

THE 10TH ANNUAL OPTIMIZING APPEALS AND GRIEVANCES SUMMIT **JUNE 10TH-11TH, 2025 VIRTUAL**

PAST AGENDA

TUESDAY

WEDNESDAY

TIME ZONE: EST

TUESDAY - JUNE 10, 2025

Welcome and Opening Remarks 10:00 AM

Conference Chairperson:

Tina Dueringer, BSN, RN, CCM, PCC, CEO/Principal Advisor

Dueringer Advisors, Inc

Regulatory Update: Changes Impacting Appeals & Grievances 10:10 AM

- Get an overview of the current regulatory landscape and discuss strategies for maintaining compliance
- Learn the impact the new federal administration may be having on A&G
- · Gain insights into new CMS requirements

Mark Dwinnells, CHC, Sr. Director, Privacy Officer & Medicaid Compliance Officer

Commonwealth Care Alliance

Andrew Meggison, Senior Director, Regulatory Affairs and Benefits Compliance

10:55 AM

10:10 AM

Health Plans Inc.

10:55 AM

Break

11:05 AM

11:05 AM

Best Practices to Prepare for Internal and External Audits

Discuss how to build a strong audit playbook

1/5 https://appeals.risehealth.org/agenda/

- Get strategies for maintaining an audit-ready state
- Learn how to prepare staff to provide answers during an audit

Gail Blacklock, CHC, Chief Compliance Officer

Elite Health Plan, Inc.

Jennifer Del Villar, CHC, PAHM, Vice President of Operations

11:50 AM

Elite Health Plan, Inc.

11:50 AM

Break

12:00 PM

12:00 PM Case Study: Use of Technology to Ensure Capturing All Cases

- Hear about the use of a bot for pulling keywords from customer service calls to review for potential appeals and grievance cases
- Explore how process improvements were identified through reviewing bot results
- Discuss the follow up to help avoid missing appeals and grievances going forward

Daron Webb, Quality Assurance Manager

CareOregon

Ally McNally, Quality Assurance Supervisor

CareOregon

12:45 PM

Lunch Break

1:30 PM

1:30 PM

12:45 PM

FDR Management: Keeping Vendors on Track with Goals and Processes

- Explore strategies for overseeing and collaborating with first tier, downstream, and related entities (FDRs), as well as other vendors involved in the appeals process
- Learn to establish vendor performance metrics and accountability
- Create data-sharing protocols for universe submissions
- Discuss contractual considerations for vendor involvement

Deborah Curry, MBA, RHIA, CDIP, CCS-P, CRC, Risk Adjustment Programs Director

Medical Mutual

Katrina Nottke, MBA, FDR Compliance Analyst

Commonwealth Care Alliance

Lisa Rabbitt, Sr. Vice President, Corporate Compliance & Ethics and Risk Operations

Commonwealth Care Alliance

2:15 PM

2:15 PM

Break

2:25 PM

2:25 PM Appeals and Grievance Training: Building a Strong Foundation

- Understand who needs training and why (hint: it's not just for the A&G Department!)
- Get an overview of training content and how to make sure it's relevant and meaningful
- Learn to create analytics to confirm training effectiveness

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Dana Renicker, Senior Medicare Education Specialist
SummaCare

Tracy Jones, Senior Compliance Coordinator

3:10 PM

SummaCare

Break

3:20 PM

3:20 PM Inquiry, Grievance, Coverage Request, or Appeal? How to Ensure Proper Classification

- Discuss best practices for categorizing cases
- Explore strategies for creating an effective review system that will ensure maintaining member satisfaction
- Participate in an activity that will help clarify how to ensure proper classification of cases

Michelle Fogg, Manager, Operational Compliance

Jefferson Health Plans 4:05 PM

4:05 PM Closing Remarks

Conference Chairperson:
Tina Dueringer, BSN, RN, CCM, PCC, CEO/Principal Advisor
Dueringer Advisors, Inc
4:15 PM

WEDNESDAY - JUNE 11, 2025

10:00 AM Welcome and Opening Remarks

Conference Chairperson:
Tina Dueringer, BSN, RN, CCM, PCC, CEO/Principal Advisor
Dueringer Advisors, Inc

10:10 AM

10:10 AM Enhancing Member Experience Through Communication Improvements

- Discuss best practices for making member communications clearer, more transparent, and compliant with CMS guidelines
- Explore how to automate the generation of CMS-compliant acknowledgment and decision letters
- Understand how these efforts can help improve or maintain your Star rating

Cherié K. Shortridge, Sr. Advisor/Principal

CKS Consulting

Beth Socoski, Vice President of Compliance Longevity Health Plan

10:55 AM

10:55 AM

Break

11:05 AM

11:05 AM Case Study: Strategies for Reducing Appeals and Grievances

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- Learn about one health plan's comprehensive approach that reduced appeals and grievances by 17%, while improving patient care and increasing efficiency
- Discuss ways to minimize administrative, member, and provider burden in the appeals process
- Explore methods for identifying and addressing root causes of denials
- Understand how to use appeals outcomes to inform ongoing adjustments to policies, processes, and training.

Kaye Markham, RN, BSN, CCM, *Manager of Outcomes Medical Management*Government Employee Health Association, Inc.

Tammy Gilliland, RN, BSN, CCM, Supervisor of Outcomes Medical Management

11:50 AM

Government Employee Health Association, Inc.

11:50 AM Break 12:00 PM

12:00 PM Grievance Management: Responses that Build Member Loyalty

- Perfect the art of first-call resolution
- Learn best practices for handling quality-of-care grievances
- Discuss how to address grievances involving possible discrimination

Amanda Lambert, Owner & CEO

Lambert Consulting

Cathy McClain Gordon, MHA, Managing Partner & CEO

4E Health Care Ventures, LLC

12:45 PM

12:45 PM Lunch Break 1:30 PM

1:30 PM Keeping Your Universes in Tip-Top Shape

- Learn how proactive monitoring and universe scrubbing ensure data accuracy and regulatory compliance
- Discuss technology that can help automate the process of universe scrubbing
- Explore the steps for identifying and resolving common data integrity issues
- Understand best practices for collaboration between A&G and compliance teams

Angela Lloyd, MPH, CHC, Associate Compliance Officer

Jefferson Health Plans

2:15 PM

2:15 PM

Break

2:25 PM

2:25 PM How Utilization Management Policies Impact Appeals

- Understand the pitfalls of prior authorization policies that are too strict or too lenient
- Get tips for aligning UM and payment policies to minimize member and provider abrasion

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• Establish systems to ensure proper continuity-of-care overrides of UM criteria

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Mark Dwinnells, CHC, Sr. Director, Privacy Officer & Medicaid Compliance Officer

Commonwealth Care Alliance

Cherié K. Shortridge, Sr. Advisor/Principal

CKS Consulting

Tina Dueringer, BSN, RN, CCM, PCC, CEO/Principal Advisor 3:10 PM

Dueringer Advisors, Inc

Closing Remarks 3:10 PM

Conference Chairperson:

Tina Dueringer, BSN, RN, CCM, PCC, CEO/Principal Advisor

Dueringer Advisors, Inc 3:15 PM



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