RISE WEST 2018
Advancing Risk Adjustment, Quality Performance Improvement, and Compliance Strategies
September 12-14, 2018
Palm Springs, California

Featured Themes Addressing:
- Risk Adjustment & Quality Ratings
- Coding, Financial Compliance and Audit Readiness
- Provider-Focused
- Medical Management & Clinical Quality

Featured Keynote:
Harnessing Your Power to Create Change by Derreck Kayongo

Featured Discussions:
- Addressing Social Determinants to Improve Care Outcomes
- Assessing the Future of Healthcare in Light of Current Disruptive Changes
- OIG Evaluation: Potential of the MA Encounter Data
Top Reasons to Attend

1. Hear from Joanna Bisgaier, PhD, Deputy Regional Inspector General with the Office of Evaluation and Inspections at the OIG
2. Get important questions answered on the future of healthcare from top industry leaders: How will the role of providers and health plans evolve? How will services need to adapt? How will non-traditional players entering the market shift the healthcare paradigm?
3. Hear from innovative organizations that are addressing social determinants of health with unique, impactful initiatives
4. Learn from and connect with leading innovators in risk adjustment, quality performance improvement, and provider engagement and education
5. Leave with the latest updates, trends, and information on implementable technology solutions and risk analytics platforms
6. Create your own unique learning experience by selecting high-quality sessions from four pre-conference workshops and four featured themes throughout the course of the three-day summit
7. Jumpstart your preparations for 2019 by learning about the latest regulatory changes, coding and audit guidelines
8. Enhance your risk, quality and clinical data collection strategies in our unique payer-provider collaboration sessions
9. Participate in an interactive HCC coding discussion as various chart examples are shared and debated on how each health plan would address the chart's coding issues
10. Get a headstart by joining one of our in-depth pre-conference workshops led by experienced facilitators for a deep dive into risk adjustment, coding and quality improvement

REGISTER NOW
Who Should Attend?

Leaders, senior management and managers from Medicare Advantage health plans, Commercial Marketplace sponsors, Part D health plans, provider groups, pharmacy benefit managers, and ACOs from the following areas:

- Risk Adjustment
- HCC Coding and Documentation Quality Management
- Analytics and Data Management
- Finance & Revenue Management
- Quality Improvement and Performance Management
- Star Ratings
- HEDIS
- Member Engagement
- Provider Engagement and Training
Leave with Answers to These Important Questions

- What best practices can be implemented to simultaneously improve health plan and provider’s revenue, quality performance and member/patient satisfaction?

- What member outreach can impact your 2020 Star Rating performance during the last quarter of the year and how do you measure these year-end pushes?

- How can NLP-enabled solutions help a health plan reign in their risk adjustment programs to improve performance, productivity, and outcomes?

- What lessons have been learned in CMS and HHS RADV audits to date and what is on the horizon with risks models and regulatory changes?

- Now that you know the changes from the CY19 final call letter, how should your organization align new processes for operations, IT, and finance departments?

- Beyond the basics, how can you close gaps in your Stars performance?

- How have health plans addressed social determinants, and in turn, how have those initiatives affected risk adjustment and quality measures?

- What is driving the landscape of healthcare in the future and how will these changes impact health plans, providers, and members/patients?

- How can you maximize member outreach to close care gaps and build trust between members and the health plan?
VENUE DETAILS

Nestled beneath the beautiful Santa Rosa Mountains, offering championship golf courses, an award-winning spa, 41 pools and five outstanding restaurants, this luxury desert retreat offers the ultimate Palm Springs getaway.

La Quinta Resort & Club
49-499 Eisenhower Drive
La Quinta, CA 92253
760-564-4111

The original desert hideaway

We have a block of rooms reserved at a special rate of $159/night. This rate expires on August 22, 2018.

Mention “RISE Summit” when placing your room reservation by phone to receive the negotiated rate.

Please call to book your room or simply click the link below.

https://book.passkey.com/go/RISEwest2018

Book My Room
RISE is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be submitted to the National Registry of CPE Sponsors through its website: www.nasbaregistry.org. For more information, visit our website: www.frallc.com/thefineprint.aspx

**Program Level:** Overview

**Anticipated CPE Credits:**

- 19.5 for Conference & Workshops A/B
- 15.0 for Conference & Workshops C/D
- 11.5 for Conference Only

**Recommended Field(s) Of Study:** Specialized Knowledge

**Prerequisites:** None

**Advance Preparation:** None

**Instructional Delivery Method:** Group Live

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

- Get best practices that can be implemented to simultaneously improve health plan and provider’s revenue, quality performance and member/ patient satisfaction?
- Learn how health plans are addressing social determinants, and in turn, how have those initiatives affected risk adjustment and quality measures
- Understand key updates in risk adjustment and quality ratings to create improved organizational processes and policies

**AHIMA CEU Accreditation**

This program has been approved for up to 16 continuing education unit(s) for use in fulfilling the continuing education requirements of the American Health Information Management Association (AHIMA). Granting prior approval from AHIMA does not constitute endorsement of the program content or its program sponsor.

**Anticipated CEU Credits:**

- 16 CEUs for Conference & Workshops A/B
- 12.5 CEUs for Conference & Workshops C/D
- 9.5 CEUs for Conference Only

**AAPC CEU Accreditation**

This program has the prior approval of AAPC for a maximum of 16 continuing education hours (16 CEUs for conference plus workshops A/B, 12.5 CEUs for conference plus workshops C/D, 9.5 CEUs for main conference only). Granting of prior approval in no way constitutes endorsement by AAPC of the program content or the program sponsor. This AAPC approval is valid until 7/31/2019.
Opening Keynote Address:

**HARNESSING YOUR POWER TO CREATE CHANGE**

In our opening keynote address, speaker Derreck Kayongo will take you along his journey from Ugandan refugee to business visionary and share the inspiring story of how a simple, yet novel idea has the power to transform lives. Containing universal life and business lessons, Mr. Kayongo will impart his guiding principles—service, education, leadership, and faith—to inspire you to think creatively to improve the lives of the members and patients you serve.

Mr. Kayongo inspires and empowers with his courageous story of survival, social entrepreneurship, and humanitarianism. He is the founder of the Global Soap Project—a global humanitarian initiative aimed at reducing hygiene-related illness and death within impoverished populations around the world—was a 2011 Top Ten CNN Hero, a former CEO of the National Center for Civil and Human Rights, and recently joined the board of trustees for Helen Keller International, an organization committed to improving the sight of vulnerable populations around the world.

Derreck Kayongo
- Business Visionary
- Former CEO of the Center for Civil & Human Rights
- Global Soap Project Founder
Featured Speakers

**Joanna Bisgaier, PhD**, Deputy Regional Inspector General  
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
OFFICE OF INSPECTOR GENERAL / OFFICE OF EVALUATION AND INSPECTIONS

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

**James Taylor, MD**, Medical Director of Accountable Care Operations  
IORA HEALTH

**Richard Garcia, MD**, Editor  
ON RACE AND MEDICINE: INSIDER PERSPECTIVE

**Donna Malone, CPC, CRC and ICD-10 Trained**, Senior Manager, Enterprise Risk Adjustment, HCC Coding and Quality Assurance  
TUFTS HEALTH PLAN

**Laura Sheriff, RN, MSN, CPC, CRC**, Regional Director, Risk Adjustment  
MOLINA HEALTHCARE, INC.

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

**Colleen Gianatasio, CPC, CPC-P, CPMA, CPC-I, CRC**, AAPC Fellow, Risk Adjustment Quality, and Education Program Manager  
CAPITAL DISTRICT PHYSICIANS’ HEALTH PLAN

**Susan Wyatt, CPC, CPC-I, CPMA, CHCCS**, INDEPENDENT CONSULTANT

**Aaron Horsfield, MHA, MPH**, Administrative Fellow  
UPMC

**Merrill Friedman**, Senior Director Disability Policy Engagement  
ANTHEM

**Courtney Yeakel**, Vice President, Customer Engagement  
PULSE8

**Christina Latterell**, Vice President Quality Improvement  
ALIGNMENT HEALTHCARE

**Adele L. Towers, MD, MPH, FACP**, Associate Professor of Medicine and Psychiatry, Senior Clinical Advisor  
UPMC ENTERPRISES

**Anand Shroff**, Founder, Chief Development Officer  
HEALTH FIDELITY

**Jason Sloan**, Director, Medicare Star Program and Medicare Quality  
MERIDIAN HEALTH PLAN

**Gerri Cash**, Vice President of Quality Programs  
TESSELLATE

**John Fong, MD**, Senior Vice President & Chief Clinical Officer, Senior Health Services  
BLUE CROSS BLUE SHIELD OF MICHIGAN

**Ryan Dodson**, Director of Risk Adjustment  
CHOICE MEDICAL

**Darren Schulte**, Chief Executive Officer  
APIXIO

**Gabriel L. Medley, MHA, MBA**, Vice President, Quality and Risk Revenue  
GATEWAY HEALTH

**Kevin Mowll**, Executive Director  
RISE ASSOCIATION

**April Canetto**, Manager, Cultural and Linguistic Services  
HEALTH NET, INC.

**Humaira S. Theba, MPH**, Senior Cultural and Linguistic Specialist  
HEALTH NET, INC.

**Noreen Hurley**, Stars Quality Program Manager  
HARVARD PILGRIM HEALTH CARE

**Meleah Bridgeford**, Director, Risk Adjustment Analytics  
EPISOURCE

**Shahyan Currimbhoy**, SVP, Product Management & Engineering  
TALIX

**Jeff Snegosky, MBA, CPHQ**, Director Program Management and Operations – Stars and Risk Adjustment Center of Excellence  
BLUE CROSS AND BLUE SHIELD OF MINNESOTA

**Delia Peterson**, Chief Operating Officer  
BROWN & TOLAND PHYSICIANS

**Jenny Tu**, Director, Population Health  
BROWN & TOLAND PHYSICIANS

**Sean O’Sullivan, CRC**, Manager, Population Health  
BROWN & TOLAND PHYSICIANS

**John Bernot, MD**, Vice President, Quality Initiatives  
NATIONAL QUALITY FORUM (NQF)

**Scott Weiner**, Director of Risk Programs  
VIRGINIA PREMIER HEALTH PLAN

**Wynda Clayton, MS, RHIT**, Risk Adjustment Manager  
PROVIDENCE HEALTH PLAN

**Michelle “Shelly” Passaretti, BSN, RN, CCM**, Director of Health Management Clinical Operations  
GEISINGER HEALTH PLAN

**Eileen M. Evert, MS**, Director, Health and Wellness  
GEISINGER HEALTH PLAN

**Shannon Decker**, Med, MEd, MBA, MBA, PhD, Executive Director, Risk Adjustment  
NAMM CALIFORNIA, UNITEDHEALTH GROUP

**John Barkley**, Director, Medicare and Commercial Risk Adjustment  
CONNECTICARE
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<td>Pre-Conference Workshops A &amp; B Registration and Continental Breakfast</td>
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<td>10:00 - 1:00</td>
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**SIGN UP FOR WORKSHOPS**
Workshop A: The Foundations of Risk Adjustment

8:00 - 4:00

- The essentials of and differences between Medicare Advantage, Commercial and Medicaid risk adjustment
- Understanding how risk scores are calculated
- Making sense of varying payment models
- An intro into using data and predictive analytics to optimize your risk adjustment practices
- Tools for achieving data accuracy
- Where do we stand with the transition from RAPS to EDPS? The latest in a long journey
- Provider engagement strategies for impacting your risk adjustment initiatives
- Risk adjustment vendor selection and management
  » Determining whether you need RA vendors
  » How to effectively vet potential vendors and ultimately select them
  » Strategies for on-going, thorough vendor management
- The future of risk adjustment – what you need to know to stay ahead of possible changes
- Initial steps for preparing for a RADV audit
  » Identifying the staff essential to overseeing your RADV audit prep
  » Staying ahead – key items to monitor well in advance of an actual audit

Laura Sheriff, RN, MSN, CPC, CRC, Regional Director, Risk Adjustment MOLINA HEALTHCARE, INC.
Deb Curry, MBA, RHIA, CCS-P, CRC, Manager, Risk Adjustment PROMEDICA
Scott Weiner, Director of Risk Programs VIRGINIA PREMIER HEALTH PLAN

Workshop B: HCC Coding Accuracy

8:00 - 4:00

This workshop will zero-in on regulatory compliance while teaching you how to optimize the accuracy of the information gathered and submitted at the practice level. What you will also learn about is how charting is often done, how to overcome “disconnect” with the clinicians and how their typical charting practices and EMRs can create significant problems, and how RADV views documentation in contrast with the way clinicians were taught and EMRs were built initially. Attendees are encouraged to bring questions to pose to our expert workshop facilitators and to table for the group

- Understanding the financial overlay – HCC codes mapping to risk adjustment scores
- A single coding and documentation process for
  » Quality improvement
  » Billing E&M CPT codes
  » Risk adjustment
- Skill development on choosing diagnoses from portions of the encounter – permitted and not permitted
- Clinical documentation barriers for risk adjustment purposes (data validation audit risks)

Donna Malone, CPC, CRC and ICD-10 Trained, Senior Manager, Enterprise Risk Adjustment, HCC Coding and Quality Assurance TUFTS HEALTH PLAN
Susan Wyatt, CPC, CPC-I, CPMA, CHCCS INDEPENDENT CONSULTANT

Workshop C: Quality Improvement 101: A Primer

1:00 - 4:00

- Understanding the evolution of Medicare Star Ratings - from inception to present
- Structuring your Stars Ratings shop - examples of various health plans’ programs and oversight structure
  » What should be its essential functions?
  » Who should be involved?
- HEDIS, CAHPS and HOS -
  » What are the differences between each of them?
  » How do they each align with and impact Star Ratings?
- Financial implications of Star Ratings performance
  » What is the bonus payment model?
  » How do rebates work?
- How to interpret national performance data
- An intro to using supplemental data to improve your Star Ratings
- What is the future of Star Rating?
  » CMS’ changes for 2019 and beyond
  » What do HEDIS auditors really think?

Christina Latterell, Vice President Quality Improvement ALIGNMENT HEALTHCARE
Noreen Hurley, Stars Quality Program Manager HARVARD PILGRIM HEALTH CARE

Workshop D: Payer-Provider Collaboration

1:00 - 4:00

- Steps and strategies to make data collection more operationally- and cost-efficient for plans and less disruptive to provider operations
- The art of leveraging software platforms and efforts across the payer-provider continuum
- Examples of successful plan-provider partnership initiatives for:
  » Improving adherence measures and other Part D measures
  » How do you leverage new software while maintaining foresight on future developments and changes in:
    » Quality measures
    » Financial structures and incentives

Ana Handshuh, Vice President of Managed Care Services ULTIMATE HEALTH PLANS
DAY TWO: THURSDAY, SEPTEMBER 13

7:45 – 8:45  Registration & Networking Breakfast

8:45 – 9:00  Welcome and Opening Remarks

Kevin Mowll, Executive Director
RISE ASSOCIATION

9:00 – 10:00  Opening Keynote Address: Harnessing Your Power to Create Change

This featured keynote address, Derreck Kayongo will take you along his journey from Ugandan refugee to business visionary and share the inspiring story of how a simple, yet novel idea has the power to transform lives. Containing universal life and business lessons, Mr. Kayongo will impart his guiding principles—service, education, leadership, and faith—to inspire you to think creatively to improve the lives of the members and patients you serve.

Derreck Kayongo, Founder,
GLOBAL SOAP PROJECT FOUNDER

10:00 – 11:00  Featured Panel: Addressing Social Determinants to Improve Care Outcomes

• Initiatives that drive healthy outcomes inside and outside the healthcare system
  • How do you take the larger population affected and narrow down on the individual level?
  • What do successful community partnerships look like? And how do you start building those relationships?
  • How can you work past policy limitations and limited funding for initiatives?
• Best practices for data usage to drive outcomes
• How have health plans successfully connected members to services, and how has that affected risk adjustment and quality measures?

Panel:
Aaron Horsfield, MHA, MPH, Administrative Fellow
UPMC

Merrill Friedman, Senior Director Disability Policy Engagement
ANTHEM

April Canetto, Manager, Cultural and Linguistic Services
HEALTH NET, INC.

Humaira S. Theba, MPH, Senior Cultural and Linguistic Specialist
HEALTH NET, INC.

11:00 - 11:30 Morning Break
### Track A: Risk Adjustment & Quality Ratings

**Moderator:**
Patrick Coulson, Chief Growth Officer, TESSELLATE

**EMR Integration: You Need a Spider to Weave the Web of Connectivity Among Disparate EMR Systems**

- The importance of EMR Integration – both the value of the push of Risk and Quality gaps straight to a Provider’s EMR, and the value of the pull of Provider data and feedback into the analytics
- Laying the landscape in the highly dispersed market of EMR software vendors
- Adapting to the nuances of various markets when there is no ‘one size fits all’ approach
- The importance of employing a third-party to coordinate various approaches, depending on your local configurations, and to leverage different operability partners

Courtney Yeakel, Vice President, Customer Engagement
PULSES

John Barkley, Director, Medicare and Commercial Risk Adjustment
CONNECTICARE

### Track B: Coding, Financial Compliance & Audit Readiness

**Moderator:**
Lou Steinberg, Vice President Sales, APIXIO

**Encounter Data: How to Leverage Yesterday’s Data to Determine Today’s Expenditures, and Predict Tomorrow’s Revenues**

In this session, you will learn how to fit the pieces together in the Medicare Risk Adjustment Model in order to predict revenues around EDPS impact, Final Revenues, and program ROI. We’ll dive into the areas of the prospective model that you need to know and better prepare you for the sweeps timeline. By the end of this session, you’ll know what it takes to reconcile your final EDPS based payments, and how to use the data and model to forecast the retroactive payment. Don’t miss this opportunity to learn how to start improving the efficiency and accuracy of your encounter data submissions today!

Meleah Bridgeford, Director, Risk Adjustment Analytics
EPISOURCE

Wynda Clayton, MS, RHIT, Risk Adjustment Manager
PROVIDENCE HEALTH PLAN

### Track C: Provider-Focused/Health Management & Clinical Quality

**Moderator:**
Colleen Gianatasio, CPC, CPC-P, CPMA, CPC-I, CRC, AAPC Fellow, Risk Adjustment Quality and Education Program Manager
CAPITAL DISTRICT PHYSICIANS’ HEALTH PLAN

**Cultivating a Collaborative Culture that Helps Achieve Your RAF, Quality and Revenue Goals**

- Tips to change physician culture and philosophy
- Understanding the roles of each party
  - The physician’s role in expressing and modeling goal-oriented behaviors
  - The plan’s role in setting up the reinforcement
- Types of feedback and incentives that drive behavioral change

James Taylor, MD, Medical Director of Accountable Care Operations
IORA HEALTH

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**11:30 – 12:00**

**OIG Evaluation: Potential of the MA Encounter Data**

Joanna Bisgaier, PhD, Deputy Regional Inspector General, U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL
OFFICE OF EVALUATION AND INSPECTIONS

**12:00 – 1:00**

**Networking Luncheon**

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**REGISTER**

RISEWESTSUMMIT.COM
2:00 – 2:50

Innovative Approaches to Improve Stars Performance

- How to use oft-forgotten ancillary benefits to close gaps
  - How your vision benefit can close gaps in retinal screening for diabetic members
  - What measures can be positively impacted by better collaboration with your hearing vendor?
- Proven methods for improving on the flu measure
- How you should systematically prepare now for anticipated measure changes?

Ana Handshuh, Vice President of Managed Care Services
ULTIMATE HEALTH PLANS
Christina Latterell, Vice President Quality Improvement
ALIGNMENT HEALTHCARE

Augmented Intelligence and Technology-Powered Coding Compliance

About 85 to 95 percent of risk adjustment payments for Medicare Advantage plans are based upon diagnosis codes on encounter claims from clinics and hospitals. The patient notes from which the codes originated are not typically reviewed for accuracy prior to submission for payment. Augmented Intelligence can greatly assist MA organizations audit a larger portion of risk adjustment diagnoses and reveal program insights for future improvement. Learn how Augmented Intelligence can help your organization:
- Identify unsupported HCCs to reduce audit risk and avoid costly errors
- Fulfill risk adjustment program objectives to “look both ways” during chart review
- Support robust training and education activities

Darren Schulte, Chief Executive Officer
APIXIO
Gabriel L. Medley, MHA, MBA, Vice President, Quality and Risk Revenue
GATEWAY HEALTH

Optimize Risk Adjustment Through Technology-Enabled Payer/Provider Collaboration

Health plans and providers in risk-sharing contracts are equally responsible for risk adjustment and quality outcomes. To be successful, payers and providers need to be able to work together smoothly. UPMC, an integrated delivery network, gives a firsthand account of how technology has helped their health plan, health system, and provider network collaborate and improve risk adjustment outcomes.
- Learn about the tools, technology, people, and processes that need to come together to achieve major risk adjustment goals
- Discover the overarching framework UPMC utilized to map, plan, and organize their risk adjustment transformation
- Compare UPMC’s clinical, operational, and financial results from leveraging a platform that includes health plan risk adjustment tools and integrated provider EHR workflow against their stated objectives

Adele L. Towers, MD MPH FACP, Associate Professor of Medicine and Psychiatry, Senior Clinical Advisor
UPMC ENTERPRISES
Anand Shroff, Founder, Chief Development Officer
HEALTH FIDELITY

2:50 – 3:20

Afternoon Break
### Designing Tailored Activities to Build Member Trust and Improve Star Measures

The objective of this presentation is to highlight Medicare Stars program practices for engaging with members in the community to close care gaps and build trust with the health plan.

- Outline techniques for collecting and measuring member feedback
- Hosting health education events to interact with members and close care gaps
- Segmenting the population based on demographics and utilization factors
- Understanding and adjusting to member communication preferences

*Jason Sloan, Director, Medicare Star Program and Medicare Quality*  
*MERIDIAN HEALTH PLAN*

### Calendar Year ‘19 Model Changes Across Lines of Business – What You Must Know

- Developing and implementing processes in your organization that align with call letter details
- Dissecting Version 23 HCC codes
- What do the changes mean for your operations, IT, and finance departments?

*Donna Malone, CPC, CRC and ICD-10 Trained, Senior Manager, Enterprise Risk Adjustment, HCC Coding and Quality Assurance*  
*TUFTS HEALTH PLAN*

### Building Strong Partnerships to Realize Your RAF Potential

- Deploying an Annual Health Assessment within an independent physician community and clinically integrated EMR environment, with an emphasis on recapture and under-coded disease states and STARS/HEDIS integration
- Minimizing provider abrasion by leveraging NLP to review EMR data for previously undiscovered HCCs to aid in lower chart retrieval spend year over year
- Marketing: leveraging the provider/patient relationship to aid in patient engagement – make the process invisible to the member!
- Developing partnerships whose aim is to make physician and member lives easier

*Delia Peterson, Chief Operating Officer*  
*BROWN & TOLAND PHYSICIANS*

### “Choose Your Own Adventure” Roundtables

Choose from 21 different presentations spotlighting healthcare’s most influential technology and solution gurus presenting tools to elevate your plan’s initiatives. There will be three opportunities for you to rotate to other roundtable demos. A bell will ring to indicate when to visit another solution presentation.

Roundtable A: DST Health Solutions  
Roundtable B: Dynamic Healthcare Systems  
Roundtable C: Inovalon  
Roundtable D: Advantmed  
Roundtable E: Beammed  
Roundtable F: Edifecs  
Roundtable G: Find-A-Code  
Roundtable H: Gorman Health Group  
Roundtable I: Health Data Decisions  
Roundtable J: Matrix Medical Network  
Roundtable K: Optum  

Roundtable L: PharmMD  
Roundtable M: PopHealthCare  
Roundtable N: Cavo Health  
Roundtable O: GeBBS Healthcare Solutions  
Roundtable P: Healpros  
Roundtable Q: CareLinx  
Roundtable R: ATTAC Consulting Group  
Roundtable S: Omega Healthcare  
Roundtable T: Mom’s Meals  
Roundtable U: CareLinx  
Roundtable V: ATTAC Consulting Group  
Roundtable W: Omega Healthcare  
Roundtable X: Mom’s Meals  
Roundtable Y: CareLinx  
Roundtable Z: ATTAC Consulting Group  
Roundtable AA: Omega Healthcare  
Roundtable BB: Mom’s Meals  
Roundtable CC: CareLinx

5:15 – 6:15  
Networking Reception  

RISEWESTSUMMIT.COM
7:30 - 8:30 Networking Breakfast

8:15 - 8:45

The RISE Institute Networking Breakfast-and-Learn

Grab breakfast and join Kevin Mowll, the Executive Director of The RISE Association, to learn more about RISE’s new, innovative risk adjustment e-learning and certification program during this special breakfast-and-learn. The first part of breakfast will include an introduction to the certification program applicable to all of those involved in risk adjustment. As attendees gather in like-professional groups, the last half of breakfast lends to role-specific discussions.

8:45 – 9:00

Chairperson’s Recap of Day One

Kevin Mowll, Executive Director
RISE

9:00 - 10:00

Featured Address: Assessing the Future of Healthcare in Light of Current Disruptive Changes

• What are the major forces driving corporatization of primary care and upscaling of urgent care sectors?
• Where is the market going with regard to customer-centered care and service, and how will disruptions in healthcare consumer technology impact the market?
• How will large non-traditional players’ entrance or expansion beyond retail and pharmacy services impact traditional care paradigms?
• What will the impact on the US healthcare system be in these key areas:
  • Cost of care
  • Care quality and outcomes
  • Access to care
  • Customer satisfaction

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

Richard Garcia, MD, Editor
ON RACE AND MEDICINE: INSIDER PERSPECTIVE
**Track A:**
**Risk Adjustment & Quality Ratings**

**Moderator:**
Kevin Mowll, Executive Director, RISE

**Enhance Your Risk Program and Achieve 4+ Stars**

- A comprehensive risk adjustment and quality offering can help streamline processes and increase provider engagement
- The importance of adapting to more meaningfully response in the dynamic and evolving stars marketplace
- Blue Cross Blue Shield of Michigan Senior Health Services’ strategy for maintaining a 4-star rating
- Strong provider relationships to influence risk adjustment accuracy and other factors

Gerri Cash, Vice President of Quality Programs
TESSELLATE
John Fong, MD, Senior Vice President & Chief Clinical Officer, Senior Health Services
BLUE CROSS BLUE SHIELD OF MICHIGAN

**Track B: Coding, Financial Compliance & Audit Readiness**

**Moderator:**
Lou Steinberg, Vice President Sales, APIXIO

**Interactive HCC Coding Forum - Chart Reviews with the Experts**

Gather with your fellow coders to take a dive deep into various chart examples to identify how each coder/health plan would have addressed the file. The audience is encouraged to provide their answers to each chart review, as well.

Colleen Gianatasio, CPC, CPC-P, CPMA, CPC-I, CRC, AAPC Fellow, Risk Adjustment Quality and Education Program Manager
CAPITAL DISTRICT PHYSICIANS’ HEALTH PLAN

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

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

Susan Wyatt, CPC, CPC-I, CPMA, CHCCS
INDEPENDENT CONSULTANT

**Track C: Provider-Focused/Health Management & Clinical Quality**

**Moderator:**
Colleen Gianatasio, CPC, CPC-P, CPMA, CPC-I, CRC, AAPC Fellow, Risk Adjustment Quality and Education Program Manager
CAPITAL DISTRICT PHYSICIANS’ HEALTH PLAN

**Innovative Ways to Close Gaps in Care and Performance Data, and Streamline Care Management**

- Examining non-traditional opportunities to connect dots and close gaps
- How do you set up your systems to maximize efficiencies and make the most of intervention opportunities?
- How do you collect and incorporate performance data from your stakeholders?

John Bernot, MD, Vice President, Quality Initiatives
NATIONAL QUALITY FORUM (NQF)

10:05 – 10:55
Moderator: Kevin Mowll, Executive Director, RISE

10:05 – 10:55
Moderator: Lou Steinberg, Vice President Sales, APIXIO

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Moderator: Colleen Gianatasio, CPC, CPC-P, CPMA, CPC-I, CRC, AAPC Fellow, Risk Adjustment Quality and Education Program Manager
CAPITAL DISTRICT PHYSICIANS’ HEALTH PLAN

Enhance Your Risk Program and Achieve 4+ Stars

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- The importance of adapting to more meaningfully response in the dynamic and evolving stars marketplace
- Blue Cross Blue Shield of Michigan Senior Health Services’ strategy for maintaining a 4-star rating
- Strong provider relationships to influence risk adjustment accuracy and other factors

Gerri Cash, Vice President of Quality Programs
TESSELLATE
John Fong, MD, Senior Vice President & Chief Clinical Officer, Senior Health Services
BLUE CROSS BLUE SHIELD OF MICHIGAN

Interactive HCC Coding Forum - Chart Reviews with the Experts

Gather with your fellow coders to take a dive deep into various chart examples to identify how each coder/health plan would have addressed the file. The audience is encouraged to provide their answers to each chart review, as well.

Colleen Gianatasio, CPC, CPC-P, CPMA, CPC-I, CRC, AAPC Fellow, Risk Adjustment Quality and Education Program Manager
CAPITAL DISTRICT PHYSICIANS’ HEALTH PLAN

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

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

Susan Wyatt, CPC, CPC-I, CPMA, CHCCS
INDEPENDENT CONSULTANT

Innovative Ways to Close Gaps in Care and Performance Data, and Streamline Care Management

- Examining non-traditional opportunities to connect dots and close gaps
- How do you set up your systems to maximize efficiencies and make the most of intervention opportunities?
- How do you collect and incorporate performance data from your stakeholders?

John Bernot, MD, Vice President, Quality Initiatives
NATIONAL QUALITY FORUM (NQF)

10:55 – 11:25
Morning Networking Break
<table>
<thead>
<tr>
<th>Track A: Risk Adjustment &amp; Quality Ratings</th>
<th>Track B: Coding, Financial Compliance &amp; Audit Readiness</th>
<th>Track C: Provider-Focused/Health Management &amp; Clinical Quality</th>
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<tr>
<td><strong>Fueling Risk Adjustment Performance with NLP: A Health Plan Success Story</strong></td>
<td><strong>Successfully Managing and Surviving CMS/HHS-RADV Audits</strong></td>
<td><strong>Utilization Management Improvements that Drives Quality Measures</strong></td>
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<tr>
<td>• How to leverage NLP-enabled technology and advanced data analytics to drive risk adjustment process efficiencies and business model innovation</td>
<td>• Lessons learned from past audits</td>
<td>• Reviewing common ODAG issues from last year’s program audit to identify their relation to UM</td>
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<td>• Case study: how one health plan implemented an NLP-enabled solution to take control of their risk adjustment program and successfully improve performance, productivity and outcomes</td>
<td>• HHS-RADV Audit: best practices for Benefit Year 2017</td>
<td>• Setting up UM processes throughout your organization</td>
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<tr>
<td>Shahyan Currimbhoy, SVP, Product Management &amp; Engineering</td>
<td>• How to minimize errors and other risk mitigation strategies</td>
<td>• How much outreach do you need to have an effective and compliant process for authorization?</td>
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<tr>
<td>TALIX</td>
<td>• What’s on the horizon with risk model and other regulatory changes?</td>
<td>• Discuss the correlation between compliance and quality care</td>
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<tr>
<td>Jeff Snegosky, MBA, CPHQ, Director Program Management and Operations – Stars and Risk Adjustment Center of Excellence</td>
<td>• Who to involve for successful outcomes</td>
<td>Ana Handshuh, Vice President of Managed Care Services</td>
</tr>
<tr>
<td>BLUE CROSS AND BLUE SHIELD OF MINNESOTA</td>
<td>Deb Curry, MBA, RHIA, CCS-P, CRC, Manager, Risk Adjustment PROMEDICA</td>
<td>ULTIMATE HEALTH PLANS</td>
</tr>
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**12:15 - 1:15 Networking Luncheon**

**Crossing the Finish Line Ahead: Influencing your Stars 2020 Performance in Q4**
- How can your health plan elevate its performance for the next cycle of Star ratings?
- What outreach can impact your performance?
- What type of early year planning can affect your CAHPS and HOS?
- How do you effectively measure these end-of-year pushes for improved quality scores?

Noreen Hurley, Stars Quality Program Manager
HARVARD PILGRIM HEALTH CARE

**Dissecting the Chart to Ensure Proper Documentation**
- Identifying the correct charts to review
- Reviewing parts of the charts that yield data for documentation improvement
- Reviews are done, now what?
- Case studies of past documentation reviews

Ryan Dodson, Director of Risk Adjustment
CHOICE MEDICAL GROUP

**Developing Provider Engagement Practices to Drive Improved Outcomes**
- Providing your practices with the resources they need for success
- Knowing your network
- Education delivery strategies
- Live case study

Colleen Gianatasio, CPC, CPC-P, CPMA, CPC-I, CRC, AAPC Fellow, Risk Adjustment Quality and Education Program Manager
CAPITAL DISTRICT PHYSICIANS’ HEALTH PLAN
Laura Sheriff, RN, MSN, CPC, CRC, Regional Director, Risk Adjustment MOLINA HEALTHCARE, INC.
Shannon Decker, MEd, MBA, PhD, Executive Director, Risk Adjustment NAMM CALIFORNIA, UNITEDHEALTHGROUP
Track A: Risk Adjustment & Quality Ratings

Track B: Coding, Financial Compliance & Audit Readiness

Track C: Provider-Focused/Health Management & Clinical Quality

2:10 - 3:00

Technology & the Healthcare Provider: Using Principles of Adult Learning and Motivation to Improve Adoption

Learn what to consider when introducing new technology and how to better adoption and sustained appropriate use among your healthcare providers by incorporating theories of adult learning and motivation. A case study of one MSO will be discussed.

- The healthcare technology landscape: innovation, where we are today and how to stay in the know
- How innovative are we? What the research says about healthcare providers & new technologies
- Getting to the “tipping point” in technology adoption: theories of motivation & adult learning
- Case study: merging theory with practice for better adoption

Shannon Decker, MEd, MBA, PhD, Executive Director, Risk Adjustment NAMM CALIFORNIA, UNITEDHEALTHGROUP

Case Study: Updates to Social Determinants at GHP

Michelle “Shelly” Passaretti, BSN, RN, CCM, Director of Health Management Clinical Operations GEISINGER HEALTH PLAN

Eileen M. Evert, MS, Director, Health and Wellness GEISINGER HEALTH PLAN

3:00 Summit Concludes

THE CONFERENCE ORGANIZERS

RISE

RISE is the first national association totally dedicated to supporting healthcare professionals who aspire to meet the extraordinary challenges posed by the emerging landscape of accountable care and healthcare reform. We strive to serve our members on four fronts: Networking, Education, Industry Intelligence, and Career Development. Through cutting-edge conferences, online training, in-house training, webinars and online user groups, and industry insights, RISE provides our current and potential members with the critical information they need to stay ahead of the curve. Our engaged community of over 2,500+ members benefits from hearing the best (and worst) practices directly from our cadre of subject matter experts and gain valuable market insight into emerging trends to stay ahead and advance their careers. For more information, visit: risehealth.org.
Golf Tournament

MOUNTAIN COURSE AT LA QUINTA RESORT & CLUB

The Mountain Course, nestled at the base of the picturesque Santa Rosa Mountains, is famed for its Pete Dye design, playability and stunning visuals. This ultra-challenging course features pot bunkers, rock formations, elevations of tee boxes and well-bunkered greens.

Golf Tournament and club rentals included for all health plan delegates.

REGISTER FOR GOLF TOURNAMENT
## Pricing

<table>
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<tr>
<th>Service Type</th>
<th>Super Early Bird (ends June 15)</th>
<th>Early Bird (ends July 13)</th>
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<td>Government &amp; Community Service</td>
<td>$895</td>
<td>$995</td>
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<td>Plan &amp; Providers</td>
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<td>Service Providers &amp; Consultants</td>
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<td>Additional Workshops A or B</td>
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<td>Additional Workshops C or D</td>
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## Three Ways to Register

- **Call** 866-676-7689
- **Web** risewestsummit.com
- **Mail** Wilmington FRA 3420 Toringdon Way, Suite 240 Charlotte, NC 28277

Make checks payable to Wilmington FRA and write **H545** on your check.

## Team Discounts

- Three people will receive 10% off
- Four people will receive 15% off
- Five people or more will receive 20% off

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 Erica Conway at (704) 341-2392 or econway@risehealth.org

## Refunds and Cancellations

For information regarding refund, complaint and/or program cancellation policies, please visit our website: [https://www.healthcare-conferences.com/thefineprint.aspx](https://www.healthcare-conferences.com/thefineprint.aspx)
SPONSORSHIP AND EXHIBIT OPPORTUNITIES

Enhance your marketing efforts through sponsoring a special event or exhibiting your product at this event. We can design custom sponsorship packages tailored to your marketing needs, such as a cocktail reception or a custom-designed networking event.

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

Platinum Sponsors:

APIXIO
Apixio is the data science company for healthcare. Apixio's proprietary artificial intelligence platform extracts and analyzes clinical data in electronic and PDF records, generating deep insights into patient health. These insights feed applications such as HCC Profiler, which uncovers supported HCC codes with speed and accuracy, enabling comprehensive code identification and compliance auditing for Medicare Advantage and ACA programs.

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

EPISOURCE
Episource provides a complete and integrated set of services and products to simplify the way Medicare, Commercial and Medicaid health plans manage their Risk Adjustment and Quality programs. We work with health plans and healthcare organizations to absorb the most challenging aspects of program implementation, operations, and management. We simplify by modernizing workflows to better assess the full cycle of Risk Adjustment and Quality programs to improve clinical outcomes and financial performance.

HEALTH FIDELITY
Health Fidelity offers the most comprehensive, scalable risk adjustment solution for the value-based care era. Our modern prospective and retrospective RAF approaches combine big data analytics and natural language processing (NLP) technology to extract valuable insights from medical charts for faster and more accurate processing. With a streamlined coding workflow, Health Fidelity empowers risk-bearing organizations with a 360-degree view, allowing them to project, detect, and capture all commensurate member risk, and thereby risk-adjusted payments, to maximize efficiency, compliance, and reimbursement accuracy.
**Pulse8**

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 providers to achieve the greatest financial impact in the Medicare Advantage, Medicaid, and ACA Commercial markets as well as with Value-Based Payment models for Medicare. Pulse8 has developed a suite of uniquely pragmatic solutions that are revolutionizing Risk Adjustment and Quality Management. Our advanced analytic methodologies and flexible business intelligence tools offer real-time visibility into member behavior and provider performance. Pulse8’s products are powered by our patent-pending Dynamic Intervention Planning to deliver the most cost-effective and appropriate interventions for closing gaps in documentation, coding, and quality.

**Talix**

Talix provides risk and quality solutions to help providers, payers and accountable care organizations address the growing challenges of value-based healthcare. Its leading-edge SaaS applications leverage machine learning and advanced patient data analytics to transform complex data into actionable intelligence that drives improved coding efficiency and accuracy – leading to better patient outcomes, more accurate reimbursements and reduced costs.

**Tessellate**

Tessellate helps clients exceed their goals with provider-centric, low-abrasion solutions that can be implemented quickly and deliver value. Our risk adjustment, quality and provider engagement programs for health plans and provider organizations are designed to improve revenue integrity and quality of care, while lowering administrative costs.

**Gold Sponsors:**

**Signify Health**

Signify Health partners with leading health plans, healthcare providers, and technology companies to improve quality of life by providing comprehensive care where and when it’s needed most. With an innovative logistics and clinical workflow technology platform, exhaustive data set, and an unparalleled national clinical network, the company provides tech-enabled care services to vulnerable populations within the routine of their daily lives to improve health and quality of life. Signify Health serves well over one million health plan members each year, providing health risk evaluations, complex care management, and specialized medical services in the home and other convenient locations.

**Advantmed**

Advantmed is an integrated risk adjustment optimization and quality improvement company dedicated to helping health plans and risk-bearing entities. Our ELEVATE! Healthcare™ platform delivers fully transparent insights for all of our solutions, which include:

- Medical Record Retrieval (Risk Adjustment/HEDIS®)
- Risk Adjustment Coding (MA/ACA/Medicaid)
- Clinical Abstraction (HEDIS)
- Risk Adjustment Suspecting & Targeting (MA/ACA)
- CMS & HHS RADV Support/Data Validation
- NCQA-Certified HEDIS Software (Measuring & Reporting)
- Health Risk Assessments (In-Home/In-Office)
DST HEALTH

DST Health Solutions, LLC delivers contemporary healthcare technology and service 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.

DYNAMIC HEALTHCARE SYSTEMS

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

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

INOVALON

Inovalon is a leading technology company providing cloud-based platforms empowering a data-driven transformation from volume-based to value-based models throughout the healthcare industry. Through the Inovalon ONE™ Platform, Inovalon brings to the marketplace a national-scale capability to interconnect with the healthcare ecosystem on massive scale, aggregate and analyze data in petabyte volumes to arrive at sophisticated insights in real-time, drive impact wherever it is analytically identified best to intervene, and intuitively visualize data and information to inform business strategy and execution. Leveraging its platform, unparalleled proprietary data sets, and industry-leading subject matter expertise, Inovalon enables the assessment and improvement of clinical and quality outcomes and financial performance across the healthcare ecosystem. From health plans and provider organizations, to pharmaceutical, medical device, and diagnostics companies, Inovalon’s unique achievement of value is delivered through the effective progression of “Turning Data into Insight, and Insight into Action®.” Providing technology that supports nearly 500 healthcare organizations, Inovalon’s platforms are informed by data pertaining to more than 903,000 physicians, 385,000 clinical facilities, and more than 231 million Americans.
Silver Sponsors:

**ATTAC CONSULTING**
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

**BABEL HEALTH**
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.

Babel integrates seamlessly with existing IT applications to provide business users with unprecedented insight, control, and transparency. Our mission is to empower you to take control of your risk adjustment submissions, analytics, forecasting, and reconciliation. The result is less manual work, higher compliance, true insight, and optimized revenue.

**BEAMMED**
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). As the only hand-held portable device, currently on the market, 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, healthfairs, mobile medical vans, or retail venue such as pharmacies and checkup centers. HMO plans and providers rely on MiniOmni to screen more patients more often, to Close The Gaps and improve HEDIS OMW quality measures and achieve 5 Stars Maximization.

**CARELINX**
CareLinx is a nationwide professional caregiver marketplace, empowering families to easily find, hire, manage and pay licensed caregivers online. Our platform has more than 200,000 caregivers across the country. Hiring caregivers through CareLinx can save families as much as 50 percent than if they hired the same caregivers through brick and mortar franchise agencies. The CareLinx platform helps families and caregivers easily manage all the administrative tasks of their caregiving needs, including scheduling, time tracking, care coordination and payroll processing. CareLinx caregivers earn considerably higher wages than working through franchise agencies. Higher earning caregivers are more engaged and offer better quality care. All CareLinx caregivers hired by families are background checked and covered with $4 million in professional liability insurance.
CAVO HEALTH

Cavo Health is setting the standard for fully automated medical coding utilizing new technology for fast accurate risk adjustment coding. We provide health plans and other risk adjusting organizations a tool that helps coding staff work more efficiently, find more HCC’s and improve speed of coding. Cavo Health’s technology deploys a proprietary precise matching engine instead of relying on fuzzy word associations of machine learning. We find the words that confirm the presence of a risk adjustable ICD in a medical record (EMR or PDF) and coders then verify the matches in seconds. Cavo Health works equally well as a First Pass or Second Pass auto-coding tool. Cavo Health can also reduce coding errors during a RADV audit, and even audit Claims data. Our coding tool complements your coders work, resulting in precise ICD identification with more HCCs confirmed, increase chart review productivity, greater accuracy and improve coding compliance.

CHANGE HEALTHCARE

Change Healthcare is inspiring a better healthcare system. Working alongside our customers and partners, we leverage our software and analytics, network solutions, and technology-enabled services to enable better patient care, choice, and outcomes at scale. As a key catalyst of a value-based healthcare system, we are accelerating the journey toward improved lives and healthier communities. Learn more at www.changehealthcare.com.

DATAFIED

Datafied offers a customizable online solution for ordering and managing the retrieval of medical records. Our advanced technology and leading digital imaging process allows us to provide fast, reliable, efficient and cost-effective solutions for your record retrieval needs. With over 25 years of experience in the field, Datafied has the know-how necessary to handle any type of record request.

EDIFECES

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.

ELATION HEALTH

Elation Health strengthens the patient-physician relationship by providing a revolutionary, provider-centric platform that lets physicians focus on their patients and deliver high-quality care. Founded in 2010 by siblings, Kyna and Conan Fong, Elation’s “Clinical First” philosophy and intuitive design are trusted by thousands of clinicians. For more information, visit www.elationhealth.com.

FIND-A-CODE

FindACode.com delivers cutting-edge coding & reimbursement tools for anyone who deals with Professional, Facility, and/or Risk Adjustment (HCC) coding. Our intuitive and customizable interface puts your most important tools and reference materials at your fingertips, increasing productivity and efficiency at every level of revenue cycle. FindACode.com is cloud-based so - no installation/updates necessary, everything is always up to date and accessible from anywhere with internet access. Our 100% US-based support and technical teams provide the gold standard for quality and service without breaking the bank. Start your no obligation 28 days Free Trial today at www.findacode.com/trial!
GEBBS

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

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

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

GORMAN

As the leading consulting and software solutions firm specializing in government health programs, Gorman Health Group (GHG) combines innovation with proven, integrated approaches and technology solutions to help organizations operating in Medicare, Medicaid, and the Health Insurance Marketplace reduce costs, improve quality, and optimize revenues. Since 1996, GHG’s unparalleled teams of subject matter experts, former health plan executives, and seasoned healthcare regulators have been providing strategic, operational, financial, and clinical services to the industry across a full spectrum of business needs. Further, GHG’s software solutions have continued to place efficient and compliant operations within our clients’ reach.

GHG’s mission is to empower health plans and providers, through a compliant, member-centric focus, to deliver higher quality care to members at lower costs while serving as valued, trusted partners. Learn more at www.gormanhealthgroup.com.

HEALPROS

HealPros exists to support health plans in closing critical gaps in care associated with diabetic retinal exams, as well as A1C, microalbumin, colorectal cancer, and bone density screenings. Recognizing that the biggest barrier to preventative screenings is logistical, HealPros launched the industry’s first fully mobile solution, bringing state-of-the-art DRE and test kits to the member’s home. Our innovative model has been proven to help health plans close non-compliant gaps in care that drive down HEDIS scores and STAR ratings.

HealPros is on a mission to improve quality of life and reduce the cost of care through better disease identification and management. Our solution makes it easy for members to complete a wide range of preventive screenings - by bringing care to their homes.

HEALTHCROWD

HealthCrowd is the industry’s first end-to-end communications solution for payers. Our vision? To transform healthcare communications from tactical activity to strategic lever. The company’s product suite comprises its flagship Unified Communications Platform, Clairvoyance(TM) for advanced campaign analytics, and HealthNeuron(TM) to comply with federal and industry regulations around digital member outreach. HealthCrowd helps health plans unify, automate and optimize multimodal communications to deliver member-centric engagement, at scale, in a risk-managed way. The impact is profound: A positive difference in members’ perception of health plan communications and significant, quantifiable savings to the health plan.

HEALTH DATA DECISIONS

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.
**MATRIX**

Matrix Medical Network brings care directly to individuals in their homes through its clinical network of 4,000 providers spanning all 50 states. Matrix providers deliver innovative revenue, quality and care management services in support of the country’s leading health plans and at-risk provider organizations. Leveraging advanced analytics and leading-edge technologies, Matrix achieves unprecedented engagement of plan members and patients to improve quality of care and outcomes, while generating positive impact for healthcare payors. Matrix solutions include risk adjustment, quality gap closure, community and needs assessments, care management and post-acute support. Matrix supports populations of all ages from infants to seniors across all plan types including Medicare, Medicaid, Commercial and Exchange.

**MOM’S MEALS**

Mom’s Meals NourishCare provides high-quality meal solutions direct to the homes of senior’s and patient’s nationwide. Customers choose every meal every order from our broad selection of entrees, including those to support common health conditions. Mom’s Meals has been a leading nutrition provider for over 18 years.

**NAGNOI**

Nagnoi, LLC is specialized in Healthcare Analytics with solutions for Payers, Providers, and Public Health organizations. STARSTrack, our flagship product, is one of the most advanced analytics solutions providing state agencies and health plans the necessary visibility, agility, and up-to-date monitoring of quality measures. It was built to improve quality performance while reducing costs across the areas of Medicare (CMS’s Five Stars Rating Program), Medicaid (CMS’s 2390-F), and Commercial (QRS for QHP’s).

**NEUROMETRIX**

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 under diagnose 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.

**OPTUM**

Optum is a leading health services and innovation company dedicated to helping make the health system work better for everyone. With more than 124,000 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.

**PHARMMD**

PharmMD is a leading healthcare technology company providing data-driven medication adherence platform solutions that deliver value-based care outcomes. PharmMD partners with health plans, providers and other risk-bearing entities seeking to improve patient and employee healthcare through better medication adherence. Founded by healthcare and pharmaceutical innovators, PharmMD’s outcomes-driven solutions bolster initiatives in quality improvement and related regulatory compliance through better medication adherence. For more information, please visit www.pharmmd.com.
POPEALTHCARE

PopHealthCare offers innovative programs in complex population management that drive rapid, large, and demonstrable improvements in member quality of life and satisfaction, while helping its partnering health organizations to appropriately code and document members, enhance quality scores, and reduce medical costs. Our full suite of services, including health care analytics, field-based complex population care delivery, and comprehensive prospective and retrospective risk adjustment solutions, are focused on improving the lives of patients and helping them get the care they need – when and where they need it most.

OMEGA HEALTHCARE

With close to 12,000 employees, Omega Healthcare is the leading provider of outsourced healthcare services. Omega’s solutions include the entire spectrum of revenue cycle, billing and medical coding services for providers and hospitals as well as specialized services for the payer community. As the demands within the Risk Adjustment departments increase, Omega leverages its 4000 plus coders to help its clients with HCC coding, provider scheduling, chart retrieval, retrospective chart reviews, RADV Audits and HEDIS Reviews.

CENTAURI

Centauri Health Solutions is a leading provider of technology-enabled analytics and services helping health plans and health systems to manage their variable revenue linked to population health (risk), quality, and eligibility factors. These efforts result directly in better-informed health care delivery, richer benefits, and reduced out-of-pocket healthcare costs for the members and patients they serve.

WELCH ALLYN

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 can 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.

TRACSCOUT

TRACSCOUT automates the complex processes of UM and G&A. Robust automation, performed within an ecosystem of CMS-driven compliant workflows and expert, common-sense advice increases operational efficiency and improves audit readiness. Our processes and workflows have been field-tested and refined over time to improve operational efficiency and reduce the administrative burden for payers, providers and members. Our highly customizable platform reduces processing time, improves documentation and increases satisfaction. We bring the expertise, process AND technology.

PROGNOS

Prognos is a healthcare AI company focused on eradicating disease by driving decisions earlier in healthcare in collaboration with payers, Life Sciences and diagnostics companies. The Prognos Registry is the largest source of clinical diagnostics information in 35 disease areas, with over 13B medical records for 180M patients. Prognos has 500 extensive proprietary and learning clinical algorithms to enable earlier patient identification for enhanced treatment decision-making, risk management and quality improvement. The company is supported by a $23M investment from Safeguard Scientifics, Inc. (NYSE:SFE) and Merck Global Health Innovation Fund (GHIF). For more information, visit www.prognos.ai.

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