

# Special Needs --- Plan Alliance

## Fall Forum 2024 – Final Agenda

Monday, October 21st, 2024

Breakfast & Member Networking (Served in Independence B) 7:30 – 8:15

TOPIC	SPEAKER(S)	LOCATION	TIME
<p><b><u>I. Keynote Session – Big Picture Policy and Markets</u></b></p> <p>The 2025 Final Rule, unfolding risk adjustment model, media and policymaker focus on Medicare Advantage (MA) and Medicare Advantage Special Needs Plans have created an unprecedented and complex environment impacting, finances, operations and created strategic planning complexities. In such challenging times, an entrepreneurial environment can be created which fosters the identification of opportunities. Dr. Rahul Rajkumar, MD, JD, FACP, President and CEO of Accompany Health, will provide his insights on developing an entrepreneurial culture and identifying opportunities leveraging his experiences within CMS, an array of health plans and launching Accompany Health.</p>	<p>Dr. Rahul Rajkumar, MD, JD, FACP, President and CEO of Accompany Health</p>	<p>PLENARY President’s Quarters</p>	<p>8:15 – 8:45</p>
<p><b><u>II. Government Relations – Outlook for Congress and the Presidential Election</u></b></p> <p>Medicare Advantage and Medicare Advantage Special Needs Plans face continued Congressional scrutiny and probable legislative action in 2025. Additionally, the Presidential election outcome will produce two probable scenarios. If Vice President Harris prevails, some continuation of Biden Administration policies likely would be expected. Alternatively, if former President Trump is elected, a return to his previous administration policies on Medicare Advantage is possible and changes to Biden Administration policies.</p> <p>Learning Objectives:</p> <ul style="list-style-type: none"> <li>• Understand the Congressional threats and opportunities Special Needs Plans will face in 2025.</li> <li>• Learn about the probable Special Needs Plan focus areas under a possible Harris Administration or a Trump Administration.</li> </ul>	<p>Ginger G. Loper, Principal, Loper Consulting</p> <p>Elizabeth Barnett, Partner, Avenue Solutions</p>	<p>PLENARY President’s Quarters</p>	<p>8:45 – 9:45</p>

- Learn about how the SNP Alliance and its members should position advocacy efforts.

**Coffee Break & Member Networking 9:45 – 10:00**

**Breakout Sessions 10:00 – 11:00**

**I. Progress Towards Greater Integration: Trends in State Contracting Requirements for D-SNPs**

State Medicaid Agency Contracts (SMACs) continue to evolve as states seek to promote integration of Medicare and Medicaid benefits and respond to federal rulemaking. Representatives from the Integrated Care Resource Center will present their latest observations on state D-SNP contracting trends in 2024 and highlight factors contributing to those trends.

**Learning Objectives:**

- Understand trends in D-SNP enrollment over time.
- Develop awareness of states’ perspectives when developing new SMAC requirements.
- Gain insights on how states have incorporated policies into SMACs related to recent federal rule changes.

Pamela Parker,  
MPA, Senior  
Advisor for  
Integration, SNP  
Alliance

Diane Beaver,  
Managing  
Consultant,  
Integrated Care  
Resource Center,  
Mathematica

Malia Valentine,  
Advisory  
Services Analyst,  
Integrated Care  
Resource Center,  
Mathematica

**PLENARY**  
**President’s**  
**Quarters**

**10:00 –**  
**11:00**

**II. State of the ISNP**

In this session we discuss what is changing, how changes provide opportunities and challenges and what the future holds. Examining legislation, regulatory changes and administrative priorities, we discuss the impacts of these and other forces driving change in the industry.

**Learning Objectives**

- Understand the new trends and challenges facing ISNPs.
- Identify implications of trends and challenges.
- List strategies for capitalizing on opportunities and mitigating risks.

Jill Sumner,  
MPH, MBA,  
Principal, Lyle  
Health, SNP  
Alliance  
Consultant

Tom Wirostek,  
Chief Growth  
Officer, Eventus  
Whole Health

Keith Persinger,  
COO, Provider  
Partners Health  
Plan

**Arlington**

**10:00 –**  
**11:00**

**III. Navigating C-SNP Model – Supply Versus Demand and Sustainable Models**

Chronic Condition SNPs (C-SNPs) saw a tremendous jump in enrollment, growing 42% from 450,000 in 2023 to 643,000 in 2024. While volume, or demand, for chronic condition specific health plans continues to grow due as the population with chronic conditions ages into Medicare, will there be a supply of health plans offering C-SNPs?

A panel will discuss the roadblocks to create, maintain, or re-start a C-SNP, what are the advantages to operating a C-SNP, and how there needs to be more focus on C-SNPs.

Regan Hunt,  
Associate  
Director of  
Policy, SNP  
Alliance

Will Dede,  
Manager,  
Government  
Business,  
Elevance Health

**Fairfax**

**10:00 –**  
**11:00**

**Learning Objectives:**

- Describe specific challenges and roadblocks facing C-SNP plans.
- Articulate educational and advocacy strategies for why C-SNPs are needed.

**Breakout Sessions 11:05 – 12:15**

**I. Health Equity within SNPs: Aligning Operations Using A Data-Driven Approach**

With a health equity focus on specific sub-populations with disparities, this session will explore how SNPs are identifying these individuals, focusing their outreach/approach to engage, and using evidence of effectiveness of certain services/approaches/benefits to address quality improvement and measuring reduction in disparities.

**Learning Objectives:**

- To describe key issues in aligning operations toward making progress on health equity goals within SNP sub-groups.
- To identify approaches to setting criteria, outreach, authorization, and initiation.
- To articulate considerations in measuring effect/quality of efforts.

Deborah Paone,  
DrPH, MHSA,  
SNP Alliance  
Consultant

Patty Uncapher,  
Director of  
Quality  
Accreditation &  
Health Equity,  
Highmark  
Wholecare

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*President's  
Quarters*

**11:05 –  
12:15**

**II. Introduction and Overview of Part D and the Inflation Reduction Act and Implications for SNPs**

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 different stakeholders and their motivations, and how the government manages the program. The session will include a description of how the Part D benefit – and the changes in the benefit for 2025 and beyond – impact SNPs.

**Learning Objectives:**

- Define the structure and the evolution of the Part D benefit.
- Identify key stakeholders in Part D and their incentives.
- Understand how the IRA changes impact SNPs.

Tom Kornfield,  
MPP, MAST  
Health Policy  
Solutions, SNP  
Alliance  
Consultant

Raghav  
Aggarwal, Vice  
President, Life  
Sciences, BGR  
Group

*Arlington*

**11:05 –  
12:15**

**III. State Scenarios for New CMS Integration Requirements**

New CMS integration requirements for DSNP contracting and aligned enrollment will impact states and DSNPs in various ways depending on state policies and markets. Due to variations in state policies these impacts are difficult to predict. This session will

Pamela Parker,  
MPA, Senior  
Advisor,  
Medicare-  
Medicaid

*Fairfax*

**11:05 –  
12:15**

feature a range of scenarios that could impact DSNPs and states depending on those specific characteristics.

**Learning Objectives:**

- Review scenarios outlining application of new integration policies to specific states.
- Understand how new federal requirements impact states and plans depending on key state policies, characteristics, and program designs.

Integration, SNP Alliance

Tomas Bednar, Senior Vice President and Counsel, Healthspierian, LCC and Senior Policy Advisor, National MLTSS Health Plan Association

Regan Hunt, Associate Director of Policy, SNP Alliance

**Lunch & Member Networking – (Served In Independence B) 12:30 – 1:30**

**Breakout Sessions 2:00 – 3:00**

**I. SNP Alliance Technical Assistance (TA) Center – Dementia Care Resources**

Alzheimer's and Related Dementias require highly specialized plan services including strategies for early detection, care in early disease stages, supports and education for family caregivers, and supports for persons with such cognitive impairment over the course of progression. There also are important considerations for new medications relative to disease progression and care delivery. During this TA Center round table discussion, participants will learn about resources plans may leverage to meet these key needs.

Mike Cheek, President & CEO, SNP Alliance

Sage Hart, Health Insurance Specialist, Division of Health Care Payment Models, Patient Care Models Group, Center for Medicare and Medicaid Innovation

Mike Simmons, DBA, President and CEO, Bridge Builder Strategies

Thomas von Sternberg, M.D., Medical Director, HealthPartners Health Plan

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*President's Quarters*

**2:00 – 3:00**

<p><b>II. <u>Part D Drug Price Negotiation – Lessons Learned from 2026 Drug Prices and Potential Formulary and Tiering Changes for plans to Consider</u></b></p> <p>For 2026, CMS will set prices for the top ten Part D medications based on volume. As a result, plans will need to adjust their tiering, coverage and rebate strategies in 2026. SNP plans may have unique challenges given their population.</p> <p>Learning Objectives:</p> <ul style="list-style-type: none"> <li>• Describe lessons learned from the CMS negotiation process, and how the process played out relative to Congressional intent in drafting the IRA.</li> <li>• Identify how SNPs may want to adjust in response to the pricing decisions made by CMS.</li> <li>• Describe strategies plans and manufacturers may employ for 2026.</li> </ul>	<p>Tom Kornfield, MPP, MAST Health Policy Solutions, SNP Alliance Consultant</p> <p>Anna Kaltenboeck, Practice Director, ATI Advisory</p> <p>Mike Schneider, Vice President of Product Development, Prescient Holdings</p>	<p>Arlington</p>	<p>2:00 – 3:00</p>
<p><b>III. <u>Enrollee Advisory Committees (EAC) – Opportunities for All SNPs and New D-SNP Reporting Requirements</u></b></p> <p>There is a new opportunity to advance health equity for people experiencing complex health and social needs. In 2023, the Centers for Medicare and Medicaid Services extended enrollee advisory committee (EAC) requirements to Dual Eligible Special Needs Plans (D-SNPs), requiring that all D-SNPs establish and maintain one or more EACs to solicit input on ways to improve access to covered services, coordination of services, and health equity for underserved enrollee populations. EACs are not a new concept and D-SNP strategies to-date could be employed by I-SNPs and C-SNPs to enhance beneficiary input on plan design and strategies to improve quality and satisfaction. Additionally, On July 10, 2024, CMS released the CY 2025 Part C Reporting Requirements PRA package. On August 9, 2024, an HPMS memo was published with the details and information on the solicitation for comments from CMS.</p> <p>Learning Objectives:</p> <ul style="list-style-type: none"> <li>• Understand how EACs have been used to solicit and guidance from persons with disabilities and persons who are chronically ill who might be served in I-SNPs and C-SNPs.</li> <li>• Learn about core best practice for securing participation among varying types of abilities.</li> <li>• Hear about how to meet CMS reporting requirements and explore additional steps which will offer plans additional information for improvement in quality and satisfaction.</li> </ul>	<p>Suzanne Gore, JD, MSW, Principal, State Health Partners, SNP Alliance Consultant</p> <p>Melinda Karp, President &amp; CEO, Center to Advance Consumer Partnership</p>	<p>Fairfax</p>	<p>2:00 – 3:00</p>
<p><b>IV. <u>Why Collaboration Between States and Payers Matters</u></b></p>	<p>Regan Hunt, Associate Director of</p>	<p>Prince William</p>	<p>2:00 – 3:00</p>

This session will focus on the impacts of state regulations in the SNP space and why collaborations between payers and states are increasingly important. It will start with a general discussion of the changing SNP landscape over the last few years and then focus on a case study in the state of Washington to bring a state sponsored program into Medicare Advantage. Topics will include SMAC requirements and timelines, operational and contracting requirements, bid and financial considerations, and lessons learned.

**Learning Objectives:**

- Trends in state-specific policies impacting SNPs.
- Logistical and operational considerations for MAOs and states.
- Best practices and lessons learned for collaborative state/MAO relationships.

Policy, SNP Alliance  
 Nicholas Johnson, FSA, MAAA, Principal and Consulting Actuary, Milliman  
 Josh Wingfield, FSA, MAAA, Consulting Actuary, Milliman  
 Kelli Emans, Senior Strategic Integration Advisor, ALTA, Home & Community Services, Washington State DSHS

**Breakout Sessions 3:00 – 4:00**

**I. Enhancing Care Management Approaches for Specific Sub-Groups within SNPs**

This session will explore enhanced care management approaches and processes for specific sub-groups or populations within SNPs, such as those with dementia who live alone in the community; immigrants who are dually eligible and need language and cultural tailored approaches, and those returning to community from a nursing facility residence (as examples).

**Learning Objectives:**

- To identify how to craft an enhanced benefit or service/touch point approach within the care management team and with service providers.
- To articulate strategies for how the health plan Care Management VP/Director can manage this enhanced approach for different sub-populations.
- To incorporate feedback loops and define ways to measure/evaluate effect/impact.

Deborah Paone, DrPH, MHSA, SNP Alliance Consultant  
 Amy Cleveland, RN, BSN, MSHI, CCM, CPHQ, Vice President Integrated Care, CareSource

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**3:00 –  
 4:00**

**II. MA Payment Rate Calculations: What adjustments Are Needed Given Differences Between MA and Traditional Medicare?**

Tom Kornfield, MPP, MAST Health Policy Solutions, SNP Alliance Consultant

**Arlington**

**3:00 –  
 4:00**

<p>As per the Social Security Act, the county MA payment rates estimated by CMS are based on costs in Fee-for-Service (FFS) Medicare. However, in recent years, an increasing number of dual enrollees have shifted from FFS to MA. In addition, to enroll in MA, a beneficiary must have both Medicare Parts A and B, but the county payment rates include costs for those with Part A only. The session will explore how the FFS Medicare population differs from the MA population and what types of adjustments to payment rates could be appropriate.</p> <p>Learning Objectives:</p> <ul style="list-style-type: none"> <li>• Describe CMS' methodology for calculating MA payment rates.</li> <li>• Identify potential limitations of the methodology in light of trends in FFS and MA enrollment.</li> <li>• Discuss alternative adjustments that could be made to the calculation of the MA rates.</li> </ul>	<p>Nicholas Johnson, FSA, MAAA, Principal and Consulting Actuary, Milliman</p>		
<p><b>III. <u>Accountable Care Organizations and Special Needs Plans – Partnership Opportunities</u></b></p> <p>Accountable Care Organizations (ACOs) are comprised of providers who come together including groups of doctors, hospitals, and other health care providers, who offer coordinated care to Medicare beneficiaries. When an ACO succeeds in both delivering high-quality care and spending health care dollars more wisely, it will share in the savings it achieves for the Medicare program. Increasingly, Medicare Advantage Special Needs Plans and ACOs are operating in the same regions and may compete. In today's challenging environment, identifying opportunities to partner or coordinate are more productive.</p> <p>Learning Objectives:</p> <ul style="list-style-type: none"> <li>• Understand ACO and Medicare Advantage collaboration concepts.</li> <li>• Learn about real world ACO and Medicare Advantage Special Needs Plan Relationships.</li> <li>• Hear about strategies to use when opening a dialogue with an ACO.</li> </ul>	<p>Mike Cheek, President &amp; CEO, SNP Alliance</p> <p>Aisha Pittman, Senior Vice President of Government Affairs, NAACOS</p> <p>Mollie Gelburd, Senior Director, Delivery System &amp; Payment Transformation, AHIP</p>	<p><i>Fairfax</i></p>	<p><b>3:00 – 4:00</b></p>
<p><b><u>Coffee Break &amp; Member Networking 4:00 – 4:15</u></b></p>			
<p><b><u>Innovation Workshop Sessions 4:15 – 5:15</u></b></p>			
<p><b>I. <u>MA Risk Adjustment: Beyond the V28 Model</u></b></p> <p>The changes from the V28 model have created challenges for SNPs, and CMS appears likely to fully implement the model in 2026. Future modifications to the model could include adjustments for socio-economic factors, as well as alternatives that could improve</p>	<p>Tom Kornfield, MPP, MAST Health Policy Solutions, SNP Alliance Consultant</p>	<p><b>PLENARY President's Quarters</b></p>	<p><b>4:15 – 5:15</b></p>

<p>payments for SNP enrollees. This session will include a description of what these alternatives might look like and the pros and cons of different options for consideration.</p> <p>Learning Objectives:</p> <ul style="list-style-type: none"> <li>• Illustrate how the model could be adjusted to account for socio-economic status beyond the factors in the current model.</li> <li>• Describe alternative model techniques that could be assessed to improve model accuracy for SNP enrollees.</li> <li>• Define the pros and cons of these different adjustments and how research could help inform CMS policy.</li> </ul>	<p>Bil Westerfield, President &amp; Chief Data Scientist, Magpie Health Analytics</p>		
<p><b>II. <u>Financial Markets and Investment Practices</u></b></p> <p>Policy tailwinds and affordability challenges have created an imperative for SNPs to drive innovations that improve member outcomes while bending the cost curve. Plans that are unable to deliver a smooth member and caregiver experience risk falling behind in an increasingly competitive market. In order to support health plans in developing win-win partnerships with innovative "startups", this session provides an overview of how to establish a successful collaboration with these stakeholders.</p> <p>Learning Objectives:</p> <ul style="list-style-type: none"> <li>• How innovators work.</li> <li>• How innovators partner with health plans.</li> <li>• What health plans need to evaluate when partnering with these stakeholders.</li> </ul>	<p>Jill Sumner, MPH, MBA, Principal, Lyle Health, SNP Alliance Consultant</p> <p>Dr. Meera Mani M.D.-Ph.D, Partner, Town Hall Ventures</p>	<p><i>Arlington</i></p>	<p><i>4:15 – 5:15</i></p>
<p><b>III. <u>Evidence of SSBCI Effectiveness</u></b></p> <p>Beginning in 2025, Medicare Advantage organizations that include an item or service as a Special Supplemental Benefit for the Chronically Ill (SSBCI) must be able to demonstrate evidence that the item or service has a reasonable expectation of improving or maintaining the health or overall function of a chronically ill enrollee.</p> <p>As part of the SNP Alliance Technical Assistance Center, the SNP Alliance will support its members by gathering published evidence of SSBCI effectiveness, identifying evidence gaps where more research is needed, providing technical assistance to plans to support the development and ongoing maintenance of bibliographies, and elevating the experiences of members as they implement this new requirement.</p> <p>Learning Objectives:</p> <ul style="list-style-type: none"> <li>• Hear about strategies used by other SNPs to meet CMS' new requirements.</li> </ul>	<p>Mike Cheek, President &amp; CEO, SNP Alliance</p> <p>Kaitlin Mayhew, Senior Director, Product Development, Curana Health</p> <p>Nancy Archibald, MHA, MBA, Associate Director, Medicare and Medicaid Integration, CHCS</p> <p>Nida Joseph, Program Manager, CHCS</p>	<p><i>Fairfax</i></p>	<p><i>4:15 – 5:15</i></p>



- Share what supports would be useful to them to inform their bid development and evidentiary requirements.
- Discuss other strategies for sharing SSBCI evidence and other information via a SNP Alliance clearinghouse in partnership with CHCS.

**Reception & Member Networking (Independence B) 5:30 – 6:30**

**Tuesday, October 22nd, 2024**

**Breakfast & Member Networking (Independence B) 8:00 – 8:45**

TOPIC	SPEAKER(S)	LOCATION	TIME
<p><b><u>I. The Benefits of Palliative Care in SNP Models</u></b></p> <p>Explore how integrating palliative care into SNPs can enhance patient outcomes and quality of life. We will discuss alternative payment models for palliative care, such as value-based care and bundled payments, which offer health plans innovative ways to support comprehensive, patient-centered care while controlling costs. By examining these models, we'll see how they can facilitate better coordination, improve resource allocation, and ensure that palliative care services are both effective and sustainable.</p> <p>Learning Objectives:</p> <ul style="list-style-type: none"> <li>• Understand the Role of Palliative Care: Participants will be able to describe how palliative care improves quality of life for SNP members.</li> <li>• Identify Alternative Payment Models: Participants will learn about various alternative payment models, such as value-based care and bundled payments, and how they can be applied to support palliative care within SNPs.</li> <li>• Integrate Palliative Care into Special Needs Plans: Participants will gain practical strategies for incorporating palliative care principles into SNPs to ensure holistic, patient-centered care.</li> </ul>	<p>Jill Sumner, MPH, MBA, Principal, Lyle Health; Consultant, SNP Alliance</p> <p>Thomas von Sternberg, M.D., Medical Director, HealthPartners Health Plan</p> <p>David Hunt, Senior Director, Health Equity BCT Partners</p>	<p>PLENARY President's Quarters</p>	<p>8:45 – 9:45</p>

**Coffee Break & Member Networking 9:45 – 10:00**

<p><b><u>II. Supreme Court Chevron Ruling – Overview, Probable CMS Actions, and SNP Alliance Planning</u></b></p> <p>Executive branch agencies will likely have more difficulty regulating the environment, public health, workplace safety and other issues under a far-reaching decision by the Supreme Court. The court's 6-3 ruling overturned a 1984 decision colloquially known as Chevron that has instructed lower courts to defer to federal agencies when</p>	<p>Mike Cheek, President &amp; CEO, SNP Alliance</p> <p>Lesley Reynolds, Partner, Reed Smith</p>	<p>PLENARY President's Quarters</p>	<p>10:00 - 11:00</p>
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<p>laws passed by Congress are not crystal clear. The 40-year-old decision has been the basis for upholding thousands of regulations by dozens of federal agencies but has long been a target for those who argue that it grants too much power to the executive branch. CMS Medicare, Medicaid, and Medicare-Medicaid Integration policymaking, along with all federal government regulation, will change notably based upon this decision. And, based on Congressional and CMS policymaking changes, the SNP Alliance and its members also will need to make changes in advocacy as well as strategic planning.</p> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• Understand Chevron impacts on Medicare and Medicare Advantage.</li> <li>• Learn about probable CMS changes in policy making.</li> <li>• Hear about changes in SNP Alliance approaches to advocacy and member views on Chevron-driven changes in policymaking methods.</li> </ul>	<p>Kathy Lester, Lester Health Law, LLC</p> <p>Stephanie Schwartz, Vice President for Government Relations, UCare</p>		
<p><b>III. <u>CMS – Outlook for SNP Policymaking and Open Discussion</u></b></p> <p>In a transitional year from one Administration to another, federal agencies typically temper new policymaking until the new Administration’s policy priorities are clear. However, many core policy areas carry over year over year. During this session CMS representatives from the Medicare-Medicaid Coordination Office and the CMS Medicare Drug &amp; Health Plan Contract Administration Group (MCAG), Division of Policy Analysis and Planning (DPAP), will provide insights on their continued areas of focus as well as engage in a didactic discussion with meeting participants.</p>	<p>Mike Cheek, President &amp; CEO, SNP Alliance</p> <p>Lindsay Barnette, Director, Models, Demonstrations and Analysis Group, MMCO, CMS</p> <p>Tim Engelhardt, Director, CMS, MMCO</p>	<p><b>PLENARY President’s Quarters</b></p>	<p><b>11:00 – 12:00</b></p>
<p><b><u>Closing Remarks</u></b></p>	<p>Mike Cheek, President &amp; CEO, SNP Alliance</p>	<p><b>PLENARY President’s Quarters</b></p>	<p><b>12:00 – 12:15</b></p>