The Payer/Provider Engagement & Contracting Summit

Bridging the Gap in the Care Continuum to Deliver Value-Based Health Care

APRIL 23 - 24, 2019
OMNI SHOREHAM HOTEL
WASHINGTON, D.C.

The only conference in the market that joins together payers and providers in the same setting
Join RISE for a joint payer/provider summit aimed at revealing the roadmap to value-based health care delivery.

Join RISE for the only conference in the market that joins together payers and providers in the same summit to reveal the roadmap to value-based health care delivery. The RISE Payer/Provider Engagement & Contracting Summit is a tracked event that brings together mid-to-senior level professionals from health plans, health care providers, medical groups, Accountable Care Organizations (ACOs), employer groups, and service providers, to uncover new strategies to align financial incentives, improve patient outcomes, and better navigate the value-based care space.

At this summit, Payers and Providers will convene to uncover new ways to:

- Deliver Quality, Value-Based Care
- Align Financial Incentives
- Improve Patient Outcomes

Examined the main components of Value-Based Care, with content centered around:

- Network Infrastructure & Management
- Financial Aspects of Value-Based Care - Shared Risk and Contracting
- Provider Engagement

WHAT’S NEW

- More speakers added this year: 20+ speaker perspectives from across the health care spectrum
- We’re bringing providers into the conversation: We’ve added dedicated content for the provider community.
- Two dedicated content tracks
- Interactive, networking opportunities, including unscripted networking roundtables on hot topics:
  1. Value-Based Contract Standardization - Is There Room for Improvement?
  2. Discuss Commercial Payer Initiatives and Strategies
  3. Explore APMs and their Effect on MACRA
  4. Best Practices for Payer/Provider Partnerships in Urban Markets

HOT TOPICS

- The Intersection of Care and Technology - Making Data Insights Actionable
- Case Study: Incorporate Payment for SDOH Programs in Payor Contracts
- Deep Dive: Examine the Evolving Risk Requirements around Medicare Shared Savings (MSSP) and Where it Fits in the Journey to Value-Based Care
- The Move from Fee-For-Service to Value-Based Care: Dissect the Future of Primary Care Reimbursement
- PANEL: Payer/Provider Partnerships: Examine What It Really Takes to Make Value-Based Care Arrangements Work

WHO SHOULD ATTEND?

- Directors, VPs from Managed Care Organizations
- Contracting
  - Network Management
  - Provider Engagement / Relations
  - Compliance
  - Care teams
  - Quality
  - Finance
- Medical Directors and Physician Leadership from:
  - Organized Physician Groups - Clinically Integrated Networks, ACOs, IPAs
  - Hospital Systems
  - Independent Practices
  - Employer Groups
  - Suppliers and Consultants
MEET OUR ESTEEMED SPEAKING FACULTY

Stuart Levine, Chief Medical and Innovation Officer  
AGILON HEALTH/ MEDICAL INNOVATIONS

Ralph Tang, President, MD/VA IPA  
WELLCHECK HEALTH PLANS

Stephen Linesch, Principal  
PARADIGM GROUP

Hans Wiik, President & CEO  
HANS WIJK HEALTH GROUP

Bill Demarco, President  
PENDULUM HEALTHCARE DEVELOPMENT CORPORATION

Ken Persaud, CEO  
VISUALIZE HEALTH LLC

Stacy Garrett Ray, President  
UNIVERSITY OF MARYLAND QUALITY CARE NETWORK

Karen Wilding, Senior Director of Quality & Value Based Care  
UNIVERSITY OF MARYLAND QUALITY CARE NETWORK

Kendall Payne, Director of Independent Review Division  
SPINE CARE PARTNERS LLC

Ethan Lipkind, Head of Network Management  
CLOVER HEALTH

Denise Patriaco, Director  
HACKENSACK ALLIANCE ACO

Jeff Micklos, Executive Director  
HEALTH CARE TRANSFORMATION TASKFORCE

Lili Brillstein, Director, Episodes of Care  
HORIZON BLUE CROSS BLUE SHIELD OF NJ

Elizabeth Jacobs, Chief of Primary Care and Value-based Health, Associate Chair for Research, MD  
UNIVERSITY OF TEXAS

David Wirka, Director of Reimbursement Strategy and Value Based Care  
BLUE CROSS AND BLUE SHIELD OF NEBRASKA

Karla Richardson, Director of Value Based Care  
UNIVERSITY OF TOLEDO

Bob Jordan, Director, Market Advancement & Growth  
GEISINGER

Jon Swisher, Director of Solution Development  
KIRIWORKS

Michael Barbati, Manager Medical Economics & Innovations, Enterprise Population Health  
ADVOCATE AURORA HEALTH
Tuesday, April 23rd

8:00 - 9:00  Registration and Networking Breakfast

9:00 - 9:10  Welcome Remarks

William De Marco, President, PENDULUM HEALTHCARE DEVELOPMENT CORPORATION; Chairman of the Board, GOLDSTAR ALLIANCE FOR HEALTH

9:10 - 9:55  KEYNOTE: The Future of Payer/Provider Alignment and the Building of a Delivery System to Care for Patients Responsible for 80% of the Spend

- Examine Primary Care led integrated care taking Global capitation
- Understand the Six Pillars of Care achieving the Quadruple Aim with focus on the high-risk patient
- Discuss novel ways to bring back the joy to medicine in patient-physician engagement
- Learn how to engineer the health care process and to design IT to power the changes

Stuart Levine, Physician Chief Advisor, GOOGLE BRAIN, CEO and President, MEDICAL INNOVATIONS INC., and Chief Medical and Innovation Officer, AGILON HEALTH

9:55 - 10:50  Achieve Success in Value-Based Care: Essential Contracting & Delivery Capabilities, Tools & Services

- Understand how value-based transformation impacts and creates opportunities for critical payer-provider collaboration
- Examine the important roles of independent physicians (IPAs/CINs) and like-minded preferred provider networks of specialists and acute/post-acute providers/health systems
- Grasp the critical need for a robust population health MSO infrastructure—clinical, technology and business/risk management platform—and how that impacts contracting, payment, care coordination, network collaboration, quality as well as cost

Ralph Tang, President, MD/VA IPA WELLCARE HEALTH PLANS

10:50 - 11:10  Networking Break
11:10 – 12:00  PANEL: Payer/Provider Partnerships: Examine What It Really Takes to Make Value-Based Care Arrangements Work

- Benchmark best practices in setting up shared-risk contracts
- Win-win communication - examine effective techniques needed for both parties to work together
- Hear how physicians can address competing payer requests

**Moderator:**

Jeff Micklos, Executive Director,
HEALTH CARE TRANSFORMATION TASKFORCE

**Panelists:**

Ralph Tang, President, MD/VA IPA
WELLCARE HEALTH PLANS

Ethan Lipkind, Chief Development Officer
CLOVER HEALTH

Denise Patriaco, Director
HACKENSACK ALLIANCE ACO

Lili Brillstein, Director, Episodes of Care
HORIZON BLUE CROSS BLUE SHIELD (NJ)

Jeff Micklos, Executive Director
HEALTH CARE TRANSFORMATION TASKFORCE

12:00 – 1:15  Networking Lunch/

Unscripted Roundtable Discussions

Attendees have the option to join a roundtable on a pertinent industry topic. Discussion will be open dialog, idea-exchange so, come with conversation starters!

1. Value-Based Contract Standardization – Is There Room for Improvement?
2. Discuss Commercial Payer Initiatives and Strategies
3. Explore APMs and it’s Effect on MACRA
4. Best Practices for Payer/Provider Partnerships in Urban Markets
1:30 – 3:00  The Complete Financial Checklist for Risk-Bearing/Value-Based Provider Arrangements

- Understand revenue, expenses and the keys to mitigating risk
- Get tactical advice on financial reserves and measuring metrics
- Delve into operational steps, implementation and challenges of moving to a Risk-Based Provider Arrangement

Stephen Linesch, Principal
PARADIGM GROUP

Successfully Negotiating Value-Based Care Contracts

- Review contract types & alternative payment models – weigh risks and benefits
- Examine uses of data analytics for optimizing contract negotiations
- Learn how to find the “sweet spot” in value-based contracts
- Hear about additional value-based elements to include in contracts
- Once it’s all said and done – Measure success post-negotiation

Aaron Jurgaitis, Senior Consulting Actuary,
WAKELY CONSULTING GROUP

Sion Hughes, Consultant, Market and Provider Strategy,
WAKELY CONSULTING GROUP

2:30 – 3:00

Update from Health Care Transformation Taskforce

Jeff Micklos, Executive Director
HEALTH CARE TRANSFORMATION TASKFORCE

3:00 – 4:15

Networking Break

3:30 – 4:15  Previous session continued

The Move from Fee-For-Service to Value-Based Care: Dissect the Future of Primary Care Reimbursement

- Examine the impact of primary care aggregation
- Hear case examples from Blue Cross and Blue Shield and gain insights into future initiatives
- Dive into the forces that are shaping new reimbursement models, i.e. CMS Innovation (CPC+, MACRA, MSSP), large employer groups, brokers, and providers

David Wirka, Director of Network Innovation
BLUE CROSS AND BLUE SHIELD OF NEBRASKA
4:15 – 5:00  
Deep Dive: Examine the Evolving Risk Requirements around Medicare Shared Savings (MSSP) and Where it Fits in the Journey to Value-Based Care
- Discuss the new risk requirements announced by CMS and how they affect your programs
- Analyze MSSP programmatic overlap with other Value-Based models and whether it can co-exist with other value-based plans
- Delve into whether independent physician groups are more successful in this model - where, why, and how?
- Examine MA - hear what’s working with full risk agreements with MA plans and hear success strategies to drive MA growth

Mike Barbati, Manager Medical Economics & Innovations, Enterprise Population Health
ADVOCATE AURORA HEALTH

5:00 – 5:10  
Closing Remarks

William De Marco, President,
PENDULUM HEALTHCARE DEVELOPMENT CORPORATION;
Chairman of the Board,
GOLDSTAR ALLIANCE FOR HEALTH

5:10 – 6:10  
Cocktail Reception
Wednesday, April 24th

8:00 - 8:45  Registration and Networking Breakfast

8:45  Opening Remarks

William De Marco, President,
PENDULUM HEALTHCARE DEVELOPMENT CORPORATION;
Chairman of the Board
GOLDSTAR ALLIANCE FOR HEALTH

9:00 - 9:45  Direct-to-Employer Contracting Arrangements - The Impact and Implications for the Health Care Marketplace

- Hear lessons learned from a health system directly partnering with a large employer - including specifics around contracting
- Discuss benefits of direct-to-employer programs including patient outcomes, cost savings for employers and patient satisfaction
- Explore whether plans should look to narrow networks in the future to sustain costs and enhance patient outcomes

Bob Jordan, Director, Market Advancement & Growth
GEISINGER

9:45 - 10:30  The Rise of “Payviders” - A Look into the Risks and Benefits of Joint Ventures Between Payers and Providers

- Hear how payers and clinical delivery systems are partnering to share clinical expertise and deliver value together
- Discuss the risks / benefits of value-based contracts vs. joint ventures
- Hear the outcomes of tapping into data within the Payvider Model - e.g. lowering readmissions

Kenneth Persaud, MD, CEO
VISUALIZE HEALTH LLC

10:30 - 10:50  Networking Break
10:50 – 11:30  
**Case Study: Incorporate Payment for SDOH Programs in Payor Contracts**

- Explore trends in social determinants of health and understand how they drive health outcomes
- Learn best practices in creating and addressing value-based care solutions for vulnerable populations
- Hear successful efforts around the country that could be replicated

Elizabeth A. Jacobs, MD MPP, Chief of Primary Care and Value Based Health and Professor  
UNIVERSITY OF TEXAS AT AUSTIN

11:30 – 12:15  
**Peeling Back the Layers of the ACO Onion - Review the Value, Risks and Opportunities of the ACO Model**

- Examine if ACOs are the future of health care
- Analyze whether there is success in shared savings within the ACO model
- Weigh the risks and benefits of the ACO model

William De Marco, President  
PENDULUM HEALTHCARE DEVELOPMENT CORPORATION  
Chairman of the Board  
GOLDSTAR ALLIANCE FOR HEALTH

12:15 – 1:15  
**Networking Lunch**

1:15 – 2:00  
**Payer Perspective - The Secret Sauce to High Performance and Good Quality**

- Explore innovative ways that a health plan can help support a practice
- Discuss how physicians can increase efficiency and reduce administrative burden of practice while meeting reimbursement criteria

Ebony Gilbert, Director of Network Relations, AMERIGROUP HEALTH PLAN

**Mind the Care Gap: Motivate Providers to Boost Performance**

- Examine provider engagement techniques including case examples of behavior change techniques
- Learn how to effectively communicate data to physicians
- Assess, report and communicate quality measures to physicians --via scorecards and analytics tools

Karla Richardson, Director of Value Based Care  
UNIVERSITY OF TOLEDO PHYSICIANS, LLC

**Examine Current and Future Bundled Payment Models**

- Understand the evolution of alternative payment models, including the current state of bundled payments
- Implement success examples from the use of bundled payments to control costs and grow clinical volume
- Examine metrics and success measures within bundled payment initiatives

Liz Myers, Senior Consulting Actuary, WAKELY CONSULTING GROUP  
Aaron Jurgaitis, Senior Consulting Actuary, WAKELY CONSULTING GROUP

**Go Narrow or Go Home - Considerations for High Performance Provider Networks**

- Examine how to identify, engage and incentivize high quality, cost effective providers
- Evaluate what criteria a high performer needs to have

Kendall Payne, Director of Independent Review Division, SPINE CARE PARTNERS, LLC
2:00 – 2:45
The Intersection of Care and Technology - Making Data Insights Actionable

• Explore telehealth tools that enhance communication and data sharing to drive better patient outcomes
• Hear about advancements and trends with EMR
• Examine electronic health record interoperability – is there room for improvement?

Stacy Garrett-Ray, MD, MPH, MBA, Vice President
UNIVERSITY OF MARYLAND MEDICAL SYSTEM
Medical Director, Population Health Service President
QUALITY CARE NETWORK
former Deputy Director
U.S. DEPARTMENT OF VETERANS AFFAIRS

Karen Wilding, Senior Director of Quality & Value Based Care
UNIVERSITY OF MARYLAND MEDICAL SYSTEM

2:45 – 3:00
Closing Remarks

William De Marco, President
PENDULUM HEALTHCARE DEVELOPMENT CORPORATION;
Chairman of the Board,
GOLDSTAR ALLIANCE FOR HEALTH
OMNI SHOREHAM HOTEL
2500 Calvert St NW
Washington DC, 20008

Rated one of “The Best Hotels in Washington D.C. With a Ton of History” by Fodor’s Travel, since 1930, the luxurious Omni Shoreham Hotel has hosted presidents, world leaders and inaugural balls, making it a true landmark in our nation's capital. Today, the hotel fuses modern comforts with distinguished service, creating a monumental experience for guests.

We have a block of rooms reserved at a special rate of $219/night. This rate expires on March 29, 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 “RISE Payer/Provider 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 1-800-843-6664 to book your room or simply click the link: Book your group rate for RISE Payer/Provider Summit.
## Conference Rates

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<th>Early Bird Rate</th>
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<td><strong>Healthcare Providers / ACOS / Medical Groups</strong></td>
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**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.

Refunds and Cancellations: 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/)

## How to Register

- **Call**: 704.341.2647
- **Register Online**: [https://risehealth.org/pecs](https://risehealth.org/pecs) (Click to Register Online)
- **Mail**: Wilmington FRA 3420 Toringdon Way, Suite 240 Charlotte, NC 28277
  
  Please write H539 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

SILVER SPONSORS

Kiriworks

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.

Wakely

Wakely is the premier source for healthcare actuarial consulting, helping clients understand the complex and evolving world of healthcare, using the best tools, talent, and data. Our consultants have substantive experience working with payers, purchasers, and healthcare providers. We help our clients succeed through disciplined and transparent work, assessment of options, creative problem solving, attention to deadlines, and the ability to clearly communicate and document complex issues. Wakely goes beyond the numbers.