THE 4TH ANNUAL
OPTIMIZING
APPEALS &
GRIEVANCES
SUMMIT

Improving ODAG and
CDAG Outcomes

JUNE 16 - 18, 2019
THE RITZ-CARLTON, TYSON’S CORNER
WASHINGTON D.C.

Part Pre-Conference
Workshop

Pivotal
Session Topics

Planned Networking
Opportunities
WHAT’S NEW

The Optimizing Appeals & Grievances Summit is back for its fourth consecutive year and offering an even deeper dive into CMS requirement updates, root cause analysis trending in remediation and the consolidation of chapters 13 & 18. This year, compliance experts from across the nation will unite in an intimate and open forum to share insights, experience and expertise.

Don’t miss the only 2019 event giving you innovative ideas and proven strategies to enhance your appeals and grievances operations and improve outcomes on the always-difficult ODAG & CDAG audit protocols.

Attend our pre-conference workshops for collaborative sessions including categorizing real-life grievance calls, as well as an interactive discussion on hot topics impacting appeals and grievances. Following the workshops, this two day summit is filled with 15 topics designed to educate your team members regarding best practices to enhance member satisfaction, preparing for an audit and increasing productivity throughout the entire department with topics including:

- Examining the Impact of the CMS Program Audit Process Updates
- Exploring the Key Points and Solutions of the OIG Medicare Advantage Appeals Report
- Taking Control When Managing Re-Openings and Re-Determinations
- Uncovering Strategies to Build a Successful Mock Audit Team
- Monitoring Call Logs and Provide Education for the Call Team and FDRs

WHO SHOULD ATTEND?

The 4th Annual Optimizing Appeals and Grievances Summit is designed for all personnel associated with appeals and grievances from Medicare, Medicaid and Commercial plans. With industry specialist speakers including Chief Compliance Officers, Senior Directors, and Vice Presidents, the experience and content will attract managers/supervisors/directors/vice presidents in the following departments:

- Appeals & Grievances
- Compliance
- Utilization Management
- Call Center Operations
- Internal & External Audit
- Member Experience
- Clinical Services & Operations
- Customer Service and Member Services
- FDR Oversight
- Quality Improvement/Stars
SAMPLE OF PAST ATTENDING COMPANIES

Access Health Services, LLC
AIDS Healthcare Foundation/Positive Healthcare
Anthem
ATTAC Consulting Group
BCBSAL
Beacon Healthcare Systems
Blue Cross & Blue Shield of Alabama
Blue Cross Blue Shield of North Carolina
Blue Cross Blue Shield of MA
BluePeak Advisors
CarePlus
CarePlus Health Plans
Clover Health
Community Care Alliance of Illinois
Convey Health Solutions
Delta Dental Plans of MI, OH & IN
DGM Healthcare Newgen
Elderplan
Evolent Health
First Medical Health Plan from Blue Cross and Blue Shield of Alabama
Gorman Health Group
Health First Health Plans
IEHP
IlliniCare
Independence Blue Cross
Blue Shield
Kiriworks, Inc.
Medical Mutual
MEDSTAR FAMILY CHOICE
MetroPlus
Moda Health
OptumRx
Piedmont Community Health Plan
Priority Health
Regence BlueCross BlueShield of Oregon
Samaritan Health Plans
Tansamerica Corporation
the Arkansas Department of Human Services
Tracscout, LLC
Triad HealthCare Network/Healthteam Advantage
Triple S Advantage
VillageCare Max
VIVA Health

TOP REASONS TO ATTEND

01
Interpret the impact of the CMS Program
Process updates

02
Implement strategies to enhance levels of communication to increase productivity

03
Summarize the experiences of plans that have completed a CMS audit in the past 12 month

04
Construct an action plan in preparing your department for a CMS audit

05
Strategize to build accurate universes in preparation for an audit

06
Prioritize call log monitoring and educate your team and FDRs

07
Examine the consolidation of Chapters 13 & 18 and how it will impact your operation

08
Recognize future leaders within your organization and nurture their abilities to promote leadership qualities

09
Distinguish the root cause of a grievance and implement solutions to resolve the problem

10
Network with leading appeals and grievances and compliance professionals to discuss best practices in maximizing member satisfaction and efficiency
MEET OUR ESTEEMED SPEAKING FACULTY

Babette Edgar, Principal  
BLUEPEAK ADVISORS

Hayley Ellington-Buckles, Chief Compliance Office  
VERSANT HEALTH

Mariah Emerich, Supervisor  
MODA HEALTH

Michelle Fogg, Manager Medicare Operational Compliance  
HEALTH PARTNERS PLANS

Sherry Goble, RN- Clinical Accreditation & Regulatory Consultant  
FLORIDA BLUE

Debbie Hill, MSN, RN, Senior Director, UM and A&G Product Applications  
MEDECISION

Angela Lloyd, Director Medicare Audit & Corrective Action  
HEALTH PARTNERS PLANS

Deborah Marine, JD, CHC, Compliance Officer  
SUMMACARE

JoAnn McDaniel-Chinn, Chief Compliance Officer  
COMMUNITY CARE PLAN

Heather Metz, Manager of Government Compliance  
GATEWAY HEALTH PLAN

David Reid, Sr Director, Operational Performance & Regulatory Support,  
FLORIDA BLUE

Diane Ramey, Senior Director  
ANKURA

Michelle D. Rigby, CFE, CHC, Director, Client Services  
BLUEPEAK ADVISORS

Caroline Spencer, STARS Program Manager/ A&G Manager  
MEMORIAL HERMANN HEALTH PLAN

Denise Stasik, Vice President Credentialing and Advocacy  
MVP HEALTH CARE

Delores Stewart, Senior Manager, Operational Performance & Regulatory Support  
FLORIDA BLUE

Jon Swisher, Manager, Solution Development  
KIRIWORKS

Nancy Waltermire, Senior Director  
ANKURA

Lydia Wardi, Senior Regulatory Affairs Analyst  
GATEWAY HEALTH PLAN

Melissa Rusk, Director Claims and BPO Operations  
SUMMACARE

Jason M. Kaylor, Director of Appeals, Grievance, and Customer Solutions  
MHK

Ana Handshuh, Principal Cat 5  
ULTIMATE HEALTH PLANS

Nannette Sloan, Senior Director, Compliance  
MEDECISION

Jessica Sieger, Product Specialist (VAM - Appeals & Grievances)  
BEACON HEALTHCARE SYSTEMS
DAY ONE: SUNDAY, JUNE 16TH, 2019

Add on Pre-Conference Workshop

12:00 Pre-Conference Workshop Registration

12:50 Chairperson Welcome

Ana Handshuh, Principal Cat 5
ULTIMATE HEALTH PLANS

1:00 Pre-Conference Interactive Workshop A- Customer Service Call Categorization

- Evaluating real-life customer service calls and their classifications
- Examining what CMS is looking for when categorizing calls
- Discussing common pitfalls when classifying a grievance
- Identifying educational tools to advance your customer service team classification accuracy.

Babette Edgar, Principal
BLUEPEAK ADVISORS

Michelle D. Rigby, CFE, CHC, Director, Client Services
BLUEPEAK ADVISORS

3:00 Afternoon Networking Break

3:15 Pre-Conference Interactive Workshop B- 2018-2020 Hot Topic Forum

- Discuss the new grievance and appeals guidance
- Identifying strategies to evaluate your current performance levels and identify areas for improvement
- Discussing the Addiction and Recovery Act and how to navigate through it
- Learning strategies to manage the preclusion list
- Examining Universe Production changes for Part C & D

Deborah Marine, JD, CHC, Compliance Officer
SUMMACARE

JoAnn McDaniel-Chinn, Chief Compliance Officer
COMMUNITY CARE PLAN

5:15 Networking Reception
DAY TWO: MONDAY, JUNE 17TH, 2019

8:00  Registration & Networking Breakfast

9:00  Chairperson’s Opening Remarks

Ana Handshuh, Principal Cat 5
ULTIMATE HEALTH PLANS

9:10  Examining the Impact of the CMS Program Audit Process Updates

- Identifying the changes your current operations need to make in order to adapt to the CMS Program Audit process updates
- How to streamline changes to ensure minimal disruption
- How to inform your team of impeding changes and the education they need to adjust efficiently
- Discussing the impact of the data/items no longer required to submit to CMS for audits and the importance of still monitoring the data

Babette Edgar, Principal
BLUEPEAK ADVISORS

10:00  Successful Implementations and Supporting Analytics

- Strategies and tips for engaging during the development of work flows and configurations
- Evaluating key decision points during the migration
- Running Analytics across multiple data sets
- Ways we improved tracking issues and tickets, as well as training and nesting

Jessica Sieger, Product Specialist (VAM – Appeals & Grievances)
BEACON HEALTHCARE SYSTEMS

10:45  Morning Networking Break

11:00  Methods to Improve Stars Measures Through Appeals and Grievances

- Strategies to ensure that timeliness measures are met on appeals decisions
- Best practices for documenting the review of an appeal decision made by the plan
- Tools to educate staff members on the impact appeals can have on a plan’s Stars rating
- Evaluate the reliability and accuracy of appeals Independent Review data
- Best practices for dealing with Complaints Tracking Module (CTM)

Caroline Spencer, STARS Program Manager/A&G Manager
MEMORIAL HERMANN HEALTH PLAN

Mariah Emerich, Supervisor
MODA HEALTH
11:45  **Uncover Strategies to Build a Successful Mock Audit Team**

- Implementing strategies to gain buy in from senior administrators and delegated entities
- Identifying which personnel and skillsets are needed to build effective teams within administrative budgets
- Leveraging technology to enhance audit effectiveness
- How mock audit programs can improve compliance program effectiveness
- Discussing best practices for creating standard procedures, meaningful reporting, issue tracking, and work flow in preparation to build your team

David Reid, Sr Director, Operational Performance & Regulatory Support, FLORIDA BLUE
Delores Stewart, Senior Manager, Operational Performance & Regulatory Support FLORIDA BLUE
Sherry Goble, RN- Clinical Accreditation & Regulatory Consultant FLORIDA BLUE

12:30  **Networking Luncheon**

1:30  **Monitoring Call Logs and Providing Education for the Call Team and FDRs**

- Examining what CMS is looking for when accessing call logs
- Determining the best course of action when providing education for your team and FDRs
- Strategies to implement a monthly oversight monitoring program running ODAG and CDAG samples through all audit measures
- Identifying stakeholders
- How to create a report of your findings utilizing best practices
- Creating a plan of action to find the root cause and correct issues

Angela Lloyd, Director Medicare Audit & Corrective Action HEALTH PARTNERS PLANS
Michelle Fogg, Manager Medicare Operational Compliance HEALTH PARTNERS PLANS

2:15  **Root Cause Analysis Trending in Remediation**

- Identify a process for finding the root cause of a grievance
- Best practices in documentation of the root cause process to CMS standards
- Explore actions to reduce or eliminate grievances identified through root cause analysis
- Examine which vendors can help your plan manage member grievances
- Enhance collaboration with internal business partners for RCA and remediation of identified trends
- Identify a process for finding the root cause of appeals
- Explore actions to reduce or eliminate appeals identified through root cause analysis

Heather Metz, Manager of Government Compliance GATEWAY HEALTH PLAN
Jason M. Kaylor, Director of Appeals, Grievance, and Customer Solutions MHK
3:00  Afternoon Networking Break

3:15  Deep Dive: A Close Observation of Changes Associated with the Consolidation of Chapters 13 and 18

- Analyzing the impact of the changes made to the Medicare Program Integrity Manual (PIM)
- Identifying what changes will influence the Local Coverage Determinations (LCD) Process
- Evaluating immediate adaptations that need to be made in your current operational procedures

Lydia Wardi, Senior Regulatory Affairs Analyst
GATEWAY HEALTH PLAN

Deborah Marine, JD, CHC, Compliance Officer
SUMMACARE

4:00  Panel Discussion: 2018 CMS Program Audit- Evaluating our Experience

- Evaluating the position they were in prior to the audit and what they would change
- Identifying which areas CMS focused on specifically in the audit
- Examining the steps that were taken post audit, including corrective action plans and independent validation audits

Caroline Spencer, STARS Program Manager/A&G Manager
MEMORIAL HERMANN HEALTH PLAN

Heather Metz, Manager of Government Compliance
GATEWAY HEALTH PLAN
*Each panel member has experienced a CMS Audit in the past 12 months

4:45  Enhancing Relationships and Training Within Customer Service Team to Achieve Optimal Operational Outcomes

- Identifying educational tools to improve customer service representatives experience with members
- Creating consistency with classification of request
- Learning the tools to create a compliant culture within your customer service team
- Training strategies to generate a team with a strong culture and leadership

JoAnn McDaniel-Chinn, Chief Compliance Officer
COMMUNITY CARE PLAN

Mariah Emerich, Supervisor
MODA HEALTH

5:30  Networking Reception
DAY THREE: TUESDAY, JUNE 18TH, 2019

8:00  Networking Breakfast

8:45  Chairperson’s Recap of Day One

Ana Handshuh, Principal Cat 5
ULTIMATE HEALTH PLANS

9:00  Panel: Maximizing Effective Communication Between All Departments

- Identifying appropriate resources for communicating issues / problem solving
- Improving communication flow between all departments impacted by A & G
- Developing an understanding of the impact of one departments role on the other departments
- Building a team-oriented work place between departments
- Identifying universal communication strategies that coincide with and promote the corporate culture
- Developing effective strategies for successful communication among remote workers and teams

Moderator:
Nannette Sloan, Senior Director Compliance
MEDECISION

Panelists:
Debbie Hill, MSN, RN, Senior Director, UM and A&G Product Applications
MEDECISION

Angela Lloyd, Director Medicare Audit & Corrective Action
HEALTH PARTNERS PLANS

Michelle Fogg, Manager Medicare Operational Compliance
HEALTH PARTNERS PLANS

9:45  Explore the Key Points and Solutions of the OIG Medicare Advantage Appeals Report

- Describing the background and importance of the Office of the Inspector General (OIG) report on Medicare Advantage Appeals
- Discussing CMS annual audit report and key findings regarding Medicare Appeals
- Discussing top trends and common issues with Medicare Appeals in five key areas:
  - Organizational and departmental structure
  - Transparency
  - Effective controls and operations
  - Data analytics
  - Systems
- Discuss and summarize solutions for common issues

Diane Ramey, Senior Director
ANKURA

Nancy Waltermire, Senior Director
ANKURA
10:30 Morning Networking Break

10:45 Practice Makes Perfect: Best Practices for Audit Preparedness
• Examine the CMS requirements for ODAG and CDAG universes that must be pulled
• Identify issues in pulled universes and creating a plan of action to correct them
• Strategies to recreate the experience of a CMS Audit in real life
• Utilize recent audit experiences from other plans to recreate a mock audit
• Examine technological solutions that can assist your team in the audit process
  
  Jon Swisher, Director of Solution Development  
  KIRIWORKS  
  Melissa Rusk, Director Claims and BPO Operations  
  SUMMACARE

11:30 Mastering the Art of Building Precise Universes
• Analyzing the CMS requirements for accurate ODAG and CDAG universes and tables
• Implementing regular universe and data accuracy checks
• Identifying problematic areas that can cause universe disparities and solutions to correct the issues
  
  David Reid, Sr Director, Operational Performance & Regulatory Support,  
  FLORIDA BLUE  
  Delores Stewart, Senior Manager, Operational Performance & Regulatory Support  
  FLORIDA BLUE

12:15 Networking Luncheon

1:15 Evaluate the Role of FDRs in Appeals and Grievances and Program Audits
• Evaluating the resources, the FDRs need to prepare documents needed for an audit
• Understanding the FDRs perspective
• Learning strategies to improve communication and expectations with FDRs
• Understanding the work load balance of FDRs managing multiple audits
  
  Hayley Ellington-Buckles, Chief Compliance Officer  
  VERSANT HEALTH  
  Melissa Rusk, Director Claims and BPO Operations  
  SUMMACARE

2:00 Develop Future Leaders Within Your Current Team
• Identifying personnel within your organization with leadership abilities
• Implementing educational practices to develop their skills
• Maximizing your current leadership to foster growth and development
• Transferring knowledge and experience between the ranks
• Identifying which skills will be needed for leaders of future generations
  
  Denise Stasik, Vice President Credentialing and Advocacy  
  MVP HEALTH CARE

2:45 Chairperson’s Conference Recap
  
  Ana Handshuh, Principal Cat 5  
  ULTIMATE HEALTH PLANS

3:00 Conference Adjourns
The Ritz-Carlton, Tysons Corner blends refined luxury with a deep appreciation of local culture and a host of unique, artful touches. Located in McLean, one of Northern Virginia’s most sophisticated communities, the hotel offers comprehensively transformed rooms and suites featuring local artwork and panoramic views of Washington, D.C. or the Blue Ridge Mountains. It is also home to a spa, an inviting bistro restaurant and polished event spaces.

We have a block of rooms reserved at a special rate of $239/night. This rate expires on May 10, 2019; although, we expect the block to sell out prior to this date. To receive a room at the negotiated rate book well before the expiration date. Mention the “Optimizing Appeals & Grievances Summit” when placing your room reservation by phone to receive the negotiated rate. We urge you to book your room early as we expect the block will sell out. Upon sell out of the block room rate and availability will be at the hotel’s discretion. Please call (703) 506-4300 to book your room.
# Conference Rates

<table>
<thead>
<tr>
<th></th>
<th>Early Bird Rate</th>
<th>Standard Rate</th>
<th>Onsite Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Plan</strong></td>
<td>$1,495</td>
<td>$1,695</td>
<td>$1,895</td>
</tr>
<tr>
<td>&amp; Health Care Providers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>+ Workshop</strong></td>
<td>$1,795</td>
<td>$1,995</td>
<td>$2,195</td>
</tr>
<tr>
<td><strong>Service Providers &amp; Consultants</strong></td>
<td>$1,795</td>
<td>$1,995</td>
<td>$2,195</td>
</tr>
<tr>
<td><strong>+ Workshop</strong></td>
<td>$2,095</td>
<td>$2,295</td>
<td>$2,495</td>
</tr>
</tbody>
</table>

## Group Discounts are Available

Please contact Terrence Johnson at 704.341.2647 or tjohnson@risehealth.org

In order to secure a group discount, all delegates must place their registrations at the same time. Group discounts cannot be issued retroactively. For information regarding refund, complaint and/or program cancellation policies, please visit our website: [https://risehealth.org/the-fine-print/](https://risehealth.org/the-fine-print/)

---

**Call**

704.341.2647

**Register Online**

[https://risehealth.org/odag-cdag](https://risehealth.org/odag-cdag)

(Click to Register Online)

**Mail**

Wilmington FRA
3420 Toringdon Way, Suite 240
Charlotte, NC 28277

Please write **H542** on your check.
RISE is the premier community for health care professionals who aspire to meet the extraordinary challenges posed by the emerging landscape of accountable care and government health care reform.

Recognized industry-wide as the number one source for information on risk adjustment and quality improvement within health care, RISE strives to serve the community on four fronts: networking, education, industry intelligence and career development.

Through cutting-edge conferences, online courses, in-house training, webinars as well as an association comprised of over 2,500 members, RISE provides professionals with industry insights and critical information they need to stay ahead of the curve.

RISE produces more than 30 conferences annually, focused on sophisticated topics and ample networking opportunities for thousands of executives from mid- to senior-level and C-suite. Our team of subject matter experts is often first to market with emerging topics and we pride ourselves on consistently delivering on top quality operations and logistics to produce a seamless event.

Established in 2006 as an extension of Health care Education Associates (HEA), RISE now operates as the sole health care arm offering the original capabilities of HEA as well as an expanded product line. Headquartered in Charlotte, North Carolina, RISE operates alongside its counterpart, Foundation Research Associates (FRA), which serves the finance, law enforcement, government, legal and compliance communities in a similar capacity.

LEARN MORE AT RISEHEALTH.ORG
SPONSORSHIP AND EXHIBIT OPPORTUNITIES

Enhance your marketing efforts through sponsoring a special event or exhibiting your product at this event. We can design custom sponsorship packages tailored to your marketing needs, such as a cocktail reception or a custom-designed networking event.

To learn more about sponsorship opportunities, please contact Michelle Elam at 704.341.2393 or MElam@risehealth.org

GOLD SPONSORS

Beacon Healthcare Systems is your trusted partner for Operations, Risk Management, Compliance and Analytics. Using our Virtual Manager suite of products, Plan Sponsors can ensure timely and appropriate responses to ever-changing regulatory requirements all while avoiding costly sanctions and penalties.

Virtual Compliance Manager | Virtual Appeals Manager | Virtual Incident Manager | Virtual Reconciliation Manager

Beacon’s combined experience of more than 75 years in health plan technology, operations, IT, compliance and product development alongside best-in-class technology and subject matter expertise deliver superior results and products. Our team members are engaged experts with hands-on health plan experience across all lines of business. So whether you are in the Medicare Advantage, Medicaid, Commercial or Exchange Marketplace, we understand what you need because we’ve been there before ourselves.

BluePeak Advisors was established in 2010 by a group of government healthcare professionals dedicated to solving the Medicare Part C and D Programs’ unique regulatory and operational challenges. Led by Principals Babette S. Edgar and Sherry Pound, our team of consultants consists of senior level managed care professionals, experienced clinicians and former Centers for Medicare and Medicaid (CMS) regulators who have worked at health plans, pharmacy benefit managers (PBMs), and CMS. The team consists of career government healthcare professionals with the experience and expertise to service our clients across the country. BluePeak’s focus lies in PBM and health plan operations, Medicare compliance consulting, STAR rating improvements, CMS advocacy and support, pharmaceutical manufacturer marketing and payer strategies for reimbursement, clinical programs strategies and integration and data analytics.

MHK, part of the Hearst Health network, is a Medical House of Knowledge, where care and knowledge converge. The only service provider that combines pharmacy and medical, MHK’s mission is to drive better member care in a changing healthcare environment by bringing every care moment in a person’s health journey together through an integrated platform. MHK is committed to helping health plans, PBMs, and provider organizations improve quality of care, enhance operational efficiency, maximize revenue, and meet compliance demands. Three of the top five and seven of the top ten health plans are served by MHK and forty percent of all 4-5 Star Medicare health plans utilize MHK solutions. For more information, visit mhk.com.
Medecision believes in a liberated healthcare system where people, plans and care teams engage in driving the best health outcomes in a seamless, interconnected way. The company helps its clients -- more than 85 leading US health plans and systems -- achieve this purpose by providing Aerial™, its integrated health platform with a suite of engagement and workflow applications, and professional services through its Aveus division. Learn more at medecision.com or follow them on LinkedIn.

Kiriworks partners with Healthcare Payers to meet their unique goals and objectives through easy-to-deploy technology solutions. Our consultative approach will define the most effective solution specific to your needs in order to achieve success. Kiriworks A&G manages every aspect of the appeals and grievances process from Medicare, Medicaid and commercial plans. The result is an increase in savings, simplified automated processes and a greater ease of compliance.

Ankura is a business advisory and expert services firm defined by HOW we solve challenges. Whether a client is facing an immediate business challenge, trying to increase the value of their company or protect against future risks, Ankura develops and executes tailored solutions by assembling the right combination of expertise. This gives our clients unparalleled insight and experience across a wide range of economic, governance, and regulatory challenges. At Ankura, we know that collaboration drives results.