



The 2014 Medicare Advantage Member Accounting & Reconciliation SUMMIT

Best Practices for Achieving Accurate Revenue Forecasting & Management

July 28-29, 2014

Washington Marriott

Washington, DC

The Industry's Must-Attend Event for MA Finance and Reconciliation Professionals! Sessions will address:

- Updates directly from CMS on payment reconciliation and prescription drug event (PDE) reporting
- Strategies for accurately calculating member revenue
- How to validate the CMS MMR
- Methods for improving reconciliation accuracy
- Best practices for achieving comprehensive MSP data collection
- Building a reconciliation protocol to match your internal resources
- Mastering hospice reconciliation and payment accuracy
- How to make sense of the various CMS membership files
- ESRD cases: Effective reconciliation and premium recovery practices



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MASTER THE COMPLEXITIES OF MA ACCOUNTING & RECONCILIATION!

Gain best practices for optimizing your reconciliation, recovery, and revenue management practices at our 2014 Medicare Advantage Member Accounting & Reconciliation Summit on July 28-29 in Washington D.C. This exceptional one-of-a-kind event will provide the rare opportunity to get answers to these critical questions:

- What is the true impact of missed payments?
- How can you ensure your plan is paid correctly the first time?
- What steps can be taken to proactively identify data errors and avoid future discrepancies?
- What tools can be implemented to increase reconciliation accuracy for ESRD cases?
- How do plans pay for Part D drugs for hospice?
- How can your team ensure the right indicators are getting into your claims system as early as possible?
- What operational models can be employed to enhance reconciliation protocol while aligning with existing resources?
- What measures can be employed to ensure you are getting the correct hospice payments?
- How can your team improve coordination of benefits management?
- What steps can be taken to achieve comprehensive MSP data collection?

Get the necessary techniques to protect your plan from financial shortcomings! Secure your spot today for this exceptional event by calling 866-676-7689 or online at www.healthcare-conferences.com.

Sincerely,

Kevin Mowll

Kevin Mowll, *Executive Director*

RISK ADJUSTMENT INITIATIVE AND SOCIETY FOR EDUCATION

Tracy Bidot

Tracy Bidot, *Conference Director*

HEALTHCARE EDUCATION ASSOCIATES

P.S. Hear directly from CMS on the latest updates on payment reconciliation and PDE reconciliation!

RAVE REVIEWS FROM PAST MA MEMBER ACCOUNTING & RECONCILIATION CONFERENCES:

"This was a focused and functional conference with great specific, actionable information."

Shawn Fisher, VA PREMIER HEALTH

"Good speakers, very knowledgeable, very useful information."
Anne Grimmus, SOUTH COUNTRY HEALTH ALLIANCE

"Jam packed with useful and relevant information, great tips and knowledgeable speakers."
Mindy Crisp, BLUE CROSS BLUE SHIELD OF TENNESSEE

"Good speakers with well thought out presentations."
Erin Clem, WELLCARE

OUR EXPERT SPEAKING FACULTY:

Amanda Johnson, *Director, Division of Payment Reconciliation, Medicare Plan Payment Group*

CENTERS FOR MEDICARE & MEDICAID SERVICES

Sarah Dixon, *Manager, Medicare Revenue and Risk Adjustment*

KELSEY-SEYBOLD CLINIC

Rafael Gonzalez, *Director of Medicare and Medicaid Compliance & Post Settlement Administration, GOULD & LAMB, LLC*

Jody Miller, *Operations Manager, Medicare Services Enrollment & Eligibility, CIGNA*

Diane Icard, *Claims Manager, CIGNA*

Michael Skolnik, *General Manager, CAREMORE HEALTH PLAN*

Scott Weiner, *Founder and Managing Partner*

STRATEGIC HEALTH CONSULTING

Steve Lancman, *Director, Finance and Business Operations*

VNSNY HOSPICE

Magnolia Bobineau, *Medicare Enrollment/COB Manager, Government Enrollment/Coordination of Benefit Operation*

HEALTH ALLIANCE PLAN OF MICHIGAN

David Meyer, *Consultant, BLUE CROSS BLUE SHIELD OF CALIFORNIA*

Speaker TBA, **DYNAMIC HEALTH SYSTEMS**

WHO SHOULD ATTEND?

Senior Managers and Directors from Medicare Advantage Plans and Prescription Drug Plans with responsibilities in the following areas:

- Finance
- Reconciliation
- Revenue management
- Enrollment
- Membership accounting
- Operations
- Part D operations and revenue
- Recovery
- Risk adjustment and HCC management
- Coordination of Benefits (COB)

TOP TEN REASONS TO ATTEND

- Featured keynote presentation by CMS on the latest updates in payment reconciliation and PDE reporting
- Gain best practices for accurately calculating member revenue
- Determine what exactly you need to look for on claims to find revenue
- Learn how to recognize and navigate the gaps between your plan's data and CMS data
- Examine best practices for achieving comprehensive MSP data collection
- Master the key elements of risk adjustment reconciliation
- Gain a solid understanding of the MOR and MMR and how they are used in the reconciliation process
- Learn how to calculate member risk scores and validate against the MOR and MMR
- Determine how to effectively manage the complexities of hospice reconciliation and payment accuracy
- Through a special review, gain a better grasp of the various CMS membership files you receive



IMPORTANT INFORMATION

To Register:

Fax: 704-341-2641

Mail: Healthcare Education Associates
18705 NE Cedar Drive
Battle Ground, WA 98604

Phone: 866-676-7689

Online: www.healthcare-conferences.com

THE 2014 MEDICARE ADVANTAGE MEMBER ACCOUNTING & RECONCILIATION SUMMIT

July 28-29, 2014

Washington Marriott
1221 22nd Street NW
Washington, DC 20037-1303
202-872-1500

We have a block of rooms reserved at a special rate of \$159/night. The rate expires on July 7, 2014; although, we expect the block to sell out prior to this date. To ensure you receive a room at the negotiated rate book well before the expiration date. Make sure to mention the "Medicare Accounting & Reconciliation" conference when placing your reservations via phone. Upon sell out of the block the room rate and availability will be at the hotel's discretion.

FEES AND PAYMENTS:

The fee for attendance is:

Conference only: Health Plan \$1795

Conference only: Standard Rate \$2095

Please make checks payable to Healthcare Education Associates, and write code H217 on your check. You may also pay by Visa, MasterCard, Discover, or American Express. Purchase orders are also accepted. Payments must be received no later than July 21, 2014.

TEAM DISCOUNTS:

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

In order to secure a group discount, all delegates must place their registrations at the same time. Group discounts cannot be issued retroactively. For more information, please contact Mark Williams at mwilliams@fallc.com or **704-341-2441**.

CANCELLATIONS:

If we receive your request to cancel 30 days or more prior to the conference start date, your registration fee will be refunded minus a \$250.00 administrative fee. Cancellations occurring between 29 days and the first day of the conference receive either a 1) \$200 refund; or 2) a credit voucher for the amount of the original registration fee, less a \$250.00 administrative fee. No refunds or credits will be granted for cancellations received after a conference begins or for no-shows. Credit vouchers are valid for 12 months from the date of issue and can be used by either the person named on the voucher or a colleague from the same company.

Please Note: For reasons beyond our control it is occasionally necessary to alter the content and timing of the program or to substitute speakers. Thus, the speakers and agenda are subject to change without notice. In the event of a speaker cancellation, every effort to find a replacement speaker will be made.

THE CONFERENCE ORGANIZERS



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



RISE is the first national association totally dedicated to healthcare professionals working in organizations and aspiring to meet the challenges of the emerging landscape of accountable care and healthcare reform. We strive to serve our members on four fronts: Education, Industry Intelligence, Networking and Career Development.

- **Education:** Through cutting edge conferences, webcast presentations, job-specific educational curricula, and industry driven library resources, RISE provides our members with the crucial information they need to stay ahead of the risk adjustment curve. We also actively apply to industry credentialing organizations, to ensure that professionals optimize every opportunity our programs offer to earn CEUs.
- **Industry Intelligence:** RISE brings the marketplace to members in a collaboration between technical experts, solutions vendors and expert speakers.
- **Networking:** RISE members make valuable connections with other healthcare professionals from across the nation, from every section of the industry. Through meaningful networking opportunities and roundtables, RISE brings together multiple perspectives and facilitates highly interactive discussion between professionals. Members hear the best (and worst) practices directly from their peers, and gain valuable insight into market trends.
- **Career Development:** RISE members will have access to support tools, career-oriented curricula and networking to enhance their job skills and career tracks.

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 email kweigel@healthcare-conferences.com.

OFFICIAL PUBLICATION AND MEDIA PARTNER





DAY ONE: MONDAY, JULY 28, 2014

8:00 – 9:00 REGISTRATION

BREAKFAST sponsored by  **DYNAMIC**
HEALTHCARE SYSTEMS

9:00 – 9:15 CHAIRPERSON'S WELCOME AND OPENING REMARKS

9:15 – 10:15 BEST PRACTICES FOR ACCURATELY CALCULATING MEMBER REVENUE

- Understanding the true impact of missed payments
 - How to ensure you are paid correctly the first time
- What should you look at on claims to find revenue?
- Spotlight on calculating Part D revenue
- Validating retro-enrollment, disenrollment, and termination to ensure accurate reimbursements

Sarah Dixon, *Manager, Medicare Revenue and Risk Adjustment*
KELSEY-SEYBOLD CLINIC

10:15 – 10:30 MORNING BREAK

10:30 – 11:30 FEATURED KEYNOTE ADDRESS: CMS UPDATES ON PAYMENT RECONCILIATION AND PRESCRIPTION DRUG EVENT (PDE) REPORTING

Amanda Johnson, *Director, Division of Payment Reconciliation Medicare Plan Payment Group*
CENTERS FOR MEDICARE & MEDICAID SERVICES

11:30 – 12:30 HOW DO YOU VALIDATE THE CMS MMR?

- How do you validate at a detailed level?
- Retroactive/Reenrollment/Member Passing
- Understanding different codes from CMS
- Using the MMR to calculate the amount paid
- Navigating the gaps in time between CMS data and your plan's data

Sarah Dixon, *Manager, Medicare Revenue and Risk Adjustment*
KELSEY-SEYBOLD CLINIC

12:30 – 1:45 NETWORKING LUNCHEON

1:45 – 2:45 RESOLVING DISCREPANCIES WITH EFFECTIVE RECONCILIATION SOPS

- Strategies for improving reconciliation accuracy
- How do you ensure you are getting the right indicators in your claims system ASAP?
- The importance of looking at claims, denials, and PBM data
- Strategies for mitigating information delivery delays and avoiding costly surprises

Rafael Gonzalez, *Director of Medicare and Medicaid Compliance & Post Settlement Administration*
GOULD & LAMB, LLC

2:45 – 3:00 AFTERNOON BREAK

3:00 – 4:00 BEST PRACTICES FOR MSP VALIDATION

- Tools for tracking and monitoring the MSP verification process
- Best practices for achieving comprehensive MSP data collection
- How do you accurately compare the CMS data with your own data?
- What is the best way to determine if there is a primary payer?
- Using all of the data to determine if the member does indeed have a primary payer
 - Are you definitely their secondary payer?
 - Who is their primary payer?

- How do you manage the coordination of benefits?

Jody Miller, *Operations Manager, Medicare Services Enrollment & Eligibility*
CIGNA

Diane Icard, *Claims Manager, CIGNA*

4:00- 5:00 EFFECTIVE RISK ADJUSTMENT RECONCILIATION - MASTERING THE KEY ELEMENTS

Reconciliation goes beyond ensuring that the plan got paid for the member in the right month with the right statuses. Reconciliation extends to the risk adjustment processes as well.

- Understand the Model Output Report (MOR) and Monthly Membership Reports (MMR) and how they are used in the reconciliation process
- Learn about the different risk adjustment payment models and managing the added complexity to calculations of the member risk score
- Learn how to calculate member risk scores and validate against the MOR and MMR

Scott Weiner, *Founder and Managing Partner*
STRATEGIC HEALTH CONSULTING

5:00 – 6:00 END OF DAY ONE

Cocktail Reception Immediately Following

Contact Kevin Weigel for more information on our sponsorship opportunities at kweigel@healthcare-conferences.com or 704-341-2448



CPE CREDITS



Financial Research Associates, LLC 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.learningmarket.org.

Sponsored learning activities are measured by program length, with one 50-minute period equal to one CPE credit. One-half CPE credit increments (equal to 25 minutes) are permitted after the first credit has been earned in a given learning activity. Please note that not all state boards adopted this rule. Some participants may not be able to use one-half credit increments. This course is offered as a group-live course and does not require prerequisites or advance preparation. We offer advanced level courses. Although no prerequisite courses, experience, or advance preparation is required to participate in this program, working knowledge of Healthcare is required, as well as, prior knowledge of the program topic.

For specific learning objectives and program description, please refer to the individual conference sessions topics in the conference brochure located on our website

www.healthcare-conferences.com/thefineprint.

The recommended CPE credit for this course is 13.5 credits for the conference in the following fields of study: Specialized Knowledge and Applications.



DAY TWO: TUESDAY, JULY 29, 2014

8:00 – 8:45 CONTINENTAL BREAKFAST

8:45 – 9:00 CHAIRPERSON'S RECAP OF DAY ONE

9:00 – 10:00 NAVIGATING THE COMPLEXITIES OF HOSPICE RECONCILIATION AND PAYMENT ACCURACY

- The impact of CMS' Advance Notice
- How do plans pay for Part D drugs for hospice?
- Strategies for contacting and working with hospices for the first time
- How do you track when the member is in/out of hospice?
- How do you handle retroactivity with the hospice?
- How do you ensure you are getting the right hospice payments?
- Informing your enrollment and claims teams, and PBMs when the member is in/out of hospice

Steve Lancman, *Director, Finance and Business Operations*
VNSNY HOSPICE

10:00 – 10:15 MORNING BREAK

10:15 – 11:15 DUALS RECONCILIATION AND REVENUE OPTIMIZATION

- Accurate member eligibility reconciliation using plan, State and CMS data
 - Identifying dual members
 - SNP Plan vs. non-SNP
- Examining the role of pharmacy in Duals reconciliation
- Handling loss of dual status

Speaker TBA

DYNAMIC HEALTH SYSTEMS

11:15 – 12:00 SNAPSHOT: A REVIEW OF VARIOUS CMS MEMBERSHIP FILES

- What exactly is each file?
- What is the impact of each file?
- What does CMS expect in terms of processing this information?
 - What are you supposed to do with each of file?

Magnolia Bobineau, *Medicare Enrollment/COB Manager, Government Enrollment/Coordination of Benefit Operation*
HEALTH ALLIANCE PLAN OF MICHIGAN

12:00 – 1:00 NETWORKING LUNCHEON

1:00 – 1:45 BUILDING A RECONCILIATION PROTOCOL TO MATCH YOUR INTERNAL RESOURCES

- Various operational models that work and some that don't
- Building and retaining experts by investing in people
- The trifecta: People, process and technology
- Evaluating the model that will support your revenue, cost and expertise

Michael Skolnik, *General Manager, CAREMORE HEALTH PLAN*

1:45 – 2:00 AFTERNOON BREAK

2:00 – 3:00 ESRD CASES: INCREASING RECONCILIATION ACCURACY

- Understanding MSP ESRD coordination period
- Accurate MSP coordination of benefit information
- Primary vs. secondary payer responsibility
- Understanding ESRD Medicare premium recovery
- How to maximize MSP ESRD return

Magnolia Bobineau, *Medicare Enrollment/COB Manager, Government Enrollment/Coordination of Benefit Operation*
HEALTH ALLIANCE PLAN OF MICHIGAN

3:00 – 3:45 MISSION CRITICAL: BEST PRACTICES FOR ENSURING DATA ACCURACY

- Managing the enrollment process to ensure accuracy at the front-end
- Validating enrollment data
- Steps to take if errors are identified
- Determining the source of the error and taking steps to prevent future discrepancies

David Meyer, *Consultant, BLUE CROSS BLUE SHIELD OF CALIFORNIA*

3:45 SUMMIT CONCLUDES

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Dynamic Healthcare Systems, Inc. delivers comprehensive solutions for Medicare Advantage Health Plans, Medicaid, and Exchange markets striving to succeed amid new and evolving regulatory requirements. Our solutions address the following business areas of a Health Plan's operations: Enrollment processing, Plan Reconciliation, Risk Adjustment Analytics and Data Submission, Encounter Data Processing, PDE Data Management and Audit, and Member Premium Billing Processing. We bring world-class innovations to companies serving the government-regulated healthcare population.

UPCOMING EVENTS

The Risk Adjustment Forum for Health Plans

Understanding Risk Adjustment in the Medicare & Exchange Marketplaces

May 28-29, 2014 - Chicago, IL

The 4th Annual Star Rating Leadership Summit

Improving Quality Performance with Advanced Analytics and Reporting Practices, Resource Management and Engagement Initiatives

June 30-July 1, 2014 - Chicago, IL

The 4th Annual RISE CALIFORNIA Summit

Best Practices for Successfully Managing Risk and Driving Accountable Care

July 13-15, 2014 - San Diego, CA



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Battle Ground, WA 98604

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Fax: (704) 341-2641
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Healthcare Education Associates

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Please mention your priority code when registering:



Conference Code: H217



HEALTHCARE EDUCATION ASSOCIATES PRESENTS

HEAR DIRECTLY FROM CMS!

The 2014 Medicare Advantage Member Accounting & Reconciliation SUMMIT

Best Practices for Achieving Accurate Revenue Forecasting & Management

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Washington Marriott

Washington, DC



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