THE 4™ ANNUAL
RISE Quality Leadership Summit

June 27-28, 2019
Orlando, FL

THE ONLY CONFERENCE COVERING
ALL FOUR AREAS OF QUALITY
IMPROVEMENT IN-DEPTH TO ACHIEVE
AND MAINTAIN HIGH SCORES
Your Roadmap to Achieving 5-Stars

The importance of obtaining a Stars rating of at least a 4 out of 5 cannot be underestimated. Now more than ever, it’s crucial to a plan’s credibility, revenue, and enrollment to achieve and maintain a 5-star health care quality measure.

The program agenda at Qualipalooza, our 4th Annual Quality Leadership Summit, is designed to be the roadmap to quality success for decision makers.

Experts from 5-star Medicare Stars plans and specialists in HEDIS® measures, member surveys CAHPS and HOS, and pharmacy related measures will share key insights and strategies to help you reach and maintain the highest measures possible.

Don’t miss critical presentations covering CMS updates and an exclusive NCQA topic on methods to improve quality measures by addressing disparities.

Take advantage of this opportunity to learn and network with quality measure specialists with decades of experience to improve member care, obtain the highest quality scores, and maintain those scores over extended periods of time.

To register call (704) 341-2451 or visit us online at

RISEHEALTH.ORG/QUALIPALOOZA
WHO WILL ATTEND?

Qualipalooza, our 4th Annual Quality Leadership Summit, is designed for all professionals who work with Medicare and Medicaid. With quality measures specialists joining us to share knowledge and experience and topics of the highest caliber, this conference is a must-attend for all members of your quality improvement teams including Specialists, Analysts, Supervisors, Managers, Senior Managers, Directors, Senior Directors, Vice Presidents and SVP’s in the following roles:

01 Quality Improvement 07 Quality Initiatives 13 Pharmacy
02 Quality Management 08 Clinical Quality 14 Data/Analytics
03 Quality Assurance 09 Clinical Operations 15 Performance Outcomes
04 Quality Operations 10 Stars 16 Provider Quality
05 Quality Analytics 11 HEDIS® 17 Revenue Management
06 Quality Products 12 NCQA Programs 18 Business Development

TOP REASONS TO ATTEND

01 Hear from regulatory bodies on Star and HEDIS® measures
02 Hear best practices from NCQA to increase HEDIS® measures through addressing disparities
03 Explore opportunities to enhance provider engagement and hear what other plans are doing
04 Identify strategies for a cohesive quality approach between all departments
05 Recognize the impact of value-based care on the quality landscape
06 Analyze the impact of increasing medication adherence and interpret changes to CMS quality requirements related to opioid addiction and transition of care
07 Replicate best practices to increase CAHPS and HOS scores
08 Network with leading quality measures specialists in the field to discuss best practices in maximizing member and provider engagement, program efficiency, and identify new practices
OUR ESTEEMED SPEAKERS

Paul Cotton, Director, Federal Affairs
NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA)

Michael Clift, Director of Stars Strategy and Analytics
CIGNA

Jim Techtmann, SVP – Rewards & Incentive Solutions
ENTERTAINMENT CMS

Kristen Mangum, Stars Lead - Arizona
CIGNA-HEALTHSPRING

Colleen Gianatasio, Risk Adjustment Quality and Education Program Manager
CDPHP

Kari Hadley, Senior Director, Quality Product Solutions
PULSE8

Jennifer Hawkins, Director, Health Plan Quality Assurance
CAREOREGON

Cynthia Aguglia, Medicare Stars Administrator/CDPHP
CDPHP

Jose Diaz-Luna, Vice President of Pharmacy
TRUSTED HEALTH PLAN

David Larsen, Director, Quality Improvement
SELECTHEALTH

Melanie Weir, Project Principal
SCAN HEALTH PLAN

Cynthia Weiss, Director of Quality, Accreditation and Wellness
AVMED HEALTH PLANS

Christine Gage, Sr. Program Performance Strategist
NOVUHEALTH

Amy Sallis, Director of Quality Analytics
SS&C HEALTH

Dave Meyer, Vice President, Stars
CIGNA

Gary Melis, Clinical Pharmacist
NETWORK HEALTH

risehealth.org/qualipalooza
June 27 - 28, 2019
Ahmed Ayad, Director of Continuous Improvement, Quality, and Compliance
BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA

Dominic Henriques, Director of Quality Improvement and Risk Adjustment
PROMINENCE HEALTH PLAN

Frances Johnson, Director, Quality Management
BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA

Terri Kitchen, Executive Director, Enterprise Quality & Accreditation
BLUE CROSS BLUE SHIELD ILLINOIS

Jennifer Pereur, VP of Solutions
APIXIO

Melanie Richey, Vice President, Clinical Solutions
CENTAURI HEALTH SOLUTIONS

RaeAnn Grossman, Chief Growth Officer
DATA LINK

Daniel Castillo, Chief Medical Officer
MATRIX MEDICAL NETWORK

Anne Davis, Director of Quality Programs and Medicare Strategy
HMS

Nadia Ince-Lovelace, Director, Enterprise Quality - STARS Program
CARESOURCE

Ana Handshuh, Principal, CAT 5

Vicki Schwab, Enterprise Quality Business Operations Manager
CARESOURCE

Michael Blumental, President
HEALTH DATA DECISIONS

Hagy Wegener, Vice President, Quality Improvement
BUCKEYE HEALTH PLAN

David S. Nilasena MD, MSPH, MS, Chief Medical Officer, Region VI
CENTERS FOR MEDICARE & MEDICAID SERVICES
COMPANIES
PAST ATTENDING

- Advanced Plan for Health
- Advantmed
- Aetna
- Aetna Better Health of Ohio
- Altruista Health
- AmeriHealth Caritas
- AmeriHealth Caritas Vista Health Plan
- Avalere
- BCBS of AZ Advantage
- BCBS of Kansas City
- BeamMed
- Blue Cross and Blue Shield of Alabama
- Blue Cross and Blue Shield of Illinois, Montana, New Mexico, Oklahoma & Texas
- Blue Cross and Blue Shield of North Carolina
- Blue Cross Blue Shield of Arizona
- Blue Cross Blue Shield of Rhode Island
- Blue Cross NC
- BlueCross BlueShield of Tennessee
- Boston Medical Center HealthNet Plan
- Bright Health
- CalOptima
- Capital District Physicians Health Plan
- Care Wisconsin
- Carenet Healthcare Services
- CareSource
- CDPHP
- Centauri Health Solutions
- Centene Corporation
- Centers for Medicare & Medicaid Services
- Cigna-HealthSpring
- Cotiviti
- DST Health
- Eliza, an HMS company
- Episource
- Excellus BCBS
- Fresh Food Farmacy Client
- Gateway Health Plan
- Geisinger Health Plan
- HealPros
- Health Care Service Corporation
- Health Data Decisions, Inc.
- Health Data Vision
- HealthCrowd
- HealthFair
- HMS
- Home Access Health Corporation
- Humana
- InComm Healthcare & Affinity
- Independent Care Health Plan
- Innovation Health
- Inovalon
- Inter Valley Health Plan
- Martin’s Point Health Care
- Matrix Medical Network
- Memorial Hermann Health Plan
- Meridian Health Plan
- MMM Holdings, LLC
- mPulse Mobile
- MultiScale Health Networks
- Nagnoi LLC
- National Committee for Quality Assurance (NCQA)
- Novu
- NovuHealth
- Optum
- PharmMd
- PillarRx (formerly IPC/EvergreenRx)
- PillPack
- Protiviti
- Pulse8
- RevealRx
- Santa Clara Family Health Plan
- SCAN
- Security Health Plan
- SelectHealth
- SPH Analytics
- Tessellate
- Triad Healthcare Network
- TVC Capital
- Ultimate Health Plans
- UnitedHealthcare
- University of Southern California
- Verscend
- Virginia Premier
- Viveka Health
- Welltok
8:00 – 8:45 Registration and Networking Breakfast

8:00 – 6:00 Exhibit Hall Open

8:45 – 9:00 Chairperson’s Welcome Remarks

RaeAnn Grossman, Chief Growth Officer
DATALINK

9:00 – 9:45 Keynote Address: 2019-2020 CMS Quality Measures Update

• An in-depth analysis of the overall CMS expectations for quality ratings in 2019/20
• Examine the new Stars measures that will be introduced by CMS
• Understand operational changes needed due to new measures
• Recognize the Stars measures that have been removed and understand if you are required to collect and report data

David S. Nilasena MD, MSPH, MS,
Chief Medical Officer, Region VI
CENTERS FOR MEDICARE & MEDICAID SERVICES

9:45 – 10:30 Improving Quality Scores by Addressing Disparities

• Examine tools on the market that can bridge the gap
• Assess how supplemental benefits can help your members
• Collaborate with community-based organizations
• Maximize quality with patient centered homes

Paul Cotton, Director, Federal Affairs
NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA)

10:30 – 11:00 Networking Break

11:00 – 11:45 5-Star Can’t be Achieved Alone

• Attain key strategic input to formulate a Star’s plan across all touch point teams
• Hear best practices to ensure cohesive and patient-centric quality of care
• Obtain buy in from all teams to achieve stars quality and HEDIS® scores

Michael Clift, Director of Stars Strategy and Analytics
CIGNA
Cynthia Aguglia, Medicare Stars Administrator, Quality Enhancement,
CDPHP

11:45 – 1:00 Networking Lunch
TRACK A: STARS QUALITY MEASURES

Track Chair: RaeAnn Grossman, Chief Growth Officer

DATA LINK

1:00 – 1:45

The Quality Paradox: Improving Performance by Motivating the Unengaged

• Historically non-compliant members are the most difficult to engage, but they’re also the most critical to motivate due to their potential impact on Star ratings and the disproportionate amount of care costs they represent.
• Learn why one-size-fits-all member engagement doesn’t work and why successful programs focus where it counts
• Discover 5 proven strategies for motivating the unengaged to participate in their own care
• Hear from a health plan currently running a successful multi-year member engagement program on what works, what doesn’t and what they’ve learned in the process

Christine Gage, Sr. Program Performance Strategist
NOVUHEALTH

Cynthia Weiss, Director of Quality, Accreditation and Wellness
AVMED HEALTH PLANS

1:45 – 2:30

Enhancing Engagement Strategies to Bridge Gaps in Care

• Understand how analytics and algorithms help predict member preference as it relates to how, where and when they receive care.
• Learn how unique venues like mobile health clinics can offer members greater choice and convenience in accessing important care and preventive services.
• Hear case study data that supports the strategic objectives of bridging key care gaps

Daniel Castillo, MD, MBA, Chief Medical Officer
MATRIX MEDICAL NETWORK

Nadia Ince-Lovelace, Director, Enterprise Quality - STARS Program
CARESOURCE

Vicki Schwab, Enterprise Quality Business Operations Manager
CARESOURCE

TRACK B: HEDIS®

Provider Engagement Strategies to Improve HEDIS® Quality Measure Performance and Risk Adjustment

• Recognize how a combined engagement approach increases performance while reducing abrasion
• Examine different levels and types of communication to engage with providers
• Hear how to implement workflows to create optimal efficiency

Colleen Gianatasio, Risk Adjustment Quality and Education Program Manager
CDPHP

Frances Johnson, Director, Quality Management
BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA

1:45 – 2:30

Enhancing Engagement Strategies to Bridge Gaps in Care

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Nadia Ince-Lovelace, Director, Enterprise Quality - STARS Program
CARESOURCE

Vicki Schwab, Enterprise Quality Business Operations Manager
CARESOURCE

How Value-Based Care is Transforming the Quality Landscape for Plans and Providers

• Understand how value-based care is changing the landscape for health care providers and health payers
• Make It Real: Learn how plans and providers can work together to improve quality ratings
• Hear how Providers and Plans are aligning incentives to manage the critical elements of successfully managing the shift

Kari Hadley, Senior Director, Quality Product Solutions
PULSE8

Frances Johnson, Director, Quality Management
BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA

2:30 – 3:00

Networking Break
**TRACK A: STARS QUALITY MEASURES**

3:00 – 3:45  
**Expert Panel: Strategies to Achieve and Maintain a 4-Star+ Rating – Improvement Strategies**

- How to establish areas of your current quality program that can be improved in a changing landscape, regardless of plan size
- Maximize the financial loss data to increase awareness and support from higher up administration and quality teams
- Tactics to establish an advanced workflow that gets the best out of your team

Jim Techtmann, SVP – Rewards & Incentive Solutions
ENTERTAINMENT CMS

Kristen Mangum, Stars Lead – Arizona
CIGNA-HEALTHSPRING

3:45 - 4:30  
**Updates on Measures to Transition of Care and Opioid Addiction**

- Hear from the experts of your current budget and staff allocations will support the changes in these measures
- Understand which operational changes may be needed in advance of the introduction of the measures
- Explore technology solutions that can advance your current operation

Gary Melis, Clinical Pharmacist
NETWORK HEALTH

**TRACK B: HEDIS**

3:00 – 3:45  
**Strategies to Enhance HEDIS Electronic Clinical Data System (ECDS) Reporting and Data Submission**

- Understand the complexities associated with ECDS
- Prepare training programs or techniques to increase efficiency with data submission
- Assess the vendors that can improve efficiency in your clinical data submission operation

**4:30 - 5:15  
Closing Panel: Best Practices to Ensure a Member-Centric Approach**

- Strategies to reinforce quality of care for the member throughout all touchpoints
- Maximize patient education, understanding, communication & engagement as the key driver of success
- Generate techniques to avoid the gap between great health care and great data
- Strategies for supporting SDOH to increase quality of care
- Utilize an equity lens to close gaps in care

Moderator: Ana Handshuh, Principal, CAT 5
Melanie Weir, Project Principal
SCAN HEALTH PLAN

Jennifer Hawkins, Director, Health Plan Quality Assurance
CAREOREGON

5:15 – 6:15  
**Networking Cocktail Reception**
8:00 – 8:45 Networking Breakfast

8:00 – 3:00 Exhibit Hall Opens

8:45 – 9:00 Opening Remarks

RaeAnn Grossman, Chief Growth Officer
DATALINK

9:00 – 9:45 Total Person Care: Improving Quality and Health by Integrating Behavioral, Social, and Pharma

• Addressing mental health issues to improve quality of care and scores
• Identifying and navigating social determinants of health that influence care plans and quality scores
• How substance abuse alters care plans, patient adherence, and risk and quality scores

RaeAnn Grossman, Chief Growth Officer
DATALINK

Dave Meyer, Vice President, STARS
CIGNA

9:45 – 10:30 Examining the Impact of the National Coordinator for Health Information Technology (ONC) Proposed Rule

• Evaluate the standardized application programming interfaces (APIs) which will need to be adopted
• Examine the changes to the ONC Health IT Certification Program
• Identify how plans leverage reduced information blocking to improve quality programs

Amy Salls, Director of Quality Analytics
SS&C HEALTH

10:30 – 11:00 Networking Break in Exhibit Hall
**TRACK A: CAHPS/HOS**

**Track Chair:** RaeAnn Grossman, Chief Growth Officer
**DATALINK**

11:00 – 11:45

**Case Study: Best Practices from a Plan with Consistently High CAHPS and HOS Scores**
- Execute controllable factor to enhance and maintain your CAHPS and HOS
- Identify tools and strategies you can use to improve and maintain consumer satisfaction even with limited resources
- Overcome the challenge of translating member perceptions of care and operations into actual CAHPS and HOS results

Anne Davis, Director of Quality Programs and Medicare Strategy
HMS

Carmen Lord, Member Rights Manager
CARE WISCONSIN

11:45 – 1:00

**Networking Lunch**

1:00 – 1:45

**Panel: Strategies for Improving Hard-To-Move Measures**
- Hear best in show strategies to improve hard to move measures
- Benchmark where your peers hard-to-move measures are, and learn from other best practices
- Improve clinical data acquisition with legacy evaluation and understand investment needed to move away from chart collection

**Moderator:**
RaeAnn Grossman, Chief Growth Officer
**DATALINK**

**Panelists:**
Terri Kitchen, Executive Director, Enterprise Quality and Accreditation,
BLUE CROSS BLUE SHIELD ILLINOIS
Ahmed Ayad, Director of Continuous Improvement, Quality, and Compliance
BLUE CROSS AND BLUE SHIELD OF NC
Jennifer Pereur, VP of Solutions
APIXIO

**TRACK B: PHARMACY-RELATED MEASURES**

**Optimal Outcomes for Medication Adherence**
- Analyze the difference in medication adherence between the three measures: Diabetes, Hypertension, and Staten
- Create strategies to improve medication adherence outcomes
- Case study: Interview with three top plans to identify progression techniques

David Larsen, Director, Quality Improvement
SELECTHEALTH

**Proven Methods to Encourage Patient Adherence**
- Understand why and when non-adherence is likely to occur, to overcome challenges
- How adherence can be assessed and improved within the context of usual clinical care
- Examine ways in which trust, motivation and patient-centric collaborative care can be built quickly during consultations

Ana Handshuh, Principal
CAT 5
**TRACK A: CAHPS/HOS**

1:45 – 2:30

Innovations in CAHPS and HOS Tools and Approaches

- Assess techniques and approaches being used by those who have attained consistently high scores
- Tools to connect communications and customer services at every member touchpoint within your plan
- How to leverage data to gain insights into how plan decisions impact customer experience and develop action plans

Moderator:
Michael Blumental, President

**HEALTH DATA DECISIONS**

Panelists:
Dominic Henriques, Director of Quality Improvement and Risk Adjustment

**PROMINENCE HEALTH PLAN**

Hagy Wegener, Vice President, Quality Improvement

**BUCKEYE HEALTH PLAN**

2:30 - 2:45 Networking Break

2:45 - 3:30 Conference Closing Panel: Interactive Q & A Panel with Quality Measure Leaders

An amazing opportunity ask our leading speakers anything that you haven’t had an answer to over the past two days across stars strategy, HEDIS® scores, CAHPS/HOS surveys and pharmacy-related measures.

David Larsen, Director, Quality Improvement

**SELECTHEALTH**

Carmen Lord, Member Rights Manager

**CARE WISCONSIN**

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**TRACK B: PHARMACY-RELATED MEASURES**

Optimal Outcomes from Medication Therapy Management (MTM)

- Generate the correct balance with a Hybrid approach in-house and vendor
- Maximize member savings and medication adherence with the use of a formulary list of medications
- Collaborate with providers to identify the best financial options for members pharmaceutical needs

Gary Melis, Clinical Pharmacist

**NETWORK HEALTH**

Jose Diaz-Luna, Vice President of Pharmacy

**TRUSTED HEALTH PLAN**

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risehealth.org/qualipalooza
June 27 - 28, 2019
To make reservations, please call The Waldorf Astoria at 407.597.5500 and ask for the Qualipalooza: The 4th Annual Quality Leadership Summit. We have a limited room block with pricing at $229 per night.

**BRING YOUR FAMILY!**

The Waldorf Astoria Orlando is 4.5 miles from Epcot and 5.1 miles from Magic Kingdom, and offers free shuttle service to both parks. Be sure to take advantage of our early bird tickets to sign-up early!

You are sure to make as many magical memories at this resort as you will be in Orlando's world-famous theme park. At Waldorf Astoria Orlando, an enviable location combines perfectly with fantastic resort amenities, including:

- Complimentary luxury motor coach transportation to Walt Disney World® Theme Parks and the Disney Springs™ Area
- Award-winning spa and 24-hour fitness center
- Waldorf Astoria Kids Club
- Championship 18-hole, par 72 golf course, designed by Rees Jones
- Two pools with poolside service and private cabanas
- 12 restaurant and lounge experiences from casual poolside eateries to elegant dining at Bull & Bear

The Waldorf Astoria Orlando has received the TripAdvisor Certificate of Excellence in 2017.
## Conference Rates

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<th>Early Bird Rate</th>
<th>Standard Rate</th>
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<td><strong>Health Plans and Providers</strong></td>
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**Group Discounts are Available**

Please contact Blake Valentine at 704.341.2451 or bvalentine@risehealth.org

In order to secure a group discount, all delegates must place their registrations at the same time. Group discounts cannot be issued retroactively. For information regarding refund, complaint and/or program cancellation policies, please visit our website: risehealth.org/the-fine-print/

## How to Register

- **Call**: 704.341.2451
- **Register Online**: risehealth.org/qualipalooza
- **Mail**: Wilmington FRA, 3420 Toringdon Way, Suite 240, Charlotte, NC 28277

Please write H584 on your check.
RISE is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be submitted to the National Registry of CPE Sponsors through its website: www.nasbaregistry.org.

**Program Level:** Basic
**Anticipated CPE Credits:** Up to 12.5 Credits
**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:
- Learn best practices and strategies to improve Stars ratings, HEDIS scores, CAHPS and HOS to maximize efficiency and revenue
- Learn how to apply value-based models to payer/provider partnerships, contracting models and delivery

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

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**THE CONFERENCE ORGANIZER**

RISE is the premier community for health care professionals who aspire to meet the extraordinary challenges posed by the emerging landscape of accountable care and government health care reform.

Recognized industry-wide as the number one source for information on risk adjustment and quality improvement within health care, RISE strives to serve the community on four fronts: networking, education, industry intelligence and career development.

Through cutting-edge conferences, online courses, in-house training, webinars as well as an association comprised of over 2,500 members, RISE provides professionals with industry insights and critical information they need to stay ahead of the curve.

RISE produces more than 30 conferences annually, focused on sophisticated topics and ample networking opportunities for thousands of executives from mid- to senior-level and C-suite. Our team of subject matter experts is often first to market with emerging topics and we pride ourselves on consistently delivering on top quality operations and logistics to produce a seamless event.

Established in 2006 as an extension of Health care Education Associates (HEA), RISE now operates as the sole health care arm offering the original capabilities of HEA as well as an expanded product line. Headquartered in Charlotte, North Carolina, RISE operates alongside its counterpart, Foundation Research Associates (FRA), which serves the finance, law enforcement, government, legal and compliance communities in a similar capacity.

LEARN MORE AT RISEHEALTH.ORG
SPONSORSHIP AND EXHIBIT OPPORTUNITIES

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

To learn more about sponsorship opportunities, please contact Kevin Weigel at 704.341.2448 or kweigel@risehealth.org

PLATINUM SPONSORS

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

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

Matrix Medical Network brings care directly to individuals in home, mobile, and facility settings across the country through its clinical network of over 6,000 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 health care payors. Matrix solutions include risk adjustment, quality gap closure, community and needs assessments, advanced diagnostic testing, 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.

Pulse8 is the only Health care Analytics and Technology Company delivering complete visibility into the efficacy of your Risk Adjustment, Quality, and Pharmacy Benefit Management programs. We enable health plans and providers to eliminate waste and achieve the greatest financial impact in the Medicare Advantage, Medicaid, and ACA Commercial markets as well as with Value-Based Payment models for Medicare. Our advanced analytic methodologies and flexible business intelligence tools offer real-time visibility into member behavior and provider performance. Pulse8’s Illumin8 Active Intelligence™ platform offers a suite of uniquely pragmatic solutions that are powered by our patent-pending Dynamic Intervention Planning to deliver the most cost-effective and appropriate interventions for closing gaps in documentation, coding, and quality. For more company information or to schedule a demo, please contact Scott Filiault at (732) 570-9095 or scott.filiault@pulse8.com.
GOLD SPONSORS

Centauri Health Solutions is powered by analytics. Our technology solutions enable health plans to manage variable revenue through HEDIS® and Risk Adjustment program efforts as well as Eligibility, Enrollment and Billing Services, using an integrated cross-functional workflow platform.

We are a global provider of innovative services and solutions for the financial services and healthcare industries. Our healthcare solutions are helping individual, and government-sponsored health plans, health insurance marketplaces, and risk-bearing healthcare provider organizations find strategic advantage in today’s value-based care environment.

NovuHealth is the health care industry’s leading consumer engagement company. Combining performance analytics, behavior science and comprehensive technology solutions, our rewards and engagement programs enable health plans to increase high-value member activities—improving member health and driving plan performance.

SILVER SPONSORS

Improving healthcare outcomes requires access to the right data at the right time. Apixio is advancing value-based care with data-driven intelligence and analytics. Our AI solutions for risk, quality, and clinical insights unlock actionable information from administrative data and unstructured clinical information. The results drive better clinical decision-making and a smarter approach to healthcare. Learn more at www.apixio.com.

Entertainment® Rewards & Incentives Health care Team has partnered with dozens of health care plans and providers, demonstrating best business practices to successfully drive member engagement and wellness behaviors through our Healthy Living Rewards programs. Engage and reward your customers, members and employees by providing real value on things they do every day with the highest quality and most trusted discount network in the U.S. and Canada.

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

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

For more company information, please contact Claudia Gallardo at (424) 295-0491, visit us at www.Episource.com, or follow us on Twitter @EpisourceLLC
GeBBS Healthcare Solutions GeBBS is a leading provider of medical coding service. With over 2000 employees and over 400 medical coders we provide our clients with the operational scalability that they need to be successful. Our facilities are ISO 27001 certified and SAS Type II audited.

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

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

To learn more about our highly efficient HCC Coding services, please contact Gini Nathani at 201.282.6181 and gini.nathani@gebbs.com or visit www.gebbs.com.

HMS is a leading healthcare technology company, helping healthcare organizations reduce costs and improve health outcomes. Our innovative technology, analytics and engagement solutions save billions of dollars annually while helping health plan members lead healthier lives. HMS provides a broad range of coordination of benefits, payment integrity, care management and member engagement solutions that help move the healthcare system forward.

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.

BRONZE SPONSORS