New Ground: Strengthening Your I-SNP While Scaling New Managed Care Opportunities	Option 2 Why We Chose Value Based Care: Real Stories from Assisted Living Providers	Option 3 Medicare Part D Overhaul: What SNPs Need to Know
4:45 PM – 6:00 PM	Reception: Cocktails & Connections		
Dinner on Your Own			

Day Two – Thursday, April 16 – Population Health Management Summit

“PHM For All” Track		Assisted Living Track	Advanced I-SNP Track
7:30 AM – 12:00 PM	Registration Open		
8:15 AM – 9:00 AM	Brew and Brainstorm <i>Kick off the morning with a hearty breakfast, and dynamic discussions. Each table offers a unique theme—pick your topic, grab your plate, and join the conversation!</i>		

9:00 AM – 10:00 AM	Option 1 Long Term Care in ACO Models: Opportunities in LEAD and Beyond	Option 2 From Model to Match: Building Successful Value-Based Care Partnerships	Option 3 Risk Adjustment in Medicare Advantage: Understanding Part C Changes
10:00 AM – 10:15 AM	Marketplace Meet-Ups		
10:15 AM – 11:15 AM	Option 1 The Physician Arms Race: Why Primary Care Is the Key to Value-Based	Option 2 Existing and Emerging Opportunities for Value-Based Care Model	Option 3 Recent Changes to Parts C and D Star Ratings & Their Impact on SNPs
11:15 AM – 11:30 AM	Marketplace Meet-Ups		
11:30 AM – 12:30 PM	Closing General Session: A Fireside Chat with Mark Atalla, Deputy Assistant Secretary for Technology Policy and Deputy National Coordinator, HHS		
12:30 PM - 1:30 PM	Light Lunch and Networking <i>Opportunity to meet with AHCA/NCAL Partners</i>		



Population Health Management (PHM) Summit
Day One – Wednesday, April 15

11:00 AM – 5:00 PM Registration Opens and Visit with Sponsors

Note: Lunch on your own

12:00 PM – 12:45 PM Newcomer Connect

Session Description: Join us for a warm welcome! Meet fellow first-time attendees, enjoy a light fare, and discover what's ahead.

General Sessions

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 Driving Innovation in Medicare and Medicaid: A Fireside Chat

Speaker: Abe Sutton, Director, Center for Medicare and Medicaid Innovation (CMMI) (*invited*); **Steve Fogg**, Chair, AHCA/NCAL PHM Council and Chief Financial Officer, Marquis Companies and Consonus Healthcare

Session Description: Join us for an exclusive keynote fireside chat with Abe Sutton, Director of the Center for Medicare & Medicaid Innovation (CMMI) and Deputy Administrator of CMS. This conversation will explore CMMI's vision and strategic priorities for transforming care delivery and advancing value-based models across Medicare and Medicaid. Director Sutton will share insights on innovation pathways, payment reform, and how CMMI is thinking about long term and post-acute care in the evolving healthcare landscape. Attendees will gain a deeper understanding of upcoming initiatives and opportunities to align with CMS's goals for improving quality, taxpayer savings, and sustainability in care.

2:15 PM – 2:30 PM Marketplace Meet-Ups

2:30 PM – 3:30 PM Breakout Sessions

Attendees, please choose one session for this time block.

PHM for All

OPTION 1: Bundled and Episodic Payment Models: Preparing for TEAM and Beyond
Speaker(s): Shelby Harrington, Managing Director, Avalere; **Mindi Tippins**, VP Strategic Growth & Care Transformation, Ensign Services

Session Description: This session will examine the latest developments in bundled and episodic payment models, including CMMI's new Transforming Episode Accountability Model (TEAM) and strategies for long term care providers. We'll discuss how TEAM's mandatory structure for surgical episodes and post-acute care impacts hospitals and their interdependence and explore practical approaches for implementing bundled payment arrangements in long term care settings. Attendees will gain insights into financial risk-sharing, quality performance requirements, and operational considerations to succeed under evolving CMS payment models. Panelists will share actionable takeaways to help participants position their organizations for success under evolving value-based arrangements.

PHM for All

Assisted Living

OPTION 2: AI Models in Motion: From WISeR and ACCESS to the Future of LTPAC
Speakers: Dr. Elizabeth (Liz) Burns, Chief Medical Officer, AHCA/NCAL (moderator); **Heidi Kriz**, Vice President, Payer Success, Humata Health LLC; **Alexandra Stieglitz**, Co-Founder & CEO, Pythagoras AI

Session Description: This session explores how CMS's WISeR and ACCESS models reflect a shift toward smarter, tech-enabled care. Speakers will examine the potential impact of these models on long term and post-acute care (LTPAC), along with insights from an industry expert developing advanced clinical AI tools, predictive modeling, and real-time workflow intelligence. Together, the discussion highlights how emerging AI capabilities can support better decision-making and more connected care across LTPAC settings.

Advanced I-SNP Strategies

OPTION 3: Navigating RADV Audits: Insights from CMS and Industry Experts
Speakers: Dawn Odrzywolski, Senior Consultant, BluePeak Advisors; **Dennis Sendros**, Senior Advisor, CMS Audits and Vulnerabilities Group; **Mark Hassenstab**, Vice President, Risk Adjustment and Product Optimization, Curana Health

Session Description: Join the CMS Center for Program Integrity, BluePeak, and a leading plan provider as they share real-world experiences and lessons learned from RADV audits. This session will cover recent CMS updates to the RADV audit program, emerging trends, and their implications for Medicare Advantage and Part D plans. Attendees will gain practical strategies to avoid common pitfalls, address audit findings, mitigate risks, and strengthen compliance strategies. Learn actionable best practices to prepare for audits and ensure compliance in a rapidly evolving regulatory environment.

3:30 PM – 3:45 PM Marketplace Meet-Ups

3:45 PM – 4:45 PM Breakout Sessions

Attendees, please choose one session for this time block.

PHM for All

OPTION 1: Breaking New Ground: Strengthening Your I-SNP While Scaling New Managed Care Opportunities

Speaker(s): **Fred Bentley**, Managing Director, ATI Advisory (moderator); **Angie Tolbert**, Vice President, Operations, PruitHealth Premier; **Annette E. Crum**, Vice President, Business Development, Longevity Health; **Hank Watson**, Chief Development Officer, American Health Partners

Session Description: This session brings together leading I-SNP operators to discuss how they are simultaneously strengthening their existing I-SNP in the face of competition from D-SNPs, C-SNPs, and other Medicare Advantage products while also expanding into new managed care models. Moderator Fred Bentley will guide attendees through practical strategies to defend market share, enhance member outcomes, and reinforce the distinctive value proposition that sets I-SNPs apart. This discussion will utilize real-world examples to explore how these operators are thoughtfully venturing into new spaces, including the D-SNP, C-SNP, and PACE markets, to reach new populations and increase margins. Participants will learn to identify vulnerabilities, prioritize investments, and design a phase growth strategy that builds a resilient, future-ready managed care portfolio starting with an I-SNP foundation.

Assisted Living

OPTION 2: Why We Chose Value Based Care: Real Stories from Assisted Living Providers

Speaker(s): **LaShuan Bethea**, Executive Director, NCAL (moderator); **Alexandra (Alex) Shuell**, Senior Vice President of Operations, Marketing & Engagement, Gardant Management; **Meredith Mills**, President & CEO, Country Meadows Retirement Communities; **Nora O'Brien**, Chief Operating Officer, Assisted Living, United Hebrew of New Rochelle

Session Description: As the healthcare landscape continues to shift toward value-based models, Assisted Living providers are finding innovative ways to participate in and benefit from this transformation. In this engaging panel discussion, hear directly from leaders in the field who have embraced value-based care (VBC) and are seeing meaningful results. Panelists will share their motivations and strategies for entering VBC arrangements as well as real-world examples of how VBC has improved resident outcomes, enhanced care coordination, and strengthened their business models. Whether you're just beginning your VBC journey or looking to refine your approach, this session offers practical insights and inspiration from those who've made it work.

Advanced I-SNP Strategies

OPTION 3: Medicare Part D Overhaul: What SNPs Need to Know

Speaker(s): **Raghav Aggarwal**, Principal, BGR Group; **Thomas (Tom) Kornfield**, Founder & CEO, MAST Health Policy Solutions

Session Description: The Inflation Reduction Act has significantly reshaped the Medicare Part D benefit, introducing changes that increase financial risk for plans and impact program design and delivery. This session will provide an overview of the Part D benefit structure and examine key modifications taking effect in 2026 and beyond. In this session, experts will discuss how these changes influence Special Needs Plans (SNPs) and LTC pharmacies, including updates to the Part D risk adjustment methodology, and share strategies for navigating the evolving regulatory and financial landscape.

4:45 PM – 6:00 PM Reception: Cocktails & Connections

PHM Summit
Day Two – Thursday, April 16

8:15 AM – 9:00 AM Brew and Brainstorm

Description: Kick off the morning with a hearty breakfast and dynamic discussions. Each table offers a unique theme—pick your topic, grab your plate, and join the conversation!

9:00 AM – 10:00 AM Breakout Sessions

Attendees, please choose one session for this time block.

PHM for All

Assisted Living

OPTION 1: Long Term Care in ACO Models: Opportunities in LEAD and Beyond

Speaker(s): **Andrew Van Ostrand**, Senior Vice President, Sirona Strategies (moderator); **Keith Persinger**, CEO, Provider Partners Connect Care & COO, Provider Partners Health Plan; **Heather Bjernudd**, VP, Strategic Growth & Care Transformation, Ensign Services; **Marc Hudak**, Chief Growth Officer and IPA Business Lead, Longevity Health

Session Description: This session will explore opportunities for involvement in Accountable Care Organizations (ACOs), including the development of an LTC-focused model and the new Long-term Enhanced ACO Design (LEAD) Model. We'll discuss how these models can enhance collaboration, improve outcomes, and create shared savings opportunities for long term care providers. Attendees will gain practical insights into participation pathways, risk-sharing strategies, and operational considerations to succeed in the evolving ACO landscape.

PHM for All

Assisted Living

OPTION 2: From Model to Match: Building Successful Value-Based Care Partnerships

Speaker(s): **Marty Grabijas**, Senior Director, National Contracting, AHCA/NCAL (moderator); **Bethany Geiger**, Vice President, Strategy, Ohana Pacific Health; **Mark Klyczek**, Principal, Mark Klyczek Consulting; **Paul Pruitt**, Chief Executive Officer, Majestic Care

Session Description: Success in value-based care (VBC) for long term and post-acute providers depends on selecting the right model and the right partners. This session will explore how to evaluate VBC models for your organization and outline best practices for identifying and structuring partnerships that drive sustainable outcomes. Learn how to assess financial stability, clinical capabilities, cultural alignment, and technology readiness, spot red flags, and ensure shared accountability for results.

Advanced I-SNP Strategies

OPTION 3: Risk Adjustment in Medicare Advantage: What Matters for 2026 and Beyond
Speaker(s): Michael Mastroianni, Senior Manager, Oliver Wyman Actuarial; **Andrew Webster**, Senior Principal, Oliver Wyman Actuarial

Session Description: This session offers a practical overview of the latest risk adjustment updates and pipeline items for plans and providers in Medicare Advantage. We will review the CY2027 Advance Notice, the latest model changes, where we're headed and how this could affect coding accuracy, payment integrity, and plan operations. Discussion will include changes to diagnosis categories and weighting, compliance considerations, documentation best practices, and potential strategies for risk adjustment programs. Attendees will leave with actionable insights to optimize risk capture under the evolving CMS methodology.

10:00 AM – 10:15 AM: Marketplace Meet-Ups

10:15 AM – 11:15 AM Breakout Sessions

Attendees, please choose one session for this time block.

PHM for All

Assisted Living

OPTION 1: The Physician Arms Race: Why Primary Care Is the Key to Value-Based Success

Speaker(s): Dr. Elizabeth (Liz) Burns, Chief Medical Officer, AHCA/NCAL (moderator); **Dr. Rayvelle Stallings**, Chief Medical Officer and Senior Vice President, Physician Services, PruittHealth; **Brian Fuller**, Managing Director, Provider Strategy and Care Transformation, ATI Advisory

Session Description: As attribution increasingly occurs through physicians, the competition for primary care providers is reshaping the health care landscape and increasingly contributing to overall quality outcomes and value-based care success. Some nursing facility operators are launching or growing their owned physician services enterprise while other operators are choosing to partner with third-party organizations who are rapidly expanding their physician networks to gain a strategic advantage. This session explores the central role of primary care in driving outcomes under value-based care models, best practices for collaboration between physician groups and long term and post-acute care (LTPAC) providers, and strategies for integration across care settings. Attendees will gain actionable insights to position their organizations for success in this evolving environment and identify which new and existing CMS Innovation Center models pose the greatest opportunity.

PHM for All

Assisted Living

OPTION 2: Existing and Emerging Opportunities for Value-Based Care Model Participation

Speaker(s): **Janelle Gingold**, Director, Provider Strategy and Care Transformation Practice, ATI Advisory (moderator); **Steve Fogg**, Chief Financial Officer, Marquis Companies and Consonus Healthcare; **Peg Stockel**, President & Chief Executive Officer, Stonehill Communities

Session Description: Skilled nursing and long term care (SNF/LTC) providers have found innovative ways to participate and be successful in existing value-based care models such as the Medicare Shared Savings Program (MSSP) and ACO REACH. With the arrival of a new administration, the CMMI has introduced a bold 2025-2028 strategy focused on chronic disease and complex care, technology innovation, market-driven competition, and generating positive savings. Join ATI Advisory and two experienced LTC providers in a session on active and emerging CMMI models, including relevant background and education, historical experience and successes, and how these models fit together with programs such as I-SNPs. This session will also explore how new priorities may reshape the broader health care system and what they mean for LTC providers navigating new expectations around value, consumer choice, and early intervention.

Advanced I-SNP Strategies

OPTION 3: Recent Changes to Parts C and D Star Ratings & Their Impact on SNPs

Speaker(s): **Suzanna-Grace Tritt**, Senior Consulting Actuary, Wakely Consulting Group; **Lisa Winters**, Consulting Actuary I, Wakely; **Anna Greditor**, National Director, HEDIS and Quality, Provider Partners Health Plan

Session Description: Recent updates to CMS Star Ratings for Medicare Advantage (Part C) and Prescription Drug Plans (Part D) are reshaping performance measurement and compliance requirements. These changes have significant implications for Special Needs Plans (SNPs), influencing quality scores, reimbursement, and overall plan strategy. This session will provide an in-depth overview of the latest updates to CMS Star Ratings methodology for Medicare Parts C and D, with a focus on how these changes affect SNPs. Attendees will gain actionable insights to navigate these changes and optimize SNP performance under the evolving rating system.

11:15 AM – 11:30 AM: Marketplace Meet-Ups

Closing General Session

11:30 AM – 12:30 PM: A Closing Fireside Chat with Mark Atalla, Deputy Assistant Secretary for Technology Policy and Deputy National Coordinator of Policy, HHS

Speaker: Mark Atalla, Deputy Assistant Secretary, Technology Policy and Deputy National Coordinator of Policy, Department of Health and Human Services; **Ian Strand**, Director, Senior Payer Relations, PointClickCare (moderator)

Session Description: Join Mark Atalla, Deputy Assistant Secretary for Technology Policy and Deputy National Coordinator of Policy at HHS, for an engaging fireside conversation on the future of health technology policy. Atalla will share perspectives on responsible AI, data modernization, and interoperability—and discuss what these federal initiatives mean in practice for providers across the care continuum, including long term and post-acute care settings.

12:30 PM – 1:30 PM: Light Lunch and Networking
Opportunity to meet with AHCA/NCAL Partners

Thank you to our sponsors, and thank you for attending!

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