



THE CMS BID BOOT CAMP
JANUARY 12-14, 2025
PHOENIX, ARIZONA

PAST AGENDA

[SUNDAY](#)

[MONDAY](#)

[TUESDAY](#)

TIME ZONE: MST

SUNDAY - JANUARY 12, 2025

11:00 AM

Registration Open

5:00 PM

Phoenix Ballroom Foyer

1:00 PM

Pre-Conference Workshop: Introduction to the CMS Bid

** Additional Registration is Required*

Phoenix Ballroom D

Bid Basics

- Get an introduction to Medicare Advantage
- Review key terms, files, reports, and timelines for the bid
- Understand the connection between the bid and the Medicare Plan Finder

The Plan Benefit Package (PBP)

- Walk through PBP in the Health Plan Management System (HPMS) and get clear explanations of the sections, fields, and rules
- Learn PBP completion strategies that give your health plan a competitive edge
- See the changes in the PBP, including updated Out-of-Network entries and the discontinuation of the VBID model

Ana Handshuh, *Principal*

CAT5 Strategies

Kylie Zunkel, Actuarial Manager

Milliman

3:00 PM

**Registration for this workshop includes a refreshment break.*

3:30 PM	Networking Break
3:30 PM	<div>Pre-Conference Workshop: Introduction to the CMS Bid (continued)</div> <div>Phoenix Ballroom D</div> <div>The Bid Pricing Tool (BPT)</div> <div><div><div>• Learn how decisions for the PBP connect to the actuarial work done in the Bid Pricing Tool (BPT)</div><div>• Discover how base bids, benchmark rates, risk scores, and other bid variables in the CMS bid calculation affect health plan revenue</div><div>• Explore CMS tools and tests that determine pricing</div></div></div> <div>Amy Garrow, Director, Actuary</div> <div>Healthfirst</div> <div>Zach Lamers, Consulting Actuary</div> <div>Milliman</div>
5:00 PM	

5:00 PM	Exhibit Hall Open
6:00 PM	

	Welcome Cocktail Reception
5:00 PM	Phoenix Ballroom C
6:00 PM	Join us for drinks, hors d'oeuvres, and face-to-face networking with peers. (All conference attendees invited.)

MONDAY - JANUARY 13, 2025

8:00 AM	Registration Desk Open
4:00 PM	Phoenix Ballroom Foyer

8:00 AM	Networking Breakfast
9:00 AM	Phoenix Ballroom C

8:00 AM	Exhibit Hall Open
5:45 PM	Phoenix Ballroom C



9:00 AM	<div>Welcome and Chairperson's Opening Remarks</div> <div>Phoenix Ballroom D</div> <div>Kaleb Holt, Director of Medicare Products</div> <div>Select Health</div>
9:05 AM	

9:05 AM

The Future of Medicare Advantage: VBID Discontinuation and Other Expected Changes Under the New Administration

- Discuss the recent CMS decision to discontinue the Value-Based Insurance Design (VBID) model at the end of 2025 and the impact that will have on health plans and their members
- Explore how the Medicare Advantage landscape may change under the new administration

Eric Williams, Senior Consulting Actuary

Wakely, an HMA Company

Christopher Javor, National Director of Retail Sales

AmeriHealth Caritas

10:00 AM

10:00 AM

Year-Round Process Design Strategies to Optimize Your Bid

- Review the bid calendar and consider monthly plans to develop a smooth bid process that results in meeting CMS deadlines and internal goals
- Design the perfect bid team with players from across the organization and implement strong communications to ensure a smooth process
- Hear about lessons learned from bid veterans

Michael O'Malley, Plan Administrator

AHF/Positive Healthcare

Kaleb Holt, Director of Medicare Products

Select Health

10:50 AM

10:50 AM

Networking Break

11:10 AM

Phoenix Ballroom C

11:10 AM

Setting Goals and Defining a Winning Bid Strategy

- Analyze key factors and data about your market to gain an edge on your competition
- Learn how to gather the necessary data to determine what benefits your current and prospective members want and need
- Plan your strategy for retention and growth, even when budgets are tight

Craig Fisher, Director, Product Development & Growth Initiatives

Jefferson Health Plans

Laura Cummins, Manager, Product Strategy & Marketing

Clever Care Health Plan

12:00 PM

12:00 PM

Using Supplemental Benefits to Improve Health Equity and Address SDoH – Even Without VBID

- Discover supplemental benefit trends and how they may be changing under new CMS requirements and tighter health plan budgets
- Learn techniques for choosing supplemental benefits, pricing and including them in your bid, and using them to improve health equity and address social drivers of health (SDoH)
- Explore special programs such as Special Supplemental Benefits for the Chronically Ill (SSBCI), and Uniformity Flexibility
- Discuss strategies for meeting your health equity and SDoH goals, now that the Value-Based Insurance Design (VBID) model has been discontinued



Moderator:

Patrick Coulson, Executive Vice President of Health Care Partnerships

GA Foods

Monica Pagels, *Manager of Product Development*

Emergient

Ana Handshuh, *Principal*

CAT5 Strategies

12:45 PM

12:45 PM

Tools & Technology Spotlight

Leading service providers will showcase their offerings in a quick-pitch setting. Evaluate the latest and greatest tech tools to bring back to your organization.

Sharon L. Fletcher, PhD, MBA, President

Birdsong Hearing Benefits

1:00 PM

1:00 PM

Networking Lunch

2:00 PM

Phoenix Ballroom C

2:00 PM

Is a Special Needs Plan Right for Your Market?

- Review recent CMS expansion of types of special needs plans (SNPs)
- D-SNP, C-SNP, I-SNP, and more: defining the different plans and looking at state and federal requirements for each
- Get tips on how to analyze the special needs of your members that could be addressed with the appropriate SNP
- Consider the elements of a competitive SNP, including benefits, provider network, and more

Nikki Hungate, Principal Product and Quality Strategy Consultant/Owner

Brightstar Health Solutions

Tina Dueringer, CEO, Principal Advisor

Dueringer Advisors, Inc.

2:50 PM

2:50 PM

Tools & Technology Spotlight

Leading service providers will showcase their offerings in a quick-pitch setting. Evaluate the latest and greatest tech tools to bring back to your organization.

Spencer Pratt, Chief Growth Officer

NourishedRx

3:05 PM

3:05 PM

Networking Break

3:35 PM

Phoenix Ballroom C

3:35 PM

Part D Redesign: Bid Strategies for Success

Explore bid strategies for successfully dealing with the impacts of recent and upcoming Part D changes, including:

- \$2,000 maximum out of pocket,
- Medicare prescription payment plans (M3P),
- Medicare drug negotiations, and
- Part D Premium Stabilization Demonstration

Omar Daoud, *Senior Director of Pharmacy*
Community Health Plan of Washington

Dan Simenc, Consulting Actuary
Milliman

Tools & Technology Spotlight

Leading service providers will showcase their offerings in a quick-pitch setting. Evaluate the latest and greatest tech tools to bring back to your organization.

Josh Poretz, CEO
J2 Health

Closing Remarks

Kaleb Holt, Director of Medicare Products
Select Health

Networking Cocktail Reception

Phoenix Ballroom C

Join us for drinks, hors d'oeuvres, and face-to-face networking with peers.

TUESDAY - JANUARY 14, 2025

Registration Desk Open

Phoenix Ballroom Foyer

Networking Breakfast

Phoenix Ballroom C

Exhibit Hall Open

Phoenix Ballroom C

9:00 AM	<div><div>Welcome and Chairperson's Day One Takeaways</div><div>Phoenix Ballroom D</div><div>Kaleb Holt, Director of Medicare Products</div><div>Select Health</div></div>
9:10 AM	
9:10 AM	<div><div>The New V28 Risk Adjustment Model’s Impact on Revenues and the Bid</div><div><div><div><div>• Discuss how Medicare Advantage organizations’ revenue has already been impacted by the new V28 risk adjustment model</div><div>• Get insight into how V28 is affecting risk score assumptions and revenue modeling for the bid</div><div>• Learn how to build your new risk profile based on current members while appropriately adjusting your bid strategy and design</div></div></div><div>Shannon Decker, PhD, MBA, MBA, M.Ed, M.Ed, <i>Founder & CEO</i></div><div>VBC One</div><div>Laura Sheriff, MSN, CPC, CRC</div><div>Industry Expert in Risk Adjustment Operations</div></div></div>
10:00 AM	
10:00 AM	<div><div>Getting Ahead of Star Ratings Changes</div><div><div><div><div>• Get an overview of the changes to the Star ratings program and how they will impact the bid</div><div>• Explore bid strategies to improve Star ratings</div><div>• Take a deep dive into the new Health Equity Index, which measures performance in 2024 and 2025 for the 2027 Star ratings</div><div>• Discuss changes that might be made by the new administration</div></div></div><div>Moderator:</div><div>Rebecca Ballou, <i>National Business Development Manager</i></div><div>Amplifon Hearing Health Care</div><div>Rex Wallace, <i>CEO</i></div><div>Rex Wallace Consulting, LLC</div><div>Eve Anderson, <i>Assistant Director, Actuarial Services</i></div><div>Johns Hopkins Health Plans</div></div></div>
10:50 AM	
10:50 AM	Networking Break
11:10 AM	Phoenix Ballroom C



11:10 AM

Navigating New Requirements for Supplemental Benefits

- Discuss new CMS rules for supplemental benefits, including requirements to report encounter data, create a bibliography of evidence, and notify members mid-year of their benefits usage
- Understand how these new requirements impact the bid
- Gain practical strategies for complying with these requirements

Tina Dueringer, CEO, Principal Advisor
Dueringer Advisors, Inc.

Jason Hellinger, Senior Product Manager
Cigna Healthcare

12:00 PM

12:00 PM

Networking Lunch

1:00 PM

Phoenix Ballroom C

1:00 PM

Building Successful Partnerships with Supplemental Benefit Vendors

- Get tips for managing vendor cutbacks, vetting vendors, and choosing the vendors that are right for your plan
- Understand provisions to include in vendor contracts to ensure compliance with new supplemental benefit requirements
- Learn how to partner with vendors to ensure the best service to your members

Tina Dueringer, CEO, Principal Advisor
Dueringer Advisors, Inc.

Jonathan Cho, Vice President, Medicare Product, Strategy, and Execution
Healthfirst

1:45 PM

1:45 PM

Demystifying the Rebate Reallocation Process

- Prepare for CMS’ announcement on Part D National Average Monthly Bid Amount (NAMBA) and the resulting rebate reallocation and bid resubmission
- Understand how the direct subsidy is estimated
- Learn about the CMS requirements and restrictions on making adjustments to the bid
- Discuss how benefit enhancements can impact medical loss ratio

Maxwell Hanna, Vice President, Actuarial Services
Molina Healthcare, Inc.

Michael Gillespie, Senior Consulting Actuary
Wakely, an HMA Company

2:30 PM

2:30 PM

Closing Remarks and Conference Concludes

Kaleb Holt, Director of Medicare Products
Select Health

2:35 PM



CONTACT US

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