NEW: CPE and CEU Credits Available
Strengthening and Evolving Risk Adjustment Programs for Medicare Advantage, Medicaid and Commercial Plans

As risk adjustment programs keep evolving due to increased governmental demands and new technologies, now is the perfect time to learn from your peers and the most advanced solution providers on how to take your program to the next level and hit your revenue goals. Walk away with proven strategies for improving provider education, coding accuracy and best practices for breaking down silos and increase efficiencies within your Stars, HEDIS and Risk Adjustment programs.

Why You Cannot Miss This Event
WHO SHOULD ATTEND?

01 Director of Risk Adjustment
02 Director of Provider Engagement
03 Director of Revenue Management
04 Director of Member Engagement
05 Director of Compliance and Coding
06 Director of Health Plan Analytics
07 Data Analysts
08 RAF Coders
09 Compliance Officers
10 Director of Quality Management

TOP REASONS TO ATTEND

01 Learn how your peers are getting ready for the next round of RADV audits
02 Walk away with the latest techniques for improving coding accuracy and clinical documentation
03 Hear guidance on the latest CMS changes
04 Improve your payer/provider collaboration, engagement and outcomes
05 Get a head-start planning on 2021 bidding process
06 Define the impact of social determinants of health in your risk adjustment program
07 Take your vendor management to the next level of efficiency
08 Master data governance
09 Learn best practices for contract consolidation and acquisitions
10 Network with the industry’s most advanced risk adjustment specialists and solution providers
RISE is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be submitted to the National Registry of CPE Sponsors through its website: www.nasbaregistry.org.

**Program Level:** Basic  
**Anticipated CPE Credits:** 21.5 CPEs for conference plus workshop; 13 CPEs for conference only  
**Recommended Field(s) Of Study:** Specialized Knowledge  
**Prerequisites:** None  
**Advance Preparation:** None  
**Instructional Delivery Method:** Group Live  

**Learning Objectives:** Upon completing the course, participants will:

- Discover best practices to prepare for a RADV audit  
- Learn audit trends from CMS and other health plans  
- Hear an overview of advancements in technology that can improve efficiency

For more information, visit our website: [https://risehealth.org/the-fine-print/](https://risehealth.org/the-fine-print/)

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**CEU CREDITS**

This program has been approved for 18.0 max continuing education unit(s) for use in fulfilling the continuing education requirements of the American Health Information Management Association (AHIMA). Granting prior approval from AHIMA does not constitute endorsement of the program content or its program sponsor.
WORKSHOPS: JUNE 9, 2019

7:00 - 8:00 Workshop A & B Registration Opens / Networking Continental Breakfast

8:00 - 4:00 Workshop A: Risk Adjustment Practitioner

- The essentials of and differences between Medicare Advantage, Commercial and Medicaid risk adjustment
- Understanding how risk scores are calculated
- Making sense of varying payment models
- An intro into using data and predictive analytics to optimize your risk adjustment practices
- Tools for achieving data accuracy
- Where do we stand with the transition from RAPS to EDPS? The latest in a long journey
- Provider engagement strategies for impacting your risk adjustment initiatives

Scott Weiner, CMA, CFM, MBA, President
QUADRALYTICS

Susan Waterman, RHIT, CCS, CPC, CRC, AHIMA
ICD-10-CM/PCS, Trainer, Director, Risk Adjustment
SCOTT & WHITE HEALTH PLAN

8:00 - 4:00 Workshop B: Advanced HCC Auditor

The HCC Coding for Accuracy workshop is not just for those directly involved in HCC coding work. It is designed for other disciplines as well, including finance and analytics professionals. Join us for an introduction to best practices, the opportunity to work through case examples, and to share experiences with your peers. This workshop will zero-in on regulatory compliance while teaching you how to optimize the accuracy of the information gathered and submitted at the practice level. You will also learn about the way charting is often done, how to overcome “disconnect” with the clinicians and how their typical charting practices and EMRs can create significant problems, and how RADV views documentation in contrast with the way clinicians were taught and EMRs were built initially. Please note: Attendees are encouraged to bring questions to pose to our expert workshop facilitators and the group. We provide your workbook which includes copies of the slide deck. You will not need your coding manuals, but most people bring a laptop or a tablet for note-taking.

- Dialogue, interact and work in small facilitated groups with peers and colleagues
- Understanding the financial overlay – HCC codes mapping to risk adjustment scores
- A single coding and documentation process for quality improvement

Donna Malone, CPC, CRC, Senior Manager, Enterprise Risk Adjustment, HCC Coding and Quality Assurance
TUFTS HEALTH PLAN

4:00 - 5:00 RISE Welcome Reception in Exhibit Hall

Click Here to Register

CHICAGO, IL
8:00 – 9:00  Registration Desk Opens and Networking Breakfast

8:00 – 6:00  Exhibit Hall Opens

9:00 – 9:10  Welcome Remarks

Chair:
RaeAnn Grossman, Chief Growth Officer
DATALINK SOFTWARE

9:10 – 10:10  Keynote Address

Rebecca Paul, Acting Deputy Director, Medicare Plan Payment Group
CENTER FOR MEDICARE & MEDICAID SERVICES (CMS)

10:10 – 11:00  The New Normal: EDPS, APCC and Best Practices Moving Forward

• Review effects of transition to EDPS on RAF scores
• Identify CMS’ policy direction for MA risk adjustment to meet new, more stringent demands
• Demonstrate strategies for using clinical suspecting and analytics to offset the effects of the changes
• Explain potential effects on the member level

Meleah Bridgeford, Director of Risk Adjustment, Payer Solutions
EPISOURCE

11:00 – 11:20  Networking Break in Exhibit Hall

11:20 – 12:20  Best Practices for Improving Health Outcomes and Reducing Spending

• Payer/provider collaboration, engagement and education
• Provider network, reporting and quality of care
• Developing partnerships, improving communication and incentives that actually make a difference
• Learn how do leverage data insights under HHS program to impact health care costs and quality
• Reducing the silo effect
  » How to use risk adjustment and HEDIS data analytics to improve prospective activity outcomes for both initiatives

Janette Gacaferi, Assistant Director, Risk Adjustment Operations
CAMBIA HEALTH SOLUTIONS

Sharalee Johnson, Project Manager
PULSE8
12:20 – 1:20 Networking Lunch

1:20 – 2:20  
**Implementing Key Measures to Ensure Accurate Plan & Provider Revenue**

- Who should be on the risk adjustment team?
- Creating a risk adjustment strategic plan and monitoring for impact
- Ensuring coding accuracy and data management best practices
- Embedding compliance into your risk adjustment plan and program
- When and where to audit
- Reporting to create confidence

Timothy Burke, Vice President of Operations
HEALTHCARE PARTNERS

RaeAnn Grossman, Chief Growth Officer
DATALINK SOFTWARE

2:20 – 3:20  
**2020 CMS Final Rule: Nuts of Bolts**

- Discussion of revenue impact
- Discussing to Clinical coding impact
- Discussing the final Model Changes
- Analysis of actual health plan impact of new model changes

Deniese M. Crittenden, RN, MSN, MHA, BSW, Senior Consultant, Risk Adjustment
DYNAMIC HEALTHCARE SYSTEMS

Deb Curry, MBA, RHIA, CCS-P, CRC, Manager, Risk Adjustment
PROMEDICA

3:20 – 3:40 Networking Break in Exhibit Hall

3:40 – 5:00  
**Getting You and Your Team RADV Audit Ready**

- Training and educating your coding team to ensure accuracy and compliance
  » Capturing patient historical data
- Understanding the financial impact of the upcoming audit
  » Potential fines and implications
- Deep dive into audit trends from CMS and experiences from other health plans
  » Utilizing independent auditors
- How are plans getting ready?

Deb Curry, MBA, RHIA, CCS-P, CRC, Manager, Risk Adjustment
PROMEDICA

Jenni Monfils, CPC, CRC, Risk Adjustment Compliance Coding Manager
UCARE

5:00 – 6:00 Networking Cocktail Reception in Exhibit Hall

CHICAGO, IL
8:00 – 9:00 Networking Breakfast

8:20 - 1:20 Exhibit Hall Open

9:00 – 9:10 Opening Remarks and Day One Takeaways

Chair:

RaeAnn Grossman, Chief Growth Officer
DATALINK SOFTWARE

9:10 – 10:00 Keynote Address: Change is Inevitable ...Growth is Optional: Balancing Risk, Certainty and Caring

• Understand the urgency in changing our current healthcare system
• Understand why the disruptors are entering the market
• Discover your inherent leadership skills and how they can prepare you and your team for change
• Learn how to be an advocate for change and energize your team

Don Taylor, Speaker. Thought Leader.
ADVOCATE FOR CHANGE IN HEALTHCARE

10:00 – 11:00 Technology Advancements - The Impact in Your Risk Adjustment Program and Beyond

• Utilizing the right technology to help reduce cost
• Recap on the latest technology solutions and their role in coding accuracy
  » Is NLP the way of the future?
• Learn how technology can enhance the member experience and improve engagement
• Hear tips on how to use technology to improve communication with providers and integrate systems
• Applications in the HHS risk adjustment environment and how it differs from Medicare Advantage scenarios

Eugenia Ross, Senior Vice President Strategy & New Markets
CIOX HEALTH

Dr. Adele Towers MPH, FACP, Senior Clinical Advisor
UPMC ENTERPRISES

11:00 – 11:20 Networking Break in Exhibit Hall
Mitigating Audit Risk to Ensure Integrity of the Data
• Developing an audit plan which focuses on known conditions which pose error risk
• Utilizing previous reviews to understand area of risk
• Focus on the OIG work plan which now include Medicare Advantage Audits
• Creating front-end edits to assist with mitigation to avoid the code from getting through the claim system
• Speaker: Donna Malone, CPC, CRC, Senior Manager, Enterprise Risk Adjustment, HCC Coding and Quality Assurance
TUFTS HEALTH PLAN
Kirk L. Shanks, MAS, President
KIRSHA CONSULTING

The Increasing Critical Role of Vendors: Partnering and Achieving Success
• Scaling your CEO’s request for SDaH activity
• Discussing the latest trends in outsourcing by line of business
• Establishing line of oversight and setting KPI’s
• Identifying a process of onboarding and offboarding vendors and solution providers
• Strategies for getting your vendors audit-ready
• Selecting and comparing vendors and mastering the RFP process
• Speaker: Rachel Nelson, Director, Payer Solutions
GEBBS HEALTHCARE SOLUTIONS

The Increasing Critical Role of Vendors: Partnering and Achieving Success
• Weaving the goals and objectives together across different contract types and different lines of business
• Running risk, P4P, and other incentive models and moving from low technology to high technology
• Using technology as one source of truth for contract operations, incentives, data aggregation and performance management
• A deep dive into data collection and performance management
• Engaging physicians and staff
• Keeping the focus on the patient and better outcomes
• Surviving an acquisition and keeping workflows in place
• Speaker: Timothy Burke, Vice President of Operations
HEALTHCARE PARTNERS

Lessons Learned from Coders and Tips to Achieve Maximum Accuracy
• Take a deeper look at some often-overlooked items that impact risk scores
• Learn about impacts on risk score accuracy and financial performance using Medicare Advantage case studies as illustration
• Discuss value achieved with consultative analytics, including the impact of model changes moving into 2020
• Speaker: Mike Nemeth, Director Business Systems Analysis, Revenue and Quality Analytics
SS&C DST HEALTH
Liaw Huang, PhD, FSA, MAAA, EA, FCA, Principal and Senior Research Actuary
THE TERRY GROUP
2:25 – 3:25

**Dual Eligibility Models Operations and Programs Optimization**

- Learn how to develop a sustainability plan for dual eligibility models
- Leveraging existing resources to provide high-quality, integrated healthcare services
- Addressing payment challenges surrounding dual eligible beneficiaries

Jenni Monfils, CPC, CRC, Risk Adjustment Compliance Coding Manager
UCARE

3:25  Conference Adjourns
For nearly 140 years, the Union League Club of Chicago has upheld the sacred obligations of citizenship, promoted honesty and efficiency in government, supported cultural institutions and the beautification of the city and supported our nation’s military and their families. Through the efforts of its dynamic membership, the Club has been a catalyst for action in nonpartisan political, economic and social arenas - focusing its leadership and resources on important social issues. As early as 1893, Chicago gained recognition as a world-class city when it hosted the World’s Columbian Exposition. Club Members were instrumental in having Chicago named as the site of the exposition by the United States Congress. Since that time Club Members have played a role in establishing many of the city’s cultural organizations, including Orchestra Hall and the Field Museum. In the 1990s, the Club celebrated its role in the opening of the Harold Washington Library Center.

**ROOM BLOCK INFORMATION**

Due to the popularity of the conference, the Union League of Chicago is sold out. An overflow room block has been set up at Hilton Chicago at a rate of $299/night. The Hilton Chicago is located just three blocks from the Union League. Please call 1-877.865.5320 to make your reservations and reference the “RISE Risk Adjustment Forum.” Rooms at the negotiated rate are limited, we urge you to make your reservations without delay.
## Conference Rates

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<th>Early Bird Rate</th>
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8 Hour Workshop Add On: $700

(Choose from Foundations of Risk Adjustment or HCC Coding Accuracy)

### Group Discounts Are Available

Please contact Whitney Betts at 704.341.2445 or wbetts@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:**

704.341.2392

**Register Online:**

[risehealth.org/riskadjustmentforum](https://risehealth.org/riskadjustmentforum)  
(Click to Register Online)

**Mail:**

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

Please write **H577** on your check.
RISE

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 Kevin Weigel at 704.341.2448 or kweigel@risehealth.org.

PLATINUM SPONSORS

Ciox Health facilitates and manages the movement of health information with the industry’s broadest provider network. Through our expertise in release of information, record retrieval, and HIM, we improve the management and exchange of health information by modernizing workflows, facilitating access to clinical data, and improving the accuracy and flow of health information.

DataLink is the premier data aggregation, value-based performance management, provider enablement, and point of care partner to health plans, MSOs, ACOs, IPAs, medical groups, and provider entities. DataLink aggregates disparate data sources and systems to create the one source of truth for clients. DataLink illuminates value-based contract performance, MLR impact opportunities, provider network alignment and engagement, care pathways, quality scores, and risk adjustment program excellence.

Pulse8 is the only Healthcare Analytics and Technology Company delivering complete visibility into the efficacy of your Risk Adjustment, Quality, and Pharmacy Benefit Management programs. We enable health plans and providers to eliminate waste and achieve the greatest financial impact in the Medicare Advantage, Medicaid, and ACA Commercial markets as well as with Value-Based Payment models for Medicare. Our advanced analytic methodologies and flexible business intelligence tools offer real-time visibility into member behavior and provider performance. Pulse8’s Illumin8 Active Intelligence™ platform offers a suite of uniquely pragmatic solutions that are powered by our patent-pending Dynamic Intervention Planning to deliver the most cost-effective and appropriate interventions for closing gaps in documentation, coding, and quality. For more company information or to schedule a demo, please contact Scott Filiault at 732.570.9095 or scott.filiault@pulse8.com.
SS&C Health helps clients support members on their healthcare journey by providing data-driven solutions and consultative services delivering contemporary health care technology and service solutions that enable its clients to thrive in a complex, rapidly evolving health care market. Supporting commercial, individual, and government-sponsored health plans, health insurance marketplaces, and health care providers, SS&C Health services include enterprise payer platforms, population health management analytics, care management, and business process outsourcing solutions, each designed to assist a company with managing processes, information, and products that directly impact quality outcomes. For more information visit [www.ssctech.com](http://www.ssctech.com).

Dynamic Healthcare Systems, Inc. is a strategic business partner to healthcare organizations participating in government-regulated healthcare programs and is a certified third-party submitter with CMS. Dynamic’s comprehensive and fully integrated solutions address the following business areas of a healthcare organization’s operations:

- Risk adjustment (including RAPS, EDPS and HCC Analytics)
- HEDIS and quality measures
- Revenue reconciliation
- PDE management and audit
- Enrollment and eligibility processing
- MSP/COB
- Correspondence/fulfillment
- Member premium billing

GeBBS Healthcare Solutions GeBBS is a leading provider of medical coding service. With over 2000 employees and over 400 medical coders we provide our clients with the operational scalability that they need to be successful. Our facilities are ISO 27001 certified and SAS Type II audited.

GeBBS is the single source for HCC Risk Adjustment services to Medicare Advantage health plans and their provider partners. The majority of our coders are CPC, CPC (H) or CCS certified. Our services include:

- HCC Risk Adjustment Coding
- Data Validation and RADV Support
- Record Retrieval and HEDIS Abstraction

To learn more about our highly efficient HCC Coding services, please contact Gini Nathani at 201.282.6181 and gini.nathani@gebbs.com or visit [www.gebbs.com](http://www.gebbs.com).
Episource provides a complete and integrated set of services and products to simplify the way Medicare, Commercial and Medicaid health plans manage their Risk Adjustment and Quality programs. We work with health plans and healthcare organizations to absorb the most challenging aspects of program implementation, operations, and management. We simplify by modernizing workflows to better assess the full cycle of Risk Adjustment and Quality programs to improve clinical outcomes and financial performance.

Our services include: Retrospective Chart Reviews, HCC Gaps and RAF Campaign Workflow (epiAnalyst), Encounter Data Error Resolution and Financial Analytics (epiEncounter), HEDIS & STARS Analytics & Reporting, Gaps in Care Reporting, and HEDIS Retrieval & Abstraction. We also offer clinical services such as HRAs (Health Risk Assessments) and NP programs.

For more company information, please contact Claudia Gallardo at 424.295.0491, visit us at www.Episource.com, or follow us on Twitter @EpisourceLLC

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