## Monday, April 15<sup>th</sup>, 2024

Breakfast, Sponsored by Homethrive (8:00 – 8:30), Served in Metro Center

| TOPI | C  | SPEAKERS   | LOCATION              | TIME         |
|------|--|--|-----------------------|--------------|
| l.   | State of the SNP Alliance  Mike Cheek, President & CEO, will provide an overview of organizational developments and growth including an update on the strategic plan and policy priority advancement.  | Mike Cheek, President & CEO, SNP Alliance  | PLENARY<br>NOMA/UNION | 8:30 – 8:40  |
| II.  | View from the Hill – Integration Legislation  Ms. Loper and Ms. Barnett will facilitate a discussion on the recently introduced Delivering Unified Access to Lifesaving Services Act of 2024 (DUALS Act of 2024) with Ms. DuGoff and Ms. Brady will provide insights on the outlook for the legislation as well as thoughts on other topics of interest to SNP Alliance members.  Learning Objectives:  Understand Senate Finance Staff Perspective of DUALS Act  Learn about Other Efforts Focused on MA and Complex Care  Understand the Outlook for Broader Health Care Legislative Activity in 2024  | Ginger Loper, Principal, Loper Consulting, LLC Elizabeth Barnett, Partner, Avenue Solutions Eva DuGoff, Majority Senate Finance Committee, Professional Staff Gable Brady, Minority Senate Finance Committee, Professional Staff   | PLENARY<br>NOMA/UNION | 8:40 – 9:40  |
|      | III. Brea  | nkouts ( <i>9:45 – 10:45)</i>  |                       |              |
|      | <ul> <li>a. I-SNP – Trends and Challenges         Industry leaders provide insights on emerging trends and challenges for ISNPs/IESNPs. Discussion around potential Provider Network changes, Behavioral Health Crisis Care, Medicare and Medicaid State Integration efforts and Recommendations to CMS. For any operating ISNP/IESNP or a consideration of developing one, this session will provide a comprehensive state of play.     </li> <li>Learning Objectives:         <ul> <li>Identify current trends and challenges for ISNPs</li> <li>Understand the opportunities ISNPs present for institutionalized and institutionalize equivalent populations</li> <li>The role of ISNPs in caring for dual eligible populations</li> <li>Understand the implications of policy and regulatory changes for ISNPs/IESNPs</li> </ul> </li> </ul> | Jill Sumner, MPH, MBA, Principal, Lyle Health, SNP Alliance Consultant  Ron Chaffin, CEO, Associated Care Ventures, Inc./Simpra Advantage, Inc./Alabama Select Network, LLC, I-SNP Workgroup Chair  Marybeth O'Connor, Vice President, Corporate Development, American Health Plans  Craig Fleischmann, CFO, Provider Partners Health Plan  Amy Kaszak, EVP Curana | UNION                 | 9:45 – 10:45 |

| PIC  | SPEAKERS   | LOCATION     | TIME         |
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| <ul> <li>b. C-SNP - Listening Session about Enrollment,</li> <li>Eligibility Compliance, Integration</li> <li>Open dialogue with C-SNPs to discuss the issues and challenges facing chronic disease special needs plans in the present and looking forward in the future. Discussion about Policy Changes, Administrative Obstacles, Enrollment and Eligibility Barriers, Promoting Best Practices, Integration (not Consumption) into D-SNPs, and Advocacy Efforts to tell elected officials the C-SNP story.</li> <li>Learning Objectives: <ul> <li>Articulate unique C-SNP trends, issues and challenges</li> <li>Understand barriers and best practices distinctive to C-SNP</li> <li>Set forth SNP Alliance agenda topics for C-SNP Work Group</li> </ul> </li> </ul> | Regan Hunt, Associate Director of Policy, SNP<br>Alliance  Donna Stidham, RN, Chief of Managed Care,<br>Aids Healthcare Foundation, C-SNP Work<br>Group Chair  | NOMA         | 9:45 – 10:45 |
| <ul> <li>c. CY26 Agent and Broker Compensation         In the CY Parts C and D NPRM, CMS proposes an array of reforms to broker agent relationship and compensation. These include a prohibition on contract terms which may interfere with objective beneficiary assessment and plan recommendations and a revised scope of items and services in broker compensation.     </li> <li>Learning Objectives:         <ul> <li>Understand NABIP perspective and policy focus areas</li> <li>Learn about SHIP/ACL views and priorities</li> <li>Learn about preliminary member policy and practice changes</li> <li>Understand what might be policy ideas to present to CMS in this area</li> </ul> </li> </ul>  | Michael Andel, VP, Congressional Relations, National Association of Benefits and Insurance Professionals (NABIP)  Melissa Simpson, Assistant Director, Office of Healthcare Information and Counseling, Center for Innovation and Partnership, Administration for Community Living  Mike Donovan, VP, D-SNP Product, United Healthcare | CAPITOL HILL | 9:45 – 10:45 |

Break - COFFEE & TEA SERVED (10:45 - 11:00)

Served in NoMa & Union

| TOPIC   | SPEAKERS  | LOCATION | TIME             |
|---|---|----------|------------------|
| IV. Break   | kouts ( <i>11:00 – 12:00)</i>   |          |                  |
| a. Provider Network Behavioral Health (BH)  Behavioral Health (BH) providers provide critical services to beneficiaries in all types of special needs plans. Examples include crisis intervention, medication management, therapy (both traditional and non-traditional), these services must coordinate with clinical care. Also, this area is a key area of focus for CMS.  | Andrew Cain, President, Constantia Health  Rochelle Archuleta, Executive Vice President for Government Relations and Public Policy, National Association for Behavioral Healthcare (NABH) | UNION    |                  |
| <ul> <li>Learning Objectives:</li> <li>Understand approaches to recruiting BH providers to provider networks</li> <li>Learn about BH providers perspectives on plans and what incentives could be created to encourage enrollment in provider networks</li> <li>Understand how BH can be integrated with clinical care practices among providers</li> </ul>   | Sari Siegel, PhD, Vice President, Lewin<br>Group/Optum Serve Consulting   |          | 11:00 –<br>12:00 |
| <ul> <li>b. Health Equity &amp; Quality: Member Shared Learning During this session we will facilitate a plan discussion around use of the Health Equity Summary Score Dashboard (HESS) and on the Health Equity Index (HEI) which is slated to be incorporated into MA Stars Rating 2027. Plans are asked to comment on the potential of HESS and of HEI related to their special needs health plan(s) for: <ul> <li>Informing quality improvement and pinpointing targets for next stage efforts to reduce health disparities</li> <li>Providing relevant benchmarks</li> <li>Demonstrating the value of special needs plans</li> <li>Supporting current efforts around health equity</li> <li>Challenges or limitations of HESS and of HEI with practical suggestions for how it could be improved</li> </ul> </li></ul> | Amy Helwig, MD, MS, FAAP, Chief Quality Officer, Commonwealth Care Alliance, MA  Deborah Paone, DrPH, MHSA, Performance Evaluation Lead & Policy Consultant, SNP Alliance                 | NOMA     | 11:00 –<br>12:00 |

| TOP       | IC   | SPEAKERS  | LOCATION              | TIME             |
|-----------|--|---|-----------------------|------------------|
|           | <ul> <li>C. Maximizing the Benefit of Consumer Advisory         Committees: Creating Value, Voice, and Impact for         Plans and Members         This session will provide a brief overview of the new partnership         between the SNP Alliance and the Center to Advance Consumer         Partnership. CACP will describe their approach to ensuring the         consumer voice is embedded into an organization's strategy,         infrastructure, and policy. The Community Health Plan of Washington         will share their insight into how the CAC implementation and         execution has progressed and their experience to date. Lastly, the co-         chairs of the SNP Alliance Work Group will discuss the opportunities         for learning across SNP plans.         Participants will come away with the following:</li></ul> | Melinda Karp, Founder and CEO, CACP  Abha Puri, MPH, Program Manager III, Member Experience, Community Health Plan of Washington State  | CAPITOL HILL          | 11:00 –<br>12:00 |
| <b>V.</b> | Integration: State Contracting and Four-Pack Thoughts States have several decades of experience and expertise in contracting for integrated arrangements. In its proposed rule, CMS has proposed what is calls the "Four Pack." These are limiting the number of D-SNPs organizations can offer, limiting enrollment in certain D-SNPs, creating a new integrated SEP to allow SEP monthly and a similar policy for PDPs.  Learning Objectives:  Understand CMS' assessment of impacts  Learn about possible impacts of changes on state practice  Understand implications for state contracting approaches  Learn about what CMS' next steps might include  | Facilitator: Pamela Parker, MPA, Medicare-Medicaid Integration Consultant, SNP Alliance  Margaret Tatar, JD Vice President, HMA  Allison Rizer, Executive Vice President, ATI Advisory  Nick Johnson, FSA, MAAA, Principal and Consulting Actuary, Milliman  Allison Taylor, Former Medicaid Director - Indiana | PLENARY<br>NOMA/UNION | 1:00 – 2:30      |

| Break – COFFEE & TEA SERVED (2:30 – 2:45), Served in NoMa & Union |   |  |                       |             |
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| TOPI  | C   | SPEAKERS   | LOCATION              | TIME        |
| VI.   | As the duals population grows and evolves, new support needs are merging and long-standing approaches to care are changing. Of note, the number of persons with Intellectual and Developmental Disabilities (I/DD) who are dually eligible is increasing rapidly, approaches to addiction medicine have evolved and new dementia medications are impacting care planning and service delivery.  Learning Objectives:  Understand I/DD dually eligible trends and interest in SNPs  Learn about addiction medicine best practices and ASAM resources  Understand new dementia medication impacts on SNP care planning and supports | Thomas von Sternberg, M.D., Associate Medical Director, HealthPartners (Minnesota)  Teja Stokes, Deputy Executive Director, National Association of State Directors for Developmental Disabilities Services (NADDDS)  Wendy Morris, MSN, CS, Senior Behavioral Health Advisor, NASMHPD  Maureen Boyle, Chief Quality, American Society for Addition Medicine (ASAM)  Adam Perry, MD, Dementia Care and New Medications | PLENARY<br>NOMA/UNION | 2:45 – 3:45 |
| VII.  | Medicare-Medicaid Integration Alliance (MMIA)  During this session, founding members of the MMIA will provide an overview of how the Alliance was formed, a discussion about the policy goals and objectives, insights into the lived experience goal from their policy work, and the role of the SNP Alliance within the MMIA.  Learning Objectives:  Understand Context for MMIA  Learn About Targeted Improvements to Beneficiary Experience  Understand SNP Alliance's Role   | Facilitator: Mike Cheek, President & CEO, SNP Alliance  Amy Abdnor, Director, Health Care, Arnold Ventures Topic Ventures  Hannah Diamond, Policy Advocate, Justice in Aging  Michelle Sternthal, PhD, Director of Government Affairs, Community Catalyst  | PLENARY<br>NOMA/UNION | 3:50 – 4:30 |

Reception, Sponsored by DataLink & HealthEdge MACK RECEPTION AREA, JLL BUILDING: 2020 K STREET (4:30 – 6:00)

## Tuesday, April 16th, 2024

Breakfast (8:00 – 8:30), Sponsored by Point Click Care, Served in Metro Center

| TOP | IC  | SPEAKERS  | LOCATION              | TIME         |
|-----|---|---|-----------------------|--------------|
| -   | <ul> <li>Model of Care: Conversation with CMS/NCQA &amp; SNPA Plans</li> <li>Participants in this session will be able to describe:         <ul> <li>MOC Areas for Improvement - CMS and NCQA see opportunity for additional education and improvement—specifically in MOC 1 and MOC 4</li> <li>MOC Provider Training - SNPA has been spearheading an idea through the Performance Evaluation/Quality Leadership Group around developing a state-specific "universal" MOC provider training module that would require collaboration by all regional area SNPs to create one online accessible training portal with attestation so that providers in that area could complete the MOC Provider Training once a year.</li> <li>NOTE: This is exploratory and in the initial stages of development.</li> </ul> </li> </ul> | Daniel Lehman, Centers for Medicare & Medicaid Services (CMS), Medicare Drug & Health Plan Contract Administration Group (MCAG), Division of Policy Analysis and Planning (DPAP)  Sandra Jones, LPN, MFA, SSGB, Director, Quality Solutions Group, NCQA  Laura Zwolinski, MPH, Director, Quality Solutions Group, NCQA  Kathy Albrecht, MSW, LISW, Director, Medicaid and SNP Product & Strategy, Medica Health Plans  Deborah Paone, DrPH, MHSA, Performance Evaluation Lead & Policy Consultant, SNP Alliance | PLENARY<br>NOMA/UNION | 8:30 – 9:45  |
| II. | <ul> <li>MMCO – Highlights from CY25 Final Rule</li> <li>CMS staff will discuss the contents of the final rule highlighting provisions which are particularly important.</li> <li>Learning Objectives:         <ul> <li>Understand contents of final rule from CMS' perspective</li> <li>Learn about CMS priorities</li> <li>Engage in Discussion with CMS</li> </ul> </li> </ul>   | Moderator: Mike Cheek, President & CEO, SNP Alliance  Moderator: Pamela Parker, MPA, Medicare-Medicaid Integration Consultant, SNP Alliance  Lindsay P. Barnette Director, Models, Demonstrations and Analysis Group, CMS  Melissa Seeley, Deputy Group Director, Program Alignment Group, Medicare Medicaid Coordination Office  | PLENARY<br>NOMA/UNION | 9:45 – 10:30 |

Break - COFFEE & TEA SERVED (10:30 - 10:45), Served in NoMa & Union

| TOPI       | С   | SPEAKERS  | LOCATION              | TIME             |
|------------|---|---|-----------------------|------------------|
| <b>≡</b> : | <ul> <li>SSBCI – Final Rule &amp; Plan Operationalization</li> <li>CMS is proposing to require that an MA organization must be able to demonstrate through relevant acceptable evidence that an item or service offered as SSBCI has a reasonable expectation of improving or maintain the health or overall function of a chronically ill enrollee. CMS also is proposing to clarify that an MA plan must follow its written policies based on objective criteria for determining an enrollee's eligibility for an SSBCI when making such eligibility determinations among other proposed requirements.</li> <li>Learning Objectives:         <ul> <li>Understand CMS' authority to require this information</li> <li>Learn about the questions and operational considerations members are contemplating</li> <li>Participate in an audience discussion about what a variety of members are considering</li> </ul> </li> </ul> | Facilitator: Allison Rizer, Executive Vice President, ATI Advisory  Kathy Albrecht, MSW, LISW, Director, Medicaid and SNP Product & Strategy, Medica Health Plans  Jenna Corbly, Director of Medicare, CareOregon  Dana Mott Bronson, Vice President, Health Policy – Government Programs, Health Care Service Corporation (HCSC) | PLENARY<br>NOMA/UNION | 10:45 –<br>11:45 |
| IV.        | Outlook for C2026 NPRM and AN  In the CY2025 NPRM and the past two Advance Notices, CMS has laid clear plans for more additional operational requirements, more transparency and revisiting payment methodologies. Depending upon the election outcomes (second term for President Biden or re-election of President Trump), it will be important to understand the direction the CY2026 NPRM and Advance Notice may take and implications for plans.  Learning Objectives:  Learn how CMS staff prepare for leadership transition and policymaking  Understand the probable focus areas for 2026 policy vehicles based upon a second term or a new Administration  Learn about CMS focus areas which are likely to remain the same regardless of Administration  | Facilitator: Regan Hunt, Associate Director of Policy, SNP Alliance  Dan Elling, Principal, Federal Health Policy Strategies  Raghav Aggarwal, Vice President, BRG Strategies  Tom Kornfield, CEO, MAST Health Policy Solutions   | PLENARY<br>NOMA/UNION | 11:45 –<br>12:25 |
| V.         | Closing: Recap/Importance of SNP Alliance Engagement  | Mike Cheek, President & CEO, SNP Alliance   | PLENARY<br>NOMA/UNION | 12:25 –<br>12:30 |

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