IMPORTANT INFORMATION

VENUE DETAILS

Omni Nashville Hotel
250 5th Ave S
Nashville, TN 37203
p: (615) 782-5300

We have a limited number of hotel rooms reserved for the conference. The negotiated room rate of $239.00 per night will expire on February 7, 2017, although we expect the block to sell out prior to this date. To ensure you receive a room at the negotiated rate book well before the expiration date. Upon sell out of the block, room rate and availability will be at the hotel’s discretion.

TEAM Discounts

• Three people will receive 10% off - use discount code G3-10
• Four people will receive 15% off - use discount code G4-15
• Five people or more will receive 20% off - use discount code G5-20

In order to secure a group discount, all delegates must place their registrations at the same time. Group discounts cannot be issued retroactively. For more information, please contact Whitney Betts at 704-341-2445 or wbetts@healthcare-conferences.com

REFUNDS AND CANCELLATIONS

For information regarding refund, complaint and/or program cancellation policies, please visit our website: www.healthcare-conferences.com/thefineprint.aspx

“Very informative, well planned, excellent speakers; Key issues and new changes in risk adjustment, quality and HEDIS”
Barbara Freeman, IN HEALTH MUTUAL

WHO WILL ATTEND?

Leaders and Senior Management from Medicare Advantage Health Plans, Commercial Plans, Provider Groups, ACOs, Pharmacy Benefit Managers, Prescription Drug Plans, and Medicaid Plans with responsibilities in the following areas:

• Risk Adjustment and HCC Management
• Star Ratings and Quality Improvement
• HEDIS/CAHPS/HOS
• Medicare and Government Programs
• Data Management/Performance Analytics
• Revenue Management/Financial Performance
• Provider Education
• Member Engagement
• Part D
• Plan Strategy and Product Development
• Operations and Performance Improvement
• ROI and Value Assessment
• Accountable Care
• Care Coordination
• Compliance/Regulatory Affairs

ATTENDEES:

Our attendees represent a unique combination of decision-makers and thought leaders:

“Good variety, very informative”
Rebecca Welling, PROVIDENCE HEALTH PLAN

TOP REASONS TO ATTEND

• Hear a Special Keynote Address by Howard Fineman, Global Editorial Director of The Huffington Post, an Analyst for NBC News and MSNBC, and author of the best-selling political history book, The Thirteen American Arguments
• Enjoy a Featured Presentation by Ceci Connolly, President and Chief Executive Officer of Alliance of Community Health Plans
• Get inspired by our Spotlight Address presented by John Lumpkin, MD, MPH, Senior Vice President and the Director, Targeted Teams of the Robert Wood Johnson Foundation
• Build your ideal conference program from a selection of over 35 timely, yet diverse topics addressing Medicare Advantage, Commercial and Medicaid Risk Adjustment, Star Ratings and Quality Improvement, Data and Predictive Analytics, Financial and Operational Compliance, Provider Partnership and Member Engagement, and so much more
• Participate in an energizing learning environment unlike any other healthcare conference experience – featuring a comprehensive selection of presentations, panel discussions, and case studies covering seven different track themes
• Gain essential, timely insights from a forward-thinking speaking faculty comprised of healthcare’s most dynamic leaders
• Kick-start your RISE Nashville learning experience by attending one of four pre-conference workshops carefully designed to maximize your conference experience by laying the foundations of Risk Adjustment, Star Ratings, Analytics and Coding
• Learn about the latest innovations and tools in risk revenue optimization, quality improvement, coding accuracy, compliance tracking, data management and predictive modeling during two separate interactive 60-minute roundtable sessions
• Enjoy some of the best networking around – this carefully-designed program provides several opportunities to build new industry connections, while catching up with old friends and colleagues
• Hear directly from CMS during three different and timely sessions presented by Jeffrey Grant, Director; Bobbie Knickman, Director; and Kelly Drury, Deputy Director of the Payment Policy & Financial Management Group
GET ANSWERS TO THESE CRITICAL QUESTIONS

- What is the future of risk adjustment and Star Ratings, and how can you ensure your organization is sufficiently prepared for their shifting landscapes?
- How can your team use cognitive computing and predictive analytics to achieve more accurate, effective risk adjustment and vendor oversight?
- What steps can you take to effectively leverage retrospective and prospective risk adjustment approaches in partnership with your physician engagement efforts?
- Which social determinants are affecting your members’ health and how can you mitigate potentially negative impacts?
- How can you successfully bridge the payer-provider gap and develop sustainable joint programs that meet your shared goals?
- What strategies can certified professional coding teams employ to drive coding accuracy and efficiency in their risk adjustment processes?
- How can your organization frame its compliance program so that it directly and positively impacts your Star measures, and ultimately improves your plan’s overall bottom line?
- What are the key policies, approaches, methods and challenges faced by states and their insurer partners in successfully meeting the goals of Medicaid risk adjustment?
- What must your organization do to avoid a cycle of non-compliance, low past quality performance scores, and program sanction?
- Which physician and patient engagement strategies are most impactful for maximizing revenue and quality outcomes?
- How do you create and maintain a culture of health for your members in the midst of shifting healthcare reform?

EXTRAORDINARY SPONSORSHIP AND EXHIBIT OPPORTUNITIES!

Enhance your marketing efforts through sponsoring a special event or exhibiting your product at this exceptional event. We can design custom sponsorship packages tailored to your marketing needs, such as a cocktail reception or a custom-designed networking event. In addition, the 2017 RISE Nashville Exhibit hall provides unprecedented networking opportunities. Enjoy the benefits of an expanded exhibit hall designed to accommodate an anticipated sellout crowd!

To learn more about sponsorship opportunities, please contact Kevin Weigel at 704-341-2448 or kweigel@healthcare-conferences.com

“Our plan is about to add Medicare population. It was a good introduction into the current status of reporting for this population”

Vera Genkina, SHARP HEALTH PLAN

THE CONFERENCE ORGANIZERS

Healthcare Education Associates is a division of Financial Research Associates, LLC. HEA is a resource for the healthcare and pharmaceutical communities to improve their businesses by providing access to timely and focused business information and networking opportunities in topical areas. Offering highly targeted conferences, Healthcare Education Associates positions itself as a preferred resource for executives and managers seeking cutting-edge information on the next wave of business opportunities. Backed with over 26 years of combined conference industry experience, the producers of HEA conferences assist healthcare professionals, actuaries, attorneys, consultants, researchers and government representatives in their professional endeavors. For more information on upcoming events, visit us online: www.healthcare-conferences.com

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Financial Research Associates 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.

The recommended CPE credit for this course is 15 credits for the workshop and conference, and 11.5 credits for the conference only in the following field(s) of study: Specialized Knowledge. For more information, visit our website: www.healthcare-conferences.com/thefineprint.aspx

“Our informative discussions regarding updates in Risk Adjustment, HEDIS and 5 Star Quality measures”

Denise Aberdale, INLAND EMPIRE FOUNDATION FOR MEDICAL CARE

“Liked the combination of MA/Commercial risk adjustment, and opportunity to learn more about Quality and care integration methods”

Daniel Claas, BLUE CROSS & BLUE SHIELD OF SOUTH CAROLINA

SUNDAY, MARCH 5, 2017
4:00 - 7:00
THE EXECUTIVE COMMITTEE OF THE ADVISORY BOARD MEETING

RISE (Resource Initiative & Society for Education) Vision:
To build a community and an educational system that promotes successful careers for professionals who aim to advance the quality, cost and availability of health care.

RISE provides:
- A forum to build professional identity and a network of colleagues
- A platform to capture and share knowledge and insights
- A venue to develop and share benchmarks and document best practices
- Career track development support
- A channel for building alliances, partnerships and affiliations that fulfill the vision

RISE (Resource Initiative & Society for Education) Mission:
RISE is the first national association totally dedicated to enabling healthcare professionals working in organizations and aspiring to meet the challenges of the emerging landscape of accountable care and health care reform. We strive to serve our members on four fronts: Education, Industry Intelligence, Networking and Career Development. To learn more about RISE and to join, visit us online: www.risehealth.org
MONDAY, MARCH 6, 2017

8:00 – 9:00 PRE-CONFERENCE WORKSHOPS REGISTRATION

9:00 – 12:00 PRE-CONFERENCE WORKSHOPS

WORKSHOP A: INTEGRATIVE DATA & TECHNOLOGIES
MODERATORS: JOHN CRISWELL AND MARK FILIAULT

INNOVATION STATIONS: ROTATING WORKSHOPS EXPLORING INTEGRATIVE TECHNOLOGIES FOR SUCCESSFUL RISK AND QUALITY PROGRAMS
- Overview of Innovative Data Acquisition Methods:
  - EMR integration
  - Computer-assisted coding technology
  - Provider portal
- Introduction to Provider and Member Engagement strategies:
  - Integration of Risk and Quality gap closure initiatives
  - Virtual Health Assessments (VHA) using Telehealth
  - In-Market Provider Engagement & Education Services
- Mastering the Financial Projections & Reporting Needed to Succeed at Government Programs:
  - MYRA/FYRA projections for Medicare Advantage Plans
  - Risk Transfer Payment (RTP) projections for ACA
  - Commercial Plans
  - 5-Star, QRS, and Medicaid Quality Bonuses (and Penalties)

Mark Hillix, Director, Risk Adjustment and Star Ratings
BLUE CROSS BLUE SHIELD OF KANSAS CITY

Laura Boardman, Manager, Risk Adjustment Optimization
BLUE CROSS BLUE SHIELD OF NEBRASKA

Scott Stratton, Chief Data Scientist, Vice President, Product Analytics
PULSE8

Courtney Yeakel, MBA, Vice President, Customer Engagement
PULSE8

Hiro Arai, FSA, MAAA, Staff Actuary
BLUE CROSS BLUE SHIELD OF NORTH CAROLINA

Mark Brooks, CPA, Vice President, Product
PULSE8

WORKSHOP B: RISK ADJUSTMENT & STAR RATINGS ESSENTIALS
MODERATOR: TBA

MASTERCING THE ESSENTIALS: AN INTRO TO RISK ADJUSTMENT AND STAR RATINGS
The Foundations of Risk Adjustment
- Medicare Advantage and Commercial risk adjustment
- Understanding payment models
- How risk scores are calculated
- Critical risk adjustment timelines
- Effective data analytics for supporting your risk adjustment initiatives
- Data accuracy & the transition from RAPS to EDPS
- EDPS and its impact on revenue
- Understanding the provider role and impact on risk adjustment
- Nuts and bolts of identifying, selecting and managing risk adjustment vendors
- Audit intro: RADV and RAC
- What is the future of risk adjustment?
The Nuts and Bolts of Star Ratings
- The history of Medicare Star Ratings
- What is the future of Stars? Understanding CMS’ changes for 2017 and beyond
- HEDIS, CAHPS, HOS – how they factor into Star Ratings
- Bonus payment model overview
- Understanding National performance data
- The financial impact of Star Ratings – making sense of bonus payments and rebates
- Using your data and predictive analytics for better Stars performance
- The basic functions of how a Star Ratings shop operates
- Examples of a typical health plan Star Ratings program and their org structures

David Meyer, Vice President, Risk Adjustment, Encounters, Coding and Audit
SCAN HEALTH PLAN

Ana Handshuh, Vice President, Managed Care Services
ULTIMATE HEALTH PLANS

WORKSHOP C: CODING FUNDAMENTALS
MODERATOR: TBA

A PRIMER: NAVIGATING THE NUTS AND BOLTS OF CODING
- Setting the stage: Mastering the who, what and why of risk adjustment as it relates to coding:
  - What is risk adjustment?
  - When did risk adjustment start?
  - Why do we have a risk adjustment model?
  - How does the risk adjustment model work?
  - What is an HCC?
  - What is a RAF score?
  - How do the hierarchies work?
- Best practices for diagnosis coding when faced with subpar documentation
- Effective strategies for providing coding and documentation feedback
- Recognizing factors that may impact a patient’s diagnostic picture
- Specific conditions – a deep dive into accurate coding and documentation for:
  - Diabetes with its multiple system manifestations
  - Hepatitis
  - Depression
  - Acute CVA vs. history of
  - Active cancer vs. history of
  - Specified heart arrhythmias
  - COPD, as well as MEAT
  - Which diagnosis codes require specific documentation for ICD-10 that wasn’t required in ICD-9?

Samantha Caplan, Risk Adjustment and Coding Analyst
PROVIDENCE HEALTH PLANS

Susan Wyatt CODING EDUCATOR

WORKSHOP D: FOUNDATIONS OF INTEGRATION
MODERATOR: TBA

NEXT LEVEL INTEGRATION OF RISK ADJUSTMENT FOR QUALITY AND CARE MANAGEMENT
- How HCC coding supports multiple programs
  - Risk adjustment
  - Star Ratings
  - Disease and case management
  - Quality Rating System (QRS)
  - Overview of QRS
  - Leveraging existing or implementing new programs
  - Is this just a marketing tool?
- Aligning internal processes
  - Data and analytics
  - HCC management and medical management
  - HCC management and quality measures

Donna Malone, CPC, CRC, Senior Manager Enterprise Risk Adjustment
Optum

Kevin Healy, Senior Vice President, Payer Solutions
EDUCATION

TUFTS HEALTH PLAN
Suresh Ramakrishnan, President Health Plan Services Division

EMSI HEALTH
Crystal Callaway, Manager Clinical Quality and Documentation

EMSI HEALTH
Michelle Storto, Vice President Client Services Health Plan Services Division

EMSI HEALTH

12:00 – 1:00 LUNCHEON FOR ALL ATTENDEES AND SPEAKERS sponsored by

1:00 – 1:10 CHAIRPERSONS’ OPENING REMARKS
Nathan Goldstein, Chief Strategy Officer
CENSEOHEALTH

Kevin Healy, Senior Vice President, Payer Solutions
OPTUM

Introduced by: Kevin Mowll, Executive Director
RISE (RESOURCE INITIATIVE & SOCIETY FOR EDUCATION)
Howard Fineman is Global Editorial Director of The Huffington Post, an Analyst for NBC News and MSNBC, and author of a best-selling book of political history, *The Thirteen American Arguments*. He is a leader of a team that has grown HuffPost into one of the world’s largest news sites, with 14 editions worldwide and more than 200 million unique visitors a month. He appears on MSNBC’s “Hardball with Chris Matthews,” “Morning Joe,” other MSNBC shows and on NBC’s “Today.” Before joining HuffPost he was chief political correspondent, senior editor and deputy Washington Bureau chief of Newsweek.

**2:00 – 2:45  CMS POLICY UPDATE**

Jeffrey D. Grant, Director, Payment Policy & Financial Management Group, Center for Consumer Information and Insurance Oversight CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

**2:45 – 3:00  AFTERNOON NETWORKING BREAK**

**3:00 - 3:45  PANEL DISCUSSION: RISK-BEARING ORGANIZATIONS ON THE VALUE OF A 360 DEGREE APPROACH TO RISK ADJUSTMENT**

Through the real-world experiences of different risk-bearing organizations at varying levels of transformation, this session will demonstrate:

- How a comprehensive risk adjustment program that fits multiple lines of business while achieving operational economies is a necessity in today’s value-based care landscape
- How to best leverage retrospective and prospective risk adjustment approaches in partnership with physician engagement efforts
- Best practices for implementing new technology
- Strategies for reviewing analytics to measure risk adjustment transformation

Moderator:
Dr. Adele Towers, Senior Clinical Advisor
UPMC ENTERPRISES

Co-Presenters:
Donna Malone, CPC, CRC
Senior Manager, Risk Adjustment Coding, Quality Assurance & Provider Education
TUFTS HEALTH PLAN

Rebecca Welling, RHIT, CCS-P
Director, Coding Compliance
PROVIDENCE HEALTH PLAN

**3:00 - 3:45  SPECIAL PANEL – LESSONS LEARNED FROM 4 & 5 STAR PLANS**

- Practical, on-going steps taken to reach Stars’ highest level and remain there
- Making the difficult climb to the top - how we identified and targeted specific areas of focus
- How Quality teams worked with other departments to reach quality performance objectives - what you must know about working together to move the most challenging measures
- Creating a plan of attack - how to accurately assess your existing performance in order to institute a cohesive, strategic approach to achieving high-level Stars outcomes
- Keeping track and staying ahead of changes to the methodology, shifting measures, and resulting initiatives to ensure high performance

Moderator:
Kim Browning, Executive Vice President
COGNISIGHT, LLC

**3:00 - 3:45  OPTIMIZING CARE AND OUTCOMES ACROSS EPISODES OF CARE**

Hear real world care management strategies that will change the way you care for high-risk beneficiaries and ultimately reduce cost and improve member outcomes. In addition, engagement strategies that drive active management of chronic care needs will be discussed along with:

- Effective provider collaboration to deliver seamless care
- Analytical and reporting capabilities to achieve desired goals
- Quality care coordination at home, during transition of care, and in skilled nursing facilities
- Mitigate inappropriate use of institutional care / emergency rooms
- Integration with local, community-based services
- Utilizing mobile technologies to coordinate high-touch healthcare services

Dr. Robert London, Senior State Medical Director
WELLCARE OF SOUTH CAROLINA

Dr. Kevin Kearns, Chief Medical Officer
ADVANCE HEALTH

**3:00 - 3:45  TRANSFORMING HEALTHCARE THROUGH DATA: LEVERAGING COGNITIVE COMPUTING TO REIMAGINE CHART PROCESSING, RISK ADJUSTMENT, AND QUALITY**

- Use data science to access and make use of charted clinical information for actionable insights
- Streamline data extraction from EHR to compress timeframe, reduce costs, and minimize disruption to physician office of acquiring clinical information
- Archive patient data in a form that is organized, rapidly searchable, and available on demand
- Leverage cognitive computing for more accurate and effective risk adjustment and vendor oversight
- Find 100% of quality reporting opportunities at a fraction of time and cost
- Learn how a large, multistate payer used technology to revolutionize their approach to risk adjustment

Moderator:
Tam Pham, Solutions Expert
APIXIO

Panelists:
Jennifer Pereur, Director, Government Programs
HILL PHYSICIANS MEDICAL GROUP

Russ Shust, Director, Medicare Finance
GROUP HEALTH COOPERATIVE

Alicia Wilbur, Manager, Medicare Risk Adjustment Operations
MARTIN’S POINT HEALTH CARE

Doug Loop, Vice President for Risk Adjustment
OPTUMCARE CDQI
THE FUTURE OF HEALTHCARE IS NOW
OPENING NIGHT STREET PARTY & WELCOME RECEPTION

Ceci Connolly
President and Chief Executive Officer
ALLIANCE OF COMMUNITY HEALTH PLANS

Ceci Connolly is a nationally-recognized healthcare leader, and President and CEO of the Alliance of Community Health Plans. In her role, she works with some of the most innovative executives in the health sector to provide high-quality, evidence-based, affordable care. She is passionate about transforming America’s system to deliver greater value to all. Ms. Connolly has spent more than a decade in healthcare, first as a national correspondent for the Washington Post and then in thought leadership roles at two international consulting firms. She is a leading thinker in the disruptive forces shaping the healthcare industry and has been a trusted advisor to c-suite executives who share her commitment to equitable, patient-centered care. Ms. Connolly is also co-author of the first definitive book on the ACA, LANDMARK: The Inside Story of America’s New Health Care Law and What It Means for Us All.

3:45 - 4:30  MEDICARE ADVANTAGE: GAMIFICATION OF CLINICAL MATH – HOW TO DRIVE THE MAXIMUM IMPACT FOR PREMIUM ACCURACY AND ACCELERATE CASH FLOW TIMING

- What is risk adjustment truly?
- What are the critical data elements and files?
- How should you really be using sweeps?
- What are the checkpoints in your MA data aggregation workflow?
- What are some common mistakes your team may be making?
- EDS - How do you deal with the erosion?
- Is prospective risk adjustment really worth it?

Tim Burke, Vice President, Comprehensive Health Assessment Programs
HEALTHCARE PARTNERS
RaeAnn Grossman, Chief Growth Officer
ARROHEALTH

3:45 - 4:30  CLOSING STARS/HEDIS MEASURES AND MAXIMIZING RISK PERFORMANCE USING MOBILE CLINICS

- Improving access and engagement utilizing mobile clinics
- How to close more than 25 Star/HEDIS measures during a single visit
- Case studies on member incentives and how they impact engagement
- Identifying disease burden through appropriately targeted testing
- Integrating primary care with prospective assessment programs

Moderator:
Ray Ebyatani, Chief Administrative Officer
HEALTHFAIR
Panelists:
Manuel Gaidola, HIA, CPC, Director, Medicare Revenue Operations
MARTIN’S POINT HEALTH CARE
James Metcalfe DO, MBA, Medical Director
OPTUMCARE

3:45 - 4:30  THE RADICAL PRIMARY CARE MODEL THAT LED TO WHAT CMS CALLED “THE MOST SUCCESSFUL DEMONSTRATION IN MEDICARE HISTORY”

How just one Independence at Home model generated 87 percent of the demonstration-wide savings:
- How patient and network provider alike respond to the shift to the home
- What the data shows about best practices for the composition of the clinical care team
- The key to curing social barriers to care
- What happens when we export this model to managed care?

Dr. Damien Doyle, Medical Director
JOHNS HOPKINS HEALTHCARE
MEDICARE ADVANTAGE

3:45 - 4:30  MEDICARE HISTORY

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8:30 – 8:40  CO-CHAIRS’ DAY TWO WELCOME AND RECAP OF DAY ONE

Kevin Healy, Senior Vice President, Clinical Payer Solutions
CENSEOHEALTH

8:40 – 8:50  DR. MARTIN BLOCK RISE FOR LEADERSHIP AWARD IN INNOVATION AND EXCELLENCE

4:30 – 7:30  OPENING NIGHT STREET PARTY & WELCOME RECEPTION

Tuesday, March 7, 2017

7:45 – 8:30  NETWORKING BREAKFAST

7:45 – 8:30  RAPS / EDS TRANSITION IMPACT FROM RISE DATA COLLABORATION STUDY - BREAKFAST WILL BE AVAILABLE

8:30 – 8:40  CO-CHAIRS’ DAY TWO WELCOME AND RECAP OF DAY ONE

Nathan Goldstein, Chief Strategy Officer
PACIFICSOURCE HEALTH PLANS

8:40 – 8:50  DR. MARTIN BLOCK RISE FOR LEADERSHIP AWARD IN INNOVATION AND EXCELLENCE

10:05 – 11:05  FEATURED PANEL: IMPACT OF THE NEW ADMINISTRATION ACROSS THE HEALTHCARE SPECTRUM

As the future of the ACA and the industry as a whole remains unknown, healthcare organizations are struggling to determine their next step. Featuring a panel of senior leadership from Compliance, Risk Adjustment and Quality segments, and well as policy insiders, this session will explore where we have been, where we might be headed, and how to stay prepared.

Panels:
Krista Drobac, Partner
SIRONA STRATEGIES
Osato F. Chitou, Esq., MPH, Medicare Compliance Officer
GATEWAY HEALTH

9:50 - 10:05  MORNING NETWORKING BREAK

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Ceci Connolly
President and Chief Executive Officer
ALLIANCE OF COMMUNITY HEALTH PLANS

3:40 – 3:45  RISK ADJUSTMENT - MEDICARE ADVANTAGE, COMMERCIAL, AND MEDICAID

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MODERATOR: TBA

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<th>TRACK A: RISK ADJUSTMENT - MEDICARE ADVANTAGE, COMMERCIAL, AND MEDICAID</th>
<th>TRACK B: QUALITY PERFORMANCE: STAR RATINGS, HEDIS, AND CAHPS</th>
<th>TRACK C: FOCUS ON CARE MANAGEMENT, COORDINATION AND OUTCOMES</th>
<th>TRACK D: ACTIONABLE DATA ANALYTICS AND PREDICTIVE MODELING</th>
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### 11:05 - 11:50 THE IMPACT OF THE TRANSITION TO ICD-10: A REAL WORLD EXPERIENCE!

ICD-10 brought significant change to the risk adjustment world. This session will outline the impact that ICD-10 has had on physicians, the diagnosis pitfalls that coders have uncovered, and the risk adjustment repercussions. Attendees will hear suggestions from a practicing physician and industry risk adjustment leaders for processes, people and technology that minimize the impact seen with ICD-10. The session will cover:

- The transition in the world of coding – clinicians and coders
- ICD-10’s impact on risk adjustment
- Identifying and acting on opportunities for improvement

Olga Ziegler, Vice President, Revenue Program Management, HIGHMARK, INC.

Sean Creighton, BA, M.Sc, H.Dip, Senior Vice President, Risk Adjustment VERSCEND

### 11:50 - 1:00 NETWORKING LUNCHEON sponsored by DYNAMIC HEALTH

### 12:00 - 1:00 SPECIAL CMS ADDRESS: RADV UPDATE

Kelly Drury, Deputy Director, Division of Risk Adjustment Operations, CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

### 1:00 - 1:45 RISK ADJUSTMENT IN STATE MEDICAID PROGRAMS: EVOLUTION AND DEVELOPMENTS OVER 20 YEARS

Medicaid was an early adopter of diagnosis-based risk adjustment beginning in the late 1990s. With almost 20 years of experiences across almost 30 states, there are many lessons learned about the operation and implications of risk adjustment on healthcare markets. In this interactive session, our panelists will discuss:

- Key policies, approaches, methods and challenges faced by states and their insurer partners in successfully meeting the goals of risk adjustment
- The overview of state policies, methods, and business rules
- Key data issues
- Start-up considerations
- Lessons learned and implications for other public programs such as MA and the Marketplace
- Role of predictive analytics and building these capabilities from risk adjustment infrastructure

John Kaelin, Senior Advisor, CENTENE

Richard Lieberman, Chief Data Scientist, MILE HIGH HEALTHCARE ANALYTICS

### 1:00 - 1:45 INTERPLAY OF STAR RATINGS PERFORMANCE AND COMPLIANCE INITIATIVES

At the end of this session, participants will have obtained an understanding of:

- Activities that Compliance does (or should) oversee that influences performance for specific Star measures
- How to avoid the cycle of noncompliance, low past performance scores, and program sanction
- How compliance can be viewed as a strategic business partner in helping plan initiatives and interventions to impact and monitor anticipated Star measure performance
- How to frame your compliance program so that it directly impacts your Star measures in the positive, and thus improves your Plan’s overall bottom line

Osato F. Chitou, Esq., MPH, Medicare Compliance Officer, GATEWAY HEALTH

### 1:00 - 1:45 BETTER TOGETHER: FOSTERING PAYER-PROVIDER COLLABORATION TO IMPROVE RISK ADJUSTMENT & QUALITY PROGRAMS

Improving risk adjustment factor scores and quality measures just works better when you have a team focused on a common goal. Unfortunately, while the shift towards value-based care has increasingly aligned incentives for payers and providers, many still don’t think of each other as teammates. If both sides are in agreement that their members deserve efficient, high-quality care, why is there a disconnect? Join us for a discussion on:

- How to bridge the payer-provider gap and develop sustainable joint programs that meet your shared goals
- Prioritizing score improvement based on your population
- Reducing provider abrasion by combining quality and risk adjustment initiatives
- Sharing data to drive behavior changes
- Building feedback loops for issue resolution and process improvement

Kristen Connulty, MBA, Risk Adjustment Program Manager, TUFFS HEALTH PLAN MEDICAID PREFERRED

Tom Peterson, Executive Vice President, Risk Adjustment, SCIO HEALTH ANALYTICS

### 1:00 - 1:45 IMPROVE YOUR HCC SCORES WITH HIGHLY TARGETED ANALYTICS AND REPORTING

This session will explore how to:

- Secure year-over-year chronic condition documentation and suspect HCCs
- Profile member populations with disease prevalence below national/state averages
- Use predictive analytics to better understand member attrition and potential RAF impact
- Conduct a thorough evaluation of clinical suspecting: coder vs. data driven

Trish Baesemann, President, APPLECARE MEDICAL MANAGEMENT | PART OF OPTUMCARE

Harshith Ramesh, President, EPISOURCE, LLC

### 11:05 - 1:00 BUILDING A YEAR AROUND QUALITY IMPROVEMENT STRATEGY

This session will examine:

- Activities make up a successful quality improvement program
- How to focus on integration and coordination across operational departments
- How data and analytics can positively impact your processes to drive operational efficiencies

Sarah Bellefleur, Director, Network Quality, Network Management, SCAN HEALTH PLAN

Aakash Patel, Chief Executive Officer, HERITAGE MEDICAL GROUP

Dr. Scott Howell, HERITAGE MEDICAL GROUP

### 11:05 - 1:00 IMPROVING THE PERFORMANCE OF A DELIVERY NETWORK: TOOLS, RESOURCES AND STRATEGIES TO IMPROVE QUALITY, COST AND SATISFACTION

- Identifying key processes which drive critical outcomes
- Focusing on complex patients with in-home care management
- Closing gaps in care with patients who traditionally do not use office-based primary care physicians
- Decreasing readmissions with a comprehensive home visit post discharge follow-up
- Improving the completion rates of HRAs for patients with boundaries to care

Ryan C. Dodson, CRC, Director, Risk Adjustment, FIRST CHOICE MEDICAL GROUP

Dr. Gary Piefer, Chief Medical Officer, WHITEGLOVE HEALTH

### 11:05 - 1:00 RISK ADJUSTMENT CODING: LEVERAGING DATA ANALYTICS TOOLS TO DRIVE CODER ACCURACY AND EFFICIENCY

Accurate risk adjustment is crucial to the success of both health plans and providers as the industry moves towards value-based care. ACA marketplace, Medicare Advantage, and Medicaid Managed Care premiums are reimbursed based on risk adjustment processes, and are used to properly and adequately fund members’ care. In this session, we will discuss:

- What strategies can certified professional coding teams employ to drive coding accuracy and efficiency in their risk adjustment processes?
- How can highly skilled coding teams affect change at the source?
- Key risk adjustment challenges and best practices for leveraging data analytics in risk adjustment programs
- Case study: How Geisinger Health Plan implemented new, advanced analytics tools (using NLI, knowledge graphs, and clinical rules) to successfully improve coding practices, productivity, and results

Karena Weikel, ASA, FAHIM, CSFS, Vice President of Risk and Revenue Management, GEISINGER HEALTH PLAN

Shahyan Currimbhoy, Senior Vice President, Product Management & Engineering, TALIX

### 1:05 - 1:50 QUALITY, NETWORK MANAGEMENT, AND SATISFACTION TO IMPROVE QUALITY, COST DELIVERY NETWORK: TOOLS, RESOURCES AND STRATEGIES TO IMPROVE QUALITY, COST AND SATISFACTION

- Identifying key processes which drive critical outcomes
- Focusing on complex patients with in-home care management
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Ryan C. Dodson, CRC, Director, Risk Adjustment, FIRST CHOICE MEDICAL GROUP

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### 1:05 - 1:50 MODERATOR: TBA

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<td>RISK ADJUSTMENT - MEDICARE ADVANTAGE, COMMERCIAL AND MEDICAID</td>
<td>FINANCIAL AND OPERATIONAL COMPLIANCE &amp; AUDIT-READINESS</td>
<td>PROVIDER FOCUS: ENGAGEMENT &amp; COLLABORATION</td>
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**1:50 - 2:35 RETROSPECTIVE AND PROSPECTIVE BEST PRACTICES FOR MAXIMIZING RESULTS**
- Learn the following Retrospective basics:
  - Understand the importance of having a great working relationship with practices
  - Learn how to target the most influential practice groups
  - Establish best practice incentive program options
  - Do you know which incentives works best?
- Learn the following Prospective basics:
  - Compliance best practices
  - Understanding your member relationship with practices
  - Identify the most influential practice groups
  - Learn how to target the most valuable members
  - Establish best practice incentive program options

Dr. Lerla Georgette Joseph, Chief Executive Officer

CENTRAL VIRGINIA COALITION OF HEALTH CARE PROVIDERS
Melanie Richey, Vice President of Quality
CENTAURI HEALTH SOLUTIONS
Dawn Carter, Director of Product Strategy
CENTAURI HEALTH SOLUTIONS
Krista Bowers, Senior Vice President REGAL MEDICAL GROUP

**2:40 - 3:25 RISK ADJUSTMENT STRATEGIES THAT WORK**
Leverage risk adjustment as a competitive advantage with the following strategies:
- Take a holistic approach to risk capturing
- Stay current on federal guidance and regulations
- Take a member-centric approach
- Educate and engage providers
- Implement a quality assurance and audit program to prepare for RADV

Dr. Shannon Decker, MEd, MEd, MBA, MBA, PhD, Executive Director of Risk Adjustment
NAMM (NORTH AMERICAN MEDICAL MANAGEMENT)
Sy Zahedi, President MEDXM

**1:50 - 2:35 RADV, RAC, AND RECENT ENFORCEMENT ACTIONS: THE CHANGING LANDSCAPE OF RISK ADJUSTMENT COMPLIANCE**
This session will examine:
- Changes and updates to RADV in MA and ACA plans
- Navigating the new RAC MA - What you need to know
- Recent enforcement actions/publicly disclosed investigations

Moderator:
Biggs Cannon, Senior Managing Director
FTI CONSULTING
Panelists:
Dr. Scott Howell, DO
HERITAGE PROVIDER NETWORK
Daniel Meron, Partner
LATHAM AND WATKINS
Wayne Gibson, Senior Managing Director
FTI CONSULTING

**2:40 - 3:25 ALIGNING YOUR LEGAL, COMPLIANCE AND RISK ADJUSTMENT INITIATIVES – TAKING A COLLABORATIVE APPROACH**
In this unique session, you and your team will:
- Gain tools for building and maintaining cohesive, multi-disciplined strategies across Risk, Quality, Compliance and Legal departments
- Get a rare look through the lens of your Legal department, with the rarely shared point-of-view of a health plan General Counsel on risk adjustment initiatives
- Enjoy a candid discussion and open Q&A

Ryan C. Dodson, CRC, Director, Risk Adjustment
FIRST CHOICE MEDICAL GROUP
David Meyer, Vice President, Risk Adjustment, Encounters, Coding and Audit
SCAN HEALTH PLAN

**1:50 - 2:35 A PHYSICIAN ORGANIZATION’S PERSPECTIVE ON MACRA**
- What is MACRA?
- Where do MIPS, APM, Star Ratings, and risk adjustment overlap?
- How can physicians identify areas of opportunity and risk?
- Should your primary care and specialty strategy be different?

Jennifer Pereur, Director, Government Programs
HILL PHYSICIANS MEDICAL GROUP

**2:40 - 3:25 THE SPEED OF TRANSFORMATION: PREPARING FOR THE VALUE-BASED CONTRACTING MODELS OF TOMORROW**
For health plans, the question isn’t whether they should embrace a risk-based care model but rather how fast they should do it. To be successful, organizations will need to know what levers to pull to manage member risk, incentivize provider behavior and reduce the total cost of care. Join us for an informative session examining:
- Why managing risk requires working with providers, aligning their incentives, and having the data and analytics to know what you’re doing right and to clearly understand what you’re doing wrong
- The drivers of change
- Risks vs. rewards: A strategic view of value-based contracting
- Requirements and considerations in value-based contracting
- The challenges of value-based contracting
- Factors in the velocity of change

Monica Deadwiler, Senior Director
CLEVELAND CLINIC FOUNDATION
David Mauzy, Director of Value-Based Care OPTUM

**1:50 - 2:35 VULNERABLE POPULATIONS: PREDICTIVE MODELING FOR TARGETED OUTREACH AND THE BENEFITS OF REACHING THESE POPULATIONS**
- The face of the social determinants of health: Duals, and potential duals MA populations
- Advanced analytics and the role of predictive modeling in targeted member outreach
- Positive impact of outreach on member satisfaction & loyalty in addition to higher risk scores and improved quality of care metrics

Ana Handshuh, Vice President, Managed Care Services
ULTIMATE HEALTH PLANS
Jim Daley, Chief Health Economist
ALTEGRA HEALTH

- Post-election fallout – the immediate future of the Exchanges
- What can we learn from the exit of plans from the Exchanges?
- Current enrollment trends
- The long-view – How can plans and states prepare?

TBA
3:25 – 3:40 AFTERNOON NETWORKING BREAK

3:40 - 4:25 RISK ADJUSTMENT: A MEMBER-CENTRIC APPROACH TO ACHIEVING HIGH-VALUE COLLABORATION
- Maximizing revenue and quality outcomes through coordinated physician and patient engagement
- Using analytics to drive a member-centric approach
- Putting the member first to ensure high-value touches
- Breaking down internal barriers for coordinated member activities
- Achieving consistent messaging between payer and provider – a transparent view into data

Nathan Trenholme, MPH, Manager, Quality Metrics & Med Informatics, Underwriting
MODA HEALTH

Mike Nemeth
DST HEALTH SOLUTIONS

3:40 - 4:25 COMPLIANCE, ENCOUNTER DATA, SNP PLANS, AND YOUR BOTTOM LINE
- Why compliance with HRA and ICP requirements is necessary to ensure improved outcomes for SNP beneficiaries and will directly impact your bottom line
- How plans can utilize encounter data to better coordinate care for SNP beneficiaries
- Criticality of communicating your plan’s MOC requirements to all stakeholders - providers, members, and business partners
- How to appropriately audit your plan’s MOC performance metrics and relay that information to the business

Osato F. Chitou, Esq., MPH, Medicare Compliance Officer
GATEWAY HEALTH

3:40 - 4:25 THE THREE FUTURES: PREPARING YOUR ORGANIZATION FOR THE CHANGES IN HEALTHCARE OVER THE NEXT 5 YEARS
As the industry continues to evolve, healthcare organizations look towards the future to continue to succeed in the changing marketplace. Industry experts will discuss:
- Three critical market changes that will impact how payers, providers, and value-based care organizations operate in the next 5 years
- The three futures –
  - Not your parents’ insurance: evolving benefit design and the role of consumers in healthcare
  - The pursuit of value: aligning incentives in alternative payment models
  - Patients in the driver’s seat: the changing role of consumers in healthcare

Bonnie Washington, Vice President and Head of Public Policy
AETNA

Caroline Pearson, Senior Vice President of Policy and Strategy
INOVALON

Elizabeth Carpenter, Senior Vice President, Policy Practice
INOVALON

3:40 - 4:25 LEVERAGING LAB ANALYTICS TO IMPROVE RISK ADJUSTMENT IN EXCHANGE MARKETS
- Understanding lab results through a health plan lens
- Identifying diagnoses at the start of enrollment and beyond
- Integrating lab analytics within current processes and in combination with other data / analytics assets

David Meyer, Vice President, Risk Adjustment, Encounters, Coding and Audit
SCAN HEALTH PLAN

Frank Jackson, Executive Vice President, Payer Markets
PROGNOS

4:30 – 5:30 “CHOOSE YOUR OWN ADVENTURE” ROUNDTABLES PART 1 - SELECT FROM DIFFERENT PRESENTATIONS SPOTLIGHTING HEALTHCARE’S MOST INFLUENTIAL TECHNOLOGY AND SOLUTION GURUS PRESENTING TOOLS TO ELEVATE YOUR PLAN’S INITIATIVES
Pull up a chair and settle in for this unique opportunity to select three interactive, speed-dating type presentations featuring the latest technologies and solutions for boosting your plan’s risk, quality and data management endeavors. A bell will ring three times within this special 60 minute session, alerting you to transition to the next roundtable of your choice.

5:30 – 6:30 COCKTAIL RECEPTION

WEDNESDAY, MARCH 8, 2017

8:30 – 9:30 NETWORKING BREAKFAST sponsored by CogniiSight &

“CHOOSE YOUR OWN ADVENTURE” ROUNDTABLES PART 2 - SELECT FROM DIFFERENT PRESENTATIONS SPOTLIGHTING HEALTHCARE’S MOST INFLUENTIAL TECHNOLOGY AND SOLUTION GURUS PRESENTING TOOLS TO ELEVATE YOUR PLAN’S INITIATIVES
Pull up a chair and settle in for this unique opportunity to select three interactive, speed-dating type presentations featuring the latest technologies and solutions for boosting your plan’s risk, quality and data management endeavors. A bell will ring three times within this special 60 minute session, alerting you to transition to the next roundtable of your choice.

9:30 – 9:45 CO-CHAIR’S RECAP OF DAY TWO & DAY THREE WELCOME
Nathan Goldstein, Chief Strategy Officer
CENSEOHEALTH

Kevin Healy, Senior Vice President, Clinical Payer Solutions
OPTUM
Building the Culture of Health in the Context of Healthcare Reform

Dr. John Lumpkin is responsible for the overall planning, budgeting, staffing, management, and evaluation of the Robert Wood Johnson Foundation’s efforts aimed at ensuring that all children grow up at a healthy weight, ensuring that all Americans have access to stable and affordable healthcare coverage, advancing change leadership, and creating a healthcare system that provides the best possible care at a reasonable cost.

11:30 – 11:45  MORNING NETWORKING BREAK

11:45 – 1:00  SPECIAL LIVE FOCUS GROUP: MEDICARE ADVANTAGE MEMBERS SHARE FEEDBACK

Enjoy this special opportunity to hear directly from Medicare Advantage members! Conducted as an in-person focus group, you and your team will also have the chance to ask questions of the MA members. Learn about health insurance through the eyes of members, as they share candid feedback on:

- Their overall experiences with their plan
- How they initially selected their plan and what keeps them there
- Their perceptions of the plan’s impact on their health
- Their understanding of their plan benefits and how things work
- Their receptivity to communications from their plan

Facilitated by:
Linda M. Lynch, M.Ed., PRC, Performance Improvement Consultant
SPH ANALYTICS

1:00 – 1:15  CLOSING REMARKS

1:15  CONFERENCE CONCLUDES

SPONSORS

PLATINUM

Advance Health is the leading healthcare provider of prospective member engagement services to health plans. What differentiates the company is its combination of meaningful technology and national network of full-time, locally based Nurse Practitioners. This combination yields industry leading financial and clinical results with indisputable compliance and oversight. Advance Health offers in-home and facility-based HRAs and chronic care management services to the Medicare Advantage, Medicaid, dual-eligible and commercial markets. This year, Advance Health NPs will complete over 300,000 full health assessments, across forty-eight states, for many of the largest health plans. With every assessment captured electronically, Advance Health delivers results in a matter of hours. The rapid growth of risk-adjusted populations coupled with dramatically increased CMS and OIG scrutiny requires a partner as qualified as Advance Health.

Advantmed is a health information management company that helps risk-bearing entities optimize revenue and improve quality outcomes. We accomplish this fundamental objective by using our proprietary Elevate! Healthcare™ health information management platform to deliver and manage integrated products and services, which help clients capture, organize, and analyze financial and clinical data to better understand their member populations and ultimately utilize this data to improve quality of care and optimize risk-adjusted revenue. Through the platform, Advantmed partners with managed care organizations to deliver the optimal combination of capabilities unique to each organization’s objectives, including risk analytics (ELEVATE! Risk Insights™), NCQA-certified HEDIS® Measures software (ELEVATE! Quality Insights™), medical record retrieval, medical record abstraction, risk adjustment coding, compliance and data validation services, member engagement, provider education, and professional services.

Altegra Health, a Change Healthcare company, provides technology-enabled, next-generation payment solutions using advanced analytics and supporting intervention platforms to enable health plans and other risk-bearing healthcare providers to generate, analyze and submit data needed to successfully manage member care and ensure appropriate reimbursement, allowing them to elevate care quality, optimize financial performance, increase cost transparency, and enhance member experience and engagement.

Apixio was founded in 2009 with the vision of uncovering and making accessible clinical knowledge from digitized medical records for optimal healthcare decision making. In 2012, Apixio applied its cognitive computing platform to tackle risk adjustment, the fundamental basis for value-based health. The result was the HCC Profiler, a proven solution which enables insights into document and coding gaps for a more accurate risk score. Now with its world-class team of data scientists, engineers, product experts, and healthcare gurus, Apixio has set its sights on other applications powered by its patented platform to enable healthcare systems to learn from practice-based evidence to individually tailor care.

ArroHealth, formerly MedSave USA, is the premier provider of risk adjustment and HEDIS services offering a suite of analytics, medical record retrieval and coding, customizable in-home and in-office programs and member engagement strategies. These services are offered on a unique and proprietary technology platform designed for excellence in results, quality and transparency. ArroHealth recognizes the importance of performance and accuracy and provides the most extensive guarantees in the industry. We focus on medical record collection rates, timing, ROI, provider satisfaction, accuracy and quality. In addition, we provide full transparency into all that we do for clients; allowing them to adapt quickly and maximize financial and clinical results. This includes unfiltered access to back-end systems, enabling clients to see ? in real-time ? the smallest details of their projects’ status. ArroHealth serves most of the top national health plans as well as many regional and local plans and is committed to accuracy, intelligence and impact for clients.

CenseoHealth is a leading provider of prospective health risk assessments for health plans and healthcare delivery organizations. Our physicians perform comprehensive, Annual Wellness Visit-compliant evaluations with members in their home, at network physician offices and in community settings. We capture a complete health and lifestyle assessment to drive better clinical outcomes through care management referrals and return-to-care recommendations. Our insights help enhance member engagement, improve quality ratings and reduce overall healthcare costs. Our network of nearly 5,000 licensed physicians are uniquely qualified to identify and diagnose health conditions. We have completed more than 1.5 million assessments, averaging more than 1,800 per day.

Presented by:
Bobbie Knickman, Director, Division of Risk Adjustment Operations
CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)
Centauri Health Solutions improves member outcomes and financial performance for health plans and at-risk providers by supporting initiatives in Risk Adjustment, RADV Risk Mitigation, HEDIS, Star Ratings, and Care Gap Management. Our consultative approach delivers compliant end-to-end solutions that leverage clinically-rich data analytics, workflow software tools, and other technology and service resources. We identify risk adjustment gaps, care and quality gaps, and support the closure of those gaps to benefit our clients and their members. We know from experience that data alone is not enough – the combination of data, experience, and execution is required to improve outcomes in today's environment. Centauri's core leadership team is comprised of seasoned healthcare executives from managed care organizations, pharmacy benefit managers and HCT companies. They understand from personal experience the challenges facing today's health system – and have set out to resolve them in a better way for their clients and their members / patients. Centauri partners with respected Medicare Advantage, Managed Medicaid and Health Insurance Exchange plans, as well as at-risk provider groups to answer critical business questions such as whether they are impacting the members who are the most at-risk, how much financial exposure they may face due to RADV audit and compliance risk, and whether they are optimally utilizing their scarest resources. Risk Adjustment | RADV Risk Mitigation | HEDIS | Star Ratings | Care Gap Management

CIOX Health is a new kind of company with access across all health information pathways. We work as your clinical information intermediary to help all parties excel in the management and exchange of critical health information. With strong relationships and specialized expertise, we deliver the highest level of quality and process optimization to our partners nationwide. Our service offerings include release of information, coding, clinical research, and oncology data services, as well as audit management technology. A trusted expert for improved management of information - today and for the future, CIOX Health is transforming the way health information is managed.

DST Health Solutions, LLC delivers contemporary healthcare technology and services solutions that enable its clients to thrive in a complex, rapidly evolving healthcare market. Supporting commercial, individual, and government-sponsored health plans, health insurance marketplaces, and healthcare providers, DST Health Solutions’ services include enterprise payer platforms, population health management analytics, care management, and business process outsourcing solutions, each designed to assist a company manage the processes, information, and products that directly impact quality outcomes. DST Health Solutions is a wholly-owned subsidiary of DST Systems, Inc. For more information visit www.dsthealthsolutions.com

Epsource is a leading services provider for chart reviews and quality measure abstraction for Medicare Advantage, Commercial/HIX, Medicaid health plans, and ACOs across the United States. Using an integrated global delivery methodology, with onshore and offshore Medical Professionals, Clinicians, and Certified Coders, Epsource is able to provide extensive and quality Medical Record Review Services with significant cost savings to increase ROI on organizations’ Risk Adjustment and Government affiliated Programs.

Our vision is to provide health information exchange solutions that allow healthcare organizations to safely and efficiently manage member-centric data, quality of care initiatives, member intervention and risk adjustment programs in Medicare, Medicaid, Commercial and Health Insurance Exchanges.

EMSI Health empowers health plans with end-to-end risk-adjustment services for care management, quality support and improved risk score accuracy. We offer best-in-class risk analytics, in-home assessments, medical chart retrieval, coding, risk profiles, audit support, and Stars and HEDIS measurement support to health plans in all markets. StratusIQ, our web-enabled customer portal and data repository, provides clients with easy and transparent access to their project data and our self-scheduling tool allows members to efficiently and conveniently schedule Healthy House Calls® anywhere, anytime. Our integrated approach leverages experienced industry professionals, proven and secure technology, and flexibility to produce the best quality results for health plans and improved outcomes for plan members. EMSI Health: Powerful Information. Improved Outcomes. Learn more at www.emsinet.com

FTI Consulting Health Solutions works closely with payers, providers and other healthcare enterprises to anticipate challenges, identify areas for potential growth and operationalize changes. We provide unparalleled expertise, analytics, innovation, and the necessary global reach to achieve success. FTI can help you optimize performance in the short term and prepare for the inevitable strategic, operational, regulatory and financial challenges of the future.

HealthFairs has pioneered a new standard of care, operating the largest fleet of mobile medical centers nationwide. Since 1998, the company has grown to become the leading provider of mobile clinical solutions, providing prospective risk assessments and advanced diagnostic testing to individuals at convenient locations in their community. HealthFairs delivers an innovative solution to improve access and provide efficient encounters focused on improving patient care, engagement, quality measures, and assessment of risk factors and conditions.

HealthFairs unique delivery system and proprietary assessment technology increases patient engagement and access to care, while delivering encounters that are unparalleled in the industry from a quality and risk assessment perspective. During a HealthFair visit, patients can complete labs, immunizations, wellness visits, and diagnostic imaging, minimizing the need for expensive and timely follow up appointments. Information is then shared back through a proprietary care coordination process which ensures that not only the right data is captured, but it makes it to the place where it’s needed most. Learn more at www.HealthFairs.com

Health Fidelity’s risk adjustment solution is the most comprehensive, scalable solution in the market for perfecting the risk adjustment cycle. Our cutting-edge technology combines big data analytics and natural language processing (NLP) to automatically extract valuable insights from medical charts to enhance prospective and retrospective RAF processes. Equipped with this proprietary technology and a team of industry experts, Health Fidelity can help organizations optimize their coding operations to increase efficiency, achieve better compliance, and maximize value through improved identification of HCCs.

Inovalon is a leading technology company that combines advanced cloud-based data analytics, and data-driven intervention platforms to achieve meaningful insight and impact in clinical and quality outcomes, utilization, and financial performance across the healthcare landscape. Inovalon's unique achievement of value is delivered through the effective progression of Turning Data into Insight, and Insight into Action®. Large proprietary datasets, advanced integration technologies, sophisticated predictive analytics, data-driven intervention platforms, and deep subject matter expertise deliver a seamless, end-to-end capability that brings the benefits of big data and large-scale analytics to the point of care. Driven by data, Inovalon uniquely identifies gaps in care, quality, data integrity, and financial performance – while bringing to bear the unique capabilities to resolve them. Inovalon provides technology that supports hundreds of healthcare organizations in 98.2% of U.S. counties and Puerto Rico with cloud-based analytical and data-driven intervention platforms that are informed by data pertaining to more than 777,000 physicians, 266,000 clinical facilities, and more than 127 million Americans. Through these capabilities, and those of its subsidiary Avalere Health, which offers data-driven advisory services and business intelligence to more than 200 pharmaceutical and life sciences enterprises, Inovalon is able to drive high-value impact, improving quality and economics for health plans, ACOS, hospitals, physicians, consumers and pharma/life-sciences researchers.
Matrix Medical Network is the leader in supporting care in the home through our national network of Nurse Practitioners. From in-home assessments to chronic care support, Matrix helps health plans engage members and their physicians to ensure members receive needed care, improving their health and overall outcomes.

Medivo is a healthcare data analytics company that unlocks the power of lab data to improve health. Medivo is the largest source of lab data in the U.S., with access to over 150M patients through its nationwide network of partner labs. Medivo analyzes large data sets and shares its findings with the medical community at large, as well as with its payer, lab and life science partners, to ensure that appropriate available treatments are provided to patients sooner. Medivo’s Lab Data Advantage™ applies clinical analytics to lab data to provide payers with material health plan value by supporting Care Management Programs, HEDIS/STAR and Risk Adjustment initiatives by identifying gaps in quality and care, disease status changes and improvement in outcomes. Labs in the U.S. are highly fragmented, and depending on the lab, patient records are often incomplete and contain unstructured data, rendering the data unusable for certain use cases. Medivo provides a “one to many” connection from payers to labs that intakes, refines, standardizes, and enriches the data to ensure actionable data output. Founded in 2010, Medivo’s investors include Safeguard Sciences, Inc. (NYSE:SFE) and Merck Global Health Innovation Fund (GHIF). Learn more about us at medivo.com, reach out to Bob Maluso with questions, and follow us @gomedivo or on LinkedIn.

Mobile Medical Examination Services, Inc. “MEDXM” was founded in 1990. Our mission is to provide the most qualified Medical Doctors and other Mid-Level Medical Professionals, equipped with the latest medical devices and diagnostic equipment to our clients. We have built a vast network of medical professionals throughout the USA. From the start, our growth has been fueled by an insistence of quality and service. We provide a vast array of medical services in the privacy of the client’s home. We pride ourselves in making a difference and serving a purpose with your member’s wellbeing.

MEDXM would like to be a part of your efficient, proactive and sound management strategy and help your plan realize better financial performance.

- HCC in home Health assessments
- -Annual wellness visits (AWV)
- -Star initiatives-Labs and DEXA
- -Post Hospital Reduced Re-admissions

Optum is a leading health services and innovation company dedicated to helping make the health system work better for everyone. With more than 94,000 people worldwide, Optum combines technology, data and expertise to improve the delivery, quality and efficiency of health care. Optum uniquely collaborates with all participants in health care, connecting them with a shared focus on creating a healthier world. Hospitals, doctors, pharmacies, employers, health plans, government agencies and life sciences companies rely on Optum services and solutions to solve their most complex challenges and meet the growing needs of the people and communities they serve.

Pulse8 is the only Healthcare Analytics and Technology Company delivering complete visibility into the efficacy of your Risk Adjustment and Quality Management programs. We enable health plans and at-risk providers to achieve the greatest financial impact in the ACA Commercial, Medicare Advantage, and Medicaid markets. By combining advanced analytic methodologies with extensive health plan experience, Pulse8 has developed a suite of uniquely pragmatic solutions that are revolutionizing risk adjustment and quality. Pulse8’s flexible business intelligence tools offer real-time visibility into member and provider activities so our clients can apply the most cost-effective and appropriate interventions for closing gaps in documentation, coding, and quality.

SCIO is a leading health analytics solution and services company. It serves more than 80 healthcare organizations across the continuum including over 20 provider groups and 30 health plans representing more than 90 million members, four of the top six PBMs, and clients in 30 countries for 8 of the top 15 global pharmaceutical companies. SCIO provides predictive analytic solutions and services that transform data into actionable insights, helping healthcare organizations create the understanding that drives change through care, network and reimbursement optimization as well as commercial effectiveness. www.sciohealthanalytics.com

Talix provides patient risk management solutions to help healthcare organizations address the challenges of value-based healthcare and risk-based contracts. Its SaaS applications leverage patient data analytics to turn structured and unstructured health data into actionable insights that drive improved risk adjustment, better patient outcomes and reduced costs.

Tessellate provides solutions that are proven to deliver results unlike anything else in the industry. Our Risk Adjustment and Quality programs bring together every piece of the puzzle, increasing revenue and lowering your administrative costs. We offer end-to-end and point solutions that are provider-centric, less abrasive, and quickly implemented. We have a track record of delivering value beyond the numbers by harnessing our experience working with Medicare Advantage and Commercial plans. We partner with our clients to drive effective provider engagement, and support strategic initiatives in risk adjustment and quality. For more information, please visit us at www.tessellate.com. We can’t wait to see you at RISE. You can email Rise2017@tessellate.com and/or call Will Stabler at 804.823.2884. For exciting news leading up to RISE and beyond, you can follow us on LinkedIn, Twitter, and Facebook.

Verscend Technologies (formerly Verisk Health) drives better healthcare outcomes through data analytics. Our solutions help organizations organize and optimize their data so they can efficiently and cost-effectively succeed in the new era of healthcare.

We offer an array of solutions that create value across four major functional areas:

- Payment Accuracy: fraud, waste, and abuse solutions that ensure accurate payment and cost containment
- Revenue Integrity: solutions that simplify commercial, Medicare, and Medicaid risk adjustment initiatives and ensure appropriate funding for members and their conditions
- Quality Improvement: end-to-end support for unified quality measurement, reporting, and improvement
- Population Risk Assessment and Stratification: decision analytics, including DxCG risk adjustment models and reporting solutions

Verscend has extensive experience helping healthcare payer organizations use their data in meaningful ways. We currently serve more than 200 health plans, including regional and national plans with commercial, Medicare, Medicare Advantage, and Medicaid lives. Over more than two decades, we have built a reputation for the knowledge and integrity our team, our ability to organize data for smarter solutions, and our history of delivering quantifiable results.

For more information, please visit www.verscend.com.
Alegis Care is a national company that provides direct patient care, comprehensive health assessments, chronic care management, SNFist, and value-based purchasing services. Alegis Care has over 20 years of experience. Our physicians provide chronic care management resulting in successfully reducing MLR, admissions, readmissions and increasing STAR and HEDIS ratings. Our program is made up of face-to-face interactions with members in their homes or wherever they reside. We provide services to Medicare Advantage/Medicaid and 55% of the members we service daily are dual eligible.

For additional information, please contact Michael Doherty, Senior Vice President of Sales, at 954.648.4773 or mdoherty@alegiscare.com.

America’s broadest, deepest pool of health information, analysts and thought leaders. Engaged in serious work. Blue Health Intelligence (BHI) accesses the industry’s largest and most comprehensive, conformed healthcare database of integrated medical and pharmacy claims. As a result, BHI is a valuable resource for virtually any entity committed to high-quality healthcare coverage and services in America. All data employed within BHI’s software as a service (SaaS) model undergoes four levels of certification, including an independent third-party actuarial review, and de-identification in full compliance with HIPAA regulatory requirements. BHI’s corporate leadership team and board of managers include many of the most highly respected innovators in the fields of healthcare analytics, information technology solutions, research, and data warehousing and integration. Xchange Advisor, a flexible risk adjustment platform that uses transparent technology, advanced analytics, and predictive models to maximize the financial impact of Commercial and Medicare Advantage Risk Adjustment will be presented by Blue Health Intelligence. Blue Health Intelligence (BHI) is a trade name of Health Intelligence Company, LLC, an independent licensee of the Blue Cross and Blue Shield Association. The information contained in this communication is intended only for the use of the addressee. If you have received this communication in error, please notify me by return e-mail, and destroy this communication and all copies thereof, including any attachments.

Cognisight is a leading health care solutions vendor, specializing in risk adjustment services for Medicare Advantage plans, Health Insurance Exchange issuers, PACE/Duals programs, Medicaid Managed Care plans, Accountable Care Organizations, and Independent Practice Associations. We understand all sides of the risk adjustment equation and provide our services to plans throughout the United States. Our mission is simple: capture the most accurate and complete diagnostic information to help ensure our clients have the best information to care for their members. As HCC risk adjustment experts, we enable our clients to improve the quality of health care they deliver while assuring accurate revenue.

Full suite of risk adjustment services:
- Analytics
- Chart Reviews
- Health Assessments
- RADV/IVA
- Risk Verification
- Provider & Coder Training

Dynamic Healthcare Systems, Inc. is a strategic business partner to Health Plans participating in government-sponsored 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 Health Plan’s operations: risk adjustment (including RAPS, EDPS and HCC Analytics), enrollment and eligibility processing, MSP/COB, correspondence/fulfillment, member premium billing, revenue reconciliation, and PDE management and audit.

GE Healthcare provides transformational medical technologies and services to meet the demand for increased access, enhanced quality and more affordable healthcare around the world. GE works on things that matter - great people and technologies taking on tough challenges. From medical imaging, software & IT, patient monitoring and diagnostics to drug discovery, biopharmaceutical manufacturing technologies and performance improvement solutions, GE Healthcare helps medical professionals deliver great healthcare to their patients.

Indegene Healthcare, is a leading integrated provider of end-to-end Risk Adjustment, HEDIS/STARS rating improvement, and provider engagement solutions. With over 1200+ healthcare experts across the globe, Indegene brings its rich clinical expertise, proprietary analytics models, education outreach, and training capabilities that enable payers and providers to thrive by driving better business and health outcomes. Leveraging its strong intellectual property and innovation capabilities, Indegene deploys a portfolio of next-generation platforms in quality improvement, risk adjustment, and provider engagement to drive integrated outcomes and business success for its clients.

PopHealthCare offers groundbreaking programs in high-risk population management that drive rapid, large, and demonstrable improvements in member quality of life and satisfaction, while helping its partnering health organizations realize appropriately enhanced revenues, enhanced quality scores, and reduced medical costs. With decades of experience, PopHealthCare is led by a team of long-standing leaders in health care analytics, field-based high-risk population care delivery, quality improvement, and both prospective and retrospective risk adjustment services. PopHealthCare has designed its high impact services to meet the needs of local, regional and national health plans and provider organizations and currently partners with over 35 health plans across the U.S. and in Puerto Rico.
Accenture Insight Driven Health is the foundation of more effective, efficient, and affordable healthcare. That’s why the world’s leading health plans and healthcare providers choose Accenture for a wide range of insight driven health services that help them use knowledge in new ways—from the back office to the doctor’s office. Our Risk Score Accuracy practice puts insight at the center with our proprietary performance management platform. With global scale operations for member and provider engagement, medical review, and CMS/HHS submissions, Accenture brings integration, coordination, and transparency to risk adjustment operations. To learn more contact Rob Deal at rob.deal@accenture.com

Allscripts is leading the healthcare IT movement into tomorrow’s value-enabled world. No other IT partner integrates your information so you can take action across care sites, care teams and even across multivendor EHR systems. To thrive today, and to define health care tomorrow, organizations in all parts of the care community must work together. At Allscripts, we are leading the way.

Headquartered in Northern Virginia, Altruista Health is an innovative provider of care management technology solutions that address the complex care and support needs of Medicaid, long-term care and other special needs populations. The company has rapidly become an industry leader; the Gartner Group has identified Altruista Health as one of the fastest growing care management technology companies in the government sector. More than 25 organizations operating across a dozen states use our solutions each day to streamline clinical and administrative processes, improve patient outcomes and reduce avoidable healthcare costs.

Headquartered in Ann Arbor, Michigan, ATTAC Consulting Group (ACG) specializes in compliance solutions, auditing, business operations and process controls, for insurers and healthcare organizations. ACG focuses on the space between what’s supposed to happen on paper and what’s actually happening on the ground. Our firm assists our clients identify and resolve the difference. ACG’s team of professionals is comprised of industry experts with extensive real-world, hands-on experience working in, and with, the organizations operating government health programs including: Medicare Advantage, PDP, Medicaid and Duals, Qualified Health Plans (QHPs), ACOs and provider groups. Our team focuses on institutionalizing compliance throughout health plan operations to enhance efficiency and return on investment. ACG’s audit specialties include: CMS Performance Audits, Data Validation Auditing, Third-Party Corrective Action Outcome Validation, CMS Financial Audit Preparation, First Tier, Downstream and Related Entity Monitoring and Auditing, QHP Compliance Auditing, Development of Internal Monitoring, Auditing and Process Controls.

Availity is an industry-leading, HITRUST-certified health care information technology company that serves an extensive network of health plans, providers, and technology partners nationwide through a suite of dynamic products built on a powerful, intelligent platform. Availity integrates and manages the clinical, administrative, and financial data needed to fuel real-time coordination between providers, health plans and patients in a growing value-based care environment. Facilitating over 7 million transactions daily, Availity’s ability to provide accurate, timely, and relevant information is vital to the financial success of its customers. Find out more about Availity online at Availity.com or call 1-800-AVALITY.

BeamMed is a developer and manufacturer of bone density assessment and monitoring solutions who has pioneered the early assessment of bone density, with the first - and still the only - devices that enable ultrasound-based, multi-site measurement for the early assessment and monitoring of osteoporosis. BeamMed’s Sunlight product line overcame the cost and radiation exposure-related challenges of Dual X-ray Absorption technology (DXA). The MiniOmni offers high accuracy, small size, ease of use, reliability, excellent affordability, and radiation-free operation that can easily and safely be used in any doctor’s office, clinic, HMO or retail venue such as pharmacies and checkup centers.

BluePeak Advisors is a highly unique consultancy comprised of consultants with a career focus on providing Federal Medicare Part C and Part D Sponsors with CMS regulatory and operations expertise that meets all CMS requirements. All of our consultants have been employed by CMS, health plans, and/or pharmacy benefit management companies for the majority of their careers. BluePeak Advisors assists health plans, pharmacy benefit management companies, pharmaceutical companies and other health care alliance companies with Medicare operational and compliance issues. BluePeak performs many operational and compliance mock audits each year for health plans and PBMs, assists with actual CMS audits onsite with the plans, designs staffing plans and acts as interim staffing in compliance and operations departments and can also assist with all remediation efforts for health plans and PBMs. Please visit us at www.bluepeakadvisors.com.

Babel Health offers the first integrated suite of risk adjustment submission applications (EDPS, RAPS, EDGE Server, Medicaid) for Government-sponsored programs. Our innovative solutions enable payers to increase revenue, reduce operating costs, meet compliance requirements, and improve quality in this complex, dynamic environment.

Carenet Healthcare Services has been providing solutions that help healthcare consumers to make better healthcare decisions, and measurably improve the quality and lower the cost of healthcare. By combining a deep clinical history and consumer engagement expertise with the ability to take big action on big data, Carenet helps over 100 healthcare organizations maximize performance while educating, empowering and motivating more than 25 million consumers worldwide to take an active role in their healthcare. The company has been recognized as one of the Inc. 500|5000 Fastest Growing Companies in America for eight consecutive years. Award-winning solutions include Healthcare Navigation and Advocacy support, 24x7 Virtual Clinic, Point of Need Engagement and Strategic Program Staffing solutions to impact areas such as medication adherence, readmission reduction, ER diversion, Star ratings, HEDIS gap closure, and more. Visit www.carenet.com for more information.

ChartFast is an innovator in ROI automation, medical data analysis and presentation. We are dedicated to bringing cloud based medical record services to the healthcare industry. Our powerful platform provides Health Information Management (HIM) professionals with the ability to automate many of the Release of Information (ROI) processes currently performed manually. Our mission is to modernize the request process for health plans, healthcare providers and their patients.

Cognizant (NASDAQ: CTSH) is a leading provider of information technology, consulting, and business process services, dedicated to helping the world’s leading companies build stronger businesses. Cognizant’s TriZetto Healthcare Products are software solutions that help organizations enhance revenue growth, drive administrative efficiency, improve cost and quality of care and improve the member and patient experience.

From Open Enrollment to ongoing strategic planning, the Command Direct team is completely plugged in to challenging document requirements that Health Plans face. Our services include: Member Cards, Kitting and Assembly, On-Demand Printing and Mailing, 508 Compliance, Translations, Archival Services, Braile Audio and Large Print Production, Provider Directory Programming, Geo Search, Web Based ordering. Command understands HIPAA compliance and follows strict guidelines to ensure that PHI is always kept secure. Plus, our ability to produce all aspects of your job from conception to completion enables us to be more than just vendor but a true strategic partner.
ComplexCare Solutions, Inc. (CCS): ComplexCare Solutions is a national Care Management and Risk Assessment company which provides services to Medicare Advantage and Medicaid Health Plans in support of high risk, frail and complex care members. It operates with clinicians and multi-specialty teams in the member’s home to coordinate and manage the delivery of care, improve member outcomes and reduce the associated cost of care.

Cozeva supports the transition toward a value-based ecosystem for quality and risk. Much like a cloud-based operating system for ACOs, POs, payers, providers, and patients, Cozeva aggregates multiple data streams and turns them into actionable analytics and registry-driven dashboards in near real time. Cozeva supports multiple stakeholders as they work together to fulfill their goals for STARS, HEDIS, P4P and HCC.

Corporate Administrative Services (CAS) is an administrative services company offering high quality, comprehensive, and cost competitive services to Health Plans, ACO’s, Provider Networks, and Employer Groups. Services are provided on our state-of-art integrated platform and include claims processing, customer service, medical management, provider network management, and IT support. CAS provides customized quality services and full support from implementation to daily operations. All services can be private labeled.

Edifecs develops innovative, cost-cutting information technology solutions to transform the global healthcare marketplace. Since 1996, Edifecs technology has helped healthcare providers, insurers, pharmacy benefit management companies and other trading partners trim waste, reduce costs and increase revenues. More than 350 healthcare customers today use Edifecs solutions to simplify and unify financial and clinical transactions. In addition, Edifecs develops supply chain management solutions to support worldwide customers in non-healthcare industry segments. Edifecs is based in Bellevue, WA, with operations internationally. Learn more about us at www.edifecs.com.

Eliza is the only single-vendor healthcare engagement management solution capable of delivering a truly personalized conversation with the modern healthcare consumer—at an enterprise scale. Eliza Corporation designs and implements high-impact member engagement programs for the top healthcare organizations. Eliza integrates a scalable multi-channel technology platform, proprietary data assets, industry-leading analytics, and experience-driven program design services to deliver outcomes that matter.

Enjoin delivers a comprehensive solution for advancing clinical documentation integrity. With thirty years of direct physician leadership, our team ensures evidenced-based care is accurately reflected through precise documentation and coding for value-based, pay for performance reimbursement. Whether inpatient or ambulatory, the precision of healthcare data defines risk-adjusted value-based outcomes through reliable documentation and coding. Led by expert physicians with coding and documentation credentials, our clients achieve a demonstrable improvement in CMI, coding accuracy, quality metrics, risk adjustment and physician alignment—with an average return on investment over 700%.

Since 1999, Financial Recovery Group (FRG) has helped health plans and physician groups create transparency and improve financial performance with AccuReports® Online Analytical Reporting Software and claims audit and recovery services. Trusted by several national HMOs and hundreds of IPAs, MSOs and ACOs, FRG brings industry leading medical economics capabilities to healthcare operations nationwide. Our tools highlight opportunities to improve financial performance. Our expertise and uniquely financial focus make us a healthcare CFO’s trusted guide.

For over 40 years, GA Foods has been supporting healthy and independent aging for the elderly population with our nutritious Home-Delivered Meals. Our Registered Dietitians and Executive Chef plan every meal to meet federal and state guidelines, while also being suitable for individuals managing chronic conditions such as diabetes or cardiac disease. GA Foods uses proprietary tablet technology for route optimization and tracking, enabling us to provide in-person, in-home delivery of our frozen meals across the United States, while simultaneously capturing useful member information for the plan’s care managers.

Gorman Health Group, LLC (GHG) is a leading consulting and software solutions firm specializing in government health programs, including Medicare managed care, Medicaid and Health Insurance Exchange opportunities. For nearly 20 years, our unparalleled teams of subject-matter experts, former health plan executives and seasoned healthcare regulators have provided strategic, operational, financial, and clinical services to the industry, across a full spectrum of business needs. Further, our software solutions have continued to place efficient and compliant operations within our clients’ reach. Find out more at www.gormanhealthgroup.com.

Graphcom is a branding and marketing firm headquartered in Gettysburg, PA. As a partner to today’s top healthcare organizations, we provide our clients with the latest technologies and marketing solutions to increase member engagement and measure performance. The result? Improved patient outcomes, better communication across business lines, and immediate cost-savings. And, we operate in full HIPAA/HITECH compliance so your data is always secure. Visit Graphcom.com or call 800-669-1664 to get started.

GuideWell Connect is wired differently. That means we apply an “end-to-end” approach to advancing consumerism in health care, partnering with our clients to combine big data with next-generation capabilities that drive big results. We drive value by focusing our marketing, sales, and engagement expertise on every critical phase of the consumer cycle—from acquiring new members, to engaging with individual consumers, all the way through renewal—connecting health plans, health systems, and provider groups in the US with their customers at the right time and in the right channel.

Health Data Decisions provides strategic and analytic consulting related to quality, efficiency and population health. We help health plans, at-risk provider groups and analytics vendors to maximize the use of their data for predictive and retrospective measurement and modeling. Our team brings decades of experience with measurements including HEDIS, Stars, QRS, AHRQ and P4P in management, analytics, and programming. We can manage your team, your vendors and your data to improve your HEDIS 2017 project. Talk to us about improving the value of your data and your overall measure rates.

Health Data Vision, Inc., (HDVI) empowers payers to take control of their HEDIS® and Risk Adjustment initiatives (RADV, Mock RADV, IVA) to improve quality of care & revenue performance through a HIPAA compliant secure cloud platform. Clients can leverage the platform to manage projects with either in-house, HDVI or third party resources. HDVI also provides Secure Virtual Print, a patent pending medical record collection solution that significantly improves collection efficiencies and reduces provider abrasion. For more information, please visit us at www.healthdatavision.com or call us at (866) 969-3222.
Healthify’s mission is to build a world where no one’s health is hindered by their need. To achieve this, we provide a platform to manage the social determinants of health for vulnerable populations. We help healthcare and government organizations alike search for community services, track referrals, and coordinate with community partners. Visit www.healthify.us to learn more and allow us to help you, help more people.

Home Access Health seeks to empower members to take the first step in managing their health using our pioneering at-home laboratory testing service. Our unique kit design makes sample collection easy, which increases program compliance. As a result, your plan receives the data needed to improve quality measures and manage risk. Members win too; they get a picture of their health and a connection to a primary care physician. Our tests include A1c, microalbumin, cholesterol and colorectal cancer. To learn more please visit www.homeaccess.com

The KLAS Leader in the delivery of actionable population health, i2i’s integrated Population Health Management and Analytics solutions have proudly served healthcare organizations for more than 16 years. i2i Population Health offers a depth of experience gained from over 2,500 U.S. healthcare delivery sites across 35 states supporting 20 million lives. With i2i, health plans leverage real-time clinical data from health centers to manage clinical and quality goals, improve risk scores and reduce patient cost.

Integra ServiceConnect finds and engages up to 50% of a health plan’s unable to reach members, dramatically expanding the expected yield from Hierarchical Condition Categories (HCC) coding efforts. Integra also drives member participation in the appropriate care management and quality-enhancing programs. We specialize in finding, engaging and connecting individuals that cannot be reached through conventional outreach. Our teams of specially-trained local community coordinators understand the unique challenges and opportunities presented by engagement of UTR members.

Interpreta delivers on the promise of precision medicine today. Through daily re-computation of individual member clinical, genomic and pharmaco-cogenomic data, Interpreta’s fifth-generation healthcare analytics provides a prospective clinical interpretation that enables true personalization of therapy, and prevents clinical gaps before they occur. Interpreta’s daily dynamic guidance maximizes quality scores for HEDIS, P4P and Risk Adjustment, and ensures coordinated care between members, payers, physicians, hospitals and caregivers. See why Daily is the Difference at www.Interpreta.com

IRIS is assisting health systems transition to value-based care by detecting eye disease early within their patient populations. The annual diabetic retinal exam (DRE) is often the lowest scoring quality measure for a medical practice or health plan, yet the cost of retinal treatment is now number two in the country behind Cancer treatment. The IRIS diagnostic solution brings the DRE to the primary point of care, providing access to more patients in order to find eye disease early and reduce the total cost of care.

By providing an end-to-end integration, IRIS has helped our partners identify the right patients to examine and make the appropriate referrals to the right specialist at the right time, resulting in closed care gaps, saved sight, and improved lives. IRIS is on a Mission to End Preventable Blindness and uniquely collaborates with all participants in health care to deliver increased access, improved quality, and reduced cost of care.

Visit IRIS to learn how other health systems and payers have improved their outcomes using our solutions. Come experience a point-of-care eye exam with the latest desktop cameras as well as state-of-the-art handheld technology from Volk.

Judge Healthcare is a leader in providing customized clinical workflow solutions to healthcare organizations throughout the country. With engagements in almost 50 states, we currently have clinicians working as far away as Hawaii, Puerto Rico and St. Thomas and as remote as Indian Reservations in New Mexico. Judge Healthcare delivers the highest quality healthcare professionals for executive search, physician recruitment, contract/temp, contract-to-hire, per diem/travel/locum tenens, in-home/facility assessments, and on-going case management opportunities across the healthcare spectrum. Ranked the 22nd Largest Allied Healthcare Staffing Provider in the US by Staffing Industry Analyst, Judge Healthcare has offices in Philadelphia, PA, Atlanta, GA, Portland, OR, Minneapolis, MN, Washington D.C. and Dallas, TX. To learn more, visit judge.com or contact 1-800-650-0035

MARSI, an established document and coding audit company since 1991 has an excellent reputation and track record. MARSI has been innovative in developing processes at least 5 years ahead of our competitors, such as: pre-billing auditing, comprehensive review compliance and physician documentation improvement . . . that actually works.

MARSI is a known expert among healthcare attorneys. We have never lost a case. MARSI is known for education which we have broadened into on-line HCC training and experiential training for all the areas of coding. MARSI is a proven leader with a wide range of successful programs for documentation and coding.

LexisNexis RISK SOLUTIONS

LexisNexis® has mastered the art of combining, analyzing and delivering data and analytics to optimize quality, performance, and impact across health care entities. Our solutions leverage the industry’s most robust and accurate provider data, comprehensive public records, proprietary linking and claims analytics, predictive science, and computing platform to transform the business of health care. Our solutions can be customized to serve providers, commercial health plans, self-insured, ACOS, Medicaid and Medicare plans and Exchanges.

For more information, call 800.869.0751, visit www.lexisnexis.com/risk/healthcare or email healthcare@lexisnexis.com.

MedKoder, LLC is a full service medical coding management services and technology provider, offering an innovative best practice approach to HCC management. Combining proprietary natural language processing, automated business intelligence, and risk-adjusted algorithms with industry-leading talent, MedKoder’s Risk Adjustment Management Technology provides accurate, efficient and ethical coding of patient records to ensure financial peace.

MedKoder’s Risk Adjustment Management Technology provides accurate, efficient and ethical coding of patient records to ensure financial peace. Its new software tools are used to uncover business insights for nearly 1,500 healthcare organizations across the US and UK. The company is one of Modern Healthcare’s top 100 Best Places to Work in Healthcare for 2014 and 2015. Visit www.medeanalytics.com

MedeAnalytics provides evidence-based insights to healthcare organizations so they can detect risk and identify opportunities to improve financial health. It empowers providers and payers to collaborate and use data to strengthen operations and improve the quality of care. MedeAnalytics’ cloud-based tools are used to uncover business insights for nearly 1,500 healthcare organizations across the US and UK. The company is one of Modern Healthcare’s top 100 Best Places to Work in Healthcare for 2014 and 2015. Visit www.medeanalytics.com.

Mom’s Meals NourishCare is a leading provider of nutrition solutions delivered to senior’s and patient’s homes nationwide. Only Mom’s Meals offers fresh-made meals that are Dietitian-designed and Chef-prepared with up to 60 nutritious meal choices every order. Menus for the leading health conditions include heart-healthy, diabetic-friendly, renal-friendly, cancer support, gluten free, vegetarian and now pureed. Family-owned, Mom’s Meals NourishCare has been nourishing independence for over 16 years. www.MomsMeals.com
Nagnoi, LLC is a leading systems integrator and consulting firm specialized in Business Analytics for Healthcare with products and services for Payors, Providers, and Public Health organizations. STARTrack, our flagship product, is one of the most advanced analytics solutions providing health plans the instant visibility needed to achieve their goals in quality as defined by the Star Rating Program of the Center for Medicare and Medicaid Services (CMS). In 2011, Nagnoi was awarded Worldwide Business Intelligence Company of the Year and in 2013 and 2014, the Health Partner of the Year Award, both by Microsoft Corporation. In 2012, Nagnoi was included in the Forrester Research Business Intelligence Service Provider Shortlist. For more information, visit www.starstrack.com.

NeuroMetrix is an innovative medical device company focused on the most costly and prevalent chronic complication of diabetes – diabetic neuropathy. NeuroMetrix markets the NC-stat® DPNCheck™ device, which is a rapid, accurate, and quantitative point-of-care test for diabetic neuropathy. Due to the limitations of traditional clinical detection methods such as monofilament testing, many organizations underdiagnose diabetic neuropathy and unknowingly carry the risk of this costly and debilitating complication. Our technology helps Medicare Advantage organizations improve the accuracy of diabetic neuropathy detection, accurately risk assess their diabetes patients and optimize neuropathy and general diabetes treatment.

Novu helps health plans across the country raise their HEDIS, CAHPS and Stars Ratings through an industry-leading combination of rewards, incentives and member engagement. For plans, our solutions result in quality outcomes and cost reductions. For members, the result is a personalized relationship with their plan, delivered via print, digital and telephonic channels. Novu is headquartered in Minneapolis, MN. More information is available at www.novu.com.

OS2 Healthcare Solutions is a veteran owned medical coding firm and academy specializing in risk adjustment coding, RADV audits, physician clinical documentation improvement, and coder education. OS2 has created a state of the art business process to improve your healthcare organization’s bottom line by enabling your facility and staff to focus on continuity of care, quality outcomes, and reimbursement. For more information, contact Melissa Freeman at Melissa.freeman@os2hcs.com or visit our site, www.os2healthcaresolutions.com.

Pareto Intelligence is an analytics and technology solutions company that supports healthcare plans and providers with revenue, cost, quality, and risk adjustment payment models. Pareto was forged to help our clients navigate the most dynamic and critical times in healthcare, and we continue to bring innovative solutions to meet unmet market needs. Pareto acts as a trusted partner, helping clients make key decisions with big data analytics, easy-to-use technology, and expert advisory support. Our award winning suite of technology solutions and services help our clients harness the power of data science and develop actionable insights. We show you what to do with the insights you’ve acquired and give you direction for tomorrow. Pareto Intelligence was launched by HealthScape Advisors, a management consulting firm with decades of experience in the business of healthcare.

Peak focuses on delivering Risk Adjustment and Quality Solutions to our clients with full service and customized options that give you the ability to choose services which best meet your needs. Peak provides top quality staff, a state-of-the-art technology workflow, chart reviews, in-home assessments and chart retrieval specific to your needs. With Peak as your partner, you will receive quality, timely results from a caring team of professionals that will guide you through the challenges of this ever changing industry.

Quest Diagnostics had a goal to build a better home assessment, one that provides a meaningful experience. By using clinical data, and laboratory values, in-home visits, and proactively identifying medical conditions, the MediCheck program can help keep medical documentation up to date, help members stay healthy, and improve HEDIS/Star ratings. With so much at stake, health plans look for assessment services that make a difference. That’s why we, through our company ExamOne, are pleased to offer MediCheck, —the only assessment program offered by a leading diagnostics company. For more information email MediCheck@ExamOne.com.

RelayHealth Pharmacy Solutions (RHPS) connects health plans with more than 50,000 retail pharmacies enabling them to utilize a pharmacy’s accessibility to drive member engagement, medication adherence and an overall improvement in quality measures. To learn more, visit relayhealth.com/interventionmessagingrx , call 800.868.1309 or email pharmacy.connections@relayhealth.com.

RowdMap helps health plans, physician groups, and hospital systems identify, quantify, and reduce low-value care that physicians deliver—a central tenet of successful pay-for-value programs. Through practice pattern and referral analysis, RowdMap’s benchmarks identify health care entities that manage unwarranted variation in care. Payers and physicians use RowdMap’s benchmarks to create strategies centered around the highest performing physicians. RowdMap’s Risk-Readiness® Platform works across all market segments and has significantly larger returns than traditional medical economics approaches.

Semler Scientific is a leader in action analytics for provider, payer, member, and health networks. SPHA solutions enable clients to enhance the patient care experience, improve population health, reduce the overall cost of care, and elevate provider performance. SPHA solutions incorporate an engaging social-media style user experience optimized for mobility to measure data, create easy-to-understand analytics, and empower action. For more information, call 1-866-460-5681 or visit www.SPHAnalytics.com.
Welch Allyn is a leading medical diagnostic device company, and is a division of Hill-Rom (NYSE: HRC).

At RISE we are featuring the RetinaVue™ Network—a proven turnkey diabetic retinopathy screening program made simple and affordable enough for individual primary-care practices and scalable for nationwide health-plan screening programs. RetinaVue is proven to double DRE patient compliance rates in just 12 months to positively impact HEDIS scores and Medicare Star ratings on the DRE metric, and help preserve vision in patients with diabetes. Stop by our booth to see the new RetinaVue 100 Imager in action—the world’s most advanced handheld fundus camera!

Welltok, Inc., developer of the healthcare industry’s first consumer enterprise platform, is transforming the way population health managers guide and incentivize consumers to optimize their health. The CaféWell Health Optimization Platform® organizes the growing spectrum of health improvement and condition management resources, obtains unparalleled consumer insights through advanced analytics, and leverages multi-channel communications to connect consumers to the right resources, at the right time.

Wipro and Human Services practice delivers innovative solutions that help navigate programs like Medicare, Medicaid, and legislations like the Affordable Care Act. Wipro provides Medicare and Medicaid solutions and services, with Industry-leading integrated Enrollment, Membership, Finance, Claims, and Care Management solutions for these programs. We also provide Advanced analytics, FWA, and member-centric solutions leveraging integrated health management capabilities for Payers and Providers. Our solutions have been widely accepted within the Healthcare industry.

Vee Technologies is a pioneer in outsourced healthcare, insurance, financial, and engineering services. The company has delivered secure HIPAA compliant, ISO-certified, quality work to its customers since 2001. One of Vee Technologies’ biggest strengths is its very own Sona University which custom-trains students to directly meet the ever-changing demands of today’s global marketplace. Vee Technologies commits to deliver excellent solutions, guided by innovation and security, to achieve and render extraordinary outcomes.

Eclusipe is a technology driven staff replacement solution. Ideal for expanding plans or start-up operations, our staff provides the expertise to set up and automate your claims processing. Using our TruChart technology, we quickly set up provider networks and fee schedules, as well as establish your Electronic Data Interchange to automate regulatory report submissions to keep your program in compliance. Reduce your administrative expense by outsourcing to our trusted team. As a partner invested in your success, we’ll support you as a licensed Third Party Administrator. For more information visit www.eclusive.com

MedHOK offers the industry’s only Unified Payer Platform, MedHOK’s member-centric SaaS platform providing everything clients need to securely manage member medical and pharmaceutical care, achieve federal and state compliance, deliver superior quality care, and succeed in value-based healthcare. Markets served include Medicare, Medicaid, and Commercial Health Plans, Pharmacy Benefit Managers, Specialty Pharmacies, and Integrated Delivery Systems. Covering the entire spectrum of care, MedHOK’s one platform provides clients total control.

Mediture is a leading software and services provider for at risk managed care plans and providers operating in over 60 organizations spanning 25 states. Mediture provides an end-to-end product suite covering plan enrollments, benefit management, care coordination and management, utilization management, provider networks, claims payment and regulatory reporting solutions and services for Medicaid, Medicare and Medicare-Medicaid (MMP) plans. Mediture’s analytical tools deliver extensive investigative and reporting across the care and financial continuums in a single cohesive offering. For more information visit www.mediture.com

MediTure is a leading software and services provider for at risk managed care plans and providers operating in over 60 organizations spanning 25 states. Mediture provides an end-to-end product suite covering plan enrollments, benefit management, care coordination and management, utilization management, provider networks, claims payment and regulatory reporting solutions and services for Medicaid, Medicare and Medicare-Medicaid (MMP) plans. Mediture’s analytical tools deliver extensive investigative and reporting across the care and financial continuums in a single cohesive offering. For more information visit www.mediture.com

HealPros was created to address the unmet needs of health plans and health systems to bring non-compliant patient populations into compliance for critical diagnostic care tied to specific HEDIS and STARs measures. The Company’s focus is to bring early detection and examination services directly to patients in their home, at their physician’s office, and in non-medical venues such as nursing homes, retirement communities, and corporate offices. State-of-the-art examinations offer easy access for members who are most in need of service while providing health plans the needed improvement in member care.

Welcome to the home of the Vanderbilt Health Affiliated Network, one of the nation’s largest physician-led networks. Our alliance of leading practices and health systems partners with employers, insurance companies and other organizations on their journey to population health by improving healthcare quality while controlling costs for everyone. Learn more about how we are strengthening healthcare in communities across the region at www.vhan.com.

Vanderbilt Health
Affiliated Network
RISE 5th Avenue Street Party

...Just when you thought the networking at RISE Nashville couldn’t get any better! Following the close of the sessions on day one, grab your coat head out to 5th Avenue. RISE has permitted to shut down the entire street for what promises to be the most unique networking event in the industry. Take in some live music, network at one of the five bars and action food stations and have a blast playing the life size games. This is one networking opportunity you won’t want to miss!

Limited sponsorship opportunities available

CONTINUING EDUCATION

This program has the prior approval of AAPC for 13 continuing education hours (10 for main conference and 3 for pre-conference workshops). Granting of prior approval in no way constitutes endorsement by AAPC of the program content or the program sponsor. This approval is valid until 1/31/2018.

RAPS / EDS TRANSITION IMPACT FROM RISE DATA COLLABORATION STUDY

A final report that quantifies the payment impacts will be available when the RISE Nashville Summit goes live, so come to listen to the key takeaways of that analysis.

The study results do not corroborate the stated goal of budget neutrality, finding significant loss of data and funding, thereby placing Medicare Advantage Organizations in an unfavorable position.

Come for breakfast on Tuesday, March 7th to hear about the most common failures in the shift to EDS filtered results, as well as the value assigned to them. Get the information from the technical experts about what types of services are most likely to fail so you can plan accordingly.
HEALTHCARE EDUCATION ASSOCIATES AND THE RESOURCE INITIATIVE & SOCIETY FOR EDUCATION (RISE) PROUDLY PRESENT THE

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